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May 2011

This scholarly project reflects individualized, original research conducted in partial fulfillment of the requirements for the Occupational Therapy Doctorate Program, The University of Toledo.
Abstract

The purpose of this study was to 1) identify issues faced by military personnel returning from the wars in Iraq and Afghanistan, and 2) determine the potential role that occupational therapy can play in assisting returning veterans’ transition back into civilian life. Four focus groups of veterans were used to gather qualitative data on issues returning soldiers face. Fourteen veterans participated in the study. The sessions were audio recorded, transcribed and analyzed by three researchers. Thematic analysis was used to code and recode the data. Eighteen common themes were identified, including, but not limited to, social impact of transition on family/relationships; connecting with other veterans; transition into civilian life; success in civilian life; realization/how participants changed including carryover of habits; coping strategies; and society’s reaction to veterans. Participants also gave advice to professionals working with veterans based on their own experiences. The current study provides input and suggestions regarding how occupational therapy services can be effectively delivered to veterans in transition from deployment. Through addressing any physical, social, and/or psychological concerns, occupational therapists can assist veterans in need to successfully readjust to life at home, work, school, and the community.
What is Occupational Therapy’s Role in the Transition of Returning Veterans from the Wars in Iraq and Afghanistan?

The purpose of this study was to determine the role occupational therapy can play in the transition of healthy veterans returning from the wars in Iraq and Afghanistan. Occupational therapy has a history of assisting people in transitional phases of life. Returning military personnel face many challenges and threats to healthy occupation upon returning from a war zone. Early intervention by occupational therapists may be the key to preventing some of the cognitive, social, familial and financial troubles that can arise after a soldier returns home.

Before the current study is discussed, background information will be provided about the experiences of military personnel in war, as well as how occupational therapists have assisted healthy adults during times of transition.

The Experience of Veterans

The war in Afghanistan, or Operation Enduring Freedom (OEF), began in the Fall of 2001 while the war in Iraq, or Operation Iraqi Freedom (OIF), began in the Spring of 2003. As of 2011, approximately 2.2 million people have served in the wars in Iraq and Afghanistan (Tarantino, 2011). Whereas over 42,000 veterans have returned home to face life with the wounds of war, many more return and face the challenge of reintegrating into family life, society, and work (IAVA, 2011).

While serving in Iraq, Afghanistan, and countries outside the United States in support of the wars, troops experience a myriad of concerns that include threats of physical harm and extreme stress. These wars are different from the type of combat experienced by soldiers in World Wars I and II, Korea and to a lesser extent, Vietnam. There is no organized military that the U.S. and its allies are fighting against in these countries. They are faced instead with an unconventional war. Fighting is against an invisible, insurgent enemy whose methods of warfare include;
ambush attacks, suicide bombings, rocket and mortar attacks, and the detonating of improvised explosive devices (IEDs) (Gilmore, 2008).

During deployment to a war zone, a soldier faces many threats, stressors, and emotions. Litz and Orsillo (2006), authors of The Iraq Clinician Guide, stated that although surviving combat can be rewarding, maturing, and growth promoting, each veteran will reveal a unique set of social, psychological, and psychiatric issues after returning from war. The following are some of the most prevalent stressors which armed forces may encounter while deployed.

Military personnel may experience combat, which includes being fired upon and the firing of one’s own weapon (Litz & Orsillo, 2006). Although exposure to combat incites many emotions such as fear, terror, panic and adrenaline rush, it was reported that even the thought of perceived threats can provoke these feelings (Litz & Orsillo, 2006). In addition to the reaction to combat and perceived threats, many soldiers must contend with the aftermath of battle including exposure to suffering civilians, destruction, and death.

The psychosocial aspects of war can evoke many emotions in the combatant experiencing them. Sadness, grief and guilt are often common as a result of loss, witnessing suffering and death, and for actions taken in combat. Frustration and anger are also common emotions faced by veterans of war (Litz & Orsillo, 2006). Members of the military may feel anger about not being properly prepared for situations they faced in combat or frustration with those in positions of higher authority who determined the course of operations. According to Litz and Orsillo (2006), most service members deployed to a war zone experience low magnitude, non-traumatic stressors such as discomfort in the forms of “lack of desirable food, lack of privacy, poor living arrangements, uncomfortable climate, cultural difficulties, boredom, inadequate equipment, and long workdays.”
Litz and Orsillo (2006) reported multiple topics with which returning veterans reported as being concerns. One area of significance is the expectation that the family and the veteran will be the same as before the deployment. It may be difficult for both parties to understand what the other has been through during the separation. Children may resent the parent who has been away which may be hurtful and confusing to that parent (Litz & Orsillo, 2006). Even the veteran who is not returning with physical or mental wounds will need time to readjust and process the events that he or she has experienced.

One woman interviewed with the purpose of gaining more insight into the subject reported that her husband has been in the military for 32 years and has faced many deployments. She explained that the partner at home has to take on all of the responsibilities in the wake of the other’s absence. These responsibilities include parental, financial and home management. When her spouse returned from deployments, she reported that she “was used to doing things her way” and found it difficult for herself and her husband to readjust to sharing responsibilities again (personal communication, March 02, 2009).

A service member who is transitioning home may find it difficult to sleep at night. Many also find it stressful just being around people in a non military and non hostile environment (Department of Veterans Affairs, National Center for PTSD, 2006). For many, home may seem like an unfamiliar place.

Ericka Stern’s research found that many people had trouble post-deployment driving in normal circumstances after driving in a combat zone because those habits and behaviors are often carried over (Stern, 2008). Someone transitioning from a war zone may continue to scan the roadways for signs of improvised explosive devices (IEDs), which are often concealed in
trash. In Afghanistan alone, IED attacks accounted for more than 3,300 wounded and 268 killed in 2010 (Vanden Brook, 2011).

While it is the law that an employer must hold the position of a person deployed if he or she is in the reserves or National Guard, many service members coming off of active duty find it difficult to find meaningful employment, especially during times of economic downturn (Alvarez, 2008). In early 2011, the jobless rate of OEF/OIF veterans was over 15% (Marsh, 2011). Even those who return to old jobs may find these positions “boring” after the intensity of being in a war zone (Litz & Orsillo, 2006). Some may find it necessary to be retrained or to learn new skills.

Heller (2006) reported on the experiences of young veterans attending colleges and universities after returning from Iraq and Afghanistan. Many veterans interviewed felt they had a better work ethic and more motivation to succeed than their non-veteran counterparts. Despite their strong wills, veterans also faced many challenges when attending college. They are required to change their war time habits and adjust to being students rather than troops in a combat zone. As reported by Heller (2006), some universities, such as the University of Minnesota, have a Veteran Transition Center where new veteran students can obtain help navigating the VA channels to obtain G.I. Bill benefits as well as receive support from other veterans.

