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## Increasing Participation in Meaningful Occupations for Disabled Veterans Through the Promotion of Spirituality: An Intervention Resource Manual for Occupational Therapists.

Tristen Smith

Audrya Tarango

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Increasing Participation in Meaningful Occupations for Disabled Veterans Through the  
Promotion of Spirituality: An Intervention Resource Manual for Occupational Therapists.

by

Tristen Smith, MOTS

Audrya Tarango, MOTS

Advisor: Breann Lamborn, EdD, MPA

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This Scholarly Project Paper, submitted by Tristen Smith, MOTS and Audrya Tarango, MOTS in partial fulfillment of the requirement for the Degree of Masters 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.

Breana C. Lamborn, Ed.D, MPA

Faculty Advisor

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Date

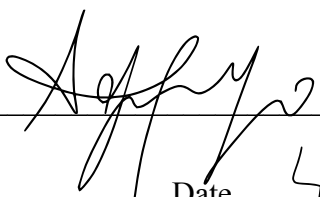
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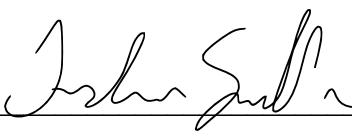
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## ABSTRACT

**Purpose:** Veterans with psychological disorders may experience a combination of deficits that decrease their ability to engage in meaningful activities (Speicher, Walter, & Chard, 2014). Increasing the well-being and quality of life for veterans is an optimal opportunity for the OT profession to assert its distinct value in addressing the mental health needs of veterans through the enhancement of spirituality. The inclusion of spirituality in interventions are beneficial when alleviating symptoms of a physical and mental capacity, reestablishing beliefs, values, moral code, and relationships with self and the transcendent (Brémault-Phillips et al., 2019).

**Literature Review:** The psychospiritual integration frame of reference (PSI) defines spirituality as a “quality that makes a person who they are and can determine what they will become” (Kang, 2003, p. 95). The PSI has six interconnected but different dimensions of spirituality, which include becoming, meaning, being, centeredness, connectedness, and transcendence (Kang, 2003). By utilizing the PSI, the occupational therapist will have the necessary tools to help veterans reach spiritual fulfillment within their meaningful occupations, increasing their health, well-being, and quality of life.

**Methodology:** An extensive literature search using keywords pertaining to occupation therapy, spirituality, and the veteran population was completed. Keywords were used to create search threads and were entered into databases including Google Scholar, PubMed, and CINAHL. Further literature was gathered from sources such as American Occupational Therapy Association (AOTA), and American Journal of Occupational Therapy (AJOT), and government websites. The articles were then reviewed for level of evidence and relevance to the topic of interest.

**Product:** It was with the psychospiritual integration frame of reference and the current literature, regarding occupational therapy and veterans, that a three-step intervention resource manual was created specific to the field of occupational therapy. Through the use of the guidelines in this manual, occupational therapist will increase their understanding of spirituality and provide each client the tools to reach spiritual fulfillment.

**Summary:** Through the guidance of the psychospiritual frame of reference (Kang, 2003), an intervention resource manual was created to aid the occupational therapy profession in supporting therapeutic interventions that promote spirituality.



## Chapter I

### Problem Statement

The U.S. Department of Veterans Affairs' (VA) *Fiscal Year 2018-2024 Strategic Plan's* objectives and strategies specifically describe an essential focus on improving veterans' well-being, encouraging independence, and enhancing Veterans' quality of life (U.S. Department of Veterans Affairs [VA], 2019). The VA's goals, of improving the lives of all veterans, are all areas that are included within an occupational therapists' practice framework which exhibits a foundational purpose to address occupational therapy services for veterans. The VA's specific goal of improving well-being and quality of life is specifically addressed in AOTA's *Vision 2025* statement. The *Vision 2025* views OT as an inclusive profession that maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living (American Occupational Therapy Association [AOTA], 2017).

Increasing the well-being and quality of life for veterans is an optimal opportunity for the OT profession to assert its distinct value in addressing the mental health needs of veterans through the enhancement of spirituality. If a veteran is failing to succeed in an occupational performance area that also drives him or her to persevere and stay well, interventions are needed to prevent loss of optimal functioning (Plach & Sells, 2013). Unfortunately, a wide variety of treatment options promoting occupational success are not an immediate option to veterans with mental health disorders. Veterans deserve healthcare interventions that are proven to be more effective at addressing mental health disorders and increasing their overall well-being and quality of life. This demonstrates the importance of including the profession of occupational therapy in

the care of veterans as they have the distinct ability to address mental health needs through enhancement of spirituality to increase participation in meaningful occupations.

Spirituality is an integral part of promoting self-identity and fulfillment in everyday occupations and should be addressed when considering the well-being and quality of life of veterans. The experience of spirituality is an internal process that helps a person to embrace acceptance and deal with abstract feelings such as suffering, fear, and guilt; spirituality is interconnected with personal growth and finding hope and a will to move on and continue to fight (Maley, Pagana, Velenger, & Humbert, 2016). With this being said, an occupational therapy intervention resource manual using spirituality as a means to increase Veterans' participation in meaningful occupations is needed. Occupational therapists have the unique ability to incorporate spirituality in therapy in order to address the specific needs of veterans. The inclusion of spirituality in interventions may be beneficial for a therapist to use when alleviating symptoms of a physical and mental capacity, reestablishing beliefs, values, and moral code, and reestablishing relationships with self, others, the world, and the transcendent (Brémault-Phillips et al., 2019).

This intervention resource manual is specifically aimed at occupational therapist treating veterans with psychosocial diagnosis. The VA defines a veteran as an “individual who has served in one of the seven uniformed services who meet the length of service and character of discharge requirements prescribed by law” (VA, 2019, p. 6). It has been found that more than 2.2 million military veterans are at risk of disruptions of engagement in daily occupations (Gregga, Kitzmana, & Shordikeb, 2016). Mental health is the most prevalent concern of soldiers' post-combat, and approximately 40 percent of veterans experienced mental health difficulties in adjusting back to civilian life (Smith-MacDonald et al., 2017). These psychological disorders can

negatively affect a person's core self, ideals, and perceptions of reality leaving them shattered, and their spirit "broken" (Brémault-Phillips et al., 2019). Veterans with psychological disorders may experience a combination of deficits that decrease their ability to successfully engage in meaningful activities (Speicher, Walter, & Chard, 2014). Untreated psychiatric conditions have wide-ranging and negative consequences for veterans; these consequences include lost productivity, relationship dysfunction, higher risk for substance use, and suicide (Kashiwa, Sweetman, & Helgeson, 2017). The high percentage of veterans experiencing mental health difficulties alone address the need for intervention to take place in assisting veterans with mental health and return to home.

This intervention resource manual includes guidelines, definitions, outcome measures and intervention examples for the occupational therapist to use in order to enhance veterans' spirituality. By combining the intricate parts of the PSI, the occupational therapist can elicit an inner sense of spirituality through the participation in the progression of meta, non, and trans-occupations. First, the occupational therapist will promote the participation in meta-occupation, which does not refer to any specific occupational form but to accepting and experiencing a mindful meta-perspective to all occupations (Kang, 2017). It is within meta-occupations that an increased quality of doing or occupational performance is intertwined within a deeper sense of self which serves as context rather than content of experience (Kang, 2017). After the completion of the surface zone and meta-occupations, the therapist will introduce non-occupation. According to Kang (2017), non-occupation refers to the total absorption of consciousness beyond language and conception through 'non-occupational' forms of deep meditation, more commonly referred to by the occupational therapy profession as mindfulness exercises or training. It is within non-occupations that a client will release all cognitive, affective, and

involvement in occupations to rest deeply in self-awareness that influences all cognitive-behavioral activity (Kang, 2017). Lastly, the occupational therapist will introduce trans-occupations. Trans-occupation refers to occupations of ‘a certain kind’ that elicit, solidify, invite, and opens the dimension of transcendence in everyday life (Kang, 2017). This being similar to the *occupational therapy practice framework’s (4<sup>th</sup> ed)* outcome measures which describe what clients can achieve through occupational therapy intervention (AOTA, 2020). Trans-occupation is not limited to a single specialized occupation where it is enacted but is found in all occupations as well as non-occupation (Kang, 2017).

The frame of reference utilized to guide the creation of this intervention manual was the Psychospiritual Integration Frame of Reference (PSI) created by Chris Kang (2003). The PSI is based on a theoretical and personal analysis of human expressions of spirituality across cultures and throughout history (Kang, 2003). The PSI uses a phenomenological study of cultural, religious, philosophical, contemporary social, and health sciences literature with a comprehensive exploration of spirituality and the spiritual development for a person (Kang, 2003). The PSI provides information based on the nature, expression, and influence of spirituality in everyday occupational behavior and its influence of spirituality and spiritual occupations on health and well-being (Kang, 2003).

The PSI is a conceptual practice model that is not diagnosis-specific and was created specifically for occupational therapists to use with any person or community that is experiencing spiritual deprivation and to understand any reason for spiritual latency (Kang, 2003). It is within this frame of reference that Kang describes occupations as being generic and/or spiritual; these occupations have the potential to address occupational outcome measures as they aim to empower occupational abundance, occupational function, occupational balance and occupational

justice (Kang, 2003). Spirituality is an internal motivating factor that promotes self-identity and fulfillment in everyday occupations. This intervention resource manual is structured specific to the occupational therapy profession to enhance veteran's spirituality during occupational doing. Due to the decision to create an intervention resource manual specific to occupational therapists enhancing spirituality, it was imperative that the theoretical framework did the same.

### **Key Terms/Concepts:**

- Spirituality is defined as the essence of a person, is diverse and complex, and is interconnected within occupations, client factors, contexts, and rituals and is the root of occupational identity, it is the composite sense of who one is, and wishes to become as an occupational being (AOTA, 2014; Kang, 2003).
- The six dimensions of spirituality as defined by Kang (2003) are:
  - Becoming is defined “volitionally directed growth and development of the self through active doing and consequent experience of flow” (Kang, 2003, p. 97).
  - Meaning is defined as a “sense of intrinsic purposefulness and vitality rooted in personal, collective, or transpersonal spaces that informs the direction of, and inspires the process of living” (Kang, 2003, p. 97).
  - Being “A pervasive quality that forms the foundation of our existence as human beings; It is not the ‘doing’ or ‘achieving’ self but a primordial presence prior to all involvement in occupations” (Kang, 2003, p. 97).
  - Centeredness is “An inner stability based on knowing and recognizing which lies at the core of one’s being; It is the nucleus of one’s being, the ‘divine center’ of self from which all activities flow; It is located within the sphere of being but distinct from it” (Kang, 2003, p. 98).

- Connectedness is defined as “seeing the self as a fluid process embedded within a larger interrelation context ... and allows for a fullness of being to emerge into profound relationship with all of life and the universe” (Kang, 2003, p. 98).
- Transcendence is "the transcendent drive, it innately seeks to find ultimate meaning and happiness and manifests as an ongoing search for freedom from all limitation, or rather freedom in spite of limitation” (Kang, 2017, p. 98). OR “A transcendent goal is a state of inner freedom and a consciousness that has grown beyond all ego-identification, suffering, pain, and unwholesome actions” (Kang, 2003, p. 98).
- Zones of Spirituality, the six dimensions of spirituality are further conceptualized into three zones which aim to infuse, inspire, inform, and enliven our enactment of daily occupations (Kang, 2017).
  - Surface Zone: “Together, becoming and meaning form the ‘surface zone’ of spirituality, which is the common and familiar phenomenological zone that many individuals and groups can relate to” (Kang, 2017, p. 57).
  - Middle Zone: “Being and centeredness form what PSI calls the ‘middle zone’ of spirituality in terms of phenomenological depth and breadth ... It constitutes the zone of phenomenological silence and clarity that is the sea of conscious potential ever ready to coalesce into words, concepts, actions, and occupations” (Kang, 2017, p. 57).
  - Deep Zone: “The nature of deep zone experiences is such that one is irrevocably transformed from the inside-out, to greater or lesser degrees, upon direct unmediated realization of connectedness and transcendence. Each instance of full

realization of the deep zone purifies and transforms in profound ways the personality and character of the individual experiencing it” (Kang, 2017, p. 57).

The subsequent chapters include: Chapter II Review of the Literature, Chapter III Methodology, Chapter IV Product and Chapter V Summary. The Review of Literature provides an overview of spirituality, the Psychospiritual Frame of Reference, and the veteran population. The Methodology outlines the methodology utilized to create this product. The Product contains *Increasing Participation in Meaningful Occupations for Disabled Veterans Through the Promotion of Spirituality: An Intervention Resource Manual for Occupational Therapists*, an intervention resource manual created for occupational therapists when treating veterans. The Summary provides an inclusive summary of the purpose of the project, key findings, and the occupational therapist's role.

## **Chapter II**

### **Review of Literature**

#### **Introduction**

#### **Occupational Therapy and Veterans**

The U.S. Department of Veterans Affairs' (VA) *Fiscal Year 2018-2024 Strategic Plan's* objectives and strategies specifically describe an essential focus on improving veterans' well-being, encouraging independence, and enhancing veterans' quality of life (U.S. Department of Veterans Affairs [VA], 2019). All three are within the scope of practice for the profession of occupational therapy. The American Occupational Therapy Association (AOTA) defines quality of life as a dynamic appraisal of life satisfaction, self-concept, health and functioning, and socioeconomic factors (American Occupational Therapy Association [AOTA], 2014). The VA reports that quality of life is optimal when veterans are independent, economically secure, socially engaged, and enjoy enhanced well-being (VA, 2019). In addition to the goal of increasing quality of life, the VA also strives to enhance the well-being of all veterans. Well-being is a general term that incorporates all aspects of the human life and/or the concept of living, including contentment with health, self-esteem, belonging, security, and opportunities to create meaning in life and help others (AOTA, 2014). The VA's specific goal of improving well-being and quality of life is addressed in AOTA's *Vision 2025* statement. The *Vision 2025* views OT as an inclusive profession that maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living (American Occupational Therapy Association [AOTA], 2017). The VA's goals, of improving the lives of all veterans are included in an occupational therapists' practice



framework which exhibits a foundational purpose to address occupational therapy services for veterans.

The VA defines a veteran as an “individual who has served in one of the seven uniformed services who meet the length of service and character of discharge requirements prescribed by law” (VA, 2019, p. 6). It has been found that more than 2.2 million military veterans are at risk of disruptions of engagement in daily occupations (Gregg et al., 2016) These military personnel are voluntarily risking their lives to protect the U.S and deserve to be supported in return for their service (Gregg, Kitzmana, & Shordikeb, 2016; Kashiwa, Sweetman, & Helgeson, 2017). The veteran’s specific needs can be addressed by an occupational therapist; however, little research has been done to create a plan of action in meeting those needs. As previously stated, occupational therapists have the ability to work with veterans to enhance their overall well-being, quality of life, and independence in their desired occupations. With this being said, the development of an occupational therapy specific resource manual using spirituality to address these needs through would be beneficial to assist in the care of all veterans.

## **Introduction to Spirituality**

### **Defining Spirituality**

The human spirit is a motivating force directed toward realizing higher-order goals and aspirations that grow out of the essential self (Brémault-Phillips, Pike, Scarcella, & Cherwick, 2019; Smith & Suto, 2012). Spirituality is an often-overlooked essence of a person that can be addressed by an occupational therapist. Occupational therapists are provided with the opportunity to address spirituality within practice as it is operationally defined and included within the AOTA’s *Occupational Therapy Practice Framework: Domain and Practice Fourth Edition* (OTPF). This meaning that occupational therapists are able to and should address such

an important and meaningful instrumental activity of daily living (IADL) whenever possible. The OTPF (2020) claims that spirituality is dynamic and ever evolving client factor that elicits a deep experience of meaning brought up by the engagement in occupations (AOTA, 2020). Spirituality or meaningful doing is defined as engaging in activities that are especially meaningful and allow for a sense of connectedness to a larger part of oneself (AOTA, 2014). This being different from religion which is defined as an organized system of beliefs, practices, rituals, and symbols designed to facilitate a relationship with the sacred and/or transcendent (AOTA, 2014). It is important to clarify the difference between these two definitions as it is the goal of this study to enhance spirituality not connected with religion.

Spirituality is an integral part of promoting self-identity and fulfillment in everyday occupations and should be addressed when considering the well-being and quality of life of veterans. Spirituality is seen as a complex multidimensional construct that is dynamic, individualized, and functions symbiotically with psychological and social domains (Smith-MacDonald, Norris, Raffin-Bouchal, & Sinclair, 2017). The experience of spirituality is an internal process that helps a person to embrace acceptance and deal with abstract feelings such as suffering, fear, and guilt; spirituality is interconnected with personal growth and finding hope and a will to move on and continue to fight (Maley, Pagana, Velenger, & Humbert, 2016). Spirituality has also been defined by AOTA as the aspect of humanity that refers to the way individuals seek and express meaning and purpose in their lives (AOTA, 2014). Spirituality is a personal experience within each client that strengthens a connectedness to each moment and to the self, others, nature, and to the significant and/or sacred (AOTA, 2014). In the most current update of AOTA's *Occupational Therapy Practice Framework: Domain and Practice Fourth Edition* (2020), spirituality is defined as "a deep experience of meaning brought about by

engaging in occupations that involve the enacting of personal values and beliefs, reflection, and intention within a supportive contextual environment” (p. 63). Occupational therapists have the unique ability to address spirituality with their clients as it is a core concept of the self that should not be overlooked when promoting independence and well-being.

