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Addressing the Needs of Families of Wounded Warriors: Enhancing the Role of Occupational Therapy

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Credentials Display
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Many physical injuries of war, such as facial disfigurement and loss of limbs, are visible. Other physical and emotional injuries that occur as a result of combat may be less immediately apparent, but the effects on the injured military service member and his or her family are no less debilitating. Posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI) are the most frequently occurring "invisible" injuries among military service members and veterans (Defense and Veterans Brain Injury Center [DVBIC], 2014). Each of these conditions may be accompanied by emotional, behavioral, and cognitive problems, including panic disorder, depression, and headaches (Kennedy et al., 2007; Koren, Norman, Cohen, Berman, & Klein, 2005). Also, the effects of physical injury, PTSD, and TBI can severely disrupt relationships within the family (Cozza & Guimond, 2011).

Since the start of Operation Iraqi Freedom (which began March 19, 2003 and officially ended on August 31, 2010) and Operation Enduring Freedom (which has been ongoing since October 7, 2001), there have been at least 51,812 wounded-in-action types of injuries to military service members as of June 27, 2014 (Defense Casualty Analysis System [DCAS], 2014). Exposure to explosive devices in a combat zone accounts for more than three-quarters of these physical injuries, followed by gunshot wounds and other projectile injuries. According to the DVBIC (2014), from 2000 to the first quarter of 2013, there were 273,859 TBIs among U.S. military service members. Of these, the overall majority is classified as mild TBI (mTBI).

Background

Occupational therapy personnel work across diverse treatment settings, including in Department of Veterans Affairs medical centers, community-based outpatient centers, military treatment facilities, and inpatient medical settings. Occupational therapy practitioners also work with injured military service members and veterans to assist with their recovery in their homes. However, a need for assistance also exists for the families of the injured military men and women as increasing numbers of troops return home with complex multiple injuries in both the physical and psychological realms.

The American Occupational Therapy Association (AOTA) states that the overarching goal of occupational therapy for military personnel coping with combat-related PTSD is to use strategies to help them recover, compensate, or adapt so they can re-engage with activities that are necessary for their daily life (2009). Families of injured military service members are also attempting to recover, compensate, or adapt in myriad daily activities while the injured military service member is recovering in the hospital or at home. A review of the literature in occupational therapy indicates that few therapists report the types of interventions they are using to address needs that arise with these spouses and children as they also recover alongside military service members.

Past AOTA president Dr. Florence Clark (2012) stated, "As we approach 2017 . . . let's seize this opportunity to revisit our roots and take an active role in aiding our military service members, veterans and their families as they reintegrate into

civilian life" (p. 1). Dr. Carolyn Baum testified in 2008 before the U.S. House Committee on Veterans' Affairs. During the hearing, Dr. Baum described how occupational therapists (OT) have expertise in the treatment of functional impairments resulting from a broad range of conditions faced by veterans, including PTSD. She stated:

> Occupational therapy . . . should be explicitly included in systems of care or treatment teams established to treat veterans and their families during the acute stages of recovery through the rehabilitation and community reintegration phases. It is the unique treatment focus contributed by occupational therapy—not the replacement of other services—that can help veterans regain control of their anxiety and their future so that they can return to relationships and activities of meaning and purpose in their lives. (Baum, 2008)

Narrative Process: Two Personal Accounts

In July 2013, the authors convened a mini-focus group/interview with two spouses of military service members who spoke about their experiences in coping and adapting after their husbands received severe physical injuries during their combat deployment to Afghanistan and Iraq. To cope with these injuries, both spouses attended a Wounded Warrior Regiment group at a major U.S. Marine Corps base. This group provided the spouses with social and emotional support and a place to share their stories and experiences with other military spouses. The spouses also reported that they experienced a far-too-common narrative of Wounded Warriors: Both of their husbands were critically wounded and returned home in need of extensive rehabilitation.

During the interview, the authors asked the following questions of the two spouses to learn about their experiences:

a. What are the everyday activities or occupations you or your children find the most challenging since your spouse returned?
b. In what ways have changes in everyday activities or occupations affected you or your children in a positive or unexpected way?
c. What services or supports might help you or your family now to perform desired activities? What do you think you need sooner rather than later in terms of maintaining or obtaining these desired activities?

Emergent Themes and Findings

The questions asked during the interview led to several overarching themes of occupational change and challenges faced by both spouses as they attempted to rebuild or recapture the lives they once knew, now centered on a new life narrative.