**Occupational Therapy and Life Transition**

Occupational therapists are known for providing treatment to adults and children with mental and physical disabilities. Occupational therapists may be lesser known for their part in guiding healthy adults through transitions between life roles. This includes veterans returning home from the wars of Iraq and Afghanistan. Therapy for life transition typically includes; goal setting, learning functional life skills, and social structuring (Brollier, Sheperd, & Markley,
While for many people the purpose of transition is due to a disability, occupational therapists also help steer healthy adults through life changes. People facing the challenges of homelessness or domestic violence are often provided occupational therapy through community organizations.

Hofmann (2008) described a Nashville, TN program called Community Occupational Therapy Services (COTS) that provided transitional housing for homeless adults, many of which were women and veterans. Participants of the program received occupational therapy to learn life skills including: parenting skills, computer and resume writing skills, as well as anger management, health awareness, relationship building, and community integration. Hofmann reported that 50% of the program’s clients were successful in meeting a personal goal of improving health, productivity or vocational skills. This is one of many occupational therapy programs in the United States designed to help people who are transitioning in life.

Erickson, Secrest, and Gray (2008) discussed occupational therapy’s role in helping veterans with mental and physical wounds transition back into military roles or return to civilian life, which includes a “return to productive living” in an Army program called the Warrior Transition Unit. For those returning to civilian life, therapists work with clients in “community reintegration activities,” including navigating transportation systems, driving, enrolling in college or technical courses and participating in recreational activities (Erickson, Secrest, & Gray, 2008). Erickson, Secrest, and Gray stated, “The objective of occupational therapy intervention is to promote, improve, conserve and restore skills, abilities and aptitudes of warriors through the use of occupation” (2008, p.12). The U.S. Army’s Proponency Office for Rehabilitation and Reintegration produced a brochure describing occupational therapy’s role within the Warrior Transition Unit that includes life skills training. Goal planning, stress
management, conflict resolution, communication, and financial and time management skills are included in the soldiers’ training. Advanced life skills training includes; anger management, driving skills, pain management, assertiveness skills, relaxation techniques, sleep hygiene and methods of solving specific problems (Proponency Office for Rehabilitation and Reintegration, n.d.).

According to Nanof (2007), occupational therapy’s role with veteran’s health care in the past focused on the aging and disabled veteran population. Occupational therapists are now working with the large numbers of men and women returning from service in Iraq and Afghanistan with physical as well as psychological injuries. Not all veterans returning from the wars in Iraq and Afghanistan have physical or mental wounds. Many, however, do face challenges in the transition from soldier to civilian. Given the occupational therapist’s reputation for helping those in transitional phases of life, there must be ways for occupational therapy to assist returning veterans in their transition.

Early intervention is, in part, a preventative measure to avoid later dangers that the stress of combat and returning home can cause. Sometimes veterans experience depression or turn to substances to help them cope with the stress of transitioning. This could lead to substance abuse and/or dependence. Others may feel as though they need help readjusting, but feel shame in admitting that they may have a problem or need assistance (Department of Veterans Affairs National Center for PTSD, 2006). Others may not know where to turn for guidance. Occupational therapists are in a position to have a profound impact on a returning veteran’s life and be of invaluable assistance as they make the transition from soldier to civilian.
The Current Study

Healthy veterans face many challenges and issues when transitioning from life in a combat zone to life as a civilian. Returning veterans may find assistance helpful or necessary for a successful transition. To help with adjustment, this population must address issues they feel are important to them and their families. Occupational therapists working with transitioning veterans can aid in assessing skills and interests in order for them to successfully find employment. Veterans may also benefit from assistance in budgeting and finances.

The purpose of this study was to determine what role occupational therapy can play to help and support returning veterans make their shift to civilian life as smooth and efficient as possible. Relatively little literature is available on the subject of occupational therapy and healthy veterans transitioning home. The answer to the question of occupational therapy’s potential role in veteran transition is dependent upon what the participants report as being important to them and how occupational therapy intervention fits into the solutions. Specifically, the authors of the current study wished to identify the most common issues returning veterans face and determine how occupational therapy can assist in their transition.

Methods

Participants

Participants were required to meet the following inclusion criteria: (a) be four years or less post-deployment from Iraq, Afghanistan, or supporting theatre; (b) be mentally and physically healthy per self-admission; and (c) be willing to discuss personal issues of importance regarding transitions back into family, social, and community life after deployment.

A total of 14 veterans participated in the four focus group sessions. Two veterans participated in the first focus group, three participated in the second, six participated in the third, and three participated in the fourth.
third, and there were three participants in the fourth group. Demographic information was collected on 13 of the 14 participants. One participant joined the third focus group session late and did not fill out the questionnaire. The participants ranged in age from 24 to 54 (M=33.9, SD= 9.05). All participants were male. Thirteen identified themselves as Caucasian and one identified himself as Hispanic. Five participants held a high school diploma, five held Bachelor’s degrees, and three had Master’s degrees. Nine of the men were married and the remaining four were single. When asked for employment status, eleven participants stated that they were employed, with three of those also selecting “student.” The remaining two participants identified themselves as being unemployed, with one of those selecting “volunteer,” and “student” in addition to “unemployed.” Several of the fourteen participants were combat veterans of Iraq and/or Afghanistan per self-report.

Sampling procedures

The current study was conducted at the University of Toledo. The participants were recruited through the circulation of flyers and by word-of-mouth. Participants did not receive any form of financial compensation for their participation in this study. All procedures were approved by the University of Toledo’s Institutional Review Board (IRB).

Measures

Focus groups were chosen by the researchers as the method of data collection for this study. Krueger (1994) wrote of the advantages the focus group holds over other forms of data collection. Because the focus group is a socially oriented procedure, it allows researchers to interview participants in real life situations involving others in the same social cohort as themselves. This commonly relaxes inhibitions and promotes candor in discussion. The second benefit of a focus group is that the moderator has the flexibility to probe and explore
issues that arise in the group. A third advantage is that results of a focus group have high face validity and are easily understood by the lay person. Additionally, the focus group is completed at a relatively low cost and provides fast results. Finally, this method allows researchers to increase their sample size without increasing time constraints on the researcher. This form of data collection is appropriate for this population because it affords the researchers the opportunity to have direct contact with the participants and the ability to collect a large amount of information on the topic. The focus group enables information to be gathered which is not generalizable to a large population, but rather specific information regarding a specific situation (Vaughn, Schumm, & Sinagub, 1996). Vaughn, Schumm, and Sinagub (1996, p.15) stated that one of the strengths of the focus group is that “…participants are invited to participate in a forum where their diverse opinions and perspectives are desired.” If participants feel that their experiences and opinions are valuable then they should be willing to freely express themselves.

Participants were greeted by the moderator. They were then asked to fill out a consent form and a brief questionnaire that included demographic information such as age, race, gender, marital status, and education level. Light refreshments were provided prior to the start of the focus group, which according to Krueger (1994), helps to promote conversation and communication among group participants. It was reinforced to the participants that their confidentially was protected.