In OT literature, the broad concept of spirituality has been framed in terms of the profession’s core concept, occupation (Brémault-Phillips et al., 2019; Smith & Suto, 2012). Spirituality is at times interchangeable or closely related to the term *occupational identity*. Occupational identity is the composite sense of who one is and wishes to become as an occupational being generated from one’s history of occupational participation (AOTA, 2014). The occupational therapy profession has the ability to address this often-neglected dimension of health care (Kang, 2003). With this being stated, an overarching definition of spirituality is needed to increase use and understanding in future research. Utilizing the professions’ definition along with our guiding frame of reference, spirituality will from this point on be defined as: an essence of a person that is diverse and complex, it is interconnected within occupations, client factors, contexts, and rituals and is the root of occupational identity; it is the composite sense of who one is, and wishes to become as an occupational being (AOTA, 2014; Kang, 2003).

### **Veterans and the Need to Address Spirituality**

Occupational freedom is the opportunity and ability to choose and participate in activities that are meaningful to an individual (Plach & Sells, 2013; Speicher, Walter, & Chard, 2014). Plach and Sells (2013) found, in their mixed-methods design, that veterans believed the best thing about returning home was their freedom; however, their occupational freedom was compromised as they reintegrated back into the civilian world (Plach & Sells, 2013). It is a core value to allow clients the freedom and personal choice to guide interventions through their

personal values and desires (American Occupational Therapy Association [AOTA], 2015). Occupational freedom should be attainable to all returning veterans, however, the transition back to civilian life can be difficult for veterans and limits their potential to obtain occupational freedom. Cogan (2014) found that returning veterans experienced difficulties with controlling anger, emotional expression, trust, connecting with family, managing health, and belonging in society which all negatively affect the veterans' participation in occupations that were once meaningful to them. When a person is constantly denied the opportunity to participate in meaningful occupations due to underlying personal issues or diagnosis, this can have a detrimental effect on well-being and quality of life, these difficulties should not be overlooked. Increasing the well-being and quality of life for veterans is an optimal opportunity for the OT profession to assert its distinct value in addressing the mental health needs of veterans through the enhancement of spirituality.

The Occupational Therapy Practice Framework specifically states that achieving health, well-being, and participation in life through engagement in occupation is the overarching statement that describes the domain and process of OT in its fullest sense (AOTA, 2014). If a veteran is failing to succeed in an occupation that also drives him or her to persevere and stay well, interventions are needed to prevent loss of optimal functioning (Plach & Sells, 2013). Unfortunately, treatment options that directly promote occupational success are not an immediate option to veterans with mental health disorders. Standardized treatments for combat-related mental health concerns include evidence-based pharmacology and/or cognitive-behavioral-based psychotherapies (Smith-MacDonald et al., 2017). In their systematic study, Smith-MacDonald et al. (2017) reported that psychotherapies for combat-related post-traumatic stress disorder (PTSD) in VA settings supported the continued use of these modalities, however, less than half of

veterans demonstrated improvements across all treatments and not all veterans accessed these therapies. Veterans deserve healthcare interventions that are proven to be more effective at addressing mental health disorders and increasing their overall well-being and quality of life. This demonstrates the importance of including the profession of occupational therapy in the care of veterans.

Occupational therapists are skilled in assessing barriers to occupational engagement; these specific barriers may include psychiatric diagnosis, lack of coping skills, difficulty with role changes, and lack of access to mental health care (Kashiwa et al., 2017). Occupational therapists can utilize their profession specific trainings, qualities, and clinical expertise to help veterans overcome barriers to occupational engagement. It has been outlined within the OTPF and discussed throughout the literature that interventions are needed to address veterans' mental health needs and increase their well-being and quality of life; however, little research has been done providing specific ways in doing so. With this being said, an occupational therapy intervention resource manual using spirituality as a means to increase veterans' participation in meaningful occupations is needed. Occupational therapists have the unique ability to incorporate spirituality in therapy in order to address the specific needs of veterans. The inclusion of spirituality in interventions may be beneficial for a therapist to use when alleviating symptoms, reestablishing beliefs, values, and moral code, and reestablishing relationships with self, others, the world, and the transcendent (Brémault-Phillips et al., 2019).

### **Need for Intervention**

Mental health is the most prevalent concern of soldiers post-combat, and approximately 40 percent of veterans experienced mental health difficulties in adjusting back to civilian life (Smith-MacDonald et al., 2017). These psychological disorders can negatively affect a person's

core self, ideals, and perceptions of reality leaving them shattered, and their spirit “broken” (Brémault-Phillips et al., 2019, p. 2). Veterans with psychological disorders may experience a combination of deficits that decrease their ability to successfully engage in meaningful activities (Speicher, Walter, & Chard, 2014). Untreated psychiatric conditions have wide-ranging and negative consequences for veterans. These consequences include lost productivity, relationship dysfunction, higher risk for substance use, and suicide (Kashiwa et al., 2017). Smith-MacDonald et al. (2017) reported in their systematic review that increasing numbers of Afghanistan and Iraqi veterans participate in substance abuse, high-risk lifestyle, and para-suicidal and suicidal behaviors. The high percentage of veterans experiencing mental health difficulties alone address the need for intervention to take place in assisting veterans with mental health and return to home.

The transition of veterans to civilian life is important to consider because their well-being and ability to acclimate may be compromised, therefore, supporting veterans’ health and well-being is imperative for occupational therapists to address (Gregg et al., 2016; Plach & Sells, 2013). Veterans moving toward reintegration after deployment may require assistance as they reconstruct meaning in their lives. Another factor to consider when working with veterans is that they are at a higher risk for developing serious psychological disorders or ‘invisible wounds’ (Coll, Weiss, & Yarvis, 2011). Psychological disorders may include posttraumatic stress disorder (PTSD), major depression, substance abuse, and anxiety disorders; as well as suffering from functional impairments in such areas as social, occupational, and physical functioning (Brémault-Phillips et al., 2019; Coll et al., 2011; Speicher et al., 2014).

For the VA, suicide prevention is a top clinical priority, and they provide a comprehensive continuum of mental health care and suicide prevention services to end veteran

suicides (VA, 2019). In 2014, approximately 20 veterans died from suicide each day (Kashiwa et al., 2017; VA, 2019). Suicide is a growing concern; in 2012 it was stated that suicide deaths were eclipsing combat fatalities of active duty (Kashiwa et al., 2017). Veterans deserve occupational justice and the freedom to participate in meaningful occupations. Occupational therapists have the means to address mental health and increase occupational justice for all veterans returning home. Due to returning veterans' decreased ability to successfully participate in meaningful occupations, secondary to mental health conditions, skilled occupational therapy services are needed in order to increase participation.

### **Defining Mental Health Needs**

#### **Suicide**

The U.S. Department of Veterans Affairs reported that in 2014, approximately 20 veterans died from suicide each day (VA, 2019). According to the Veteran Population Projection Model 2014, the number of Gulf War veterans is expected to double that amount by 2043 (VA, 2019). The risk of suicide among veterans is 21 percent higher than those among the general population (Kashiwa et al., 2017). Risk factors associated with veteran suicide include a psychiatric diagnosis, feelings of being a burden, lack of belonging, social isolation, and relationship problems (Coll et al., 2011; Kashiwa et al., 2017; VA, 2019). It was also found that veterans who are at risk for suicide may experience greater barriers to performance in meaningful occupations (Kashiwa et al., 2017). This highlights the importance for occupational therapists to assert their distinct value in addressing the mental health needs of veterans to overcome barriers to occupational performance. Given the rising concern of veteran suicide rates and the growth of this at-risk population, action by the occupational therapy profession is required (Kashiwa et al., 2017). Occupational therapists have the ability to facilitate social

inclusion and participation in meaningful occupations, which in turn can promote mental health for at-risk veterans.

The fluid vulnerability theory of suicide proposes that suicide risk fluctuates over time as a function of both chronic and acute risk factors (Dillon et al., 2018). This theory also proposes that individuals have a baseline level of suicide risk that is relatively stable over time and has the ability to increase in response to situational triggers (Dillon et al., 2018). With this being said, veterans with psychiatric diagnosis such as PTSD are at a greater risk for suicide. Veterans with a diagnosis of PTSD are more likely to experience suicidal ideation compared to those without the disorder (Dillon et al., 2018; Kachadourian, Gandelman, Ralevski, & Petrakis, 2018). The risk for suicidal ideation was approximately six times greater in veterans with PTSD and comorbid disorders compared to those with just a diagnosis of PTSD (Kachadourian et al., 2018). Due to the high prevalence of these mental health disorders in veterans, it is vital that occupational therapists increase their awareness of suicidal ideation and behavior and learn effective interventions to prevent suicide.

### **Posttraumatic Stress Disorder**

PTSD is best understood as a disabling trauma and stress-related disorder that may occur after experiencing a traumatic event experience (Kip et al., 2013; Vella, Milligan, & Bennett, 2013). Current estimates from the VA state that PTSD affects about 30 percent of the Vietnam veterans, 10 percent of veterans who served in the Gulf War, 11 percent of veterans who served in Afghanistan, and 20 percent of veterans returning from Iraq (Murphy & Smith, 2018; Vella et al., 2013). The effects of PTSD run deep below the surface at the physiological level, resulting from an overuse of a heightened stress system (Vella et al., 2013). Unfortunately, the continuous overuse of an already heightened stress system has negative side effects that can impact the



livelihood of any veteran with this diagnosis. Specific symptoms that arise from PTSD may include recurring and distressing memories of trauma, hyper-arousal, negative alterations in cognitions and mood, and avoidance of stimuli or specific triggers of traumatic memories (Kip et al., 2013; Vella et al., 2013). Due to the increased occurrence of the primary symptoms, veterans diagnosed with PTSD may also experience an array of comorbidities that negatively affect occupational participation and wellbeing. Comorbidities may include anxiety disorders, major depressive disorder, sleep disturbances, panic disorder, substance abuse, high somatic symptom severity, decreased role functioning, and an increased risk of suicide (Kip et al., 2013; Vella et al., 2013).

Treatments that are most widely used to treat PTSD include pharmacologic interventions, cognitive behavioral therapies, exposure therapy, and supportive psychotherapy (Vella et al., 2013). Most commonly the pharmacologic approach may include psychotropic medication that addresses PTSD symptoms as well as comorbid disorders, such as depression and anxiety (Kip et al., 2013; Vella et al., 2013). The drugs that are most frequently administered to persons with PTSD may include but are not limited to antidepressants, anxiolytics, sedative hypnotics, and in some cases antipsychotics (Vella et al., 2013). The pharmacological approach may be used in conjunction with other types of therapy interventions. The therapies that are utilized for the treatment of PTSD among veterans include prolonged exposure therapy, cognitive processing therapy, and eye movement desensitization and reprocessing (Kip et al., 2013). These therapies are designed to minimize intrusion, avoidance, and arousal symptoms of PTSD through a combination of re-experiencing or refraining trauma-related memories and emotions, and teaching methods of managing trauma-related stressors (Kip et al., 2013). The VA has mandated

that all veterans treated for PTSD have access to either prolonged exposure therapy or cognitive processing therapy (Kip et al., 2013).

The first-line treatments for PTSD, which are based on decades of research, have multiple limitations; most notably, they are relatively lengthy, costly, and have variable rates of completion and treatment success (Kip et al., 2013; Murphy & Smith, 2018). With these inconclusive results of primary treatments, it is important to continue research and develop interventions that provide veterans the access they deserve to more effective treatment options. Occupational therapists have the skills necessary to treat veterans with PTSD but there is a significant lack in the literature to support occupational therapy intervention with this population (Gerardi, 2017).

## **Depression**

Major Depressive Disorder (MDD) and Persistent Depressive Disorder (PDD) are two common diagnoses associated with returning veterans. MDD is described as a person's display of a depressed mood for most of each day and/or a decrease in enjoyment or interest across most activity for the majority of each day, within a two-week period (American Psychiatric Association, 2013). PDD is described as a person's experience of the symptoms of MDD or Dysthymic Disorder for at least two years (American Psychiatric Association, 2013). Symptoms of MDD and PDD may include considerable weight change or appetite change, insomnia or hypersomnia, agitation, fatigue or lethargy, feelings of worthlessness or excessive guilt, reduction in concentration, repeated focus on death or suicide, a suicide plan, or a suicide attempt (American Psychiatric Association, 2013).

Veterans with a diagnosis of PTSD are at a greater risk for comorbid diagnosis of depression and are associated with both functional and social disturbance. A meta-analysis of 57

epidemiologic studies of service members and civilians indicated a very high rate of comorbid PTSD and MDD diagnosis, with 52 percent of individuals who met diagnostic criteria for PTSD also meeting diagnostic criteria for MDD (Moring et al., 2019). It is common for veterans with a comorbid diagnosis of PTSD and MDD to experience weakened interpersonal relationships, declined psychological resilience, decreased self-efficacy, limited activity engagement, and increased risk-taking behavior (Rogers, Mallinson, & Peppers, 2014). Research indicates that the prevalence of depression among returning service members is high, with about 15 to 20 percent of post-deployment service members meeting the criteria for an MDD diagnosis (Mustillo et al., 2015). Individuals with PTSD and comorbid depression report significantly greater symptom severity and distress than individuals without a co-morbid diagnosis (Ikin et al., 2016). Comorbid depression also negatively impacts treatment outcomes among individuals who seek treatment for PTSD (Moring et al., 2019).

The psychological and physical injuries obtained by military personnel may influence their ability to successfully perform within their current and previously meaningful roles. The complex needs of veterans who have experienced symptoms resulting from PTSD and other comorbid conditions, such as MDD, may be most successfully addressed within a structured environment designed to facilitate learning of new skills, development of healthy habits, and performance in healthy occupational areas and skills (Speicher et al., 2014). Depression has a vigorous negative association with life satisfaction, and its treatment leads to improved satisfaction with life. Psychiatric conditions such as depression may cause more harm to the veteran population due to co-occurring combat-related injuries and illnesses, and the unwillingness to pursue mental health treatment often observed within the military populations (Britton, Ouimette, & Bossarte, 2012).

## **Traumatic Brain Injury**

Traumatic brain injury (TBI) is considered a prominent wound among veterans of both Operation Iraqi Freedom and Operation Enduring Freedom; this is due to the large numbers of blast injuries caused by improvised explosive devices (Twamley, Jak, Delis, Bondi, & Lohr, 2014). Explosive blasts may cause a TBI when a service member is thrown or struck by shrapnel or when waves from the blast cause displacement of the brain and impact the skull (Radomski, Finkelstein, Llanos, Scheiman, & Wagener, 2014). There are different levels of a TBI ranging from mild to severe. TBIs can be indicated if there was any period of loss of or a decreased level of consciousness, any loss of memory, any alteration in mental state, neurological deficits, or intracranial lesions (Radomski, Davidson, Voydetich, & Erickson, 2009). A mild traumatic brain injury (mTBI) or concussion accounts for more than 80 percent of the brain injuries reported among active-duty military service members (Cogan et al., 2019; Radomski et al., 2009; Twamley et al., 2014). An mTBI can be differentiated from a more severe TBI by the level of impairment. An mTBI is indicated if the patient experienced a loss of consciousness of less than 30 minutes, any altered state of consciousness for up to 24 hours, or posttraumatic amnesia of 1 day or less (Radomski et al., 2009). Most acute symptoms resolve within 3 months, however cognitive, emotional, and physical impairments will persist in approximately 10 to 30 percent of all TBI cases (Cogan et al., 2019; Radomski et al., 2009). It is imperative that healthcare providers do not overlook the symptoms of a TBI due to the date of onset. These persistent symptoms may cause disruption in a veteran's daily occupations and overall well-being.

Patients with mild, moderate, and severe TBIs may experience problems with executive function, decision making, vision related symptoms (accommodation, convergence, and visual vestibular interactions), and emotional regulation (Cogan et al., 2019; Radomski et al., 2014).

More immediate symptoms of a TBI may include headaches, dizziness, nausea and vomiting, sleep disturbances, sensitivity to noise and light, slowed thinking and reaction time, memory impairments, poor concentration, poor problem-solving abilities, irritability, and visual changes (Radomski et al., 2009; Twamley et al., 2014). These symptoms have a negative effect on daily occupations and can lead to decreased well-being. It has also been found that many service members who sustain a TBI are at an increased risk for vision dysfunction, which impacts their ability to participate in previously meaningful occupations and related activities.

