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A Community Re-Integration Mental Health Occupational Therapy Program for Veterans at the Sioux Falls Veterans Affairs Hospital

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BACKGROUND & PURPOSE

The purpose of the capstone project was to create and implement a group program that addressed the mental health needs of the Veterans in the inpatient behavioral health unit at the Sioux Falls VA medical center. Veteran's overall health and wellbeing have poorer outcomes than their non-veteran counterparts (Nahin, 2017). . Due to the demands of their occupations, a majority of Veterans are exposed to potentially traumatic events and meet the diagnostic criteria for post traumatic stress disorder (PTSD) (Wisco et al., 2022) . Individuals with this diagnosis are at a higher risk of developing common comorbidities such as major depressive disorder (MDD) and substance use disorder (SUD) (Reisman, 2016). The negative impact of potentially traumatic events and several comorbidities results in the Veteran population being 1.5 times more likely to take their own life Morral et. al., 2023). . Occupational therapy has a unique role in addressing these mental health disparities. Based on previously conducted research, a needs assessment and occupational therapy theories, a community reintegration program was created for the Veterans in the inpatient behavioral health setting. The program aimed to improve life and social skills to decrease readmission and relapse rates among the Veterans.

THEORETICAL FOUNDATION

The Model of Human Occupation (MOHO) and Canadian Model of Occupational Performance (CMOP-E) were used to guide the creation and implementation of the project. The Model of Human Occupation (Kielhofner, 2008) provides a lens for understanding interventions for mental health disorders in the Veteran population. The habituation subsystem guided my understanding of the Veteran population and more specifically the participants. The performance capacity and volition subsystems guided the creation of goals and the content in the community reintegration modules. The Canadian Model of Occupational Performance and Engagement guidelines were used to evaluate and provide treatment to the Veterans in the inpatient behavioral health unit (Polatajko et. al., 2007). In my evaluation process, I acknowledged key principles of this model by educating myself about the clients' physical and emotional wellbeing, their environments, their supports, and what occupations were meaningful to them. After the evaluation I collaborated with the Veteran's to identify goals which encouraged them to become active in the therapy process.

METHODS

A community reintegration program was created based on a previously conducted needs assessment and existing literature. The program was designed to reduce readmission and relapse rates of the Veterans. The protocol consisted of eight modules that addressed the topics of: perception of self, daily routines, cognition and memory, activities of daily living, home and health management, interpersonal skills and social relationships, and leisure participation. The program took place over the course of four weeks. The sessions were delivered in a group format to promote discussion and engagement among participants. Participants were Veterans from the Sioux Falls VA hospital with mental health diagnoses and receiving treatment at the inpatient behavioral health unit. Four participants were men, and two were women, with a mean age of 43.3 (SD=14.99 years). The diagnosis included MDD, PTSD, suicidal ideations (SI), bipolar, and schizophrenia. The efficacy of the program was evaluated using a pretest posttest design. The participants completed the General Self Efficacy Scale (GSE) and an adopted version of the Community Integration Questionnaire (CIQ-R) at baseline and upon discharge.

IMPLICATIONS

The results indicate that the presence of occupational therapy services in the inpatient behavioral health setting have a positive impact on the Veteran's mental health and wellbeing. The implementation of the community reintegration program revealed the positive impact life skills training and improved perceived self efficacy can have on Veterans with mental health disorders. If the occupational therapy services continued on into the outpatient setting upon discharge, there would be a stronger impact. Combined with the current evidence of increased negative mental health outcomes for Veterans and the positive impact occupational therapists can have in the mental health setting, the Sioux Falls VA medical center should add occupational therapists to the mental health interdisciplinary team.

REFERENCES



RESULTS

The results from the CIQ-R indicate there was no statistically significant improvement in self-perceived ability to independently perform ADL and IADL tasks after completing the community reintegration program $t(8)=0.78, p=0.38$. The mean summary CIQ-R score decreased following intervention (pretest mean=32.67, SD=1.53, posttest mean=32, SD=4.58), Hedges' $g=-0.16$. Four questions determined the score for the subscale home management $t(3)=0.38, p=0.32$. The mean summary of the home management score decreased following interventions (pretest mean=15, SD=1.00, posttest mean=14.33, SD=2.08), Hedges' $g=-0.33$. Three questions determined the score for the subscale social integration $t(2)=-1.10, p=0.43$. The mean summary of the social interaction score increased following interventions (pretest mean=11.67, SD=1.52, posttest mean=12, SD=1.73), Hedges' $g=0.16$. The median score of the productivity subscale did not change following the intervention (pretest median=3, posttest median=3). The median score of the health management subscale did not change following the intervention (pretest median=3, posttest median=3). The results from the GSE indicate There was no a statistically significant improvement in perceived self-efficacy after completing the community reintegration program, $t(9)=-0.87, p=0.10$. The mean GSE score increased from 27.67 (SD= 4.16) at pretest to 36.33 (SD=4.04) at posttest, Hedges' $g= 1.69$. When further analyzing the mean pre and posttest scores on the GSE there was a 31.5% improvement in mean posttest scores relative to pretest results. The lack of statistical significance in the previously reported p value for the GSE test results may potentially be due to the limited number of participants.