Each focus group session lasted approximately two hours. As per focus group protocol (Krueger, 1994), upon completion of the session, major topics were summarized by the moderator to ensure the participants agreed on the moderators’ assessment of the topics (see
Appendix A). As these focus groups did not have the purpose of therapy, the participants were provided with a list of resources where assistance can be sought for the needs of veterans.

Immediately after the sessions, the moderator and assistant moderator took the following steps to ensure the integrity of the data as outlined by Krueger (1994). Recorders were spot checked to make certain the session was recorded properly. The moderators discussed with each other the major themes expressed in the group, any unexpected findings, and documented any impressions or initial reactions from the session. All materials were labeled and stored.

In order to enhance reliability and validity the data was coded and analyzed by the following process involving three researchers. These methods were used to establish credibility of the findings and protect against faulty outcomes. In addition, these procedures preserved the integrity of participants’ responses to ensure an accurate representation of the important issues.

1) Transcripts were prepared of the four focus group sessions based on the tape recordings and written notes of these sessions. Each researcher read through the transcripts a first time to get a general sense of the discussions. Upon reading the transcripts a second time the researchers noted major issues and topics of each group. A list of key themes were generated coupled with statements that exemplified each point. The transcripts were also compared to the original field notes.

2) The researchers met after independently reviewing the transcripts. Together they identified themes and patterns, determined categories, and developed an initial coding scheme for the major topics. As outlined by Krueger (1994), the researchers used seven suggested factors during analysis. They considered the specific words used by the participants as well as their meanings and the context. Also examined were the internal consistency of the
conversations, such as shifts of opinions and the cause of those changes. The frequency and extensiveness of comments were noted as well as the intensity of the discussion. Specificity of the participants’ responses as shown by voice volume and emotion and based on individual experience will be given special consideration. Finally, each of the researchers identified the key themes of the sessions by reanalyzing the transcripts, notes, initial findings, and quotes.

3. The researchers independently coded the data based on the initial coding scheme. In this phase of analysis, the researchers identified statements and/or passages that fit into multiple categories or those that did not fit into any category. These were discussed during the next collaborative meeting.

4. After independently analyzing the data, the researchers met for a second time. The purpose of the meeting was to compare and discuss findings. This process was done by consolidating overlapping categories and removing unused categories. A final coding scheme was then established.

5. Using the final coding scheme, each researcher again analyzed and re-coded the data.

Results

Recruitment

Veterans who participated were recruited through flyers, word of mouth or by being asked directly to participate by the author of the current study. The recruitment period spanned from the Fall of 2009 through the Spring of 2011. Focus groups took place from the Fall of 2009 to the Spring of 2011.

Data Analysis

Three of the four focus group sessions were recorded by means of a digital recorder and one by cassette recorder as well as by written transcript. It was found prior to the start of the
first group that permission to record the session had not been included in the informed consent, and therefore was not recorded. Notes of the session were taken and certain quotes of the participants’ were written down. The second group was recorded and transcribed from the recording. The third group was recorded and the recording was reviewed before being mistakenly erased. Transcription of the third group was done through notes and quotes that had been written down during the actual session. The fourth group was recorded by two separate recording devices and was transcribed through recordings and notes. In total, the first and third focus groups were transcribed by written notes and the second and fourth focus groups were transcribed by audio recording.

**Themes**

The analysis of the focus groups identified the following 18 major themes relating to the transition of veterans from deployment in Iraq, Afghanistan or supporting theatre: emotional responses; exposure to death/traumatic reactions; social impact on the family and relationships; social impact-friends and connecting with other veterans; self-discipline, including independence, accountability and structure; transitioning into civilian life, success in civilian life; concerns; role transition; finances; self-realization/how the participants changed, including carryover of habits; conflict between wanting to be home vs. wanting to be with military unit; coping; society’s reaction: need for society to understand, and respect from society; advice to professionals, “check the box” treatment; and programming suggestions. The following are quotations that exemplify the major themes. Within these quotations, information within square brackets [text] has been added for clarification, and ellipses (…) indicate where non-essential words or passages have been omitted from the original quotation. Also noted is whether a quotation was taken from written notes of the focus groups vs. audio recording. Quotations
from audio recordings will be italicized, while quotations from written notes will not be. The presentation of these themes will highlight the major issues that participating veterans have experienced when transitioning.

**Emotional responses.** The participants had varied emotional responses to returning home after deployment, which they shared with the researchers. One veteran said:

“I would push my family members away, literally, like they would come to hug me and I would push them away. But I got better, I hug now.” (Audio recording)

Another veteran returned home to a new baby and said that he was “Emotionally in a better place,” due to being a “father and a husband.” [Written notes] Another veteran’s thoughts on emotional reactions were shared in the following way:

“I’m only on this world for like a little bit longer,” because I don’t know if I’m going to have a mid-life crisis, because I had my own “come to Jesus” moment where I was like, ya know what? I’m probably not going to live, ya know, beyond this point, so, ya know, I just kinda let it go and then, I still have my own issues with that. But maybe when I’m 40 I won’t need a sports car. That’s just the nature of the beast.” (Audio recording)

**Exposure to death/traumatic reactions.** The majority of the focus group participants were combat veterans. One veteran had recently been wounded while serving in Afghanistan and others told of experiencing the loss of friends and exposure to traumatic events. One veteran wondered aloud, “One of my good friends died, what do you do?” [Written notes] Another participant described how he and fellow Marines dealt with death in combat: “If someone was killed, there is a memorial for them there. The mission is not over if someone dies. When we got back, we got together with families of those that were lost.” [Written notes]

Said one veteran of his close encounters:
“I drove Bradley Fighting Vehicles, I drove Humvees all the time, I mean we got hit a couple times, IEDs. Um, I can’t even count how many times.” (Audio recording).

One veteran shared with the group that after his last deployment, “…it took four to five months to reintegrate back into family life.” He felt that this had been the most difficult deployment and transition due to the “proximity” of traumatic incidents. He shared that he had witnessed “poly-trauma” and that it was nearing the two year anniversary of a friend’s death in Afghanistan [Written notes].

Social impact on the family and relationships. The participants had varying experiences when transitioning back into family life. A participant who was the father of young children said that he had two children and that his “wife did a good job of keeping my memory,” while he was away so that his children remembered him [Written notes]. One veteran simply stated, “I can’t talk to my family the way I talk to my bros.” [Written notes] Another participant described his transition as, “Getting back into family life…being a dad again,” and “rejoining my position in the family.” [Written notes] Some of the veterans who were married and had children discussed the difficulty that they experienced, as well as the difficulty their families experienced during transition from deployment. One participant reflected on this situation: “There is a high of coming home, a euphoria that only lasts a short time, then you have to reintegrate back into the family…Communication with my wife has changed over the last deployment. [I] have to ‘turn the computer off’ … [Wife] said, ‘You are home.’ ”[Written notes]

Social impact-friends and connecting with other veterans. Many of the veterans who participated in the focus group interviews discussed the impact returning home from deployment had on their social lives, including old friends and the opportunity to connect with other veterans. One veteran described connecting with his old friends in this way:
“Ya know, I had to avoid certain people, because then... I just didn’t want to associate with them, but I still wanted to, still wanted that old connection, but I knew it was gone, I couldn’t relate to them anymore. But I still wanted it... Troublemakers.” (Audio recording)

When discussing reconnecting with old friends, one veteran stated, “You get out and you never make the same friends.” [Written notes] The majority of participants shared the importance of being around other veterans. Said one veteran:

“It was up until the third, my third, or second year here that I was like, ‘Well, I’m going to connect with some of these guys.’ Because we went through the same stuff, but I kept away from it for a while.” (Audio recording).