It is estimated that approximately 50 to 75 percent of veterans who have sustained a TBI demonstrate vision symptoms such as blurred vision, photosensitivity, accommodative problems, and more (Radomski et al., 2014). These problems can interfere with patients' ability to read, performance of everyday activities and rehabilitation, and they may also exacerbate cognitive dysfunction (Radomski et al., 2014). This assumption can be especially accurate for those who have a TBI and related psychological diagnosis. Veterans and service members with TBI often experience co-occurring mental health conditions such as adjustment disorder, anxiety disorder, depression, alcohol abuse/dependence, and PTSD (Dillahunt-Aspillaga & Powell-Cope, 2018). These conditions negatively affect the community reintegration process, which in turn can decrease occupational participation and overall well-being.

TBI may pose challenges to daily participation, prior relations, social roles, living situations, and education or employment (Cogan et al., 2019; Dillahunt-Aspillaga & Powell-Cope, 2018). Unfortunately, there are no known medications that correct the cognitive deficits of TBI. Given the extraordinary plasticity of the human brain, cognition must be considered one of the most promising targets for improvement by using psychological methods (Twamley et al., 2014). Due to the high incidences of acquired TBI and the arise of complex physical, cognitive,

and emotional disruptions, an increased number of clinicians trained to deliver client-centered, evidence-based care to service members with TBIs are needed (Radomski et al., 2009). Given that client centered, evidenced-based care is of highest priority, the psychospiritual integration frame of reference was chosen to best uphold these principles.

## **Frames of Reference**

### **Psychospiritual Integration Frame of Reference**

The frame of reference utilized to guide the creation of this intervention manual was the psychospiritual integration frame of reference (PSI) created by Chris Kang (2003). The PSI is based on a theoretical and personal analysis of human expressions of spirituality across cultures and throughout history (Kang, 2003). The PSI uses a phenomenological study of cultural, religious, philosophical, contemporary social, and health sciences literature with a comprehensive exploration of spirituality and the spiritual development for a person (Kang, 2003). The PSI provides information based on the nature, expression, and influence of spirituality in everyday occupational behavior and its influence of spirituality and spiritual occupations on health and well-being (Kang, 2003).

The PSI is a conceptual practice model that is not diagnosis-specific and was created specifically for occupational therapists to use with any person or community that is experiencing spiritual deprivation and to understand any reason for spiritual latency (Kang, 2003). It is within this frame of reference that Kang describes occupations as being generic and/or spiritual; these occupations have the potential to empower occupational abundance, occupational function, occupational balance and occupational justice (Kang, 2003).

The PSI defines spirituality as a quality that makes a person who they are and can determine what they will become (Kang, 2003). The PSI has six interconnected but different

dimensions of spirituality, which include becoming, meaning, being, centeredness, connectedness, and transcendence (Kang, 2003). Each of the six dimensions will be the focus of interventions within the intervention resource manual in order to promote spiritual fulfillment. The six dimensions are the specific areas of spirituality that the occupational therapist can address in therapy.

When people are able to *become* what they want to be, to find authentic *meaning* and purpose in life, to be fully themselves in each moment, to abide in inner stability and knowledge of one's *center*, to lovingly and compassionately *connect* with the larger matrix of life, and to *transcend* limitations of self and self's constructions, a condition of spiritual fulfillment is said to be present in them (Kang, 2003, p. 98).

Spirituality is an internal motivating factor that promotes self-identity and fulfillment in everyday occupations. Spirituality is within the OT practice framework and should be considered as a means to enhance the inner self and drive to participate in daily occupations. Spirituality is an important aspect to address as it is included in both an IADL and within the client factors of the OTPF Fourth Edition (AOTA, 2020). The PSI addresses spirituality in both aspects and is tailored to be used specifically by occupational therapists. This intervention resource manual is structured specific to the occupational therapy profession, and because of this, it was imperative that the theoretical framework did the same.

### **Plan for Change: Creating the OT Guide**

By creating a resource manual specific to the field of OT, we can aid therapists in promoting veterans' participation in meaningful occupations through the enhancement and identification of the individual's spirituality. AOTA reports that people of all ages and abilities require occupation to grow; it is through occupation that humans have the ability to express the

totality of their being, a mind-body-spirit union (AOTA, 2014). Occupational therapists are skilled in assessing barriers to occupational engagement; these specific barriers may include psychiatric diagnosis, lack of coping skills, difficulty with role changes, and lack of access to mental health care (Kashiwa et al., 2017). This intervention resource manual will focus on the clients' spirituality as a means to address their specific barriers and needs to help increase participation in occupations that are most meaningful to them. By utilizing the six psychospiritual integration frame of reference dimensions throughout the program the occupational therapist will have the necessary resources to help veterans reach spiritual fulfillment within their meaningful occupations. Kang (2003) describes the six dimensions as follows:

*Becoming* is volitionally directed growth of the self through active doing; *meaning* is the sense of intrinsic purposefulness; *being* forms the foundation of our existence as human beings; *centeredness* is the center of self from which all activities flow; *connectedness* is seeing the self as a fluid process embedded within a larger inter-relational context; and *transcendence* is the inner drive and the end-goal (Kang, 2003, p.97).

These dimensions are then conceptualized in three overarching zones, surface, middle, and deep, that infuse, inspire, inform, and enliven the client's participation in occupations (Kang, 2017). By using the PSI, the occupational therapist has the opportunity evoke the introverted, contemplative, transcendent, hidden, and silent voice in each client by reclaiming their essence in contemporary culture (Kang, 2017). In order to bring out transformative change within each client, the occupational therapist must follow the PSI's enabling pathway which is comprised of the processes of transmission, instruction, coaching, co-presencing, and immersion (Kang, 2017). This enabling pathway is essentially a step-by-step guide to assist the occupational therapist in



using adequate rapport and therapeutic use of self to help evoke a deeper understanding of the client's inner spirituality. Within the PSI, the term *transformative change* is used to define this process. Transformative change is the awakening to a new world, where a new order meanings and way of being has replaced the old order of self-focused, self-occupied, and self-driven existence (Kang, 2017). The therapist provides the tools necessary to promote transformative change as it assists in bringing out one's inner spirituality and in order to achieve spiritual fulfillment.

One of the most rewarding aspect of using the PSI is that it facilitates the process of the rearranging and transformation of one's life away from mundane concerns towards trans-mundane existence, this being characterized as "the integration, wholeness, unfettered freedom of spirit, and eradication of afflictive toxic tendencies of mind and personality" (Kang, 2017, p.61). By combining the intricate parts of the PSI, the occupational therapist can elicit an inner sense of spirituality through meta, non, and trans-occupations. To assist veterans in establishing spiritual fulfillment, Kang outlines specific zones that categorize the dimensions of spirituality and pairs them with corresponding occupation types. The occupational therapist utilizing the PSI will start intervention within the Surface Zone, then the Middle Zone, and will lastly end with the Deep Zone, further addressed below (Kang, 2017). The goal of the occupational therapist is to facilitate spiritual fulfillment as it is an inner sense of self and demands to be understood by the self through meaningful occupations. The occupational therapist cannot determine when or where a client will accomplish spiritual fulfillment, however, they have the ability and the specific skills needed to follow the enabling pathway and help facilitate this spiritual process.

### **Surface Zone**

Within the surface zone, the clients are expected to achieve or gain a deeper understanding of *becoming and meaning*. Within this zone, meaningful occupational

participation emphasizes communication, language articulation, and conceptualization (Kang, 2017). The dimension of *becoming* is defined as a “volitionally directed growth and development of the self through active doing and consequent experience of flow” (Kang, 2003, p. 97). A client experiencing this dimension may experience an increased sense of independence, personal growth, autonomy, and choice through active doing (Kang, 2003). The dimension of *meaning* is defined as a “sense of intrinsic purposefulness and vitality rooted in personal, collective, or transpersonal spaces that informs the direction of, and inspires the process of living” (Kang, 2003, p. 97). When a client experiences the dimension of meaning, the client may experience an increased sense of purpose and resolution, functioning as an integrative force in consciousness into a unified flow of experience (Kang, 2017). In order for a person to achieve or fully immerse themselves into the surface zone, they must experience becoming and meaning within their occupations. To be able to achieve the dimensions of becoming and meaning, the occupational therapist facilitates participation in what Kang refers to as a meta-occupation.

Meta-occupation does not refer to any specific occupational form but to accepting and experiencing a mindful meta-perspective to all occupations (Kang, 2017). It is within meta-occupations that an increased quality of doing is intertwined within a deeper sense of self, which serves as context rather than content of experience (Kang, 2017). It is within this zone that mindfulness can be considered a moment-by-moment presence of awareness in the immediacy of experience with responsive calm and wise discernment (Kang, 2017). This zone promotes the process of letting go which enables the client to participate more deeply in each occupational experience (Kang, 2017). In order to assist the letting go process, this zone makes possible a gradual deepening of mental awareness with increased cognitive flexibility and elasticity (Kang, 2017). With this being said, clients will be able to fully immerse themselves within each

occupation and find their inner sense of self. This allows for the freedom of doing and experiencing their personal meaning of the self.

### **Middle Zone**

After the client has experienced and understands the dimensions of becoming and meaning, they will then move into what Kang (2017) referred to as the middle zone. It is within the middle zone that the client will be introduced to the dimensions of *being and centeredness*. The middle zone is opposite of the surface zone as it does not utilize communication and language to facilitate occupational participation and the experience of self. The middle zone is considered to be the zone of *silence and clarity* (Kang, 2017). This zone of silence and clarity can be thought of as a metaphor in which Kang describes as “sea of conscious potential ever ready to coalesce into words, concepts, actions, and occupations” (Kang, 2017, p.57). It is within the silence and clarity that clients will experience their meaning of being and centeredness. The dimension of *being* can be defined as “a pervasive quality that forms the foundation of our existence as human beings; It is not the ‘doing’ or ‘achieving’ self but a primordial presence prior to all involvement in occupations” (Kang, 2003, p. 97). A client will know when they are experiencing this dimension when they experience increased creative, intuitive, insightful, and devotional energies of human consciousness (Kang, 2003). The dimension of *centeredness* refers to:

An inner stability based on knowing and recognizing which lies at the core of one’s being; It is the nucleus of one’s being, the ‘divine center’ of self from which all activities flow; It is located within the sphere of being but distinct from it (Kang, 2003, p. 98).

In order to achieve being and centeredness, the middle zone, the therapist must introduce a type of occupation different from meta-occupation which is utilized within the surface zone. It is within the middle zone that the occupational therapist introduces non-occupation.

Contrary to how it looks, non-occupation does not mean completing no occupations. According to Kang (2017), non-occupation refers to the total absorption of consciousness beyond language and conception through 'non-occupational' forms of deep meditation, more commonly referred to by occupational therapy profession as mindfulness exercises or training. It is within non-occupations that a client will release all cognitive, affective, and involvement in occupations and learn to rest deeply in self-awareness which directly influences all cognitive-behavioral activity (Kang, 2017). It is within non-occupation that words or language are not needed, and the client is fully able to immerse themselves within an occupation or activity that allows for a meditative state, allowing a deeper connection to the self. This meditative state will in turn help clients to understand their being and centeredness, they will gain an overall control and understanding of their spirituality.

To gain a better understanding of non-occupation, it can be considered a feeling evoked by a specific occupational form that can be termed *attentional balancing* (Kang, 2017). Attentional balancing is a "sophisticated yet entirely naturalistic process of settling a person's consciousness in its natural state of sheer luminosity, bliss, and non-conceptuality" (Kang, 2017, p. 60). It is within attentional balancing that the client will learn to release coarse conceptual activity, emotional reactivity, and exist within consciousness' very center (Kang,2017); this allowing clients to further participate in the letting go process. It is within non-occupations and attention balancing that clients will fully experience a sense of peace, joy, vitality, and fulfilment that is not normally experienced in everyday occupations (Kang, 2017).

## Deep Zone

The final zone and more complex zone is the deep zone. This zone contains the final two spiritual dimensions, *connectedness and transcendence*. It is within the deep zone that clients ultimately find their passion and deeper meaning of the self while achieving spiritual fulfillment through the doing of meaningful occupations. The dimension of *connectedness* is defined as “seeing the self as a fluid process embedded within a larger interrelation context ... and allows for a fullness of being to emerge into profound relationship with all of life and the universe” (Kang, 2003, p. 98). The dimension *transcendence* is defined as the final dimension of spirituality having two aspects, *drive and goal*.

The transcendent drive, it innately seeks to find ultimate meaning and happiness and manifests as an ongoing search for freedom from all limitation, or rather freedom in spite of limitation. Transcendent goal is a state of inner freedom and a consciousness that has grown beyond all ego-identification, suffering, pain, and unwholesome actions (Kang, 2003, p. 98).

In order to be successful within the deep zone, the occupational therapist must facilitate participation within trans-occupations.

It is within the PSI that the term *trans-occupation* refers to occupations of ‘a certain kind’ that elicit, solidify, invite, and opens the dimension of transcendence in everyday life (Kang, 2017). Trans-occupation is not limited to a single specialized occupation where it is enacted but is found in all occupations as well as non-occupation (Kang, 2017). It is within daily occupations that there is the opportunity for the client to experience a sense of self- reflexive, self-deconstructing, and self-transcending (Kang, 2017). It is the occupational therapists' goal to assist the client in achieving self-transcending tendencies in their daily occupations. In order to fully immerse into trans-occupation, the client must not focus on self-driven effort but more on

self-releasing surrender in openness and trust (Kang, 2017). In other words, the client must be willing to open themselves up to experience all six dimensions and achieve the ultimate goal of spiritual fulfillment. It is within the total release of the physical embodiment of the mental health symptoms and self-agendas amid occupations that a client can achieve transcendence, the deepest zone of spirituality (Kang, 2017). When the client is able to participate fully in meaningful occupations and find a deeper connection and centeredness with the self while letting go of all outside distractors and barriers, they are then able to achieve spiritual fulfillment.

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## Chapter III

### Methodology

The goal of this scholarly project was to create an intervention resource manual for occupational therapists to use with veterans who are experiencing spiritual deprivation or spiritual latency which impacts participation in meaningful occupations. The purpose of the literature review was to explore current literature to increase an understanding of veterans with mental health diagnosis and their current needs for occupational therapy interventions that increase spirituality. The literature review assisted with the creation of the intervention resource manual and provided information on the need to address spirituality.

In order to create the intervention resource manual for this project, we first found reliable sources and literature related to the topic of interest. To do this, we completed a search using keywords pertaining to occupation therapy, spirituality, and the veteran population. The authors utilized these keywords to create search threads and were entered into several databases including Google Scholar, PubMed, and CINAHL. Further literature was gathered from sources such as the American Occupational Therapy Association (AOTA), and American Journal of Occupational Therapy (AJOT), and government websites. The articles were then reviewed for level of evidence and relevance to our topic of interest. Articles were then used as a guiding resource to create the literature review and prove the need for occupational therapists facilitate an increase veteran's spirituality. Unfortunately, not many articles include the three keywords in one article thus reinforcing the need for attention to be given to this specific topic. Due to this we generated a search of each keyword separately or in pairs.

The final step of the literature review process was to identify the guiding framework. Initially we considered using the Canadian Model of Occupational Performance and Engagement, however, after further research into the topic of spirituality and occupational

therapy, we determined that Kang's (2003) *Psychospiritual Integration Frame of Reference for Occupational Therapy, Part I: Conceptual Foundations*, was more appropriate to address the inclusion of spirituality. Kang's frame of reference, also referred to as the *PSI*, highlighted the key components that we wanted to address with veteran's and had a greater emphasis on spirituality with mental health. This frame of reference is inclusive of all populations and diagnosis and provided a framework for the use with the veteran population. We continued to dig deeper into the framework of the *PSI* and discovered Kang's (2017) *Psychospiritual Integration Frame of Reference for Occupational Therapy, Part II: Transformative Occupations and the Change Process*, which provided an in-depth explanation of how the occupational therapist can elicit change in a human being and promote spiritual fulfillment.

It was with this guiding frame of reference and the current literature, regarding occupational therapy and veterans, that we were able to create a three-step intervention resource manual, guided by Kang's (2017) three zones, specific to the field of occupational therapy. It is through the use of this manual that the occupational therapist will increase their understanding of spirituality and provide each veteran client the tools to reach spiritual fulfillment.

## Chapter IV

**Increasing Participation in Meaningful Occupations for Disabled Veterans  
Through the Promotion of Spirituality: An Intervention Resource Manual for  
Occupational Therapists**

By: Tristen Smith, MOTS & Audrya Tarango MOTS

Advisor: Breann Lamborn, EdD, MPA

University of North Dakota

### **Overview**

This intervention resource manual was created specifically for the field of OT. This manual has the potential to aid therapists in promoting veterans' participation in meaningful occupations through the enhancement and identification of the individual's spirituality. AOTA states that people of all ages and abilities require occupation to grow and thrive by pursuing occupation, humans express the totality of their being, a mind-body-spirit union (AOTA, 2014).

Occupational therapists are skilled in assessing barriers to occupational engagement; these specific barriers may include psychiatric diagnosis, lack of coping skills, difficulty with role changes, and lack of access to mental health care (Kashiwa, Sweetman, & Helgeson, 2017). This intervention resource manual will focus on the veterans' spirituality as a means to address their specific barriers and needs to help increase participation in occupations that are most meaningful to them.

