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When Duty Calls: A Description of Human Conflict and Occupational Therapy

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This manuscript is submitted in partial fulfillment of the requirements of OTD 8300: Occupational Science towards the Entry-Level Doctor of Occupational Degree, and for consideration to publish in *OCCUPATION: A Medium of Inquiry for Students, Faculty & Other Practitioners Advocating for Health through Activities*.

Abstract

As violent events escalate, even within the United States, it is imperative that occupational scientists have an in-depth understanding of the level one (descriptive) research implications, and occupational therapy practitioners are prepared to meet the needs of those impacted by conflict. This article aims to (a) describe the occupations of those affected by conflict (b) inform on current interventions through an intentional review (c) present the case for a call to action of occupational therapy practitioners. A general review of literature resulting in a description of occupations, identified four distinct populations: those who fight, caregivers, those who stay home, and the children. The intentional review provides examples of efficacious interventions for the identified populations. The overall call to action is supported by the evidence that occupational therapy practitioners are uniquely suited to utilize the power of occupational participation to not only minimize the impact of the disruption, but also to help mend communities that have been divided for the benefit of all who are involved.

Keywords: war, intervention, prevention, psychosocial

When Duty Calls: An Intentional Review of Human Conflict and Occupational Therapy

Introduction

Terrorist attacks, race wars, bombings- these words still loom over the world's psyche even in the most peaceful period in human history (Chasmar, 2016; Nesbit, 2016; Rodgers, Gritten, Offer, & Asare, 2016). These demonstrations of violence not only harm those who are directly involved but can be devastating to those that are caught in the crossfire (Waite, 2015). The resultant degradation can be witnessed in the occupational deprivation, or prolonged disengagement of needed or valued occupations due to environmental circumstances, of the communities and individuals (Whiteford, 2010). As violent events become more prevalent and publicized, occupational scientists and occupational therapy practitioners must do their part to ensure that the essence of occupation is maintained for those impacted (Marc, 2016). Occupational scientists must have an in-depth understanding of the level one (descriptive) research implications to elaborate on the scope of the occupational disruption and deprivation. Occupational therapy practitioners must be prepared to meet the needs of those impacted by conflict. This article aims to (a) describe the occupations of those affected by conflict (b) inform on current interventions through an intentional review and (c) present the case for a call to action of occupational therapy practitioners.

Methodology

Methodology of the General Review

Literature searched for the description of occupations and populations related to conflict came from the American Occupational Therapy Association (AOTA), Florida Occupational Therapy Association (FOTA), ProQuest, PubMed, and Google Scholar. Initial database inquiries included the terms "war", "occupation", "effects", "home", and "children". The search resulted

in a total of 1,536 articles with 26 being utilized due to the relevance and quality. The selected literature explores and analyzes the effects of war on occupations for all individuals impacted. It is through this holistic understanding of conflict's impact that occupational therapy practitioners can best use their unique skill set to begin the healing process.

Methodology of the Intentional Review

After the identification of the populations who are affected by conflict, an intentional review provided examples of efficacious interventions for the identified populations. Databases utilized included CINAHL, Medline, PubMed, PsychINFO, ProQuest, and Google Scholar with search terms "military", "health care provider", "family", "child", "war", "conflict", "treatment", "intervention", and "occupational therapy". Criteria for inclusion in this review were as follows: published after 2005, intervention conducted on one of the four populations identified in the article, intervention was within the scope of practice for occupational therapy. In total 4,476 were screened and eight articles were included in this review. This review is intended to provide a starting point for therapists who work with the populations mentioned in the search terms above and include those who fight, caregivers, those who stay home, and the children. See the PRISMA flowchart for further details.

General Review

Those Who Fight

The physical and emotional plight of men and women who experience war and conflict first-hand is well documented. Although occupational therapy practitioners are versed in addressing physical ailments, the emotional injuries of these clients cannot be ignored. Conditions such as post-traumatic stress disorder (PTSD), bipolar disorder, depression, and substance abuse are the number one cause for hospitalization for men and the second leading

cause for women (Keyes, 2010). Aside from traditional mental health ailments, men and women who directly participate in conflict can experience what are known as moral injuries (McGuirk, 2015). Moral injuries typically occur after reflection on one's own aggressive actions towards others, resulting in remorse and regret (McGuirk, 2015). For instance, when civilians are unintentionally harmed, those who inflicted the injuries may experience remorse that negatively impacts their daily life. Occupational therapy practitioners must understand the person on the battlefield is not a separate entity from the person that needs to be able to return to a productive civilian life once fighting has ceased.