Another veteran stated, “I think it’s helpful to stay connected with all of our old brothers.” [Written notes] Finally, another veteran stated that there is the “need to be around others who have the same experiences and other veterans are the only ones with that shared experience.” [Written notes]

**Self-discipline, including independence, accountability and structure.** Veterans discussed how they went from the structure of military life to relying on their own self-discipline after deployment to responsibly accomplish tasks, including the appropriate use of time management. A veteran who was also a student shared, “Out here [referring to the civilian world], I have to push myself harder. If I don’t go to class, no one is going to yell at me.” [Written notes] Another veteran offered this reflection on the lack of military structure:

“Yeah, there’s no more order and its now, you have the choice to do whatever you want in life and some guys don’t know how to make that choice.” (Audio recording)
Some participants shared how their military discipline carried over into classroom behavior when they returned from deployment, as one student veteran explained:

“I showed up to class, and I shaved every day... I shaved every day, I showed up 20 minutes early, I had like 3 different pens and 3 different pencils.” (Audio recording)

**Transitioning into civilian life (including work/school).** Participants shared a variety of experiences and reactions to their transitions following deployment. A student veteran and former Marine shared his struggle with his current employment: “What am I going to do? Call myself a civilian? [I] didn’t look for a job. [I had] gone from being a well-respected Marine to going to a grocery store – the customers – they think you are stupid.” [Written notes]

When asked about how the military helps its personnel transition back into civilian life, one veteran simply stated, “[The military’s] transitioning services don’t prepare you.” [Written notes]

Another veteran described the situation this way:

“Yes, I was pretty anxious to get out. It seems like, well, the rest of the chain of command, those people who are staying, they have no idea of what it is like to get out, so nobody can assist you getting out, other than yourself, so it’s kind of like, going through it blind, ya know? And the other people really don’t care to help you...I just had the blinders on and I was just running for the door.” (Audio recording)

On the topic of transitioning into the academic environment, a student veteran shared one aspect he found difficult:

“I had trouble with, for example, my first year. I would always be like ten minutes early to class, and wouldn’t miss class, always showed up on time. I was always surprised by students who just wouldn’t show up, or were late, or being on cell phones, just being disrespectful to the professors. That kinda shocked me.” (Audio recording)
This same participant had the following short interaction with another student veteran in the group on the subject of being around other students after deployment:

“You want to yell at them, at least I want to yell at them [referring to other students].”

(Audio recording)

“You can’t yell at them. You want to call them ‘shit-bags.’ That’s what they are [referring to other students].” (Audio recording)

Additionally, following the topic of transitioning into college, a participant who was also an instructor gave this opinion on transitioning students veterans: “They [student veterans] need to be re-educated about how to study. In the military, the answers that they need are stamped into them and in college, they actually have to search for answers.” [Written notes]

Another veteran who was also an instructor and was considering pursuing a graduate degree commented: “…[I] had problems focusing. In Iraq [I] had instant results and changes. If I can’t knock off a task in ten minutes, it is difficult. Anything over five pages is difficult. [I] can’t focus the way I used to.” [Written notes]

While discussing the subject of transitioning back into civilian life, the topic of anger arose. Several participants described being quicker to anger and one participant stated, “Family was a double edged sword for me… [I] became angry easily with the four boys, [I] had a quicker temper for about six months.” [Written notes] The same participant also said that upon returning from his deployment he wanted to “snap my fingers and shout orders to [my] family, but couldn’t…” [Written notes]

Lastly, a veteran brought up the topic of transitioning for those not in the active duty military: “[The] special issues for National Guard and Reserves, and we are using them a lot more now than in the past, is not having a team around them when they return. [I] did a
deployment with New York State Guard and had no one around [no support of others deployed with] when [I] came home.” [Written notes]

Success in civilian life. A prominent theme during the focus groups was that of the veterans succeeding in civilian life. One veteran simply stated, “I want to succeed at what I do.” [Written notes] The participants had a varied approach to success and for several of them, success meant going to college. One veteran shared his thoughts:

“When I got home I wanted to make more than I did before. So I was like, “What’s the best way?” Well, first, you gotta go to college. And then we’ll figure it out along the way.” (Audio recording)

Another participant expressed:

“...I am always thinking, “How can I get to be the most successful?” the fastest route, because that’s obviously my goal, being driven...being successful, now that we have to do this life, I mean that’s like, very important.” (Audio recording)

Some articulated the high expectations they perceived others to have of them due to their military service:

”I guess to answer your question, I didn’t really answer it, uh, but yeah, you do, since you serve in the military, you come back and more people expect more success out of you, that’s how I feel, people look at you and go ‘Oh, you were in the military.’” (Audio recording)

This veteran went on to say,

“...They [people] kind of set higher goals for you, like you’re going to become something more than maybe somebody else because you have military service.” (Audio recording)
Another veteran conveyed a similar thought but added how the sudden lack of military structure can impede the drive for success:

“I think a lot of us, I mean when we came out, like, people want to do a good job when they come out, they want to be productive members of society, I think. When someone was telling you how to tie your shoes and where to go, it would be nice if somebody came to you and said, ‘Jump on board.’” (Audio recording)

As a final point, one student veteran shared these thoughts: “I don’t like what I do now. But I stand for something. I do my job the best I can. This time around I am really focused. I really, really want to succeed in school. That is what the drive is.” [Written notes]

**Concerns.** The concerns that most veterans shared related to the theme of being successful in civilian life. A student veteran stated that his main concern was “Doing well in college,” because he had “…Never been in school full time and work full time.” [Written notes] Another student veteran who was in graduate school expressed this concern with the job market:

“I’ve been trying to figure out my path as far as what job I’m going to do, um, and so that’s been a little bit of a challenge, as far as feeling like, it seems like I was back peddling because I had worked my way up the chain when I was in [the Marines] and I kind of thought ‘Oh, well I have a lot of marketable skills and experience,’ but not really finding the entry points that I kind of had in my mind, and with the job market, uh, that I think that’s been the only little strife, I guess, but it hasn’t had a major impact on me, I guess I’m just going with the punches and figuring I’m a pretty resourceful and smart person, it will work out.” (Audio recording)