By utilizing the psychospiritual integration frame of reference and rooting the foundation of occupational therapy within Kang's six dimensions of spirituality throughout this program, the occupational therapist will have the necessary resources to help veterans reach spiritual fulfillment within their meaningful occupations and ultimately increase their health, well-being, and quality of life.



**Psychospiritual Integration Frame of Reference (PSI)**

One of the most rewarding aspect of using the PSI is that it facilitates the process of the rearranging and transformation of one's life away from mundane concerns towards trans-mundane existence, this being characterized as "the integration, wholeness, unfettered freedom of spirit, and eradication of afflictive toxic tendencies of mind and personality" (Kang, 2017, p.61). By combining the intricate parts of the PSI, the occupational therapist can elicit an inner sense of spirituality through meta, non, and trans-occupations.

This manual outlines the therapeutic process and guides the occupational therapist in personal development and understanding of spirituality. This knowledge of spirituality and the PSI will aid the therapist in promoting transformative change within each client. To assist veterans in establishing spiritual fulfillment, Kang outlines specific zones that categorize the dimensions of spirituality and pairs them with corresponding occupation types. The occupational therapist who is utilizing the PSI will first start the intervention process within the Surface Zone, then move to the Middle Zone, and will lastly end with the Deep Zone (Kang, 2017).

The goal of the occupational therapist is to facilitate spiritual fulfillment as it is an inner sense of self and can be brought out through the participation in meaningful occupations. The occupational therapist cannot determine when or where a client will accomplish spiritual fulfillment, however, they have the ability and the specific skills needed to follow the enabling pathway and help facilitate this spiritual process.

**Intervention Manual Outline**

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### **For the Occupational Therapist**

By using the PSI, the occupational therapist seeks to bring out the introverted, contemplative, transcendent, hidden, and silent voice in the client by exploring their meaning and values in contemporary culture (Kang, 2017). Transformative change is the enlivening of a whole new world, where a new order of ultimate meaning of life and a way of being replaces the old order of self-focused, self-occupied, and self-driven existence (Kang, 2017). In order to evoke transformative change within each client, the occupational therapist must thoroughly immerse themselves in the knowledge of PSI and follow the enabling pathway which includes “the processes of transmission, instruction, coaching, co-presencing, and immersion” (Kang, 2017, p.61).

The enabling pathway includes five transactive processes that work together to synergistically draw forth deep transformation in a person (Kang, 2017). “These five processes pertain to the occupational therapist’s therapeutic use of self in the therapist-client relationship as found in transmission, instruction, and coaching; the active participation of the client in transformation described as co-presencing; and the making of transformative environmental contexts is immersion” (Kang, 2017, p. 61). With this enabling pathway, the therapist is able to provide the tools necessary to promote transformative change as it assists in bringing out one’s inner spirituality and achieving spiritual fulfillment.

## **Modes of Therapy**

### **Transmission**

“The process of transmission is essentially a catalytic encounter between therapist and client whereby the meta-occupational, non-occupational, or trans-occupational consciousness of the therapist elicits a deep spiritually heightened response from the client” (Kang, 2017, p. 61).

Transmission allows the client to recognize for the first time the hidden occupational potentials within their consciousness and being (Kang, 2017).

### **Instruction**

“Instruction involves therapist informing, reviewing, guiding, and mentoring the client in the details and nuances of meta-, non-, and trans-occupation” (Kang, 2017, p. 62). Instruction allows the therapist to facilitate the process of exploration and cultivation (Kang, 2017).

### **Coaching**

“Coaching, entails drawing forth the client’s hidden potentials for change through therapeutic rapport, listening and questioning, awakening and challenging, probing and evoking, co-creating and actualizing, reinforcing and testing” (Kang, 2017, p. 62).

### **Co-Presencing**

“Co-presencing involves both therapist and client in a mutual creative space of mindful presence and sensing” (Kang, 2017, p. 62). Co-presencing is an openness to new possibilities that call forth new ways of thinking, feeling, and doing from both therapist and client (Kang, 2017).

### **Immersion**

“Immersion relates to the adaptation, alteration, or creation of transformative environments for optimal realization and sustenance of transformative change (Kang, 2017, p. 62). Immersion serves to enhance, reinforce, and embed transformative processes in the client’s everyday lives (Kang, 2017).

## Introduction Session

### Defining Spirituality

The essence of a person, is diverse and complex, and is interconnected within occupations, client factors, contexts, and rituals and is the root of occupational identity, it is the composite sense of who one is, and wishes to become as an occupational being (AOTA, 2014; Kang, 2003).

### The Six Dimensions of Spirituality

Psychospiritual integration considers spirituality to be a harmony of six dimensions, with each dimension flowing from one into another along an ever-expanding continuum (Kang, 2003). The six dimensions of spirituality include *becoming*, *meaning*, *being*, *centeredness*, *connectedness*, and the *transcendence*. Kang claims in the psychospiritual integration frame of reference that the six dimensions can be explained in a linear process, this being

Becoming is volitionally directed growth of the self through active doing; meaning is the sense of intrinsic purposefulness; being forms the foundation of our existence as human beings; centeredness is the center of self from which all activities flow; connectedness is seeing the self as a fluid process embedded within a larger inter-relational context; and transcendence is the inner drive and the end-goal (Kang, 2003, p.97).

These dimensions are then conceptualized in three progressively deeper zones that infuse, inspire, inform, and enliven a person's enactment of daily occupations (Kang, 2017). By using the PSI, the occupational therapist seeks to bring out the introverted, contemplative, transcendent, hidden, and silent voice in a person by reclaiming their essence in contemporary culture (Kang, 2017).

**BECOMING**

“Volitionally directed growth and development of the self through active doing and consequent experience of flow” (Kang, 2003, p. 97).

**MEANING**

“Sense of intrinsic purposefulness and vitality rooted in personal, collective, or transpersonal spaces that informs the direction of, and inspires the process of living” (Kang, 2003, p. 97).

**BEING**

“A pervasive quality that forms the foundation of our existence as human beings; It is not the ‘doing’ or ‘achieving’ self but a primordial presence prior to all involvement in occupations” (Kang, 2003, p. 97).

**CENTEREDNESS**

“An inner stability based on knowing and recognizing which lies at the core of one’s being; It is the nucleus of one’s being, the ‘divine center’ of self from which all activities flow; It is located within the sphere of being but distinct from it” (Kang, 2003, p. 98).

**CONNECTEDNESS**

“seeing the self as a fluid process embedded within a larger interrelation context ... and allows for a fullness of being to emerge into profound relationship with all of life and the universe” (Kang, 2003, p. 98).

**TRANSCENDENCE**

"The transcendent drive, it innately seeks to find ultimate meaning and happiness and manifests as an ongoing search for freedom from all limitation, or rather freedom in spite of limitation” (Kang, 2017, p. 98). “A transcendent goal is a state of inner freedom and a consciousness that has grown beyond all ego-identification, suffering, pain, and unwholesome actions” (Kang, 2003, p. 98).

**Pre-Test: Occupational Performance Rating Scale**

<b>Please Rate Your Occupational Performance!</b>										
Please use the following scale:										
Unsatisfied	Somewhat Unsatisfied	Neutral	Somewhat Satisfied	Satisfied						
1	2	3	4	5						
(please circle one rating per question)										
Completing a morning routine? (Shower, dressing, toileting, grooming)	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20%;">1</td> <td style="width: 20%;">2</td> <td style="width: 20%;">3</td> <td style="width: 20%;">4</td> <td style="width: 20%;">5</td> </tr> </table>					1	2	3	4	5
1	2	3	4	5						
Hanging out or being with friends or people in the community?	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20%;">1</td> <td style="width: 20%;">2</td> <td style="width: 20%;">3</td> <td style="width: 20%;">4</td> <td style="width: 20%;">5</td> </tr> </table>					1	2	3	4	5
1	2	3	4	5						
Hanging out or being with family?	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20%;">1</td> <td style="width: 20%;">2</td> <td style="width: 20%;">3</td> <td style="width: 20%;">4</td> <td style="width: 20%;">5</td> </tr> </table>					1	2	3	4	5
1	2	3	4	5						
Completing hobbies or non-work related activities?	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20%;">1</td> <td style="width: 20%;">2</td> <td style="width: 20%;">3</td> <td style="width: 20%;">4</td> <td style="width: 20%;">5</td> </tr> </table>					1	2	3	4	5
1	2	3	4	5						
Taking care of your home?	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20%;">1</td> <td style="width: 20%;">2</td> <td style="width: 20%;">3</td> <td style="width: 20%;">4</td> <td style="width: 20%;">5</td> </tr> </table>					1	2	3	4	5
1	2	3	4	5						
Taking care of finances?	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20%;">1</td> <td style="width: 20%;">2</td> <td style="width: 20%;">3</td> <td style="width: 20%;">4</td> <td style="width: 20%;">5</td> </tr> </table>					1	2	3	4	5
1	2	3	4	5						
Taking care of yourself and/or others?	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20%;">1</td> <td style="width: 20%;">2</td> <td style="width: 20%;">3</td> <td style="width: 20%;">4</td> <td style="width: 20%;">5</td> </tr> </table>					1	2	3	4	5
1	2	3	4	5						

Getting ready for sleep and sleeping through the night?	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
Completing work duties?	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
Religious and/or Spiritual participation?	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
Understanding personal emotional health?	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
Taking care of your health?	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
Additional Comments:						



**Pre-Test: Spiritual Deprivation Survey**

<p align="center"><b>Have you experienced any of the following?</b>                      Please answer each question indicating if you have experienced the following in the <b>PAST TWO MONTHS.</b>                      (Please check one answer per question)</p>		
Extreme sadness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Suicidal thoughts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Limited social support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Decreased motivation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Difficulty managing emotions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Difficulty managing behaviors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A diminished sense of self?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Limited choices of occupations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Decreased satisfaction with life?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Difficulty connecting with others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Decreased spirituality?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Loss of connection with yourself?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Decreased satisfaction of daily tasks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Loss of meaning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Limited feelings of creativity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Limited feelings of intuition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Limited feelings of love?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Decreased drive to participate in daily tasks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional Comments:   		

### **The Zones of Spirituality**

The six dimensions of spirituality are further conceptualized into three progressively deeper zones which aim to infuse, inspire, inform, and enliven our enactment of daily occupations (Kang, 2017). A person's sense of meaning enwraps the variety of everyday occupations they engage in, even as they become more complex, differentiated, and mature through meaningful doing (Kang, 2003). Occupations can center us in our being, as we shape and sculpt our sense of unique identity as dynamic agents in our world (Kang, 2017).

#### **SURFACE ZONE**

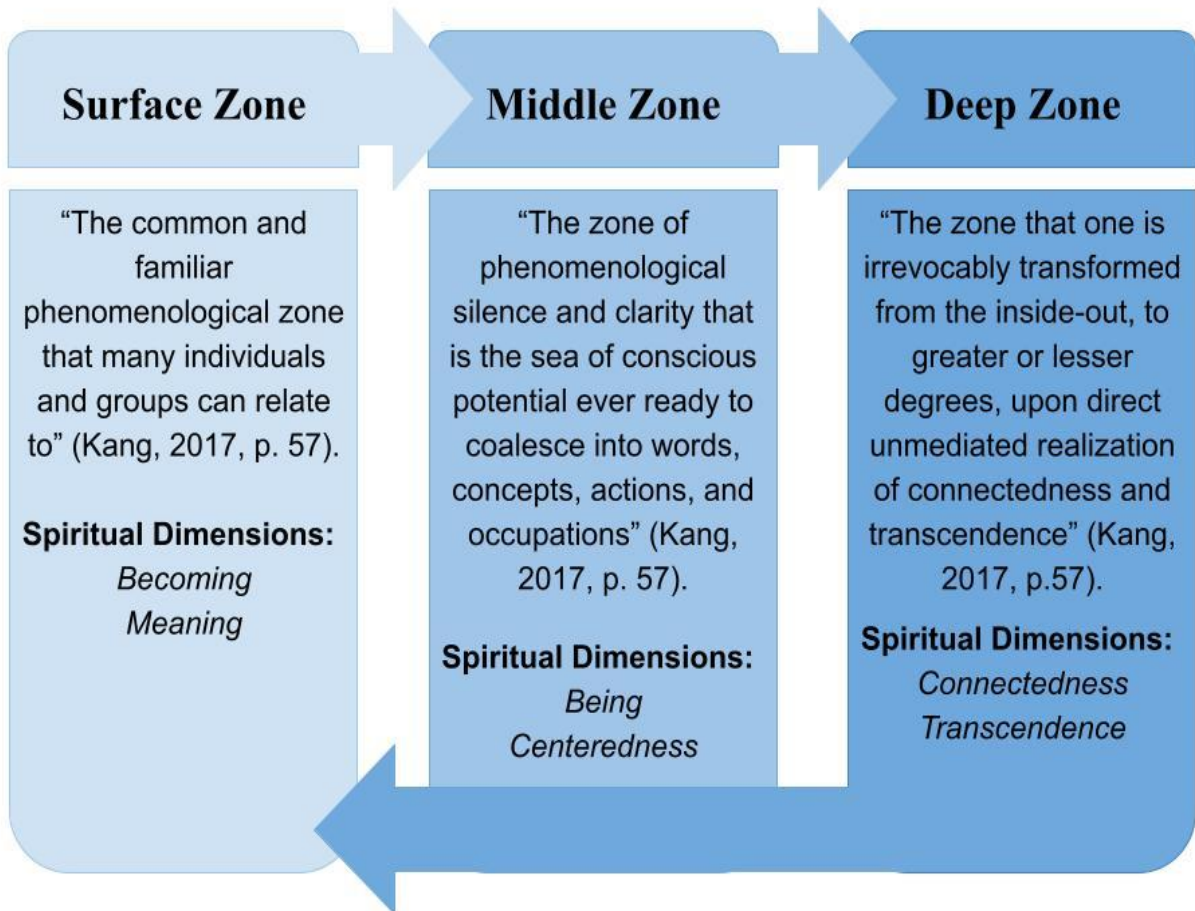
“Together, becoming and meaning form the ‘surface zone’ of spirituality, which is the common and familiar phenomenological zone that many individuals and groups can relate to” (Kang, 2017, p. 57).

#### **MIDDLE ZONE**

“Being and centeredness form what PSI calls the ‘middle zone’ of spirituality in terms of phenomenological depth and breadth ... It constitutes the zone of phenomenological silence and clarity that is the sea of conscious potential ever ready to coalesce into words, concepts, actions, and occupations” (Kang, 2017, p. 57).

#### **DEEP ZONE**

“The nature of deep zone experiences is such that one is irrevocably transformed from the inside-out, to greater or lesser degrees, upon direct unmediated realization of connectedness and transcendence. Each instance of full realization of the deep zone purifies and transforms in profound ways the personality and character of the individual experiencing it” (Kang, 2017, p. 57).



Kang, C. (2017). A psychospiritual integration frame of reference for occupational therapy. Part 2: Transformative occupations and the change process. *Hong Kong Journal of Occupational Therapy*, 29(1), 55-64. doi.org/10.1016/j.hkjot.2017.05.003

### **Surface Zone**

Within the Surface Zone, the clients are expected to achieve or gain a deeper understanding of becoming and meaning. Within this zone, meaningful occupational participation emphasizes communication, language articulation, and conceptualization (Kang, 2017)

Meta-occupation is not a specific or concrete occupational form; it is a discerning mindfulness that occupies the cognitive and phenomenological space at a meta-level to everyday occupations (Kang, 2017). It is within meta-occupations that an increased quality of doing is intertwined within a deeper sense of self, which serves as context rather than content of experience (Kang, 2017).

Mindfulness within this zone is considered the presence of awareness found within immediate experience of calm and wise discernment (Kang, 2017). This zone promotes the process of letting go which enables the client to participate more deeply in each occupational experience (Kang, 2017).

In order to assist the letting go process, this zone makes possible a gradual deepening of mental awareness with increased cognitive flexibility and elasticity (Kang, 2017). With this, clients will be able to fully immerse themselves within each occupation and find their inner sense of self. This allows for the freedom of doing and experiencing their personal meaning of the self.

### **Becoming and Meaning in the Surface Zone**

The dimension of becoming is defined as a “volitionally directed growth and development of the self through active doing and consequent experience of flow” (Kang, 2003, p. 97). This dimension can be associated with independence, personal growth, autonomy, and choice through active doing (Kang, 2003). The meaning of occupation is strongly linked to the concept of becoming (Kang, 2017).

The dimension of meaning is defined as a “sense of intrinsic purposefulness and vitality rooted in personal, collective, or transpersonal spaces that inform the direction of, and inspires the process of living” (Kang, 2003, p. 97). When a client experiences the dimension of meaning, the client may experience an increased sense of purpose and resolution, functioning as an integrative force in consciousness into a unified flow of experience (Kang, 2017)

In both meaning and becoming, language and conception play important roles. In other words, the making of meaning and dynamic formation of identity are inextricably tied to language articulation and conceptualization (Kang, 2017). Linguistic and conceptual frameworks that embed and hold our doings construct the edifice of personal identity and meaning as we do everyday occupations (Kang, 2017). In order for a person to achieve or fully immerse themselves into the surface zone, they must experience becoming and meaning within their occupations.