The emotional trauma experienced by men and women who fight is often compounded by additional factors. For instance, United States military members may have several amenities when they are posted on base in foreign countries, but some of the most critical for well-being (internet service to communicate with family) are sparse (Cockerham, 2006). The constant, all-consuming demands on their psyche can extinguish their resiliency. The resulting occupational deprivation may contribute to these men and women's higher rate of suicide; an action with repercussions that last long after the conflict has subsided (Korb, 2007). Occupational therapy practitioners can use their unique skills to effectively reduce the negative impact of war and conflict and improve the mental health of these men and women.

Prevention is one of the most critical roles. Occupational therapy practitioners can use the power of participation to build resiliency factors for these clients, ultimately impeding the development of mental health disorders (AOTA, 2016). This complex task must be handled with great care and diligence by the professional. When having to prioritize intervention or create therapeutic groups, one can note that while those who are exposed to warfare experience great hardship, those who also witnessed death have even more severe functional impairment (Wang,

Lee, & Spiro, 2015). Basing interventions on exposure and exposure risks could help occupational therapy practitioners to effectively target the needs of this population while remaining client centered.

Environmental modification is another method of intervention that can be used to mitigate the negative effects of war. Allowing men and women on the battlefield to personalize their individual space (i.e. bunk bed, living quarters) can help to reinforce personal identity. In addition, soothing colors, quiet rooms, and places with dim lighting help to alleviate symptoms of post-traumatic stress disorder when applied to battlefield environments (Barris, 2016). These small changes in the environment can dramatically improve the psychological well-being of these individuals, as in keeping with the principles of well-being; create a sense of hope for the future, reinforce a personal identity, foster a sense of mastery over one's environment, and promote inclusion/community (Barris, 2016; Leamy, Bird, Le Boutiller, Williams, & Slade, 2011; Whaley, 2016).

Caregivers

Those who fight are not the only ones affected. Addressing the needs of healthcare professionals providing direct care to our military is an area not to be ignored. Health care providers face a plethora of barriers that hinder their ability to successfully participate in their valued occupations. For instance, health care providers contend with a lack of supplies. These dire situations cause undue stress and require constant creativity and problem solving, yet they continue to occur on a regular basis without resolution (Tucker, 2009). The health care providers also report feeling alone, ostracized, scared, and disrespected (McMahon, Ho, Brown, Miller, Ansumana, & Kennedy, 2016). These emotional burdens have an immensely negative impact on their ability to provide quality care. Research has shown that these caregivers on the frontlines

benefit most from structure, rest, exercise, and a healthy diet (Finnegan, Lauder, & McKenna, 2016). Occupational therapy practitioners can promote participation in these meaningful and necessary occupations, aiding caregivers in their fight to provide necessary services.

Those Who Stay Home

Civilians are being impacted by conflicts now more than ever (Marc, 2016). Historically, families had to cope with rationing and conscription into war work, such as machining (Goldin, 1991). This involuntary participation led to occupational imbalance and decreased well-being. Today, those who stay home may voluntarily choose to take on the new occupation of participating in war efforts. Although this occupational choice can hold value and meaning, dramatic occupational shifts cause stress and feelings of obligation.

Those who stay home, including those who do not participate in war efforts, are not always exempt from warfare exposure. Some people who experience this conflict will choose to leave their homes, becoming refugees. Those who are refugees are a population often neglected that experience some of the most detrimental impacts of occupational disruption and deprivation (Najla, 2016). Those who elect to stay face similar challenges. A regression analysis showed that women who were exposed to warfare reported greater functional impairment than men who experienced similar conflict (Wang, Lee, & Spiro, 2015). Functional impairment in these studies most often equates to occupational disruption and deprivation as well. A study of women during war found that social support systems that reinforced self-concept, like those developed during psychosocial group occupational therapy, was most beneficial to diminishing these detrimental effects (Hobfoll & London, 1986).