**Role transition.** Part of transitioning into civilian life after deployment often involves a change in roles. This refers to roles in the family as well as roles in society. A veteran who was
also a father shared this regarding his role at home, “[My] son felt he was the man of the house and it was his job to take care of mom.” [Written notes] Another father expressed his sentiments on rejoining his family, saying he returned to the “duty” of being a father, which is a “different mentality.” He went on to say, “I used to do the bills, but coming back, she [wife] was doing everything.” [Written notes] One veteran shared his concern regarding role transitioning:

“...being deployed is a lot more fun than being stateside. Anyone in the military can say that. Anyone who just lives on a base in America will tell you that deployment is way more fun. It’s fun, for one thing, and you get to do your job. But um, so for me, I don’t want to get out of the military. I enjoy just being in the Reserves. I’ve actually thought about, ya know, I share your [to another participant], kinda feeling like I am back peddling as well. My civilian job when I came back was waiting for me, they were great, but uh, you missed a year and a half of your life, a year and a half of the experience, so the people that you know, the people that you started with are now, now you’re reporting to them as if they are in charge, which they are, they have been there for three years and you’ve only been there a year and a half. So anyway, I know what you’re talking about, exactly [to another participant].” (Audio recording)

One of the veterans in a focus group of three student veterans commented on the involvement of each member of the group in campus organizations:

“I would say that all 3 of us were leaders in the military, and others weren’t. I remember I couldn’t even get my guys that I was in charge of to shave every day, or to show up on time. And so, I was there to yell at them or tell them what to do. We kinda took that role again when we got into our own civilian life. But, I could see a lot of those guys getting out and, ya know, I’m not there to tell them what....” (Audio recording)
Finances. Veterans discussed financial habits while in the military as well as how those habits differ from what is feasible in the civilian world. A student veteran reflected on his spending habits:

“I think the other issue is, I would give anything to go back in those four years, because I didn’t have any bills those four years and I just blew all my money. The Army didn’t really have anything set up to where, ya know, ‘If you save this much per month...’”

(Audio recording)

Another veteran in the group agreed, saying:

“So then you come back, and the same old story, ‘If I could have gone back,’ is what everyone says... ‘I would have saved a lot more money.’” (Audio recording)

One student veteran differed in his experience:

“I think I am more frugal than most. I think I have the first dollar I ever made. I have saved almost everything I ever made for 12 years [of military service].” (Audio recording)

A veteran who was also an instructor gave the following perspective on younger veterans:

“Budgeting is a problem- they [young soldiers] don’t know how. Many have more money than they have ever had in their lives. They may spend the extra money on things that they really want instead of catching up on bills, making payments. A wife may be spending the money while the husband is deployed and he may not realize it.” [Written notes]

Self-realization/how the participants changed including carryover of habits.

Participants had varied ways of expressing the ways in which they had changed and after returning from their deployments. Some realized how they had matured compared to others who have not been in the military, while some found they had brought many combat-related habits
home with them. One veteran reflected on his involvement in the Student Veterans of America group on the University of Toledo’s campus:

“Yeah, I never thought I would do anything like this, especially be a leader in any organization, let alone a veteran’s organization.” (Audio recording)

A veteran who was recovering from a wound he received in Afghanistan expressed the following regarding his own self-realization:

“...People I know were coming back with missing limbs or that were still at Walter Reed and their lives are completely forever changed. So for me to take a step back and realize that no matter how bad I feel, ya know, I’m a Christian, so I pray and ask for patience, and to not let this kinda take over my life, but also just to realize that it could be a lot worse.” (Audio recording)

Another veteran realized how his awareness of the world around him had changed:

“I am a cautious person and I always look at things everywhere I go, like I notice that when I do drive, I’m looking at things a lot differently, but it’s never been aggressive, it’s just more being aware.” (Audio recording)

Other participants shared similar sentiments:

“I remember we’d all go to the movies...and the first person that gets to the door, open the door, and everyone goes through the door, then the next person that got to the door, open the door, and it’s just like, it’s almost like you’re clearing the movie theater, ya know, in your little squad formation (group laughing). And then you’d spread out, and it was like this whole maneuver, but it was just like this subconscious maneuver, and then like you get into college and you see people acting very much for themselves, and they’re not paying attention to nearly anybody.” (Audio recording)
Further discussion amongst group members elicited the following description of this veteran’s awareness:

“And I walk into the room, I know there’s two entrances and I know how many people are in the room, and I’m aware of who’s the biggest guy just in case... When I go to the bar, I look around, I notice things. I know other people don’t notice those things. When I walk in, I notice who is where, who is doing what, like no one is standing behind me... That’s what I do, I walk into the room and I know that. I know that there’s like, a couple people that went to the bathroom, or aren’t in this room right now.” (Audio recording)

Several veterans commented on their continued practice of combat driving patterns. One veteran stated that he was “Getting over old combat driving situation habits,” like “avoiding trash in the road.” [Written notes] Another participant in the same group added that he still had “driving habits,” and often became angry when driving, as he felt “people are on the wrong side of the road.” [Written notes] This same gentleman stated that it “Scares my wife to drive with me,” [written notes] due to the carryover of combat driving habits.

**Conflict between wanting to be home vs. wanting to be with military unit.** Over half of the participants communicated to researchers an inner struggle of wanting to be home, yet wanting to be back in the military. Many expressed a sense of missing the “camaraderie” shared by those serving together. One veteran expressed his feelings this way, “There you miss your family, here, you miss your buddies. I wanted to be a Marine. You miss your family, but you’re with your other family. [You] gotta take care of them. [Watch out for] boots-guys who have never been deployed.” [Written notes]

A student veteran conveyed his mixed feelings regarding this conflict:
“...I’m still not sure that this lifestyle, being a civilian, is the right thing for me, but I am committed to making it work. Like, there is a part of me that’s always stuck, ya know, in the Army, but ya know, being a civilian is nice, it’s just... I thought I was doing 20. I signed up and I thought; ‘I’m a lifer, this is what I do.’ And then, I got there and was like, ya know what? I don’t want anything to do with this anymore.” (Audio recording)

Two participants had the following exchange concerning being deployed:

“I think I liked being deployed more than I liked being in America...I liked being over there...Iraq was pretty interesting and my job in Iraq was pretty interesting.”

“...Being deployed is a lot more fun than being stateside...Its fun for one thing, and you get to do your job...I don’t want to get out of the military.” (Audio recording)

Coping. Participants were asked what coping mechanisms they have used to deal with issues of transition following deployment. Several of younger veterans, those in their twenties, stated that alcohol was one of their main coping devices. One veteran stated that within two weeks post deployment he was drinking every night, but said, “[Was I] drinking every night because [I] am glad to be home, or have a problem?” [Written notes] Another veteran had this thought, “A lot of people binge drink too because of some of the stuff that they see over there too.” A young veteran who was also a combat veteran stated:

“I find alcohol very comforting, I’m not gonna lie. It’s a little safety blanket for me, I like it. It’s something you can do absent mindedly, ya know, hopefully responsibly, I don’t think I had to get my stomach pumped... and my wife stabilizes me a lot, ya know, that does help...”(Audio recording)

Family was also described as a tool for coping by several participants, but sometimes only to a limited extent. One veteran stated, “My hobby was my family.” [Written notes]
Another veteran in that group shared that he had to “build tolerance” for being around his family and that he often took his dog for a walk.