**Meta-Occupations**

Meta-occupation does not refer to any specific occupational form but to accepting and experiencing a mindful meta-perspective to all occupations (Kang, 2017). It is within meta-occupations that an increased quality of doing is intertwined within a deeper sense of self, which serves as context rather than content of experience (Kang, 2017).

Spirituality is potentially embedded within all occupational forms. Kang (2003) refers to these occupational forms as a 'generic occupation' which includes cooking, gardening, expressive arts, sculpture, painting, and interacting with friends (Kang, 2003). Generic occupational forms can be used as a base for meta-occupational engagement (Kang, 2017). Generic occupations and the spiritual occupations can be used therapeutically to maintain or enhance a clients' capacities to achieve spiritual fulfillment in their daily occupations (Kang, 2003).

Specific to the surface zone, it is important that the therapist choose meta-occupations that promote occupational mindfulness. Occupational mindfulness can be used alongside a variety of everyday occupations that allow for a deeper connection and understanding of the self, such as strolling through a park, walking by the beach, gardening, cooking, massages, and more (Kang, 2017).

## **Meta-Occupation Intervention Examples**

### **Ceramics**

**Description:** Ceramics is defined as “the art or technology of making objects of clay and similar materials treated by firing” (Merriam-Webster, 2003). Ceramics can be considered a mode of expressive arts where any person has the freedom to express their inner creativity and immerse themselves in an activity with minimal boundaries/rules. This activity can be utilized as a non-threatening occupation that encourages meaningful participation and facilitates occupational mindfulness. Supplies can be purchased for in-house personal use; however, community outings may be necessary to hold therapy in a designated art studio. It is within the surface zone that language and communication are encouraged throughout the participation in meta-occupations. With this being said, group sessions are encouraged to facilitate communication and connections with others. Visiting local pottery studios, Poetry by You, schools/colleges, or art studios/shops may assist in finding alternatives to purchasing personal supplies. Clients can paint premade objects, make pinch pots, spin on the wheel, make coil pots, slab work, or completing a sculpture.

### **Spiritual Dimensions:**

- Becoming is noted by the client's participation in a new or familiar ceramics related task that promotes personal growth and allows for an expression of the inner self through active doing (Kang, 2003). It is within ceramics that the client has the opportunity to express the inner self through a variety of project options.
- Meaning is formed when the client experiences a sense of purpose through the active doing and develops a flow of creativity and connection of the self (Kang, 2003).

### **Complexity: Mild to Maximum**

Ceramics can be graded based on the needs of each client. It is important that the occupational therapist implementing ceramics into the therapy session use their clinical judgment and create a just-right challenge for each client.

### **Activity Demands:**

- Motor skills: manipulates, coordinates, transports, calibrates, flow, and paces.
- Processing skills: attends, heeds, handles, sequences, search/locates, navigates, and notices/responds.
- Social interaction skills: replies, takes turns, heeds, accommodates, and benefits.

**Precautions:** When working in a ceramics studio it is important to note any hazards within the environment. Glazes may include toxic materials that should not be ingested or inhaled. Sharp tools, needles, and knives can all be found within a studio. Kilns produce an excessive amount of heat and can cause extreme burns.

**Supplies:**

- 25lbs bag of clay ~ \$20
- Sponge ~ \$5
- Ceramic toolset ~ \$5 - \$12
- Paint ~ \$10
- Low fire glaze set ~ \$30
- Kiln ~ \$200+, it is recommended that you talk to local schools, art clubs, or studios in regard to renting their kilns before purchasing.
  - o Total Cost ~ \$77 to \$277+

Visit local art stores, art schools, or Hobby Lobby for more supplies, tips, and/or tricks to utilizing studio space and/or tools.



## **Cooking**

**Description:** Meal preparation and/or cooking is the “planning, preparing, and serving meals and cleaning up food and tools (e.g., utensils, pots, plates) after meals” (AOTA, 2020). Cooking can be completed as an individual or group task depending on cultural preferences, routines, rituals, family dynamics, and more. The meta-occupation of cooking can have great meaning to a person and can aid in the process of adopting mindfully a better perspective and connection to generic occupations (Kang, 2017). Clients can cook hot dogs, Jell-O, macaroni and cheese, pizza, brownies, cake, and cookies.

### **Spiritual Dimensions:**

- Meaning may be experienced through the participation in cooking as it provides a sense of purpose through the completion of a familiar occupation. Cooking provides a deeper connection to the self and a person's culture. Cooking also provides an opportunity to interact with others this aiding in the formation of personal identity and meaning which is inextricably tied to language articulation and conceptualization (Kang, 2003).

### **Complexity:** Mild to Maximum

Cooking can be graded based on the needs of each client. It is important that the occupational therapist implementing cooking into the therapy session use their clinical judgment and create a just-right challenge for each client.

### **Activity Demands:**

- Motor skills: reaches, grips, manipulates, transports, flows, and paces.
- Processing skills: attends, heeds, chooses, uses, handles, inquires, initiates, sequences, and navigates.
- Social interaction skills: regulates, questions, replies, transitions, times response, clarifies, heeds, and benefits.

**Precautions:** When working in a kitchen it is important to note any hazards within the environment. Stove burners and ovens can cause burns. Sharp knives and cooking utensils have the potential to cause harm. The expiration date of food items should be checked prior to use to reduce the risk of illness. Cleaning or poisonous materials should be locked away for use of the therapist and cleaning staff only. Please identify if your client has any type of food allergies prior to working in the kitchen.

**Supplies:** The cost of supplies will vary depending on task complexity and appliances needed. It is important that the therapist complete a grocery list with their client and complete an activity analysis of the desired cooking task prior to completing the activity.

**Crafts**

**Description:** Crafts or creative activities can be defined as a powerful vehicle for expressing one's authentic self (Mullersdorf & Ivarsson, 2016). Creative activities give the clients a tool to express themselves or communicate with others throughout the creative process. The creative process may give the clients focus, relief from worrying thoughts, physical relaxation, reflection over their lives, and a sense of belonging (Mullersdorf & Ivarsson, 2016). Utilizing crafts within therapy requires the therapist to know their client and their specific interests. It is important that therapists choose meaningful crafts to help facilitate participation and the experience of becoming and meaning. Clients can create home décor signs, gnomes, gifts, wood burning, and ornaments.

**Spiritual Dimensions:**

- Becoming is noted by the client's participation in a new or familiar occupations and other related tasks that promote an experience of flow (Kang, 2003). Crafts provide the client the opportunity of self-expression through active doing (Kang, 2003).
- Meaning is formed when the client experiences a sense of purpose through their participation in active doing which promotes creativity and a deeper connection to the self (Kang, 2003).

**Complexity:** Mild to Moderate

Crafts can be graded based on the needs of each client. It is important that the occupational therapist implementing crafts into the therapy session use their clinical judgment and create a just-right challenge for each client.

**Activity Demands:**

- Motor skills: grips, manipulates, coordinates, and lifts.
- Processing skills: attends, heeds, chooses, uses, inquires, sequences, and continues.
- Social interaction skills: regulates, replies, discloses, take turns, heeds, and benefits.

**Precautions:** When completing crafts, it is important to note the tools and possible precautions. Scissors are sharp and can cause harm if used incorrectly. Glue should not be ingested, and specific types of glue and paint may have potent smells.

**Supplies:**

- Scissors ~ \$3
- Glue ~ \$2

- Paints ~ \$12
- Paint Brushes ~ \$6
- Markers ~ \$4
- Paper ~ \$8
- Scrap wood ~ \$14
- Pencils ~ \$2
- Yarn ~ \$4
  - o Total ~ \$54

The cost of crafting material may vary as it is important to choose crafts specific to the client's interests and skill level for increased meaningfulness and participation. Items from this list can be found at local dollar stores, Walmart, Target, and other retailers.

**Drawing**

**Description:** Drawing is defined as the art of representing an object or outlining a figure, plan, or sketch by means of lines (Merriam-Webster, 2003). Drawing is another means to express the creative self. Drawing can be completed individually or in groups. Therapy treatment sessions can include drawing groups that allow communication and interactions for an increased sense of becoming and meaning within each session. This activity can be modified to meet the needs of the client. Clients may complete free drawing, copying, tracing, coloring, and charcoal.

**Spiritual Dimensions:**

- Becoming is noted by the client's participation in drawing which promotes personal growth and allows for an expression of the inner self through active doing (Kang, 2003).
- Meaning is formed when the client experiences a sense of purpose through the active doing and develops a flow of creativity and a deeper connection of the self (Kang, 2003).

**Complexity:** Mild to Moderate

Drawing can be modified to create a just-right challenge for each client. Depending on the client's needs and skill level, the therapist can modify the drawing task in many different ways. Simple drawing tasks can be as simple as copying lines and shapes, more challenging drawing treatment sessions may include copying and coloring a three-dimensional object.

**Activity Demands:**

- Motor skills: grips, manipulates, coordinates, and lifts.
- Processing skills: attends, heeds, chooses, uses, inquires, and continues.
- Social interaction skills: regulates, replies, discloses, take turns, heeds, and benefits.

**Precautions:** Drawing can be considered a non-threatening activity. Pencils will have sharp ends that can cause harm if used incorrectly. Pencil sharpeners are meant to sharpen utensils and have the potential to cause harm if used incorrectly.

**Supplies:**

- Pencils ~ \$2
- Colored Pencils ~ \$3
- Charcoal pencils ~ \$10
- Markers ~ \$4
- Paper ~ \$8
- Pencil sharpener ~ \$1

- Eraser ~ \$2
  - o Total ~ \$30

Prices of drawing materials are subject to change based on the store used and the drawing needs of the client. Materials can be found at local dollar stores, Target, Walmart, and other retailers.

**Gardening**

**Description:** Gardening is the practice of growing and cultivating plants as part of horticulture. In gardens, ornamental plants are often grown for their flowers, foliage, or overall appearance; useful plants, such as root vegetables, leaf vegetables, fruits, and herbs, are grown for consumption, for use as dyes, or for medicinal or cosmetic use. Gardening is considered by many people to be a relaxing activity. There are also many studies about the positive effects on mental and physical health in relation to gardening (Merriam-Webster, 2003). Gardening activities may include starting from a seed, replanting/repotting plants, using pots, and gardening outside in a flower bed.

**Spiritual Dimensions:**

- Meaning may be experienced gardening as it provides a sense of purpose through the completion of a familiar occupation. Gardening provides a deeper connection to the self and allows for a sense of creativity and flow.

**Complexity:** Mild to Maximum

Gardening can be graded based on the needs of each client. It is important that the occupational therapist implementing gardening into the therapy session use their clinical judgment and create a just-right challenge for each client.

**Activity Demands:**

- Motor skills: reaches, grips, manipulates, and transports.
- Processing skills: attends, heeds, chooses, uses, handles, inquires, initiates, sequences, and navigates.
- Social interaction skills: regulates, questions, transitions, times response, clarifies, heeds, and benefits.

**Precautions:** When completing the task of gardening, it is important to note the tools and possible precautions. Some of the tools involved are sharp and can cause harm if used incorrectly. Gardening also incorporates many different tactile aversions which may interfere with individuals who are hypersensitive to tactile aversions.

**Supplies:**

- Pot ~ \$5
- Soil ~ \$7
- Seeds ~\$1-3 (varies based on desired plant)
- Trowel ~\$8

- Hoe ~\$10
- Weed puller ~\$8
  - o Total cost ~ \$41

Cost may vary depending on client needs and the type of gardening to be completed.



**Painting**

**Description:** Painting is described as a work produced through the art of painting (Merriam-Webster, 2003). Painting is another means to express the creative self. It can be completed individually or in groups. Therapy treatment sessions can include painting groups that allow communication and interactions for an increased sense of becoming and meaning within each session. This activity can be modified to meet the needs of the client. The art of painting can be adapted or modified to create a just-right challenge for the client. Painting can include finger painting, painting on canvas, painting an outline figure, painting furniture, painting home decor signs, and painting vases.

**Spiritual Dimensions:**

- Becoming is noted by the client's participation in painting which promotes personal growth and allows for an expression of the inner self through active doing (Kang, 2003).
- Meaning is formed when the client experiences a sense of purpose through their paintings and develops a flow of creativity and a deeper connection of the self (Kang, 2003).

**Complexity:** Mild to Moderate

Painting can be modified to create a just-right challenge for each client. Depending on the client's needs and skill level, the therapist can modify the painting task in many different ways. Simple painting tasks can be as simple as filling in shapes, or a more challenging activity of copying a three-dimensional object.

**Activity Demands:**

- Motor skills: grips, manipulates, coordinates, and lifts.
- Processing skills: attends, heeds, chooses, uses, inquires, and continues.
- Social interaction skills: regulates, replies, discloses, take turns, heeds, and benefits.

**Precautions:** Painting can be considered a non-threatening activity. Paints can become messy and are toxic when ingested. Paint mixing tools are sharp and can cause harm if used incorrectly.

**Supplies:**

- Paints ~ \$12
- Paintbrushes ~ \$6
- Canvas ~ \$6
- Paper ~ \$8
- Scrap wood ~ \$14
  - o Total ~ \$46

Supplies may vary in cost depending on the number of supplies needed and where they are purchased. Painting supplies may be purchased from the local dollar store, local art stores, Target, Walmart, Hobby Lobby, and other retailers.

**Photography**

**Description:** Photography is defined as the art or process of producing images by the action of radiant energy and especially light on a sensitive surface (Merriam-Webster, 2003). Photography can allow for an alternative form of art for clients who do not enjoy drawing or painting.

Photography can also be used as an expressive art to show the client's inner self and evoke the spiritual process. Photography may include portraits, nature shots, polaroid, themed photos, or an alphabet series.

**Spiritual Dimensions:**

- Becoming is noted by the client's participation in photography as it brings out the inner sense of creativity. Photography promotes personal growth and allows for an expression of the inner self through (Kang, 2003).
- Meaning is formed when the client experiences a sense of purpose through the active doing and develops a flow of creativity and a deeper connection of the self (Kang, 2003).

**Complexity:** Mild to Moderate

It is important that the therapist understand the client's needs in order to create a just-right challenge. Photography can be as simple as using a disposable camera or the phone camera. In order to make the activity more complex, the therapist can change the sequence of the process of photography such as printing, processing, and framing.

**Activity Demands:**

- Motor skills: stabilizes, aligns, positions, grips, transports, and calibrates.
- Processing skills: paces, attends, chooses, uses, handles, initiates, sequences, search/locate, and accommodates.
- Social interaction skills: turns toward, looks, places self, regulates, replies, and expresses emotion.

**Precautions:** Cameras can be costly and should be maintained by each user throughout each use.

Camera flashes have the potential to trigger unwanted automatic responses. When processing photos in a dark room, it is important that the therapist understand visual needs and not evoke any trigger responses to such a drastic change in the environment. When hand developing photos, it is important to keep in mind the chemicals involved during this process, the therapist may decide to use different modes of photography such as disposable cameras, digital cameras, or cellphones.

**Supplies:**

- Disposable camera ~ \$11
- Polaroid camera ~ \$60
- Polaroid film ~ \$15
- Photo paper ~ \$10
- Photo printer ~ \$99 (depending on how printing will be completed)
  - o Total ~ \$195 +/-

Photography supplies may vary depending on the type of photography to be completed. The therapist may grade/modify the activity to match the client's needs and the specific budget.

Supplies may be found at Walmart, Target, or rented from local schools and/or colleges. It may save money to look into participating in photography groups, classes, and studios.

## **Walking**

**Description:** Walking or retreating into nature is considered a spiritual occupation. When properly enacted, spiritual occupations such as walking may serve to elicit physical health and psychospiritual well-being in individuals and communities (Kang, 2003). The veteran population may include clients with physical disabilities limiting their ability to “take walks.” With this being said, it is important that the therapist is not insensitive to the client’s current position and provides alternative ways to retreat into nature. Taking a walk can include strolls in a wheelchair, riding bikes (modified/adapted or not), or sitting in a park.

### **Spiritual Dimensions:**

- Meaning may be experienced through the completion of walking as it provides a sense of purpose through the participation in a familiar occupation. Walking provides a deeper connection to the self and allows for a sense flow.

### **Complexity: Mild**

Walking and/or retreating into nature may not be considered a very complex task as it requires minimal effort. This activity also assists in the becoming and meaning dimensions as it allows the clients to self-reflect and initiates the letting go process. To increase the complexity the therapist may introduce a scavenger hunt, I-Spy, or dual tasking activity.

### **Activity Demands:**

- Motor skills: stabilizes, aligns, moves, walks, flows, and paces.
- Processing skills: paces, heeds, attention, continues, navigates, and benefits.
- Social interaction skills: looks, places self, regulates, questions, replies, discloses, expresses emotion, takes turns, heeds, and benefits.