Constant Change: The New Normal

Moving away from familiar neighborhoods and support systems to be closer to their spouses while hospitalized for four to six months was one example of the "new normal" for both spouses. For example, each spouse traveled out of state with her children to the closest military hospital to be where her husband was undergoing extensive medical procedures and beginning rehabilitation. Staying in

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a hotel close to the hospital was another huge adjustment for the whole family. One participant explained, "There was no order or structure anymore. You try to create routines but don't know if it's worth it because the next day the routine changes again." The children also had much difficulty understanding why their worlds had been turned upside down.

Occupational Challenges: Relationships and Everyday Activities

Both spouses described how difficult it was at times to communicate effectively with family members while their spouses were hospitalized. Extended family members would try to understand what was happening, but they did not easily comprehend the many acronyms used in military life. Both spouses described the need to take charge with communication. They sent group e-mails to family and requested that they not call or text while they were dealing with their husbands' immediate needs. Being around other military families helped them tremendously because the other families of injured military service members often understood their situation.

Once home, injured military service members in recovery may turn to friends or support systems outside of their families (usually their military friends) rather than talk with their spouses about the emotional and physical losses they are experiencing. This difficulty was apparent in the comment, "Now we had to change our relationship too. Once home, he wanted to only watch TV and play video games all day and would not talk to me about his feelings." Both spouses agreed that traveling, dressing, and rebonding were all big challenges in the hospital and at home. The following comment exemplified the frustration one spouse felt upon returning home:

> Our bedroom started to look like a hospital room with a big Tempur-Pedic bed taking up our whole room. Going anywhere was a major chore; I had to plan to take two bags, one for my kids and one for my husband. And since he was in the hospital for so long, his sleep routines changed completely since there (hospital) he was up . . . about every two hours.

Developing new relationships with their children was also reported as important, as evident in the following remarks:

Interviewee #1: For me there was no magical day when he came home better; he was in his wheelchair and (he) just took off his legs (prosthesis) when he got home. He couldn't help me with the kids much and didn't want me in his appointments.

> Interviewee #2: I wanted to find normalcy for him with the kids. He couldn't cook anymore or take care of them. He slowly learned to do things without me mothering him.

Thus, for both spouses, changes in communication with extended family members, leisure pursuits, traveling, dressing, child care, and marital relationships were but a few of the occupational challenges they faced in the first year following their husbands' return home.

The Stigma of Disability and Positive Changes

Although therapists and other healthcare professionals are often aware of how stigma exists

for those with a disability,—whether cognitive, emotional, or physical—, injured military service members may experience even more loss when faced with negative attitudes toward or ignorant perceptions of their physical injuries. Both spouses commented how their husbands were at times stigmatized by being treated like a "kid" when being transported by hospital personnel to outpatient appointments. Insensitive comments, such as, "Let's be sure your seat belt is fastened," became another reminder of loss of freedom. Or, at times it was implied by neighbors to "not to show up at an event" because a child who had a parent about to be deployed may see the severely injured military service member and fear for his or her own parent's well-being.

Despite these losses, there were changes in everyday occupations that were perceived as positive, too. One participant said, "For me it is how you look at disability in others . . . and accepting of others in the same situation. What you've been through can make you more open-minded down the road." The other said:

> Our children look at other service members who have had similar loss of limbs and say, "Look mommy, he is like daddy." And our children have a sense of humor too when they can say to their dad, "Hey dad, you look like a transformer." Another plus is now he is home more, he knows more about what is going on behind the scenes and with the kids.

Ultimately, the two interviewed participants' children learned how to adapt and help with exercises, and both families found ways to adapt the environment so they could be physically closer in order to play and work together.

Future Desired Occupations

Both spouses agreed that support groups, such as the one they attended on base for spouses with the Wounded Warrior Battalion, helped them to share and connect with other spouses, to stay focused, and to "get back to the way they used to be." "Our kids feed off our emotions and anxieties . . . and we have to be that statue 'Apollo' [Atlas] holding up the world!" one stated. They both agreed that what was needed most was "family bonding to highlight the good and (deal with) the not so good. Day trips for just the two of us without the children, going to the hair dresser, and having family events."

Finally, the interviewees described some of the desired activities and occupations in this journey, which included accepting the new normal way of being in the world, knowing the importance of self-reflection, having meaningful routines to spend time together as a family, slowing down, and "keeping it together" for spouses and children.

