Serving Those Who Served Us First: Evidence to Support Effective Interventions for Returning Veterans
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Objectives of Presentation:
1. Discuss the impact of traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) on occupational performance
2. Identify a minimum of 3 interventions in the scope of occupational therapy that are effective in increasing participation and quality of life for returning veterans diagnosed with a TBI and/or PTSD
3. Explain 3 clinical implications of occupational therapy & its role for returning veterans who have PTSD &/or sustained a TBI.

PICO: What is the evidence supporting interventions within the scope of occupational therapy for returning veterans who have been diagnosed with a traumatic brain injury (TBI) and/or post-traumatic stress disorder (PTSD) in order to increase participation and quality of life?

Methods:
- Systematic review; followed PRISMA guidelines
- Databases used: CINAHL, PubMed, Ovid-MEDLINE
- Search terms:
  - I: Occupational therap*, intervention*, treatment*, cog* therap*, rehab*, rehab* therap*, group therap*, behavioral therap*, physical therap*, neuro* rehab* [OR together all terms]
  - C: (none)
  - O: participat*, quality of life, ADL*, IADL*, activities of daily living, instrumental activities of daily living, social participat* [OR together all terms]
  - * = wildcard

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Articles were critiqued by a primary reader and a secondary reader using the Law and McDermid (2014) form for quantitative studies and the critical review form for qualitative studies (2007).

Results: Themes found within the systematic review:
- Cognitive Behavior Therapy (Cognitive Processing Therapy, Cognitive Strategy Training) 1,2,5,9.
  - Setting: variety (Residential, Outpatient, Inpatient)
  - Time Line: 6 – 8 weeks & sessions ran from 45 minutes to 2 hours
  - Preliminary/Moderate Evidence Supporting:
    - Statistically and clinically significant reduction of PTSD symptoms, depression
    - Clinically significant increase in life satisfaction, compensatory strategies & lower levels of cognitive/memory impairments
- Cognitive Behavior Therapy (Behavioral Activation) 7,13
  - Setting: Outpatient
  - Timeline: Between 45-90 minute session 1x a week for 8 weeks
  - Preliminary Evidence Supporting:
    - Statistically significant decrease in PTSD symptoms
    - Clinically significant increase in QOL & decrease in depressive symptoms
- Mindfulness/Massage Interventions (Meditation, Relaxation, Contemplative Therapy) 3,6
  - Setting: Combination of Outpatient and Home
  - Timeline: 3 weeks at 2X a week
  - Preliminary/Moderate Evidence Supporting:
    - Statistically significant decrease in PTSD symptoms, & QOL
    - Clinically significant decrease in veteran depression & life partners perceived stress
- Communication Building Interventions 1,15
  - Setting: Outpatient
  - Time Line: 10-12 sessions
  - Preliminary Evidence Supporting:
Clinically significant increase in communication skills between family members

Results: Structures found within the Systematic Review

- Individual Involvement
  - Provides individuals with independence in utilizing new skills and decreases stigma
- Group involvement including other veterans
  - Builds trust between members, share strategies for success, Feeling comfortable to express experiences
  - Moderate
- Family involvement
  - Support system for loved one, Assists loved one in initiation of therapy, Creates more accountability meet goals
  - Moderate

References


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