**Precautions:** Walking can require increased levels of exertion and may be contraindicated for clients with heart conditions, high blood pressure, low oxygen saturation, and more. If clients are up and walking around, the therapist must be prepared for any client that is at an increased fall risk.

**Supplies:** Supplies will vary depending on the client’s specific needs. The clients should have already obtained their durable medical equipment or adaptive equipment needed for functional mobility. Clients will also need proper footwear and clothing for increased safety and comfort.

**Woodworking**

**Description:** Woodworking is another means to express the creative self. Woodworking is a higher complexity hands-on activity that allows the client to express the inner self in a different form. It can be completed individually or in groups. Therapy treatment sessions can include woodworking groups that allow communication and interactions for an increased sense of becoming and meaning within each session. The art of woodworking can be adapted or modified to create a just-right challenge for the client. Woodworking adaptations may include simple two-dimensional gluing, assembling pre-made kits, making a birdhouse, or making a stool.

**Spiritual Dimensions:**

- Becoming is noted by the client's participation in a new or familiar occupation and other related tasks that promote an experience of flow (Kang, 2003). Woodworking provides the client the opportunity of self-expression through active doing (Kang, 2003).
- Meaning is formed when the client experiences a sense of purpose through their participation in active doing which promotes creativity and a deeper connection to the self (Kang, 2003). Woodworking also provides an opportunity to interact with others; this aids in the formation of personal identity and meaning which is inextricably tied to language articulation and conceptualization (Kang, 2003).

**Complexity:** Maximum

Woodworking is a maximum complexity as it has some safety concerns and requires higher-level functioning to complete. Woodworking activities can be modified depending on the client's needs such as reducing steps needed, using minimal tools, pre-cut wood, copying a model, and following written instructions.

**Activity Demands:**

- Motor skills: stabilizes, aligns, positions, grips, manipulates, coordinates, moves, lifts, transports, calibrates, flows, endures, and paces.
- Processing skills: paces, attends, uses, chooses, handles, initiates, sequences, terminates, gathers, organizes, navigates, notices, adjusts, and accommodates.
- Social interaction skills: looks, places self, regulates, discloses, and transitions.

**Precautions:** Woodworking is a more complex activity and will require the therapist to complete an activity analysis to understand possible precautions. Tools can cause serious harm if not used

the way they are intended to be used. Clients may cause harm to themselves if they have poor safety awareness, poor visual scanning, and decreased environmental awareness.

**Supplies:**

- Scrap wood ~ \$14
- Hammar ~ \$8
- Nails ~ \$4
- Wood glue ~ \$3
- Wood stain ~ \$5
- Clear Coat ~ \$5
- Paint Brushes ~ \$3
- Hand saw ~ \$10
  - o Total ~ \$ 52

Supplies may vary based on client and project needs. Supplies may be found at local hardware stores, art supply stores, Hobby Lobby, Walmart, dollar stores, Target, and other retailers.

**Surface Zone Performance Measure**

<p><b>Have you experienced any of the following?</b>                      Work with your occupational therapist to answer each question indicating if you have experienced the following within your <b>DAILY OCCUPATIONS.</b>                      (Please check one answer per question)</p>		
Increased independence with daily occupations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A sense of personal growth within daily occupations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased choice in daily occupations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased sense of autonomy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased ability to make meaningful decisions to guide personal growth?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Feeling of increased sense of purpose within the world and daily life?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased satisfaction with personal skills to complete meaningful occupations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased connection to the self?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased understanding of personal emotions and emotional expression?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Instructions**

Complete this survey *with* each client individually. Provide further explanation and examples of each question as needed for increased understanding and accuracy with answers. Review Kang (2003), and Kang (2017) for an increased understanding of PSI terminology and dimensions.

Questions 1-4 are directly correlated with the dimension of becoming. Questions 5-8 are directly correlated with the dimension of meaning. If the client responds Yes to 3 of 4 of the dimension-specific questions, then the therapist can assume that dimension has been met.



### **Middle Zone**

It is within the middle zone that the client will be introduced to the dimensions of being and centeredness. The middle zone is the opposite of the surface zone as it does not utilize communication and language to facilitate occupational participation and the experience of self. The middle zone is considered to be the zone of silence and clarity (Kang, 2017). This zone of silence and clarity can be thought of as a metaphor which Kang describes as a “sea of conscious potential ever ready to coalesce into words, concepts, actions, and occupations” (Kang, 2017, p.57). It is within the silence and clarity that clients will experience their meaning of being and centeredness.

Within the middle zone, the therapist will introduce non-occupation. To gain a better understanding of non-occupation, it can be considered a feeling evoked by a specific occupational form that can be termed *attentional balancing* (Kang, 2017). Attentional balancing is a “sophisticated yet entirely naturalistic process of settling a person’s consciousness in its natural state of sheer luminosity, bliss, and non-conceptuality” (Kang, 2017, p. 60). It is within attentional balancing that the client will learn to release negative conceptual activity, emotional reactivity, and exist within consciousness’s very center (Kang,2017); this allows the clients to further participate in the letting go process. It is within non-occupations and attention balancing that clients will fully experience a sense of peace, joy, vitality, and fulfillment that is not normally experienced in everyday occupations (Kang, 2017).

**Being and Centeredness in the Middle Zone**

The dimension of being can be defined as “a pervasive quality that forms the foundation of our existence as human beings; It is not the ‘doing’ or ‘achieving’ self but a primordial presence prior to all involvement in occupations” (Kang, 2003, p. 97). The client will know when they are experiencing this dimension when they experience increased creative, intuitive, insightful, and devotional energies of human consciousness (Kang, 2003).

The dimension of centeredness refers to “an inner stability based on knowing and recognizing which lies at the core of one’s being; It is the nucleus of one’s being, the ‘divine center’ of self from which all activities flow; It is located within the sphere of being but distinct from it” (Kang, 2003, p. 98). Centeredness may be experienced within each moment of living within all activities as a sustained mindful awareness (Kang, 2003).

**Non-Occupations**

Contrary to how it looks, non-occupation does not mean completing no occupations. According to Kang (2017), non-occupation refers to the total absorption of consciousness beyond language and conception through ‘non-occupational forms of deep meditation, more commonly referred to by the occupational therapy profession as mindfulness exercises or training. It is within non-occupations that a client will release all cognitive, affective, and involvement found within occupations that allows him/her rest deeply in self-awareness that influences all cognitive-behavioral activity (Kang, 2017). It is within non-occupation that words or language are not needed, and the client is fully able to immerse themselves into an occupation or activity that allows for a meditative state, allowing a deeper connection to the self. This meditative state will in turn help clients to understand their being and centeredness, and they will gain an overall control and understanding of their spirituality.

## **Non-Occupations Intervention Examples**

### **Gardening**

**Description:** Gardening is the practice of growing and cultivating plants as part of horticulture. In gardens, ornamental plants are often grown for their flowers, foliage, or overall appearance; useful plants, such as root vegetables, leaf vegetables, fruits, and herbs, are grown for consumption, for use as dyes, or for medicinal or cosmetic use. Gardening is considered by many people to be a relaxing activity. There are also many studies about the positive effects on mental and physical health in relation to gardening (Merriam-Webster, 2003). Gardening activities may include starting from a seed, replanting/repotting plants, using pots, and gardening outside in a flower bed.

### **Spiritual Dimensions:**

- Being is noted to be the full presence of the self and participation in occupations that allow for a deeper connection to life. The experience of this dimension is noted by increased creative, insightful, intuitive, and devotional energies, which may be evoked by the creative process of gardening (Kang, 2003).
- Centeredness may be noted through the creative process and an expression of self that allows for deeper thought and connection to the inner self and the universe. Gardening has the potential for the client to fully immerse themselves within their doing. It is through the silence and flow of doing that the client has the opportunity for attention balancing which assists in finding one's center (Kang, 2017).

### **Complexity:** Mild to Maximum

Gardening can be graded based on the needs of each client. It is important that the occupational therapist implementing gardening into the therapy session use clinical judgment and create a just-right challenge for each client.

### **Activity Demands:**

- Motor skills: reaches, grips, manipulates, and transports.
- Processing skills: attends, heeds, chooses, uses, handles, inquires, initiates, sequences, and navigates.
- Social interaction skills: regulates, questions, transitions, times response, clarifies, heeds, and benefits.

**Precautions:** When completing the task of gardening, it is important to note the tools and possible precautions. Some of the tools involved are sharp and can cause harm if used incorrectly. Gardening also incorporates many different tactile aversions which may interfere with individuals who are hypersensitive to tactile aversions.

**Supplies:**

- Pot ~ \$5
- Soil ~ \$7
- Seeds ~\$1-3 (varies based on desired plant)
- Trowel ~\$8
- Hoe ~\$10
- Weed puller ~\$8
  - o Total cost ~ \$41

Cost may vary depending on client needs and the type of gardening to be completed.

**Journaling**

**Description:** Journaling is the act of expressing your deepest thoughts and feelings by putting words to your inner life and then putting these words on paper. Journaling can be a means of conveyance to emotional exploration, a way to channel difficult feelings into healthy and creative outcomes. Journaling examples can include daily reflections, emotional expression, poetry writing, songwriting, letter writing, copying sentences, or journaling through photography.

**Spiritual Dimensions:**

- The experience of being is noted by increased creative, insightful, intuitive, and devotional energies which may be evoked by the creative process of journaling (Kang, 2003). When a client participates in journaling, they are given the opportunity to reflect and express inner thoughts about life, this leading to an increased understanding or insight of the self.

**Complexity:** Mild

Journaling can be graded based on the needs of each client. It is important that the occupational therapist implementing journaling into the therapy session use their clinical judgment and create a just-right challenge for each client.

**Activity Demands:**

- Motor skills: aligns, stabilizes, reaches, grips, manipulates, and transports.
- Processing skills: attends, heeds, chooses, uses, handles, inquires, initiates, sequences, and navigates.
- Social interaction skills: regulates, expresses emotions, transitions, times response, clarifies, heeds, and benefits.

**Precautions:** This activity may evoke many deep and personal thoughts. The occupational therapist should keep in mind certain vulnerabilities of the client and find ways to make the activity a positive coping strategy.

**Supplies:**

- Notebook ~\$2
- Pencils ~\$2
  - o Total \$4

**Knitting/Crocheting**

**Description:** Crochet is a process by which yarn, or thread and a single hook of any size can be used to make fabric, lace, garments, and toys (Merriam-Webster, 2003). Crochet may also be used to make hats, bags, and jewelry. Knitting is a method by which yarn is manipulated to create a textile or fabric; it is used in many types of garments (Merriam-Webster, 2003). Knitting may be done by hand or by machine. Knitted fabric consists of a number of consecutive rows of connected loops that intermesh with the next and previous rows. Knitting/crocheting can be considered a form of expressive art which is a form of spiritual occupation. Knitting and crocheting activities can include making potholders, blankets, winter hats, mittens, or creating baby/adult clothing.

**Spiritual Dimensions:**

- Being is noted be the full presence of the self and participation in occupations that allow for a deeper connection to life. The experience of this dimension is noted by increased creative, insightful, intuitive, and devotional energies which may be evoked by the creative process of knitting or crocheting (Kang, 2003). It is through the participation in knitting/crocheting that the client is provided with the opportunity to work in silence and create something that represents the self.
- Centeredness may be noted through the creative process and an expression of self that allows for deeper thought and connection to the inner self and the universe. Knitting and crocheting has the potential for the client to fully immerse themselves within their doing. It is through the silence and flow of doing that the client has the opportunity for attention balancing which assists in finding one's center (Kang, 2017).

**Complexity:** Moderate to Maximum

Knitting/Crocheting can be graded based on the needs of each client. It is important that the occupational therapist implementing Knitting/Crocheting into the therapy session use their clinical judgment and create a just-right challenge for each client.

**Activity Demands:**

- Motor skills: aligns, stabilizes, reaches, grips, manipulates, coordinates, calibrates, paces, and transports.
- Processing skills: attends, heeds, chooses, uses, handles, inquires, initiates, sequences, continues, and navigates.

- Social interaction skills: regulates, expresses emotions, transitions, times response, clarifies, heeds, and benefits.

**Precautions:** For crocheting or knitting, it is important for the occupational therapist to be familiar with the tools used. These specific tools can be sharp and pose a potential hazard for clients. This may be a complex task that may evoke an emotional response.

**Supplies:**

- Crocheting hook ~\$10
- Sewing needle ~\$0.50
- Yarn ~\$7
- Thread ~\$2
  - o Total \$19.50

Costs of crocheting and knitting may vary depending on the type of yarn, size of tools, and how much the client needs to complete each project.



**Meditation**

**Description:** Meditation, or the process of meditating is considered the process of “engaging in a mental exercise (such as concentration on one's breathing or repetition of a mantra) for the purpose of reaching a heightened level of spiritual awareness” (Merriam-Webster, 2003). It is within meditation that the client is able to immerse themselves in personal thoughts finding their center. Meditation is a peaceful activity not requiring the use of language or communication, it is an activity that exemplifies the concept of silence and clarity.

**Spiritual Dimensions:**

- Centeredness may be noted through the act of attentional balancing which allows for a deeper connection to the self and the universe. Meditation has the potential for the client to fully immerse themselves within their doing and recognize what lies at the core of one's being (Kang, 2003). It is through the silence and flow of doing that the client has the opportunity for attention balancing which assists in finding one's center (Kang, 2017).

**Complexity:** Mild

Meditation does not require extraneous physical effort, communication, or higher-level cognition.

**Activity Demands:**

- Motor skills: positions, endures, paces, flows.
- Processing skills: paces, attends, heeds, initiates, continues, terminates, benefits.
- Social interaction skills are not needed as this is an activity of silence and clarity.

**Precautions:** Meditation may pose a challenge for some clients as it may be more difficult to sit in silence and find one's center. To increase the client's participation and allow them to fully engage in this activity, the therapist may need to facilitate soothing background music or white noise.

**Supplies:**

- Use of speakers (for background noise)
- Cell phone (for background noise)
- Meditation cite

**Photography**

**Description:** Photography is defined as the art or process of producing images by the action of radiant energy and especially light on a sensitive surface (Merriam-Webster, 2003). Photography can allow for an alternative form of art for clients who do not enjoy drawing or painting.

Photography can also be used as an expressive art to show the client's inner self and evoke the spiritual process. Photography may include portraits, nature shots, polaroid, themed photos, or creating an alphabet series.

**Spiritual Dimensions:**

- The experience of being is noted by increased creative, insightful, intuitive, and devotional energies which may be evoked by the creative process of photography (Kang, 2003). When a client participates in photography, they are given the opportunity to express the creative self and allowing for the flow of doing. It is through the silence and full immersion into photography that the client may develop an increased understanding or insight of the self.

**Complexity:** Mild to Moderate

It is important that the therapist understand the client's needs in order to create a just-right challenge. Photography can be as simple as using a disposable camera or the phone camera. In order to make the activity more complex, the therapist can change the sequence of the process of photography such as printing, processing, framing, and more.

**Activity Demands:**

- Motor skills: stabilizes, aligns, positions, grips, transports, and calibrates.
- Processing skills: paces, attends, chooses, uses, handles, initiates, sequences, search/locate, and accommodates.
- Social interaction skills: turns toward, looks, places self, regulates, replies, and expresses emotion.

**Precautions:** Cameras can be costly and should be maintained by each user throughout each use. Camera flashes have the potential to trigger unwanted automatic responses. When processing photos in a dark room, it is important that the therapist understand visual needs and not evoke any trigger responses to such a drastic change in the environment. When hand developing photos, it is important to keep in mind the chemicals involved during this process, the therapist

my decide to use different modes of photography such as disposable cameras, digital cameras, or cellphones.

**Supplies:**

- Disposable camera ~ \$11
- Polaroid camera ~ \$60
- Polaroid film ~ \$15
- Photo paper ~ \$10
- Photo printer ~ \$99 (depending on how printing will be completed)
  - o Total ~ \$195 +/-

Photography supplies may vary depending on the type of photography to be completed. The therapist may grade/modify the activity to match the client's needs and the specific budget.

Supplies may be found at Walmart, Target, or rented from local schools and/or colleges. It may save money to look into participating in photography groups, classes, and studios.

**Puzzles**

**Description:** Puzzles may come in a variety of forms. Puzzles are a challenging activity that allows the client to immerse themselves into a mindful state and silence. Within this activity, clients will demonstrate their ability to complete problem-solving, visual attention, and visual scanning. The therapist can assist the client with puzzles to ensure that a just-right challenge is created and to minimize chances of frustration and burnout. It is important that if the therapist works with the client to complete any puzzles that the communication is to a minimum as this is a non-occupation and the client is to find spirituality through mindfulness and silence.

**Spiritual Dimensions:**

- Centeredness may be noted through the act of attentional balancing which allows for a deeper connection to the self and the universe. Puzzles allow the client to enter a state of meditation and flow of doing. This activity has the potential for the client to fully immerse themselves within their doing and recognize what lies at the core of one's being (Kang, 2003). It is through the silence and act of doing that the client has the opportunity for attention balancing which assists in finding one's center (Kang, 2017).