Women are an important focus, not only for their own well-being, but for their children. Occupational deprivation caused by conflict has negative effects on the child's welfare, bonding,

and well-being (Khamis, 2016). After the conflict ends, war can continue to have an adverse impact on children conceived by these women (Shachar-Dadon, Gueron-Sela, Weintraub, Maayan-Metzgar, & Leshem, 2016). Effects on the child can greatly impact child rearing and overall well-being of the parent, causing adverse effects to last long after conflict is resolved.

The Children

Children of parents who serve in the military have been referred to as, “those who need society’s help the most” (Rossiter, D’Aoust, & Shafer, 2016, p. 109). Even children without military affiliation are not exempt from the hardships of war and conflict. They can lose years of schooling, creating lifelong disparage (Mottaghi, 2016). There are young people in this world who will be exposed to conflict throughout their entire lives. Research suggests that these individuals will eventually develop psychological immunization to the atrocities, but many argue that this reductionist view is not adequate in describing the full effects of conflict (Freh, 2015).

Children who involuntarily serve in aggressive groups may experience a wide array of traumatizing events in order to gain their submission to these aggressive groups. Such events include isolation, intimidation, and destruction of independent identity (Kelly, Branham, & Decker, 2016). Children may also choose to participate in violent acts of conflict. Risk factors for children to voluntarily join an armed conflict include: wanting to escape bad life situations, not being able to achieve their goals, and agreeing with the philosophy of the armed group (Kohrt, Yang, Rai, Bhardwaj, Tol, & Jordans, 2016). Occupational therapy practitioners can help combat the negative effects of involuntary service and help to prevent voluntary enrollment by providing these clients with the opportunity to participate in age-appropriate occupations that are meaningful and healthful.

When working with this population, religious ideologies often emerge whether they were the original driving force behind the conflict or not. Occupational therapy practitioners must be client-centered and aware of religious beliefs of clients; however, be cautioned when utilizing this information. Although religion has been shown to have positive outcomes on youth impacted by war, the negative outcomes are just as well documented (Slone, Shur, & Gilady, 2016).

Overall, interventions for children who have been exposed to war and conflict are similar to more traditional occupational therapy services that focus on development and secure attachment. What may be less obvious is the fact that children will also benefit from the community cohesion that occupational therapy practitioners promote (Hanratty, Neeson, Bosqui, Duffy, & Connolly, 2016). Children who demonstrate resilience to aggressive events tend to be male, have greater problem-solving skills, have leisure activities, and have parental support (Fayyad, Cordahi-Tabet, Yeretziyan, Salamoun, Najm, & Karam, 2016). Although the factor of gender cannot be changed, occupational therapy practitioners can work to increase problem-solving, leisure participation, and parental support for children who have endured hardships due to war and conflict.

Intentional Review

Those Who Fight

Several effective interventions have been shown to help maintain or regain the health and well-being of soldiers who have experienced war and are within the scope of occupational therapy to perform. One area in which occupational therapy practitioners may help those who fight, is within Combat and Operational Stress Control (COSC) units. Occupational therapy practitioners in these units serve in uniform on the battlefield and are able to more effectively

deliver care sooner, which can enable soldiers to return to the fight (Montz et al., 2008).

Interventions that Army occupational therapy practitioners can provide include mental health counseling, wound care, and upper extremity care, and evaluation. Occupational therapy's involvement directly within the United States armed forces has had a documented positive effect on the return to duty rates while in the theatre of war (Smith-Forbes, Quick, & Brown, 2016).

Off the battlefield interventions have also been investigated and demonstrate efficacy. A recent randomized control trial of a new program called the Veteran Independence Program (VIP), targeted veterans who had sustained a traumatic brain injury (TBI) and sought to increase their social and community reintegration abilities (Winter et al., 2016). One of the key features of this intervention was that it involves a family member participating in the program alongside the veteran. The program sought to change parts of the environment which was done either over the phone or within the home. Veterans in the experimental group illustrated statistically significant score improvement compared to those in the control (Winter et al., 2016). This study captured the effectiveness of this family-oriented program. When working with this population, it is then critical that the family support network is included in treatment.

Caregivers

Burnout and compassion fatigue are issues plaguing those who provide health care services to those who fight (Weidlich & Ugarriza, 2015). Recently, the Care Provider Support Program (CPSP) was established as a means to combat these barriers and promote successful participation for military health care providers. CPSP is a client-centered, interactive intervention that focuses on self-advocacy, action, and self-awareness over the 1- or 2-hour treatment session. Overall, Weidlich and Ugarriza (2015) found that CPSP was effective at reducing burnout, allowing practitioners to continue to provide necessary care for their patients.