Veterans discussed how they handled questions from others regarding their time in a combat zone. A veteran who was a father of four sons said that he will “skirt those questions.” He went on to share an example of a time when he spoke to his son’s class and was asked about guns and if he had ever killed anyone. He stated that it is “natural for kids to ask, especially young boys.” When discussing this topic he further stated that his oldest son knew better than to ask, yet, “I am torn, sometimes I wish they would ask.”

Several participants had common thoughts about connecting with other veterans as a coping mechanism. On this subject, one man said: “…We can sit and discuss [experiences] over a cup of coffee. I have told them [other active duty soldiers] things that I have not told my wife.” Another group member shared that exercise and faith helped him. He also recollected what it was like “When your wife wakes you up at night because you had ‘that nightmare again.’ You don’t tell your family.”

Society’s reaction: need for society to understand, and respect from society. Many of the participants discussed feedback they have received from society regarding their military and deployment experience, including people’s perceptions of what was occurring in Iraq and Afghanistan. One veteran of two deployments to Iraq shared what he felt was a common misconception amongst the American people: “The media focuses on the deaths, not the elections or civil rights. These Iraqis and Afghans just want to live. They want clean water, not corruption. The people are exploited, want to have normal lives.”
“Ya know, you tell them you’ve been to Iraq and they immediately assume you’re putting heads on spikes out in front of your gate or something.” (Audio recording)

A student veteran explained his response to his roommates’ thoughts on his military service:

“I live with five other guys and they, in a weird way, they think the world of me because I, I served two years in Iraq, but they don’t, I don’t think they understand why. They don’t get that point.” (Audio recording)

One veteran felt that lack of understanding regarding the military was due to a cultural divide:

“I think a lot of it too is that cultural difference between the military and the civilian population, there is a cultural difference, ya know, and understanding that is probably half of it, because it’s a big gap.” (Audio recording)

A veteran who had been deployed to Iraq twice had the following suggestion to improve society’s understanding of what deployment is like: “More people should come to deployment zones – experience some of the stress. Understand the soldiers’ experiences by coming to deployment zones.” [Written notes]

When discussing society’s reaction and understanding of what the participants did while in the military and on deployment, the topic of respect from society and dealing with accolades arose. One veteran expressed the difficulty he experienced accepting gratitude for his service:

“...I got back, and even while I was in, if anyone was like ‘Thank you, thank you so much,’ I was like ‘Stop it, stop it right now.’ I didn’t want a pat on the back or a congratulations, or a ‘We thank you for what you did,’ I didn’t want any of that because I didn’t feel like I did anything special. And then once that gets away, it kinda just, it takes time before you realize, ‘Well, you’re welcome...’” (Audio recording)

Another veteran in the same group shared the sentiment by saying:
"Sometimes you don’t know how to acknowledge all the thank you’s. I feel like I did a lot over there, but I didn’t feel like I needed all the… it was nice to hear that, but at the same time, you just don’t know how to respond to all the thank you ‘s and all that, it’s just like, I did what I had to do." (Audio recording)

Advice to professionals. Participants were asked what advice they would give to professionals working with transitioning veterans. The participants gave a variety of answers, with one veteran simply stating, “Listen, don’t lecture.” [Written notes] Another veteran just suggested “more empathy,” and another said “have patience,” as he felt that many doctors and other people working with veterans had become “calloused.” On the subject of seeking help or treatment, one veteran said: “Soldiers have had a lot of power, they don’t want help, they are turned off immediately at the idea of therapy or other help. ‘I don’t need help.’” [Written notes] Another veteran commented:

“…maybe somebody might need some type of help, but that person’s not going to get the help because they, I don’t know, I the way I am is that, like, I don’t need anything from anyone, so I’m not gonna ask for it. But I might need anger management, ya know…”

(Audio recording)

Finally, a veteran who had been going to physical therapy as part of the Army’s Warrior Transition Unit, offered this comment:

“So, that would be my advice, if you’re going to talk to somebody, I mean this in the best possible way, you have a degree, you got a degree in whatever it is, occupational therapy, use it! Don’t put a piece of paper in front of somebody and then sit silent and stare at them, that used to make me mad, it’s like, let’s talk, let’s get to know each other.”

(Audio recording)
“Check the box” treatment. When discussing any kind of treatment or programming the participants had experienced, several veterans spoke of “checking a box” and how this treatment is not individualized and largely unhelpful. Said one veteran of Army separation classes:

“We sat in a room and they told you some things and you took away from it what you wanted, but, still, they were putting you out the door. It was just kind of like, it seemed more like a check the block kind of thing.” (Audio recording)

Another veteran added his thoughts on the same classes:

“We had all these classes we had to go to, about becoming a civilian. Some of them were useful, just because you got general facts about what other people have gone through in the past. We went over some, ‘you might feel this way and you might react this way...’ But a lot of times it was like, you have to go and check the box. It is whatever you got out of it.” (Audio recording)

Regarding the “one size fits all” treatment, one participant shared his frustration:

“I’ve said this to people who have had the checklist in front of them or have given me a checklist, my advice to them was to read the checklist, and ask yourself, why do we need to know all this information about this particular person? I think the one size fits all briefs well because its...it saves time and it saves money because you don’t have to sit there and evaluate each person...” (Audio recording)

**Programming suggestions.** The majority of veterans participating in the focus group interviews offered recommendations for future programming based on their own experiences transitioning after deployment. A student veteran who returned from deployment to a new baby stated that he would have liked training to “prepare you to be a dad or a husband...I would have
taken parenting classes [and] new marriage classes.” [Written notes] Several veterans spoke on what conditions they would return to a service or program for assistance and resources:

“But, if you could go someplace and be like “Well, here’s a job,” ya know, like get started, you’d be more inclined to come back to that person and come back if you ever had a problem.” (Audio recording)

A veteran in the same group commented:

“Yeah, there’d have to be some successful, some measure of success to it, like if somebody goes there and then they get something.” (Audio recording)

One participant discussed the need for veterans to be able to reach out to one another by saying:

“…you see more people opening up and willing to talk about things when they’re talking to somebody who has experienced the same thing.” He further suggested a program that allows veterans to get together in groups:

“I really believe that, individual cases, in other words, you got somebody and you’re like ‘We’re having a group of you guys meet on this day if you want to talk about it.’” (Audio recording)

Discussion

The following is a discussion of the major findings of the current research as well as implications for occupational therapy, limitations of the study and areas for future research. While the fourteen participants of the current study varied in age, education levels, employment and marriage status, as well as personal experiences during and after deployment(s), their views on issues of transitioning were fundamentally similar. Litz and Orsillo (2006) discussed some of the social, psychological, and psychiatric stressors veterans may face after returning from a war zone. As stated by Litz and Orsillo (2006), several veterans in the current study expressed
the anger they experienced toward others and toward their families after deployment. Those who shared having such feelings stated that the anger and frustration had dissipated for the most part but one veteran shared that it was still somewhat ongoing.