Discussion and Suggestions for Practice

Occupational therapists (OT) can play a crucial role during injured military service members' initial hospitalization and later during the extended recovery at home and in the community (Erickson, Brininger, Newton, Mattila, & Burns, 2011). Although the two military spouses reported benefits from their spouses receiving occupational therapy, the interviews revealed that specific assistance was still needed for them to know how to deal with the multiple changes in daily routines, sleep patterns, child care, and family leisure

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activities. Knowing what resources are already available in the hospital and community, as well as discussing ways to provide more predictable schedules for family members when possible, can recreate important routines for the children, who experience a greater need for normalcy when everyday occupations of play, rest, and sleep are disrupted.

During Hospitalization

During the hospitalization period, OTs could help the family establish a written schedule of predictable routines after they move into a hotel or residency near the hospital. The OT could suggest ways to keep track of appointments at the hospital, find resources for child care, when possible, and educate spouses on what to expect during the course of rehabilitation. While social workers or other mental health professionals in the hospital often help connect the spouse and children to support systems, the OT could assist in helping spouses communicate the degree of impairment or functional limitations of the injured military service member to other family members (with the spouse's permission).

After an injured military service member returns home, altered sleep patterns and the disruption of sleep/wake cycles are a major change for the service member and his or her family. OTs can help prepare families for these possible changes in routine before the injured service member returns home. They can educate spouses on how sleep patterns are often altered after prolonged hospitalizations and assist them with thinking about the design of personal spaces in the home that take into consideration the need for intimacy and recoupment.

Returning Home

OTs can continue to find ways to serve injured military service members who have been discharged from the hospital and/or military service and their families in their home communities. The purpose is to help families adapt their environment so they can regain a sense of togetherness both at home and in the community. For example, OTs can provide resources for the development of new skills and help re-establish preferred vocational opportunities as well as leisure pursuits.

OTs could also assist in problem solving with the family by finding ways the injured military service member can share in the workload and play activities with the rest of the family. These opportunities for co-occupation may ease the transition home while ensuring the physical environment is also accessible.

OTs also could help identify activities that facilitate bonding and spending time together, which may help re-establish routines that are the most valued to the whole family. At the same time, they could help families identify specific independent activities that support each family member. For example, school-age children of injured military service members might benefit from socialization opportunities, such as camping, with other children of military service members who are in a similar situation.

Occupational Therapy Educators

Occupational therapy educators can teach students the important role therapists have in recovery, not only for returning injured military

service members but also for their families, by addressing the occupational performance concerns of primary caregivers and children at home and in the community. Occupational therapy educators also can recruit veterans into occupational therapy programs and develop support groups for veterans on campus with other staff, faculty, or students who are veterans. Bringing the voice of the military member and his or her family into the classroom setting through e-media or as guest speakers will help bring the realities of military family life to the forefront for students.

Conclusions and Recommendations

Given the nature of this narrative interview process and opinion paper, a thorough needs assessment was not conducted. In addition, during the interviews the authors did not discuss their own ideas about the possible role of occupational therapy in meeting the military spouses' needs. The spouses did tell the researchers how they wanted all healthcare providers to know the reality of their situation and indicated that many other spouses expressed the same difficulties as theirs.

The needs of injured military service members and their families are of paramount importance in light of the current gaps in timely service provision by the Department of Veterans Affairs. Further needs assessment research, representing a national sample of Wounded Warriors and their families, could inform public policy and program development. And ultimately, this might result in occupational therapy clinicians and educators providing evidence-based, best practice services.

The present need is clear, as is the overall approach to care. Establishing wellness for the whole family is important not only to prevent further disabling conditions, but also to promote the highest level of health that includes quality of life through everyday occupations. T—his is how occupational therapy can and does distinguish itself as a profession, unique from all other rehabilitation professions. Meeting the needs of injured military service members includes recognizing not only the whole person but also the whole family as an integral part of the recovery process. Our mandate for the 21st century and beyond is to honor and remember those who have endured tremendous hardships and sacrificed so much for our country.

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Resources to Support Military and Veteran Families

After Deployment: http://www.afterdeployment.org/

Courage to Talk Campaign: http://www.couragetotalk.org/

Defense Centers of Excellence for Psychological Health and TBI: http://www.dcoe.health.mil/

Make the Connection: http://maketheconnection.net/

Military Kids Connect: https://www.militarykidsconnect.org/

Military OneSource: http://www.militaryonesource.mil/ or call 1-800-342-9647

M-SPAN-Military Support Programs and Networks: http://m-span.org/

NCTSN Military Families Learning Community: http://learn.nctsn.org/course/view.php?id=39

SAMHSA Military Families Page: http://www.samhsa.gov/MilitaryFamilies/

Sesame Workshop for Military Families: http://www.sesameworkshop.org/what-we-do/our-initiatives/military-families.html?o=90&c=featured

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