Bingham, Inman, Walter, Zhang, and Peacock (2012) had similar findings when exploring the iRest intervention. Based in yoga and meditation, iRest is used to increase resilience and coping skills over 6 weeks. The study found that iRest significantly decreased stress, although it didn't significantly impact resilience, sleep, or burnout in the small sample (Bingham et al., 2012). In general, iRest may have the potential to benefit military health care providers, but this will remain unknown until further research and larger studies are conducted.

Those Who Stay Home

In the past, there have been few resources for those who stay home, even though they too experience the impacts of conflict and war. A recent article published by Gerwartz, Erbes, Polusny, Forgatch, and DeGarmo (2011) focused on this gap in research and care, specifically focusing on family cohesion and child-rearing. They advocate for the use of the Parent Management Training Oregon Model (PMTO), which reduces coercive parenting while promoting the five trademark practices of contingent skill encouragement, limit-setting, positive involvement, monitoring children's activities, and effective family problem-solving (Patterson, 2005). The PMTO has shown efficacy for high-stress families that lead to "reduced maternal depression, reduced maternal substance use, and reduce child substance use, increased income, reduced financial stress, and lower rates of police arrests for youngsters and mothers, all extending over a nine-year period" (Gerwartz et al., 2011, p. 59; Forgatch, Patterson, DeBarmo & Beldavs, 2009; Patterson, DeGarmo, and Forgatch, 2004). Gerwartz et al. (2011) suggested modification to the PMTO to promote client-centered practice for those who stay home during conflict. They proposed the newly designed After Deployment Adaptive Parenting Tools Program (ADAPT), which incorporates role play and audio-visual feedback, will further refine the PMTO for this population successfully (Gerwartz et al., 2011).

Beardslee et al. (2011) conducted a similar efficacy study on a preventative program, the Families OverComing Under Stress (FOCUS). This program is a short-term intervention program that promotes coping for families during deployment. FOCUS supports resiliency factors while promoting strengths-based adaptation to constantly changing situations. Overall, the study found the intervention to be effective for the nine diverse sites studied (Beardslee et al., 2011).

The Children

Psychosocial and mental health treatments for children who are affected by violence have been evaluated in a systematic review performed by Jordans, Tol, Kompro, and De Jong (2009). The review of 12 treatment outcome studies and 54 intervention descriptions suggested that interventions need to refocus on primary, rather than tertiary care. The most efficacious treatments were community-based and fostered developmentally appropriate resilience factors such as leisure participation and socialization (Jordans et al., 2009).

An example of efficacious tertiary treatment was conducted by Onyut et al. (2005) who evaluated the efficacy of Narrative Exposure Therapy (NET) for children who have survived war. NET involves reflection upon one's whole life while being guided in therapeutic expressions by a practitioner. The study found that NET resulted in lasting symptom reduction, which improved function for the participants (Onyut et al., 2005). Although the study took place in Africa and had a small sample size (limitations which are found in most efficacy studies for this population), NET has been shown to be effective in the treatment for people who have been exposed to conflict and trauma (Gwozdziwycz & Mehl-Madrona, 2013). Therefore, until further research can be produced, reliance on efficacy studies for similar diagnoses/risk factors can temporarily allow for assumed generalization of these results.

For a brief summary of the intentional review findings, see Table 1.

Discussion of Limitations

Occupational therapy practitioners are accustomed to utilizing meaningful occupations to enhance well-being. There is a need for purposeful occupations that can encompass the principles of doing, being, becoming, and belonging to promote health before, during, and after trauma occurs (Hitch, Pépin, & Stagnitti, 2014; Wilcock, 1999). Ultimately, further research of men who stay home and do not participate in conflict is warranted as well as efficacy studies of the recommendations made by this article. For the present time, there is consistent evidence endorsing occupational therapy's role with the described populations. Another potential area for future study is community intervention. Occupational therapy practitioners may be called upon to utilize occupations as a means to bring opposing sides together to help resolve conflict or mend the divide once fighting subsides. This can be seen in Colombia where occupational therapy practitioners routinely work in the community, offering meal preparation and other co-occupations, to heal the wounds left by their Civil War so that residents can live in peace with one another (Waite, 2015). This niche practice area may become more prevalent in time as conflicts transition to be domestic rather than traditional international wars. It will be more critical than ever to help bring communities back together to prevent unnecessary trauma and death.