Litz and Orsillo (2006) stated that children of returning veterans often have trouble during the transition phase; however, participants of the current study who were parents did not report any adjustment issues by their children. In fact, two veterans stated that their children were extremely happy to have their fathers home. Researchers of the current study are not able to confirm or deny this, as these statements regarding the children’s experience of transition were reported by the participants and not by the children or family members.

For veterans who have families, a significant area of transitional difficulty lies within family expectations and change of roles. Family members and veterans themselves often anticipate that family dynamics will be the same post deployment as pre-deployment, as reported in the Iraq Clinician Guide (Litz & Orsillo, 2006). Participants in the current study did relate how aspects of the family structure changed both while they were deployed and after they returned home. One veteran felt that his wife had a more difficult transition than he experienced. These role transitions within the family can cause disagreements and strife, particularly when families have not had prior experience in transitioning or are not aware of the challenges associated with the transitional phase of post deployment.

Stern (2008) studied effects of the carryover of combat driving habits and found an increase in dangerous driving patterns among veterans who had driven vehicles in Iraq and/or Afghanistan. The current study found congruence with Stern (2008), as several participants admitted to reckless driving patterns as well as a continuance of heightened awareness on the road, often subconsciously.
Alvarez (2008) and Litz and Orsillo (2006) discussed the challenge of finding meaningful employment for many veterans after deployment. Often, military occupational specialties (MOS) are not transferable into the civilian world. For example, a machine gunner or a tank driver will not be able to transfer those skills into the civilian work force even though he may have mastered them in the military. What a veteran in that situation can transfer is his leadership ability, which employers find valuable. Often times however, the jobs available to returning veterans are not what the veteran would identify as “meaningful,” particularly in times of economic downturn. In addition, employers sometimes have concerns about future deployments and psychological issues. Several participants in the current study discussed their employment situation as a challenge, which correlates with what the previously named authors conveyed.

The student veterans who participated in the focus groups overwhelmingly expressed their desire to succeed in the academic environment. Heller (2006) discussed the challenges many veterans face when transitioning into college life as well as their drive to be successful. Participants expressed a high level of motivation regarding success in school but also shared frustration with civilian students and the classroom atmosphere. This frustration comes in part due to the difference in culture between military and civilian life. The participants who were students in the current study have been able to overcome this cultural gap, however; not all veterans are able to assimilate, resulting in the veteran leaving college.

The Veterans Administration (VA) National Center for PTSD (2006) stated that when returning veterans are suffering from psychological or psychosocial issues, turning to substance use is one method of coping. Substance use can lead to abuse and/or dependence, particularly when the underlying problems leading to substance use are not addressed. Within the current
study, several veterans brought up the topic of frequent alcohol consumption, but none reported misuse. It remains questionable whether participants would be aware of or acknowledge overuse of a substance. The question also remains whether the said participants are drinking alcohol because they have a problem or because they are enjoying themselves in a social atmosphere.

In addition to substance use, the VA National Center for PTSD (2006) also stated that veterans in need of assistance may not seek the help they need for fear of shame. This sentiment was supported by some of the participants of the current study who stated that they would not be likely to pursue support services. As revealed by participants, veterans often find comfort and support in the company of others with whom they can relate to and share experiences. This is often the extent of their support services. Most veterans have a “suck it up and drive on” attitude and will not seek help unless they, or their family members, have reached the point that the current issues and/or behaviors cannot viably continue.

**Implications for Occupational Therapy**

As described previously, little literature and very few studies exist regarding the role occupational therapists play in veterans’ reintegration process. Occupational therapy’s role with veterans in transitional phases after deployment is largely an open field. The authors of the current study predicted that veterans would benefit from programming in areas of importance to them and their families such as assistance in matching appropriate employment options and budgeting and finance classes. Occupational therapy is an appropriate discipline to work with this population because of the holistic view of the client. Occupational therapists focus on facilitating meaningful and purposeful function in all areas of life and place emphasis on empowerment of the client. These aspects of the profession are suitable to the veteran
population, who, by participants’ report, are generally prideful and would prefer to solve their problems independently when possible. Additionally, the services offered by occupational therapists can be advertised as something other than “therapy,” which may make veterans more likely to pursue assistance.

One area that the authors of the current study found that veterans would not find beneficial is finance training. While several participants stated that in theory this kind of service would be useful, they also admitted that they would not attend any such classes. Based on participant’s discussions and responses to questions, there were other areas of importance that occupational therapy can be of value to transitioning veterans and/or their families. Through examination of prior literature regarding veterans’ transition into family, work, school, and society, as well as through identification of common themes in the current study, it has been concluded that occupational therapy would be most beneficial in the following ways.

Through high visibility and advertisement in the community, occupational therapists can promote their services to returning veterans and family members on and around military bases. It would be ideal for the military and/or the Veterans Administration to hire greater numbers of occupational therapists to provide services to veterans and their families in these communities. Occupational therapy services would focus on common issues of transitioning for the individual veteran and for the family.

Individually, services on or around military bases would address physical and mental health needs of the veteran. If a veteran had a physical wound or impairment, assistive devices could be recommended and provided in addition to education regarding energy conservation techniques and compensatory strategies. Occupational therapy could work with a veteran suffering from psychological issues such as anxiety, anger, depression, and trouble sleeping
through teaching the veteran how to identify and overcome triggers, use relaxation and visualization techniques, and advise on sleep hygiene. The therapist can also be a go-to point for other community resources.

For a veteran’s family, the occupational therapist can provide education regarding what to expect during transition after deployment. Families can receive advice concerning how to interact in positive and productive ways that respect each member’s role in the family. Being knowledgeable about each person’s experience and perspective during transition can help family members work through difficult situations and enhance the empathy they have for one another. In addition, occupational therapists can offer classes or seminars on parenting and marriage. Families can also be provided with resources in community such as social supports, child care, and family counseling.

The opportunity exists for occupational therapy to have a positive impact on the success of student veterans in the academic environment. While veterans exhibit high motivation and a drive to succeed in college, they may also face barriers to that success. An occupational therapist working with student veterans can address issues relating to physical dysfunction or limitation, life skills training, symptoms of PTSD or other anxiety disorders, and academic challenges associated with traumatic brain injury (TBI).

