

7-12-2023

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NSUWorks Citation

Christina A. Swoyer. 2023. *Creating a Veteran Suicide Prevention Module in an Entry-level Doctor of Occupational Therapy Program*. Capstone. Nova Southeastern University. Retrieved from NSUWorks, . (107)
https://nsuworks.nova.edu/hpd_ot_capstone/107.

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Creating a Veteran Suicide Prevention Training Module in an Entry-level Doctor of Occupational Therapy Program

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Nova Southeastern University's Doctor of Occupational Therapy Program (Tampa Bay Regional Campus)

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(Purple Heart Foundation, 2023)

Introduction

- Active duty and veteran suicides have reached epidemic numbers in the most recent years (Busuttil, 2022).
- Suicide rates for active-duty military members are at their highest since 9/11 and have continued to increase over the past five years (DeSimone, 2021).
- Frequent barriers to seeking mental health treatment were career concerns, stigma, treatment apprehensions, leadership issues, and practice barriers (Zinzow et al., 2017).
- Stigma of seeking and receiving treatment is the most common barrier (Bimpong, 2017).

Site Description

- Nova Southeastern University Tampa Bay Regional Campus: Doctor of Occupational Therapy (OTD) Program
 - 3 years and a semester long
 - Blended program (4 on-campus days a month)
 - Requires over 2,000 hours of clinical experience (Nova Southeastern University, 2023)
 - 16-week Capstone experience (Nova Southeastern University, 2023)

Summary of Needs Assessment

- Mental health is a crucial aspect of everyday life.
- Mental health challenges can lead to occupational disruption.
- Veterans experience more mental health challenges than the general population due to the many traumatic experiences during their time of service.



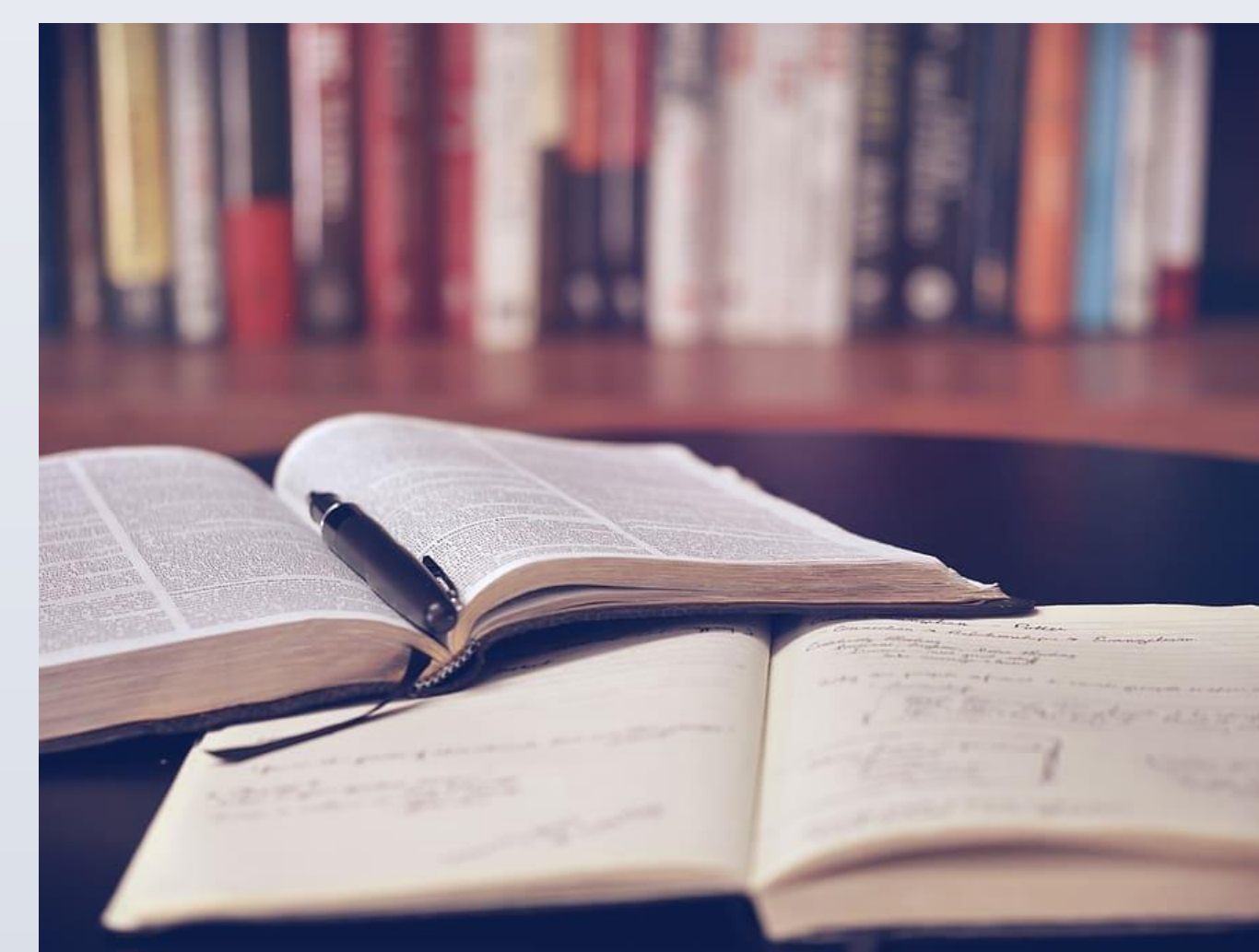
(Christian Broadcasting Network, 2023)

