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Occupational Therapy and Veterans' Resiliency Post-Amputation: Addressing Psychosocial Needs

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Introduction

Definitions:

- Non-combat associate limb loss: typically occurs when medical or revascularization options have failed or do not exist, when significant tissue has been lost, or when infectious complications can only be managed by surgery (Swaminathan, Vemulapalli, Patel, & Jones, 2014; Bjerke & Stuhlmiller, 2002).
- Combat associated limb loss: a result from trauma which includes explosions, penetration, or crushing injuries that can occur during combat (Ertl, J., Pritchett, Ertl, W., & Brackett, 2016; Barmparas et al., 2010).

- Veteran Health Administration performs about 5,000 amputations a year (Mayfield, Reiber, Maynard & Czerniecki, 2001).
- It is projected there will be approximately 3.6 million people living with upper or lower limb loss in the United States by 2050 (Ziegler-Graham, MacKenzie, Ephraim, Trivison, & Brookmeyer, 2008).
- Recovery and resilience is dependent on factors such as psychosocial wellbeing and successful community reintegration.

Community Site

Carl T. Hayden VA Medical Center

- Opened in Phoenix, AZ in 1951. Serves veterans in central Arizona.

Methods

- Design:** Needs assessment

Population:

- Participants were male veterans admitted at the VA Medical Center and healthcare providers who worked at the VA Medical Center.

Needs Assessment 1: Veteran Post-Amputation Survey

- Aim:** To measure two key psychosocial aspects of an individual's recover coping skills and resiliency.
- Sample:** 3 veterans
- Survey:** (Part 1) COPE Inventory; (Part 2) Brief Resilience Scale; (Part 3) Open-ended questions

Needs Assessment 2: Healthcare Provider Post-Amputation Survey

- Aim:** To identify common themes recognized in the veteran population, while the patient begins his/her recovery post-amputation
- Sample:** 14 healthcare providers
- Survey:** (Part 1) Profession; (Part 2) Open-ended questions

Results

Veteran Post-Amputation Survey

Part 1: The participants answered low on the Likert-scale regarding taking direct action to get around the problem, as well as, getting sympathy and understanding from someone. Those two questions fall under the use of active coping and the use of emotional social support. When it came to the use of instrumental social support and acceptance, each veteran individually scored differently across the Likert-scale.

Part 2: Veteran 2 and 3 scored within the normal resilience range, while veteran 1 scored within the low resilience range.

Part 3: Emotional support: 2 out of 3 veterans felt supported, while 1 out of 3 veterans did not feel supported. **Psychological support:** 2 out of 3 veterans felt supported, while 1 out of 3 veterans did not feel supported. **Areas of needs to address:** Veterans identified the need for all areas of adjustment to be address. One veteran stated that coping strategies was most important to him, while another veteran stated that community integration strategies and increase in resiliency was important.