Conclusion

Those who fight may experience detrimental trauma during conflict situations (Keyes, 2010). In general, occupational therapy intervention recommendations center on preventative treatment such as environmental adaptation (AOTA, 2016; Barris, 2016). More specifically, occupational therapy interventions performed with those who fight during conflict (such as the

those performed in COSC units) and after conflict (such as the VIP) have shown efficacy in promoting participation (Montz et al., 2008; Winter et al., 2016).

Those who provide health services on the frontlines may see traumatizing scenes; they also routinely have to contend with a lack of supplies and the resultant exhausting task of providing quality care in dismal conditions (Tucker, 2009). In general, occupational therapy intervention recommendations center on providing occupational balance and structured routines (Finnegan et al., 2016). More specifically, occupational therapy interventions performed with those who are health care providers (such as the CPSP and iRest) have shown efficacy in facilitating occupational participation (Bingham et al., 2012; Weidlich & Ugarriza, 2015).

Those who stay home or choose to flee their country seeking refuge, face functional impairment (Najla, 2016; Wang, Lee, & Spiro, 2015). In general, occupational therapy intervention recommendations center on providing social support that reinforces self-concept (Hobfoll & London, 1986). More specifically, occupational therapy interventions performed with those who do not fight (such as the PMTO and FOCUS) have shown efficacy in promoting occupational performance (Beardslee et al., 2011; Gerwitz et al., 2011).

The children who participate in conflicts and those whose parents partake in aggressive action may experience developmental delays imposed by their context (Mottaghi, 2016). Thus, occupational therapy intervention recommendations generally center on developmental milestones, secure attachment, and community cohesion that will provide opportunities for critical experiences (Hanratty et al., 2016). More specifically, occupational therapy interventions performed with children who are impacted by war and conflict (such as the NET and those that are community and prevention-based) have shown efficacy in promoting occupational participation (Jordans et al., 2009; Onyut et al., 2005).

Although occupational therapy is still trying to regain its footing within mental health, it is not difficult to see its role within crisis situations. War inherently causes occupational disruption, which exponentially magnifies the already detrimental impacts of conflict (Whiteford, 2010). Occupational therapy practitioners are uniquely suited to utilize the power of occupational participation to not only minimize the impact of the disruption, but also to help mend communities that have been divided for the benefit of all who are involved. Overall, occupational therapy has a critical role to play during conflict and it is the profession's moral imperative to respond when duty calls.

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Figure 1. Intentional Review Methodology PRISMA Flowchart

