

Occupational Therapy for Servicemember and Veteran Recovery, Resilience, and Reintegration: Opportunities for Societal Contribution and Professional Transformation

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Approximately 2.6 million members of the all-volunteer Armed Forces have served in the wars in Afghanistan and Iraq since 2001, and almost half have been deployed more than once (Carino, 2013). Many return home with traumatic brain injury, stress disorders, amputations, burns, and musculoskeletal injuries and attendant occupational dysfunction. Although many servicemembers easily adjust to life after deployment, others with and without injuries struggle to resume family life, work, and community engagement (i.e., occupations of daily life; Institute of Medicine [IOM], 2010); the concurrent disruption and strain are multiplied manyfold when one considers the implications for spouses and children, including health effects, family violence, and economic burden (IOM, 2013). These facts present fundamental questions: What can we do as a profession to honor the service and sacrifice of our fellow citizens? What are the societal responsibilities of our profession?

We propose that two parallel strategies have the transformative potential of post-World War I reconstruction aides (Gutman, 1995; Low, 1992) in terms of improving client outcomes and shaping the profession itself: (1) the use of traditional and novel methods of therapeutic occupation to address occupational dysfunction among servicemembers and veterans and (2) the rigorous study of its impact on recovery,

resilience, and reintegration. The articles included in this special issue of the *American Journal of Occupational Therapy* suggest that we are making inroads toward the first objective. Hwang, Peyton, Kim, Nakama-Sato, and Noble (2014) describe postdeployment driving stress, and Classen, Monahan, Canonizado, and Winter (2014) offer preliminary evidence regarding results of an intervention for driving-related errors. Rogers, Mallinson, and Peppers (2014) showcase the feasibility of a high-intensity sports intervention and its potential impact on symptoms of posttraumatic stress disorder (PTSD) and transition to civilian life. Tomar and Stoffel (2014) elucidate the experience of veterans who assume student roles. Speicher, Walter, and Chard (2014) describe occupational performance outcomes of a residential treatment program for PTSD and traumatic brain injury, and Smith et al. (2014) provide a preliminary report on the development of a multitasking assessment to inform readiness for duty after concussion. Finally, Cogan (2014) articulates the needs of military families and an expanded role for occupational therapy in mental health care.

Much work remains to be done in establishing the impact of occupational therapy on recovery, resilience, and reintegration related to war injuries and the transition to civilian life. In general, even though many servicemembers and veterans

have sustained injuries that require occupational therapy assessment and intervention (Radomski, Davidson, Voydetich, & Erickson, 2009) and have experienced stresses that interfere with occupational performance (Bagalman, 2013; Plach & Sells, 2013), in many of these areas, little research exists to inform practice (Radomski et al., 2009). For example, Radomski, Finkelstein, Llanos, Scheiman, and Wagener (2014) propose a “better” vision screen for servicemembers with traumatic brain injury, but they emphasize the need for a validated vision screen for adults to ensure that those with vision problems are referred for treatment.

No controlled trials of occupational therapy interventions were submitted for consideration in this special issue, which further exemplifies the need for studies that evaluate the effectiveness of the services we provide. Occupational therapy is not alone in this predicament: Many professions provide programs to respond to the needs of military personnel, veterans, and their families with little evidence regarding their effectiveness (IOM, 2013).

The topics presented in this special issue underscore the critical needs of servicemembers and veterans, which can be expected to peak in the next several decades (IOM, 2013), as well as the potential benefits from occupational therapy assessment, intervention, and research. This information is relevant to all occupational therapy practitioners, not just those working in military or U.S. Department of Veterans Affairs settings, because most clinicians have or will provide services for veterans or their family members at some point in their careers.

Our profession has come a long way in addressing occupational dysfunction among servicemembers and veterans since the post-World War I reconstruction aides. We can, however, do much more to uphold our societal responsibilities as a profession and to honor the service and sacrifices of our fellow citizens injured in recent wars. Our professional association must be engaged and visible in advocating for services and funding that support the needs of servicemembers and veterans. Occupational therapy researchers are needed to submit funding proposals to the U.S. Departments of Defense and Veterans Affairs for projects

that relate to questions relevant to practice and servicemembers’ rehabilitation and postdeployment needs. Finally, every occupational therapy practitioner can commit to staying informed about the ongoing needs of servicemembers, veterans, and their family members and insist that their elected representatives uphold their promises to those who served. We embrace the hope that our profession will continue to transform lives by using traditional and novel therapeutic occupations to address occupational dysfunction in all recipients of occupational therapy services and will mobilize around the need for rigorous study of our impact on recovery, resilience, and reintegration. ▲

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