**Complexity:** Mild to Maximum

Puzzles can be graded based on the needs of each client. It is important that the occupational therapist implementing puzzles into the therapy session use their clinical judgment and create a just-right challenge for each client.

**Activity Demands:**

- Motor skills: stabilizes, moves, aligns, positions, grips, flows transports, and calibrates.
- Processing skills: paces, attends, chooses, uses, handles, initiates, sequences, search/locate, and accommodates.
- Social interaction skills are not required.

**Precautions:** Increased frustration. Increased time may be required to complete the activity due to the complexity of the puzzle. Visual attention may decrease with time due to fatigue. The discomfort of the eyes may happen if incorrect lighting is used, or the client does not take enough visual breaks away from large puzzles.

**Supplies:** Puzzle supplies vary depending on the size, shape, and type of puzzle to be completed. Puzzles are not just limited to flat two-dimensional puzzles but can also be three-dimensional and create a greater challenge.

**Tai-Chi**

**Description:** Tai-Chi is considered “an ancient Chinese discipline of meditative movements practiced as a system of exercises” (Merriam-Webster, 2003). It is within tai-chi that the client may reach a state of meditation. This will allow for the client to immerse themselves in personal thoughts finding their center and creating meaning in their doing. Tai-Chi is a peaceful activity not requiring the use of language or communication, it is an activity that exemplifies the concept of silence and clarity.

**Spiritual Dimensions:**

- Being is noted by the full presence of the self and participation in occupations that allow for a deeper connection to life. The experience of this dimension is noted by devotional energies which may be evoked by the meaningful movements and meditative state evoked by tai-chi (Kang, 2003).
- Centeredness may be noted through the act of attentional balancing which allows for a deeper connection to the self and the universe. It is through tai-chi that the client has the opportunity to participate in deep thinking, letting go, and meditation. Tai-Chi has the potential for the client to fully immerse themselves within their doing and recognize what lies at the core of their being (Kang, 2003). It is through the silence and flow of movements that the client has the opportunity for attention balancing which assists in finding one's center (Kang, 2017).

**Complexity:** Mild

Tai-Chi is not an extraneous physical exercise, it does not require communication, or higher-level cognition. Tai-Chi does require a controlled flow of movement allowing the mind and the body to find a center or connection within itself.

**Activity Demands:**

- Motor skills: stabilizes, moves, calibrates, flows, endures, paces.
- Processing skills: paces, attends, heeds, initiates, continues, terminates, accommodates, benefits.
- Social interaction skills are not needed as this is an activity of silence and clarity.

**Precautions:** Tai-Chi may pose a challenge for some clients as it may be more difficult to tolerate the silence and find one's center. To increase the client's participation and allow them to fully engage in this activity, the therapist may need to facilitate soothing background music or

white noise. Adaptations may be required for those with physical impairments that may impact balance and safety when completing this activity.

**Supplies:**

- Use of speakers (for background noise)
- Cell phone (for background noise)

## **Yoga**

**Description:** Yoga is “a system of physical postures, breathing techniques, and sometimes meditation derived from yoga but often practiced independently especially in Western cultures to promote physical and emotional well-being” (Merriam-Webster, 2003). Yoga facilitates the client in reaching a state of meditation. It is within yoga that the client has the opportunity to immerse themselves within their personal thoughts finding their center and creating meaning in their doing. Yoga is a peaceful activity not requiring the use of language or communication, it is an activity that exemplifies the concept of silence and clarity.

### **Spiritual Dimensions:**

- Being is noted be the full presence of the self and participation in occupations that allow for a deeper connection to life. The experience of this dimension is noted by devotional energies which may be evoked by the meaningful movements and meditative state evoked by yoga exercises (Kang, 2003).
- Centeredness may be noted through the act of attentional balancing which allows for a deeper connection to the self and the universe. It is through yoga that the client has the opportunity to participate in deep thinking, letting go, and meditation. Yoga has the potential for the client to fully immerse themselves within their doing and recognize what lies at the core of their being (Kang, 2003). It is through the silence and flow of movements that the client has the opportunity for attention balancing which assists in finding one's center (Kang, 2017).

### **Complexity:** Mild to Moderate

Yoga may be considered a more involved and complex form of meditation as it is more physically demanding. Through the participation in yoga, the client is completing a series of complex movements that may challenge the balance and both their physical and cognitive strength.

### **Activity Demands:**

- Motor skills: stabilizes, bends, lifts, positions, moves, calibrates, flows, endures, paces.
- Processing skills: paces, attends, heeds, initiates, continues, terminates, accommodates, benefits.
- Social interaction skills are not needed as this is an activity of silence and clarity.

**Precautions:** Just as meditation, yoga may pose a challenge for some clients as it may be more difficult to tolerate the silence and find one's center. To increase the client's participation and allow them to fully engage in this activity, the therapist may need to facilitate soothing background music or white noise. Client's will also be challenged physically and may find certain poses difficult or challenging, occupational therapists should be aware of client's health conditions to protect their safety (fall risk, low blood pressure, and more). Adaptations may be required for those with physical impairments that may impact balance and safety when completing this activity.

**Supplies:**

- Use of speakers (for background noise)
- Cell phone (for background noise)



**Middle Zone Performance Measure**

<p><b>Have you experienced any of the following?</b></p> <p>Work with your occupational therapist to answer each question indicating if you have/haven't experienced the following within your <b>DAILY OCCUPATIONS.</b></p> <p>(Please check one answer per question)</p>		
Increased creativity and problem-solving in daily activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased understanding of the self and inner thoughts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased understanding of inner feeling/energies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased devotion, attention, or love for the self?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased devotion, attention, or love for your personal needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased sense of self-love?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased sense of understanding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Feeling of increased flow in personal doing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ability to connect to the essence of self?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased understanding of inner thoughts and challenges?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ability to release negativity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ability to pull forth the flow of positivity in everyday tasks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased connection with the self?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased connection with thoughts, values, and beliefs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Instructions**

Complete this survey *with* each client individually. Provide further explanation and examples of each question as needed for increased understanding and accuracy with answers. Review Kang (2003), and Kang (2017) for an increased understanding of PSI terminology and dimensions.

Questions 1-7 are directly correlated with the dimension of being. Questions 8-14 are directly correlated with the dimension of centeredness. If the client responds Yes to 5 of 7 of the dimension-specific questions, then the therapist can assume that dimension has been met.

### **Deep Zone**

The final zone and more complex zone is the deep zone. This zone contains the final two spiritual dimensions, *connectedness and transcendence*. It is within the deep zone that clients ultimately find their passion and deeper meaning of the self while achieving spiritual fulfillment through the doing of meaningful occupations.

It is the occupational therapists' goal to assist the client in achieving self-transcending tendencies in their daily occupations. It is within the deep zone that the client may experience features such as an unshakable composure, openness, warmth, compassion, kindness, gentleness, and luminosity of personal presence (Kang, 2017). The experience of the deep zone transforms the client from the inside-out upon direct unmediated realization of both dimensions, *connectedness and transcendence* (Kang, 2017). With each instance of and experience of the deep zone, it purifies and transforms the client in profound ways to form the personality and character of each individual experiencing it (Kang, 2017).

### **Connectedness and Transcendence in the Deep Zone**

The dimension of *connectedness* is defined as “seeing the self as a fluid process embedded within a larger interrelation context ... and allows for a fullness of being to emerge into profound relationship with all of life and the universe” (Kang, 2003, p. 98). It is within connectedness that the purpose and center of self will expand and shift beyond the person and into an integrated whole (Kang, 2003).

The dimension *transcendence* is defined as the final dimension of spirituality having two aspects, drive and goal. "The transcendent drive, it innately seeks to find ultimate meaning and happiness and manifests as an ongoing search for freedom from all limitation, or rather freedom in spite of limitation” (Kang, 2017, p. 98). “Transcendent goal is a state of inner freedom and a consciousness that has grown beyond all ego-identification, suffering, pain, and unwholesome actions” (Kang, 2003, p. 98). In other words, transcendence is a goal that the transcendental drive seeks (Kang, 2017).

Transcendence can be understood as inner freedom and consciousness that grows beyond all ego-identification, suffering, pain, and unwholesome actions (Kang, 2003). Transcendence is interconnected to all dimensions of spirituality; it exists as a shared human potential and can be identified in daily lives and occupations through transpersonal growth and development (Kang, 2003).

**Trans-Occupation**

It is within the PSI that the term *trans-occupation* refers to occupations of ‘a certain kind’ that elicit, solidify, invite, and open the dimension of transcendence in everyday life (Kang, 2017). Trans-occupation is not limited to a single specialized occupation where it is enacted but is found in all occupations as well as non-occupation (Kang, 2017).

It is within daily occupations that there is the opportunity for the client to experience self-reflexive, self-deconstructing, and self-transcending feelings that directly affect the action of doing (Kang, 2017). It is the occupational therapists' goal to assist the client in achieving self-transcending tendencies in their daily occupations. In order to fully immerse into trans-occupation, the client must not focus on self-driven effort but more on self-releasing surrender in openness and trust (Kang, 2017). In other words, the client must be willing to open themselves up to experience all six dimensions and achieve the ultimate goal of spiritual fulfillment.

It is within the total release of the physical embodiment of the mental health symptoms and self-agendas amid occupations that a client can achieve transcendence, the deepest zone of spirituality (Kang, 2017). When the client is able to participate fully in meaningful occupations and find a deeper connection and centeredness with the self while letting go of all outside distractors and barriers, they are then able to achieve spiritual fulfillment. Everyday occupations can be used as tools to promote awareness of feeling, spirit, and meaning in both clients and therapists (Kang, 2003).

## **Trans-Occupation Intervention Examples**

### **ADLs**

**Description:** Activities of daily living (ADL) are defined as the “activities oriented toward taking care of one’s own body and completed on a routine basis” (AOTA, 2020, p.44). It is within ADLs that the client is able to experience the initial four dimensions and work toward the final dimensions of connectedness and transcendence. It is within the day-to-day occupations that the client is encouraged to find a deeper meaning of the self and purpose within their daily routine. Everyday occupations can be used as tools to promote awareness of feeling, spirit, and meaning in both clients and therapists (Kang, 2003). ADLs may include bathing/showering, toileting, dressing, feeding, functional mobility, and personal hygiene (AOTA, 2020).

### **Spiritual Dimensions:**

- Connectedness is noted by an open field of transactive relations established on a cosmic scale. “If connectedness forms our very personhood, then every occupation that each person enacts finds its place in myriad and infinite connections with other persons, events, and things” (Kang, 2017, p.58). It is through the daily activities that the client has the opportunity to experience a fullness of being to emerge into profound relationship with all of life and the universe (Kang, 2003).
- Transcendence exists as a shared human potential and can be identified in daily lives and occupations through transpersonal growth and development (Kang, 2003). Transcendence is noted when the client has the ability to experience and identify all dimensions of spirituality through the participation in meaningful occupations. It is through daily occupations that the client is able to grow beyond all ego-identification, suffering, pain, and unwholesome actions to achieve transcendence (Kang, 2003).

### **Complexity:** Mild to Maximum

ADLs can be modified in a variety of ways to make them more attainable and a just-right challenge for all clients. It is important that the occupational therapist uses their clinical judgment to adjust the challenge appropriately to increase participation and success within daily occupations. This may include creating visual schedules, simplifying tasks, and using adaptive equipment.

**Activity Demands:** Varies depending upon the desired ADL. Activity demands may include,

- Motor skills: stabilizes, grips, manipulates, coordinates, moves, lifts, transports, calibrates, flows, paces.
- Processing skills: paces, attends, heeds, uses, handles, initiates, sequences, terminates, gathers, navigates.
- Social interaction skills: questions, replies, transitions, heeds, benefits.

**Precautions:** As with all occupations, there are particular precautions to be aware of. Within ADLs, it is important to understand the risk of fall, physical precautions of the client, sharp objects, the temperature of the water, and more. It is important to evaluate the environment prior to initiating any ADL interventions to ensure the safety of every client.

**Supplies:** This will vary depending on the ADL being performed and the supplies readily available by the client. Supplies may include clothes, shoes, razors, shaving cream, hairbrush, toothbrush, toothpaste, food, adaptive equipment, durable medical equipment, and more. Prices will vary depending on what the client has. Items may be found at the local dollar stores, Walmart, Target, and other retailers.

### **Community Participation**

**Description:** Community participation is described as “engaging in activities that result in successful interaction at the community level” (AOTA, 2020, p.47). The transition back to civilian life can be difficult for veterans and limits their potential to obtain occupational freedom. Community participation is an individualized activity and will vary based on the client’s interests. Community participation may include community events, farmers’ markets, grocery shopping, going to a restaurant, and bowling.

### **Spiritual Dimensions:**

- Connectedness strongly relates to the term transactive, as it is a concept outlining the relationships between person, environment, and occupation (Kang, 2017). Connectedness is noted by an open field of transactive relations established on a cosmic scale (Kang, 2003). It is through the daily activities that the client has the opportunity to experience a fullness of being to emerge into profound relationship with all of life and the universe (Kang, 2003).
- Transcendence is noted when the client has the ability to experience and identify all dimensions of spirituality through the participation in meaningful occupations. It is through daily occupations that the client is able to grow beyond all ego-identification, suffering, pain, and unwholesome actions to achieve transcendence (Kang, 2003). It is through desirable community activities that a client may “evoke, catalyze, invite, and open up to the dimension of transcendence in everyday life” (Kang, 2017, p. 58).

### **Complexity:** Maximum

Community participation is a complex task as it has increased activity demands, a busy environment, with increased environmental stimuli, and cognitive challenges. The therapist must be cognizant about the client’s particular triggers, client factors, and personal interests to increase the chance of success for each client.

### **Activity Demands:**

- Motor skills: moves, walks, transports, flows, endures, paces.
- Processing skill: paces, attends, inquires, sequences, terminates, initiates, searches/locates, navigates, benefits.
- Social interaction skills: approaches/starts, looks, turns toward, paces, questions, transitions, takes turns, heeds, accommodates, benefits.



**Precautions:** The precautions depend on the task being completed. It is important to understand the environmental demands and the client. The therapist must keep in mind the client's specific triggers, if any. Potential communication barriers and modifications/adaptations needed to increase success.

**Supplies:** To be determined based on the leisure activity chosen by the client.

## **Cooking**

**Description:** Meal preparation and/or cooking is the “planning, preparing, and serving meals and cleaning up food and tools (e.g., utensils, pots, plates) after meals” (AOTA, 2020). Cooking can be completed as an individual or group task depending on cultural preferences, routines, rituals, family dynamics, and more. The meta-occupation of cooking can have great meaning to a person and can aid in the process of adopting mindfully a meta-perspective to generic occupations (Kang, 2017). Clients can cook hot dogs, Jell-O, macaroni and cheese, pizza, brownies, cake, or cookies.

### **Spiritual Dimensions:**

- Cooking can be strongly linked to culture and family. It is through connectedness that the client is centered and aware of the core self and values where they are “existing as a totality of family, culture, community, society, ecology, and the cosmos” (Kang, 2003, p. 98). Cooking bears the potential to allow the client to experience a fullness of being and to develop a profound relationship with all of life and the universe (Kang, 2003).

### **Complexity:** Mild to Maximum

Cooking can be graded based on the needs of each client. It is important that the occupational therapist implementing cooking into the therapy session use their clinical judgment and create a just-right challenge for each client.

### **Activity Demands:**

- Motor skills: reaches, grips, manipulates, transports, flows, and paces.
- Processing skills: attends, heeds, chooses, uses, handles, inquires, initiates, sequences, and navigates.
- Social interaction skills: regulates, questions, replies, transitions, times response, clarifies, heeds, and benefits.

**Precautions:** When working in a kitchen it is important to note any hazards within the environment. Stove burners and ovens can cause burns. Sharp knives and cooking utensils have the potential to cause harm. The expiration date of food items should be checked prior to use to reduce the risk of illness. Cleaning or poisonous materials should be locked away for use of the therapist and cleaning staff only. Allergic reactions to different foods, please identify if your client has any type of food allergies prior to working in the kitchen.

**Supplies:** The cost of supplies will vary depending on task complexity and appliances needed. It is important that the therapist complete a grocery list with their client and complete an activity analysis of the desired cooking task prior to completing the activity.

**IADLs**

**Description:** IADLs are described as “activities to support daily life within the home and community” (AOTA, 2020, p.44). It is within the IADLs that the client is encouraged to find a deeper meaning of the self and purpose within their routine. Everyday occupations can be used as tools to promote awareness of feeling, spirit, and meaning in both clients and therapists (Kang, 2003). IADLs may include care of others, care of pets/animals, child rearing, communication management, community mobility, financial management, home establishment/management, meal prep/clean-up, religious and spiritual expression, safety and emergency maintenance, and shopping (AOTA, 2020).

