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Lauren T. Rodriguez

University of St. Augustine for Health Sciences, l.rodriguez1@usa.edu

Kayla Collins

University of St. Augustine for Health Sciences, kayla_collins3@baylor.edu

Mary Shotwell

University of St. Augustine for Health Sciences, mshotwell@usa.edu

Suny Faradj-Bakht

University of St. Augustine for Health Sciences, sfaradjbakht@usa.edu

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Occupational Therapy in Veterans Treatment Court

Lauren Rodriguez, OTS; Kayla Collins, MOT, EdD, OTR/L; Mary Shotwell, PhD, OT/L, FAOTA; Suny Faradj-Bakht, OTD, MOT, OTR/L

Background

Research supports that veterans with post-traumatic stress disorder (PTSD) have been shown to exhibit chronic functional deficits pertaining to income disparities, unemployment, homelessness, relationship problems, aggressive behavior, impaired problem-solving skills, poor self-care, and decreased quality of life (Cogan, 2014). Veterans exposed to combat have also been found to have impairments related to cognition, including executive function, learning, and memory (Koso & Hansen, 2006). Veterans in the United States report high rates of PTSD, and these dynamics can create an increased rate of involvement in the criminal justice system (Knudsen & Wingenfeld, 2016).

Problem Statement

Veterans may face difficulty transitioning back into civilian lifestyle. Their difficulties may be attributed to PTSD, TBI, sexual trauma, anxiety, depression, unemployment, and more. Due to these obstacles, veterans may commit crimes that place them in Veterans Treatment Court (VTC). The needs of the veterans in the St. Johns County Treatment Court are not being effectively met and, evidently, there is an increased recidivism rate. It was noted in October of 2018 that there were possible gaps in service for our veterans.

Purpose

The purpose of this project was to create an occupational therapy-based curriculum that will reduce the recidivism rate in St. Johns County VTC. The OT-based manual is intended to replace negative habits, roles, and routines with positive ones in order to increase quality of life, health, and well-being for the veterans. This program is theory-driven and evidence-derived. The needs of the veterans were identified through utilization of the AOTA Occupational Profile Template and therapeutic interviewing. Evaluation and intervention of the veterans regarding roles, habits, routines that support or detract from recovery, life skills, cognitive, sensory, and motor factors have been included as well.