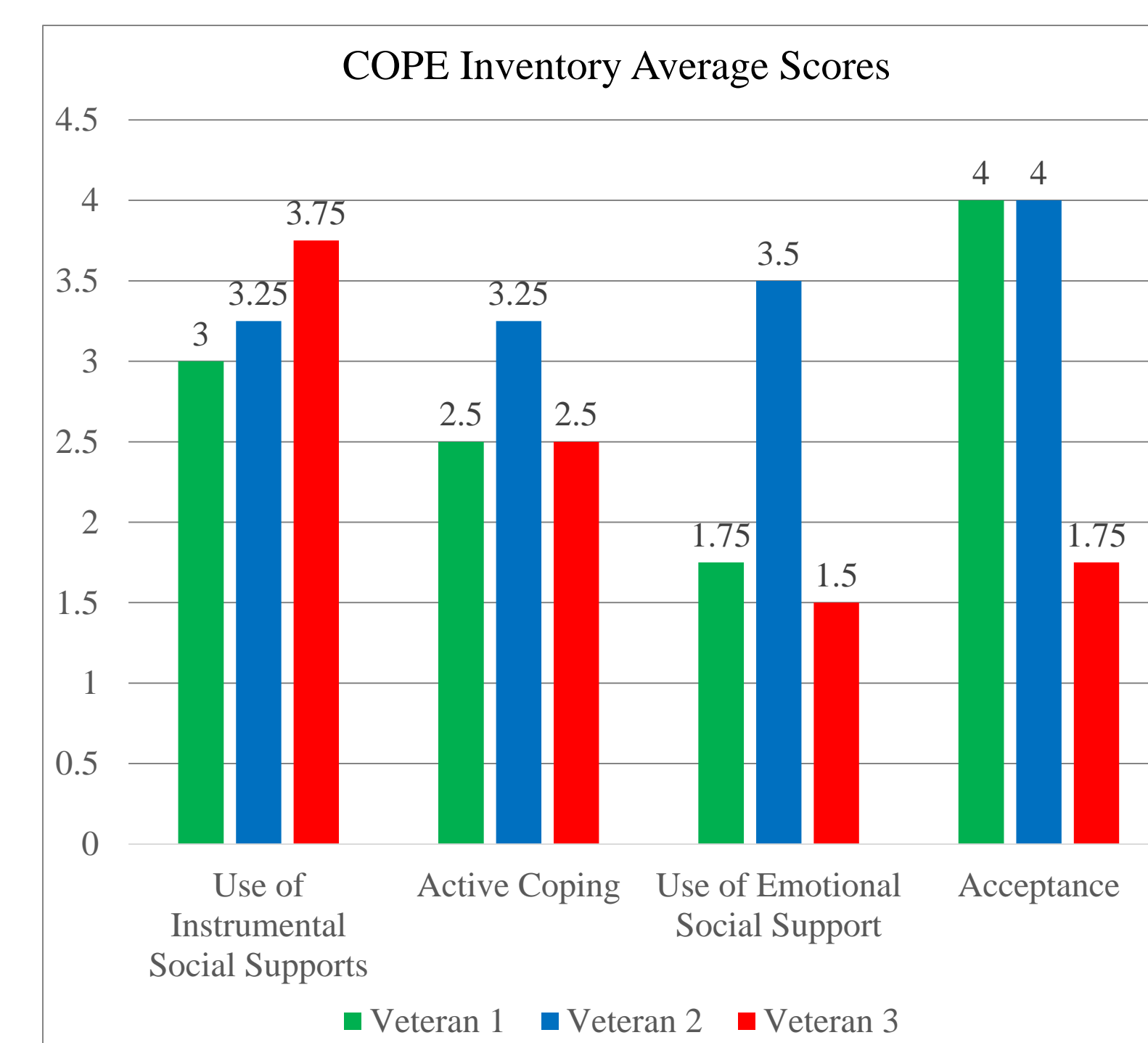


Figure 1. COPE Inventory Average Scores

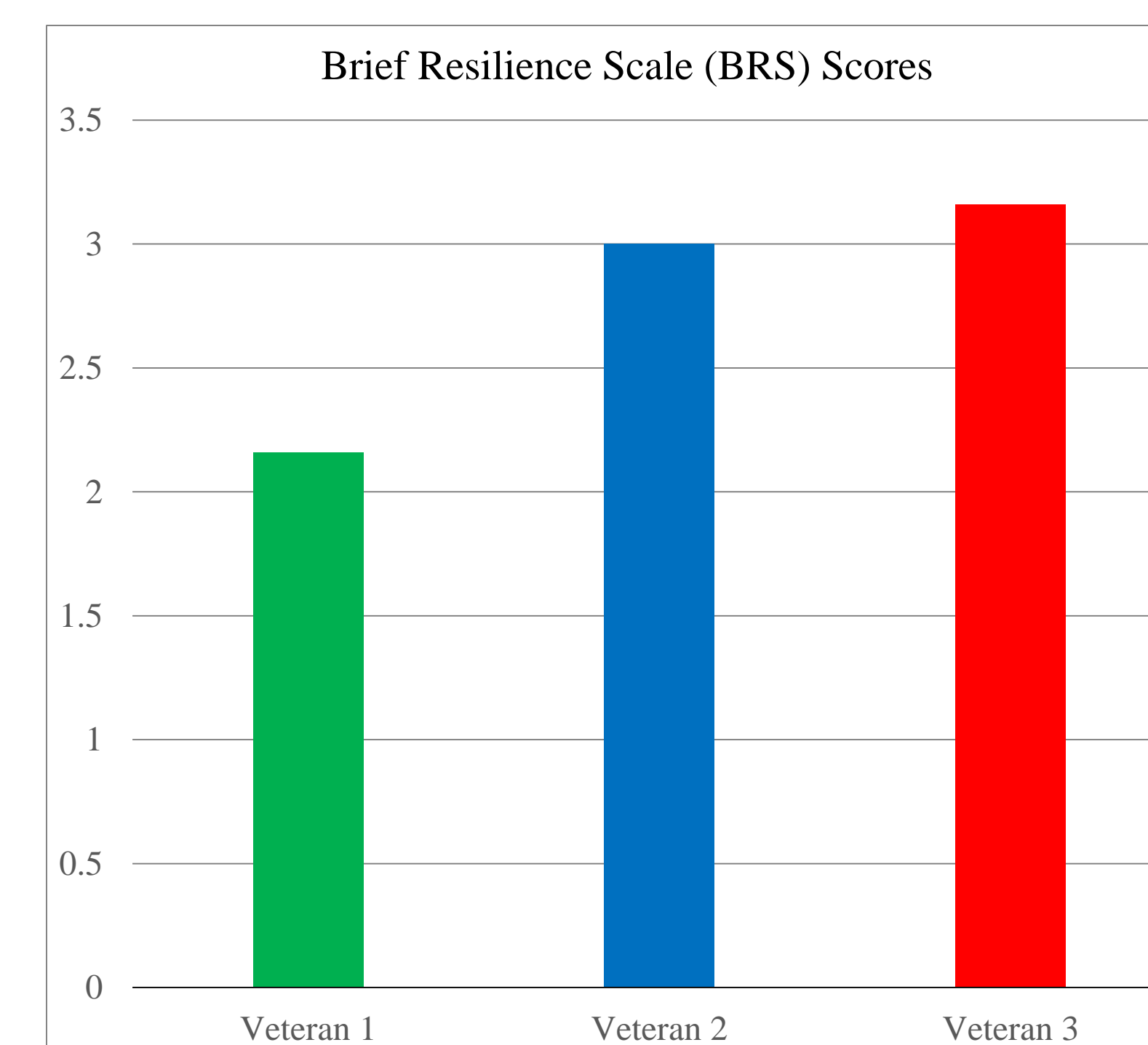


Figure 2. Brief Resilience Scale (BRS) Scores

Healthcare Provider Post-Amputation Survey

Common themes were identified from the Healthcare Provider Post-Amputation survey. Themes include:

- Accessibility
- Support
- Psychological adjustment
- Communication between healthcare providers, patients, and/or caregivers
- Physical adjustment
- Pain management
- Education

Table 1. Innovative Resiliency Program For Veterans

Increased Resiliency Post-Amputation Series	
Session 1	Welcome
Session 2	Education- The Big "What's Next"
Session 3	Communication-Being Your Best Advocate
Session 4	Pain
Session 5	Activities- How Not to Limit Your Participation
Session 6	Disability & Identity
Session 7	Coping with Change
Session 8	A Change in Your Occupations
Session 9	Wrap-up

Conclusion

- Limited articles in occupational therapy literature.
- Psychosocial adjustment is not part of the occupational therapy plan of care.
- There is a lack of OT presence in the recovery of veterans post-amputation.
- There is no systematic approach to post-operative community integration

Limitations:

- The program was not implemented.
- Small sample size
- Limited number of veterans referred to OT
- Adaptation of the COPE Inventory

Implications for OT Practice:

- The field of OT needs to return to the mental health roots of the profession.
- OT practitioners need to include the psychosocial adjustment as a part of the plan of care.

References

See attached paper for list of references

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