**Spiritual Dimensions:**

- “Connectedness forms our very personhood, then every occupation that each person enacts finds its place in myriad and infinite connections with other persons, events, and things” (Kang, 2017, p.58). It is through instrumental activities of daily living that the client has the opportunity to experience a fullness of being to emerge into profound relationships with all of life and the universe (Kang, 2003).
- Transcendence is noted when the client has the ability to experience and identify all dimensions of spirituality through the participation in meaningful occupations. It is through daily occupations that the client is able to grow beyond all ego-identification, suffering, pain, and unwholesome actions to achieve transcendence (Kang, 2003).

**Complexity:** Mild to Maximum

IADLs can be modified in a variety of ways to make them more attainable and a just-right challenge for all clients. It is important that the occupational therapist uses their clinical judgment to adjust the challenge appropriately to increase participation and success within daily occupations. This may include creating visual schedules, simplifying tasks, and using adaptive equipment.

**Activity Demands:** Varies depending upon the desired IADL. Activity demands may include;

- Motor skills: stabilizes, grips, manipulates, coordinates, moves, lifts, transports, calibrates, flows, paces.
- Processing skills: paces, attends, heeds, uses, handles, initiates, sequences, terminates, gathers, navigates.
- Social interaction skills: questions, replies, transitions, heeds, benefits.

**Precautions:** As with all occupations, there are particular precautions to be aware of. Within IADLs, it is important to understand the risk of fall, physical precautions of the client, sharp objects, the temperature of the water, burns, food allergies, and more. It is important to evaluate the environment prior to initiating any IADL interventions to ensure the safety of every client.

**Supplies:** This will vary depending on the IADL being performed and the supplies readily available by the client. Supplies may include food, adaptive equipment, pots, pans, stove, microwave, utensils, plates, and more. Prices will vary depending on what the client has. Ingredients may be found at the local dollar stores, Walmart, Target, and other retailers.

**Leisure Participation**

**Description:** Leisure participation is defined as “non-obligatory activity that is intrinsically motivated and engaged in during discretionary time, that is, time not committed to obligatory occupations such as work, self-care, or sleep” (AOTA, 2020, p.47). Leisure activities are a way to increase participation in meaningful occupations and allow the client to fully immerse themselves in their doing, increasing their connection to inner spirituality. Leisure activities will vary from client to client and may be completed individually or as a group. Leisure activities may include bowling, crocheting, pottery, hiking, swimming, fishing, kayaking, painting, writing, reading, cooking, and baking.

**Spiritual Dimensions:**

- Connectedness strongly relates to the term transactive, as it is a concept outlining the relationships between person, environment, and occupation (Kang, 2017). It is through meaningful leisure activities that the client has the opportunity to experience a fullness of being to emerge into profound relationship with all of life and the universe (Kang, 2003).
- Transcendence can be evoked via occupations that hold great meaning to the client. It is through the transcendent drive that the client has the ability to find meaning and happiness through the participation in meaningful leisure activities which allow freedom from all limitations (Kang, 2017).

**Complexity:** Moderate to Maximum

Complexity will greatly depend on the client and their preferred leisure activity. The therapist should take into consideration the skills of the client and the demands of the task. The therapist should use their clinical judgement and provide the modifications/adaptations necessary to increase client success.

**Activity Demands:** Varies depending upon the desired leisure activity. Activity demands may include;

- Motor skills: stabilizes, grips, manipulates, coordinates, moves, lifts, transports, calibrates, flows, paces.
- Processing skills: paces, attends, heeds, uses, handles, initiates, sequences, terminates, gathers, navigates.
- Social interaction skills: questions, replies, transitions, heeds, benefits.

**Precautions:** The precautions depend on the task being completed. It is important to understand the environmental demands and the client. The therapist must keep in mind the client's specific triggers, if any. Potential communication barriers and modifications/adaptations needed to increase success.

**Supplies:** To be determined based on the leisure activity chosen by the client.

## **Shopping**

**Description:** Shopping is defined as “preparing shopping lists (grocery and other); selecting, purchasing, and transporting items; selecting a method of payment and completing payment transactions; managing internet shopping and related use of electronic devices such as computers, cell phones, and tablets” (AOTA, 2020, p.45). Shopping may be completed individually or in groups. Shopping can include grocery shopping, clothes shopping, or completing a specific list for items needed to complete a leisure activity combining two types of interventions. This intervention may be used to prepare for other interventions or as a community participation activity.

### **Spiritual Dimensions:**

- Connectedness can be strongly linked to culture and family, shopping is an occupation that may be completed with family or in relation to cultural foundations as shopping can be closely linked to cooking, traditions, clothing, and more. It is through shopping that connectedness allows the client to be centered and aware of the core self and values where they are “existing as a totality of family, culture, community, society, ecology, and the cosmos” (Kang, 2003, p. 98).

### **Complexity:** Maximum

Shopping is a complex task as it has increased activity demands, a busy environment, with increased environmental stimuli, and cognitive challenges. The therapist must be cognizant about the client’s particular triggers, client factors, and personal interests to increase the chance of success for each client.

### **Activity Demands:**

- Motor skills: moves, walks, transports, flows, endures, paces.
- Processing skill: paces, attends, inquires, sequences, terminates, initiates, searches/locates, navigates, benefits.
- Social interaction skills: approaches/starts, looks, turns toward, paces, questions, transitions, takes turns, heeds, accommodates, benefits.

**Precautions:** The precautions depend on the task being completed. It is important to understand the environmental demands and the client. The therapist must keep in mind the client’s specific triggers, if any. Potential communication barriers and modifications/adaptations needed to increase success.



**Supplies:** NA

**Social Participation**

**Description:** Social participation is defined as “activities that involve social interaction with others, including family, friends, peers, and community members, and that support social interdependence” (AOTA, 2020, p.47). Social participation can be addressed through the use of interventions of a common interest between two or more individuals. Social participation may include community events, grocery shopping, going to a restaurant, bowling, painting, or board games.

**Spiritual Dimensions:**

- Connectedness strongly relates to the term transactive, as it is a concept outlining the relationships between person, environment, and occupation (Kang, 2017). Connectedness is noted by an open field of transactive relations established on a cosmic scale (Kang, 2003). It is through the social participation that the client has the opportunity to experience a fullness of being to emerge into profound relationship with all of life and the universe (Kang, 2003).
- Transcendence is noted when the client has the ability to experience and identify all dimensions of spirituality through the participation in meaningful occupations. It is through desirable social participation and interactions that a client may “evoke, catalyze, invite, and open up to the dimension of transcendence in everyday life” (Kang, 2017, p. 58).

**Complexity:** Moderate to Maximum

Social participation is a moderate to maximum complex task as it has increased activity demands, with the potential to be within a busy environment, with increased environmental stimuli, and cognitive challenges. The therapist must be cognizant about the client’s particular triggers, client factors, and personal interests to increase the chance of success for each client.

**Activity Demands:**

- Motor skills: stabilizes, positions, moves, lifts, transports, calibrates, flows, paces.
- Processing skills: paces, attends, heeds, handles, inquires, sequences, initiates, terminates, organizes, navigates, benefits.

- Social interaction skills: approaches/starts, produces speech, looks, places self, regulates, questions, replies, discloses, times response, transitions, takes turns, matches language, clarifies, heeds, benefits.

**Precautions:** The precautions depend on the task being completed. It is important to understand the environmental demands and the client. The therapist must keep in mind the client's specific triggers, if any. Potential communication barriers and modifications/adaptations needed to increase success. Keeping in mind needs of all participants in group/social activities.

**Supplies:** To be determined based on the leisure activity chosen by the client.

**Deep Zone Performance Measure**

<p><b>Have you experienced any of the following?</b></p> <p>Work with your occupational therapist to answer each question indicating if you have/haven't experienced the following within your <b>DAILY OCCUPATIONS.</b></p> <p>(Please check one answer per question)</p>		
Developed an unshakable composure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Open to new experiences, social interactions, activities, and/or routines?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased warmth for the self and the world?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased positive feelings for the self?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased sense of compassion for self?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased sense of compassion for others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased kindness with day-to-day interactions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased connection with the self?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased connection with others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased connection with the universe?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased drive to find meaning and happiness within each day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased awareness and inner freedom to control the self?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased awareness and inner freedom to let go of the negative self?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Instructions**

Complete this survey with each client individually. Provide further explanation and examples of each question as needed for increased understanding and accuracy with answers. Review Kang (2003), and Kang (2017) for an increased understanding of PSI terminology and dimensions. Questions 1-13 are related to both connectedness and transcendence. If the client answers yes to a majority of these questions (8+/13), then the therapist can assume the client has reached the deep zone.

### **Concluding Session**

This intervention resource manual will focus on the clients' spirituality as a means to address their specific barriers and needs to help increase participation in occupations that are most meaningful to them. By utilizing the psychospiritual integration frame of reference and rooting the foundation of occupational therapy within the six dimensions of spirituality throughout this program, the occupational therapist will have the necessary resources to help veterans reach spiritual fulfillment within their meaningful occupations and ultimately increase their health, well-being, and quality of life. Kang (2017) claims;

the nature of deep zone experiences is such that one is irrevocably transformed from the inside-out, to greater or lesser degrees, upon direct unmediated realization of connectedness and transcendence. Each instance of full realization of the deep zone purifies and transforms in profound ways the personality and character of the individual experiencing it. There comes a point when such realization-evoked transformation is complete, and the person is irreversibly and unconditionally emancipated from afflictive delimitations (p. 57).

**Post-Test: Occupational Performance Rating Scale**

<b>Please Rate Your Occupational Performance!</b>										
Please use the following scale:										
Unsatisfied	Somewhat Unsatisfied	Neutral	Somewhat Satisfied	Satisfied						
1	2	3	4	5						
(please circle one rating per question)										
Completing a morning routine? (Shower, dressing, toileting, grooming)	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20%;">1</td> <td style="width: 20%;">2</td> <td style="width: 20%;">3</td> <td style="width: 20%;">4</td> <td style="width: 20%;">5</td> </tr> </table>					1	2	3	4	5
1	2	3	4	5						
Hanging out or being with friends or people in the community?	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20%;">1</td> <td style="width: 20%;">2</td> <td style="width: 20%;">3</td> <td style="width: 20%;">4</td> <td style="width: 20%;">5</td> </tr> </table>					1	2	3	4	5
1	2	3	4	5						
Hanging out or being with family?	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20%;">1</td> <td style="width: 20%;">2</td> <td style="width: 20%;">3</td> <td style="width: 20%;">4</td> <td style="width: 20%;">5</td> </tr> </table>					1	2	3	4	5
1	2	3	4	5						
Completing hobbies or non-work-related activities?	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20%;">1</td> <td style="width: 20%;">2</td> <td style="width: 20%;">3</td> <td style="width: 20%;">4</td> <td style="width: 20%;">5</td> </tr> </table>					1	2	3	4	5
1	2	3	4	5						
Taking care of your home?	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20%;">1</td> <td style="width: 20%;">2</td> <td style="width: 20%;">3</td> <td style="width: 20%;">4</td> <td style="width: 20%;">5</td> </tr> </table>					1	2	3	4	5
1	2	3	4	5						
Taking care of finances?	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20%;">1</td> <td style="width: 20%;">2</td> <td style="width: 20%;">3</td> <td style="width: 20%;">4</td> <td style="width: 20%;">5</td> </tr> </table>					1	2	3	4	5
1	2	3	4	5						
Taking care of yourself and/or others?	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20%;">1</td> <td style="width: 20%;">2</td> <td style="width: 20%;">3</td> <td style="width: 20%;">4</td> <td style="width: 20%;">5</td> </tr> </table>					1	2	3	4	5
1	2	3	4	5						

Getting ready for sleep and sleeping through the night?	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
Completing work duties?	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
Religious and/or Spiritual participation?	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
Understanding personal emotional health?	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
Taking care of your health?	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
Additional Comments:						

**Post-Test: Spiritual Deprivation Survey**

<p><b>Have you experienced any of the following?</b></p> <p>Please answer each question indicating if you have experienced the following in the <b>PAST TWO MONTHS.</b></p> <p>(Please check one answer per question)</p>		
Extreme sadness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Suicidal thoughts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Limited social support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Decreased motivation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Difficulty managing emotions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Difficulty managing behaviors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A diminished sense of self?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Limited choices of occupations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Decreased satisfaction with life?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Difficulty connecting with others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Decreased spirituality?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Loss of connection with yourself?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Decreased satisfaction of daily tasks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Loss of meaning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Limited feelings of creativity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Limited feelings of intuition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Limited feelings of love?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Decreased drive to participate in daily tasks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional Comments:		



**Satisfaction Survey**

<p><b>Please tell us about your thoughts!</b></p> <p>Your thoughts are valuable and very helpful in furthering the development of this program (please check one)</p>	
Did the therapist explain the purpose of the program well enough for you to understand?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you believe that the therapist implemented this program well?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you pleased with the results following participation in this program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were your thoughts and ideas considered when participating in this program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you recommend this program to peers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did your abilities to participate in meaningful occupations improve?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your motivation to participate in meaningful occupations improved?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did your overall health and wellness improve?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you gained a deeper understanding of your personal spirituality?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you gain skills needed to overcome barriers to participation in meaningful occupations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional Comments:	

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## Chapter V

### Summary

The purpose of *Increasing Participation in Meaningful Occupations for Disabled Veterans Through the Promotion of Spirituality: An Intervention Resource Manual for Occupational Therapists*, is to provide occupational therapists with the resources necessary to promote spiritual fulfillment within the veteran population. This intervention resource manual requires the occupational therapist to develop a deeper understanding of spirituality and how it directly effects occupational outcome measures such as occupational participation, well-being, and quality of life (AOTA, 2020). This intervention resource manual is a tool that allows the occupational therapist to not only improve their ability to be a change agent, but to also evoke change and spiritual recognition in a population that needs it.

It was within Chapter II that an extensive overview of veterans' needs was reviewed and a need for intervention was addressed. Through the guidance of the *psychospiritual frame of reference* (Kang, 2003), an intervention resource manual was created to aid the occupational therapy profession in creating therapeutic interventions that promoted spirituality in the veteran population. Chapter III provides an overview of the methodology utilized in the creation of this program. Chapter IV includes the product and is the sole purpose of this study. Through the guidance of Kang's (2003) framework and the extensive literature review completed in chapter II, an intervention resource manual that promotes veteran's spirituality was created. This product provides an overview of the *psychospiritual frame of reference* and provides an outline of the progression the occupational therapist should take in order to guide the veterans to reach spiritual fulfillment.

## **Limitations and Recommendations**

Limitations of this study include the lack of evidence supporting the need to address veterans' spirituality. The research completed within chapter II demonstrated a need to address veteran's mental health and quality of life; it was through continued in-depth research that the enhancement of spirituality needed to be addressed. Finding literature and creating the intervention resource manual was not a linear path as it required in-depth thinking and problem-solving to prove the need for increasing veterans' spirituality. With this being said, more research is needed to assist occupational therapists in providing the spiritual fulfillment that veterans deserve.

A second limitation includes the occupational therapist's knowledge base and understanding of both spirituality and the guiding frame of reference. Spirituality is poorly understood and not commonly utilized in occupational therapy treatments even though it is clearly described within the *occupational therapy practice framework* (4<sup>th</sup> ed.). Along with concept of spirituality, Kang's (2003) framework is not widely used or understood by the occupational therapy profession. By utilizing two overlooked concepts, it is important to review both concepts prior to the implementation of this intervention resource manual. For future use or to improve this study, it may be worth the additional of an educational course or in-service that explains both concepts thoroughly and allowing for a question-and-answer panel as needed.

The final limitation is related to this manual being created specifically for veterans with mental health disabilities without addressing the component of physical limitations. The interventions provided were created specifically to aid the client's in accepting an inner flow of life and a deeper connection with a spiritual self to essentially release them from the negative aspects of the self and the burdens of mental health they may be experiencing. This

interventional resource manual did not take into consideration the physical limitations that the veteran population may experience. Physical limitations were briefly covered within the activity demands of each intervention example; however, future research may provide adaptations, modifications, and/or alternate activities for increased inclusion of the entire veteran population so that an equal opportunity to achieve spiritual fulfillment is provided.

## **Conclusion**

The VA's goals, of improving the lives of all veterans is included within an occupational therapists' practice framework. Increasing the well-being and quality of life for veterans is an optimal opportunity for the OT profession to assert its distinct value in addressing the mental health needs of veterans through the enhancement of spirituality. Unfortunately, a wide variety of treatment options promoting occupational success are not an immediate option to veterans with mental health disorders. Veterans deserve healthcare interventions that are proven to be more effective at addressing mental health disorders and increasing their overall well-being and quality of life. This demonstrates the importance of including the profession of occupational therapy in the care of veterans. With this, the product *Increasing Participation in Meaningful Occupations for Disabled Veterans Through the Promotion of Spirituality: An Intervention Resource Manual for Occupational Therapists* was a necessary development in order to aid occupational therapists in providing meaningful interventions that promote spirituality, well-being, and quality of life.

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