Methods

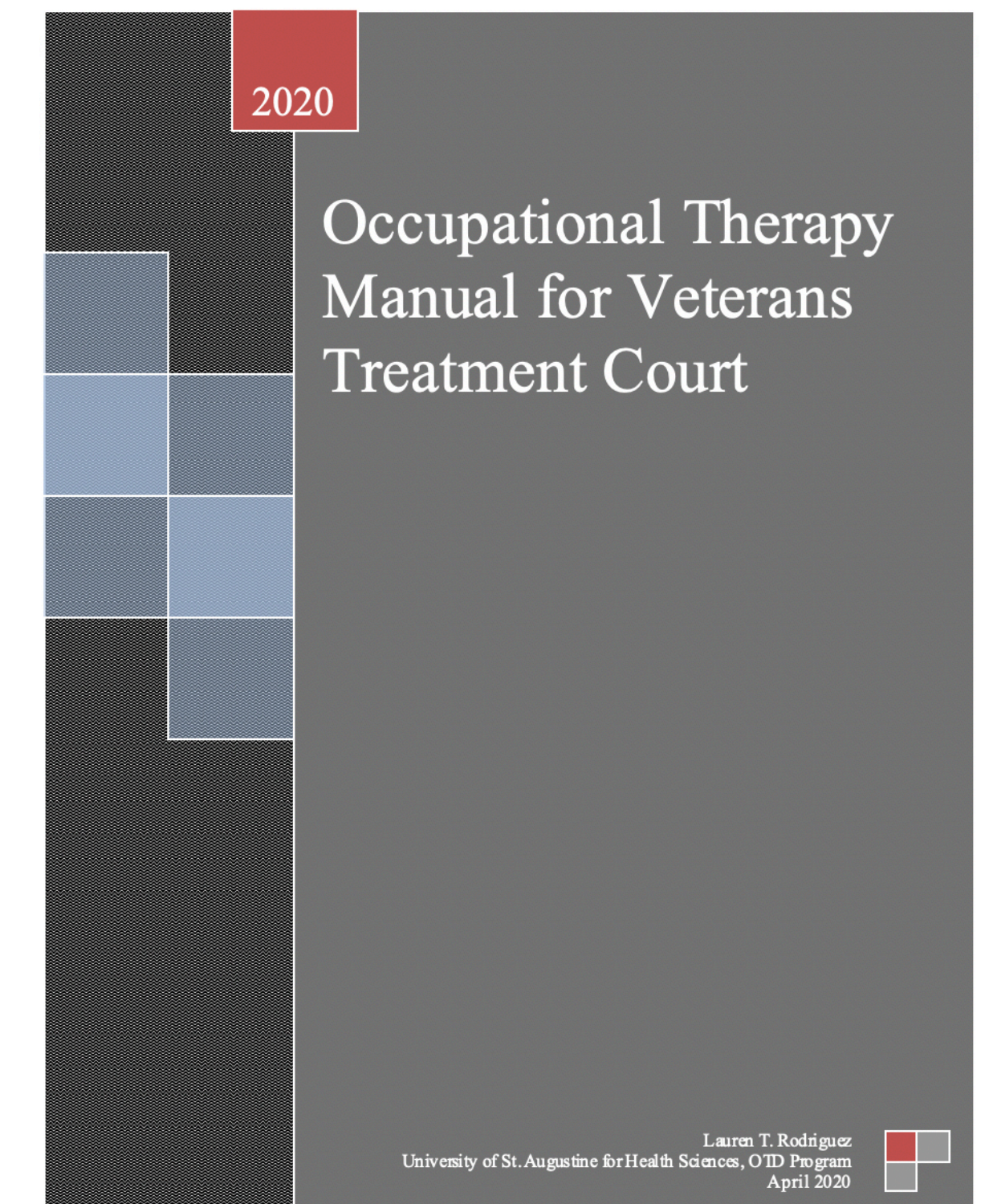
Objectives of this capstone project included identifying the needs of veterans, both in the community and VTC, through therapeutic interviewing and occupational therapy-based assessments. The program developer determined the needs within VTC on a broad level as well; for instance, what policies or services needed to be improved and what were some things the veterans would like to see happen for them? The researcher then interacted with veterans within the community to gain a more personal sense of the veteran population's needs. Responses from student mentors in VTC were analyzed to determine the structure of the therapy services that should be incorporated into the manual. An intervention plan with necessary resources and materials was developed and reviewed by the student's mentors. Ongoing feedback was provided to the author of this project in order to ensure that the specific needs of veterans were being met. The program developer adjusted the occupational therapy-based manual as necessary. Finally, results were disseminated and measurement pertaining to the effectiveness of the manual will take place in the future.

Project

OT-based manual for Veterans Treatment Court (127 pages) includes:

- MOHO and CMOP-E models
- Applied Behavioral and Existential/Humanistic FORs
- Peer support and mentorship treatment guidelines
- Group Leadership: Cole's Seven Steps
- More than 35 assessments that are appropriate to use in VTC
- OT intervention for substance abuse
- OT intervention for PTSD
- OT intervention for anxiety
- OT intervention for depression (primary and secondary)
- Forensic occupational therapy
- Four examples of OT group therapy sessions with individual strategies for each
- Meditations/mindfulness techniques, breathing exercises, worksheets, yoga exercises, worksheets, wellness recovery plans, occupational profile of sleep, personal wellness toolbox, , progressive muscle relaxation techniques, etc.

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Envisioned Next Steps

- Opportunity for future research
- Opportunity for Level I OT students to fulfill fieldwork requirements
- Modifications to the developed manual may be required as assessments reveal new results.
- The BDI-II, CAPS, and PCL-S may report more accurate results
- A larger group of participants

References

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