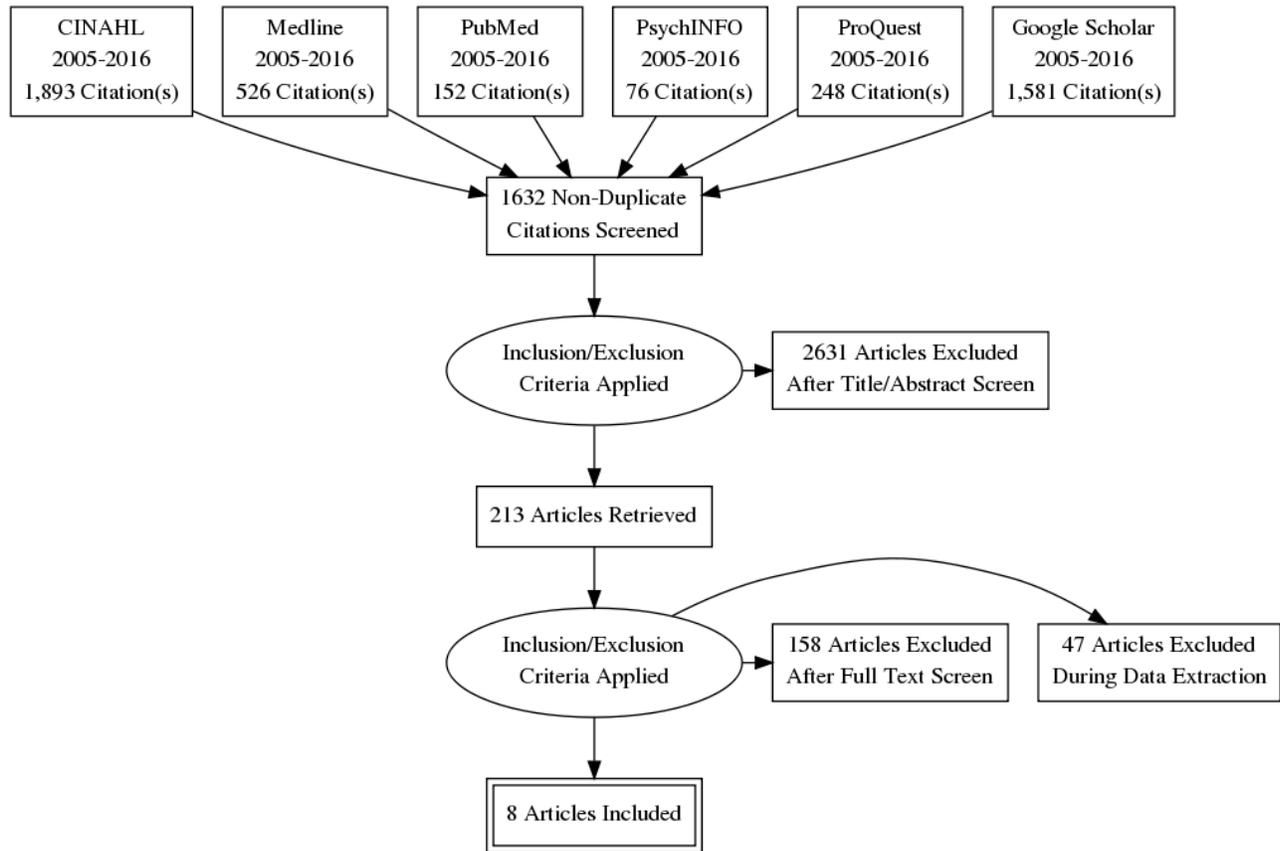


Table 1. Intentional Review Evidence Table

<u>Study</u>	<u>Location</u>	<u>Design</u>	<u>Measures</u>	<u>Demographics</u>	<u>Outcomes</u>
Occupational therapy role on the battlefield: An overview of combat and operational stress and upper extremity rehabilitation	United States	Descriptive Review	N/A	Active United States Military Members	Occupational therapy has a key role to play in helping military members
Efficacy and acceptability of a home-based, family-inclusive intervention for veterans with TBI: A randomized controlled trial	United States	Randomized Control Trial	1. Community Integration 2. Veteran self-identified 3. Self-Rated Functional Competency	N=81 Veterans and their families	A home-based program the includes families has shown to be more effective than control therapy
A pilot study examining the impact of care provider support program on resiliency, coping, and compassion fatigue in military health care providers	United States	Prospective Pilot Study	1. Connor-Davidson Resilience Scale 2. Ways of Coping Questionnaire 3. Professional Quality of Life Questionnaire	N=93 Healthcare providers 28 completed follow up	CPSP intervention was significant for reducing burnout among caregivers
Improving stress and resilience for military healthcare providers: Results from a pilot study	United States	Pilot Pre-Post test	Stress, sleep, resilience, burnout, compassion and satisfaction	N=14 Health Care Providers	iRest decreased stress significantly

HUMAN CONFLICT AND OCCUPATION

Helping military families through the deployment proves: Strategies to support parenting	United States	Model Description	N/A	Military Families	Shows Efficacy for PMTO model for reducing stress and makes case for ADAPT for Military families
Family-centered preventive intervention for military families: Implications for implementation science	United States	Intervention Description and Implication	Self-report	Military Families	FOCUS is a flexible, responsive and efficient preventative program for military families
Systematic review of evidence and treatment approaches: Psychosocial and mental health care for children in war.	United States	Systematic Review	N/A	Children affected by War	Primary care should be focused on; more research is needed.
Narrative exposure therapy as treatment for child war survivors with posttraumatic stress disorder: Two case reports and a pilot study in an African refugee settlement.	Somalia Africa	Pre-Post test	CIDI Sections K and E	Children with PTSD	NET resulted in significant symptom reduction in both the post-test and the follow up.