Literature Review Summary

- Education about active duty and veteran mental health is desperately needed in clinical programs to better provide mental health services for this population (Busuttil, 2022).
- Occupational therapy programs benefit from increased education about suicide prevention for this population, which can be translated to other populations.
- Currently, there is an insufficiency of educational resources, and limited understanding of occupational therapy's role in suicide prevention for active duty and veterans (Kawisha et al., 2017)



(Prior, 2020)



(Patterson, 2018)

Capstone Project Description

- Created educational resources for suicide prevention, implemented information about veteran suicide prevention, and health promotion into an entry-level mental health interventions course
- **OTD Veteran Suicide Prevention Module**
 - Two veteran suicide prevention lectures, which were informed by:
 - My systematic review (over the effectiveness of occupational therapy interventions in veteran suicide prevention)
 - Question/Persuade/Refer (QPR) suicide prevention training
 - Signs/Ask/Validate/Encourage and Expedite training (S.A.V.E.; specific to veterans)
 - Three case studies
 - Created through inspiration from *Taming the Fire Within* by Anne Freund and listening to the lived experiences of veterans from a documentary called "We Are Not Done Yet"
- **Outcomes:**
 - Students reported competence in implementing veteran suicide prevention
 - Inspired a student to complete her Capstone working with veterans

| Objectives of First Lecture | Objectives of Second Lecture |
|--|--|
| -Define suicide | -Defining PTSD vs PTS and discussing PTSD symptoms |
| -Discuss the prevalence of veteran suicide | -Identify the occupational challenges veterans experience |
| -Discuss myths vs facts | -Discuss OT's role in veteran suicide prevention |
| -Identify the warning signs | -Discuss effective occupational therapy interventions that can be utilized to treat veterans with PTSD |
| -Discuss the risk and protective factors of veteran suicide | |
| -Identify the components of the S.A.V.E. method for veteran suicide prevention and how to implement it | |
| -Identify what you should do depending on the urgency of the suicide crisis | |

Veteran Suicide Prevention Training: Case Studies and Questions for Discussion

Six groups (five groups of four and one group of three); 20 minutes per case

Case Study 1: Mark

Mark is a 25-year-old male veteran who was recently diagnosed with PTSD stemming from his traumatic combat experiences in Iraq. He has been having a difficult time transitioning back into the community since his return from Iraq a month ago. He is divorced and shares 50-50 custody of their 10-year-old daughter but has trouble with co-parenting due to his wife having a toxic personality as identified by her difficulty with communication, gaslighting, and not following court-ordered parenting plan. He has been having severe nightmares daily, reliving his combat experiences every night. He usually stays home instead of going out with friends because he does not feel comfortable driving since he is constantly watching for danger like snipers on the buildings. He feels a lack of control when others are driving and starts to panic. Mark and his daughter mainly stay at home instead of going out due to his fear of driving. He starts to feel very overwhelmed, anxious, and isolated when his daughter started asking to go places when he had her and saw pictures of his friends hanging out without him on social media. He is referred to outpatient occupational therapy services by his psychiatrist to improve his occupational performance, satisfaction, and engagement.

1. During his initial interview, you assess that he might be suicidal. Why did you determine he might be suicidal?
2. Mark admits he is thinking of suicide. What should you do next?
3. Once you have convinced Mark to get help, what could you do next? Discuss your choice.
4. What interventions could you implement with Mark to help him manage his PTSD symptoms to improve quality of life?

Learning Objectives Achieved

1. Completed a systematic review about best practices for veteran suicide prevention by occupational therapists.
2. Achieved certification in veteran suicide prevention.
3. Created and taught a veteran suicide prevention module in the Psychosocial and Community Interventions course.
4. Submitted my systematic review to *Occupational Therapy in Mental Health*.
5. Submitted my systematic review for consideration to present at AOTA (poster) and TNOTA (short course)

Implications for OT Practice

- Conduct more research on the effectiveness of occupational therapy interventions in veteran suicide prevention.
- More rigorous studies must be conducted.
- More occupation-based and suicide prevention-specific occupational therapy interventions must be developed.
- Veteran suicide prevention education should be implemented in entry-level occupational therapy programs.



(Ramchand, 2021)

REFERENCES & ACKNOWLEDGMENTS

Thank you to Dr. D'Amico for being an amazing Capstone mentor and offering so much guidance during my Capstone experience. I would also like to thank Dr. Kane for helping make my Capstone experience possible. Finally, I want to thank librarian Chloe Hough for assisting with starting the research process for my systematic review.

References available upon request.