Occupational therapy, if utilized by local government agencies such as a county’s veterans services office or vocational rehabilitation centers, can provide support and services to veterans in the community. Occupational therapists can work with veterans in the areas of life skills development, including: resume writing; job searching; interview skills; use of public transportation; budgeting; banking; bill payment; and obtaining appropriate housing.
In addition to life skills and vocational skills, occupational therapists are skilled in addressing psychological and psychosocial needs of veterans. Participants of the current study shared their experiences of exposure to traumatic events as well as their carryover of habits, referring to the continuation of behaviors that kept the men alert and alive during deployment to a war zone. While some long-lasting habits are beneficial, such as being aware of one’s surroundings, other behaviors can be damaging, for instance, continued combat driving practices. An occupational therapist in the community setting is capable of working with a veteran who is experiencing difficulty readjusting in any of the above mentioned areas.

**Limitations of the current study.** The current study was successful in bringing four groups of veterans together to discuss their experiences transitioning from Iraq, Afghanistan, and supporting theatres. The researchers of the current study were able to gain an understanding of what the experience of the participants had been, as well as how occupational therapy may assist future veterans in the area of transition. Despite the rich content shared with the researchers, there were several limitations to the study.

A relatively small sample size, due in part to difficulty recruiting, cautions against generalizing the participants’ experiences to all veterans transitioning from deployment. As the participants were all male, their experiences certainly cannot be generalized to the female veteran population, which has its own unique experiences and post-deployment needs. In addition, all participants were students, employed students or active military personnel at the time they attended the focus groups, thus there were no perspectives from veterans who were struggling with the decision of what to do now that they were home.

Finally, the loss of audio-recorded data set a limitation on the current study. The first focus group with two participants and the third focus group with six participants were not
transcribed from audio recordings, but rather from written notes. The second focus group with three participants was transcribed from audio recording before the data was lost so a third researcher was not able to review that session apart from written notes.

**Future research.** Additional recruitment methods in future research may yield a greater number of participants. Expanding the criteria to include any veteran who was deployed during any period of time throughout OEF/OIF may also result in more participants. An area of research that remained unexplored in the current study is how occupational therapy can assist female veterans who are in transition from deployment. It is possible that due to the different experience of women in the military, investigation may find a larger role for occupational therapy in women’s services. Lastly, it would be worthwhile for occupational therapy to research the potential need of service for military families either during or after deployment of a spouse.

**Conclusion**

Veterans may face many challenges of different natures when returning from the wars in Iraq, Afghanistan, or supporting theatres. In order to resume their proper roles in family, work, school, and society, they must successfully transition back into an environment that sometimes can feel unfamiliar after a long deployment. Based on the discussion patterns and themes that emerged during the current study, it can be concluded that occupational therapy does indeed have a role to play in assisting veterans during periods of transition. The holistic view of the client, wide scope of practice, as well as the range of skills, knowledge and tools makes occupational therapy appropriate to address issues faced by transitioning veterans. By assessing individual experiences and circumstances, the right programming can be effectively created to support each veteran in his/her transition home.
References


Stern, E. (2008). *Shifting Gears; Combat Driving Carried Over*. Presented at Occupational Therapy Doctorate Pi Theta Annual Lecture at the University of Toledo.


Appendix A

Focus Group Protocol

What is Occupational Therapy’s Role in the Transition of Returning Veterans from the Wars in Iraq and Afghanistan?

Introduction Outline

- Upon arrival the participants will be greeted, checked in and asked to complete an informed consent agreement. The participant will also be given a name tag with first name only.
- The participants will fill out a demographic questionnaire after consent is established.
- The participants will be invited to have a snack and talk amongst each other after the forms have been collected.
- Participants will be asked to find a seat once all members of the group have arrived.
- The following pattern, as recommended by Krueger (1994), will be used for introducing the group discussion:
  - Welcome
  - Overview of the topic
  - Ground rules
  - First questions

- **Introduction Script** (Krueger 1994)
  - Good Evening and welcome to our session. Thank you for taking the time to join our discussion of transition following deployment. My name is Catherine Contreras and I am an occupational therapy student at The University of Toledo Health Science Campus. Assisting me is Dr. Barbara Kopp Miller, a professor in
our program. I am only here to guide the discussion; Dr. Kopp Miller will be taking some notes and seeking clarification of your responses when needed.

- We want to find out more about the topic of transition in order to help OTs address the subject. We have invited people who are two years post-deployment or less to share their perceptions and insights. We are particularly interested in your views because they will help determine whether occupational therapy has a role in assisting returning soldiers transition into civilian life.

- You were selected because we believe you possess valuable insight into the lived experience of transitioning after deployment from a war zone. There are no right or wrong answers, but rather only different points of view. Please feel free to share your opinions and ideas even if it differs from what others have said. The results will be used in fulfillment of my scholarly research project requirement for the completion of my doctorate degree in occupational therapy.

- Before we begin, let me share some ground rules with you. This is strictly research. We are not offering counseling or therapy. We have a list of resources on the table that you are welcome to take for the purpose of obtaining information or assistance. Please speak up and please allow one person to speak at a time. We are tape recording this session so that we do not miss any of your comments. If several people are talking at once, it may be difficult to understand the comments when we go back and listen to the tape. We will be on a first name basis tonight, however in our reports; no names will be attached to the comments. We want to again reassure you that every effort will be made to preserve your confidentiality. We understand that you are sharing information with us as well as with the individuals present; so we ask that you also respect the privacy of your peers.
You do not have to agree with others, but please listen respectfully as others share their viewpoints. Please keep in mind that we are just as interested in negative comments as the positive ones. In fact, sometimes the negative comments are most helpful in making changes in the future. Finally, we ask that you please turn off your cell phones. If you cannot, or you must answer a call, please do so quietly and rejoin us as quickly as possible.

- Our session will last about two hours. Let’s begin. We would like to start by going around the room and asking each of you to tell us your first name, and when and where you served.

- Potential Probes (Krueger, 1994)
  - Does anyone see it differently?
  - Are there any other points of view?
  - Would you explain that idea further?
  - Would you give an example of what you mean?
  - Would you say a little more about that?
  - Is there anything else?
  - Please describe what you mean.
  - I do not understand, would you please clarify?

**Purpose**

- The purposes of this study are to 1) Identify the most common issues facing returning soldiers from the wars in Iraq and Afghanistan and 2) determine what role occupational therapy can play in assisting returning soldiers in the transition to civilian life.
General Questions for the Focus Group with Returning Soldiers

1. We would like to start by going around the room and asking each of you to tell us your first name, and when and where you served.

2. How did you react emotionally and physically to your return? If we were to look at a timeline, can you explain your immediate reactions at your return and compare them to your current reactions?

3. How have people in your family reacted to your return? Do you feel that the expectations are the same now that you have returned as they were while you were still deployed?

4. What are the main concerns you have faced since you have returned? What is your single, most troubling concern?

5. How has your social life been impacted since returning?

6. What concerns do you have about finances? What concerns do you have about finding or returning to an old job?

7. What sorts of coping strategies have been helpful to you in dealing transitioning back into civilian life? What types of problems or concerns have made it harder for you to deal with the transition?

8. What advice would you give to professionals working with transitioning veterans?

Closing

1. Give summary of session, ask, “Is this an adequate summary?”

2. Give overview of session, ask, “Have we missed anything?”