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Winnebago County Veterans Dryhooch Outreach Program

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Abstract

Winnebago County Veterans Dryhootch Outreach Program

Aims: The Dryhootch Outreach Program focused on increasing behavioral activation through social interaction in a population of military veterans with Post Traumatic Stress Disorder (PTSD). The goals of the intervention were to reduce the prevalence of anxiety, depression, and PTSD symptoms. Additionally, the project aims to assist veterans to develop and maintain healthy relationships, assimilate with the “civilian” community, and effectively contribute to society.

Methods: Twenty-seven veterans with PTSD attended the twelve-week Dryhootch Outreach program provided by the Winnebago County Veterans Service office and partnering organizations. A pre-post interventional study format was utilized to evaluate the effectiveness of the Dryhootch Outreach Program with an aim of reducing PTSD symptomology among veterans. The DSM-V (PCL-5) PTSD Checklist was the assessment tool used. This twenty question self-reported measure assesses the presence and severity of PTSD symptoms. A paired T-test analysis was conducted to determine if the intervention concluded a statistically significant reduction in PTSD symptoms.

Results: The results indicated there was not a significant reduction in PTSD symptomatology following participation in the Dryhootch Outreach Program ($p = 0.21$). However, future research may benefit from use of larger sample sizes, longer duration for the intervention, and use of qualitative measures to produce favorable results.

Conclusion: Minor modifications to this intervention with the continued use of behavioral activation, in the form of social interactions, shows promise in reducing PTSD symptoms and promoting reintegration in the community among military veterans.

Introduction

The Winnebago County Veterans Services includes two offices located in Oshkosh and Neenah, Wisconsin. The Veterans Services Office provides education and assistance to veterans, spouses, surviving spouses, and dependents related to compensation, pension, education, health benefits, financial assistance, home buying, transportation, and other benefits. The mission for Winnebago County Veterans Services is the following: “we believe in strengthening the lives of our veterans and their families by connecting them with their earned benefits” (Winnebago County Veterans, 2018). Furthermore, the vision focuses on: “improving the quality of life for Winnebago County Veterans and their dependents through accessing all available benefits that were earned by the sacrifice and service to their country” (Winnebago County Veterans, 2018).

During my SL/CE I was responsible for the development, implementation, coordination, and operation of the Winnebago County Veterans Service Office (CVSO) Dryhooch Outreach Program. The program primarily was located in a conference room at the Winnebago CVSO office. The Dryhooch Outreach Program consisted of a twelve-week behavioral activation program that was available for veterans with PTSD on Thursdays from 3:00 pm to 4:00 pm.

Behavioral activation is an effective psychotherapy approach that seeks to increase engagement in adaptive activities. Behavioral activation encourages participants to obtain and

develop the skills that enable them to establish and maintain connections with diverse, stable sources of positive reinforcement. This creates a life of meaning, value, and purpose (Busch, Rusch, & Kanter 2009). For instance, behavioral activation for depression emphasizes overcoming patterns of withdrawal and avoidance that can follow a traumatic event (e.g., loss of a loved one) by coaching participants to re-engage in rewarding and meaningful activities (Martell, Addis, & Jacobson, 2001).

Problem Statement

Combat veterans returning home are at an unacceptably high risk of anxiety, depression, and PTSD symptoms (Gaylord, 2006). There is no program or organization in Winnebago County providing veterans with a post discharge support service that further assists with the veterans' reintegration into the community. Veterans tend to live in Winnebago County due to the employment opportunities available. Oshkosh Corporation and Mercury Marine are avid supporters of hiring military veterans. The geographical location of the Appleton DVA Clinic also results in a continued increase in the number of veterans in the Winnebago County community. The Department of Veterans Affairs (DVA), Wisconsin Department of Veteran Affairs (WDVA), nor the County Veteran Service Office (CVSO) provide services that allow veterans to meet and interact with fellow veterans to further advance reintegration into the community. Thus, this project focused on increasing behavioral activation through social interaction in a population of military veterans with the goal of reducing the prevalence of anxiety, depression, and PTSD symptoms.

Importance of the Project

The mental health stability of our combat veterans is a major public health concern that can have a devastating effect on the veteran, their family, and the community. For instance, DVA data shows that from 2002-2009, approximately one million troops left active duty in Iraq and Afghanistan. Upon discharge these veterans became eligible for DVA health care. Of those troops, 46% sought DVA health services. Of those veterans who utilized DVA health care, 48% were diagnosed with a mental health condition (“PTSD: National Center for PTSD Home,” 2015). It is evident there is a gap in outreach services for combat veterans. This project was designed to bridge this gap through behavioral activation, as well as, provide veterans with additional resources to further enhance community reintegration.

Literature Review

Military veterans returning home from combat may suffer from a wide range of physical and psychological disorders which include PTSD, anxiety, depression, substance abuse, and readjustment problems. Unique to PTSD is that significant symptoms may appear at a later period of time from the onset of the traumatic event(s) occurring (Gray, Bolton, and Litz, 2004). The severity of PTSD plays a critical role in a veteran’s anxiety levels, depression levels, and readjustment problems. The DVA completed studies to determine the prevalence and the types of community reintegration problems among Iraq and Afghanistan combat veterans. The result indicated 25 percent to 56 percent of combat veterans reported “some” to “extreme” difficulty in social functioning, productivity, community involvement, and self-care domains. Almost all (96%) expressed interest in services to help readjust to “civilian life” (Sayer et. al., 2010). Specifically, Winnebago County Veterans Dryhooch Outreach Program is available to all military veterans living in Winnebago County who are experiencing difficulties reintegrating

into the community. According to the Veterans Administration, between 11% to 22% of veterans who served in Iraq and Afghanistan report being diagnosed with PTSD (“PTSD: National Center for PTSD Home,” 2015). Although medications exist to aid in treating PTSD, behavioral activation has also demonstrated noticeable management of PTSD symptoms (Jakupcak et. al., 2010). Thus, this project focused on increasing behavioral activation through social interactions in a population of military veterans with the goals of reducing the prevalence of anxiety, depression, substance abuse, and PTSD symptoms.

The United States Census Bureau (2015) reported approximately 12,185 veterans are currently living in Winnebago County. Based on the statistics provided by the DVA, between 1,340 to 2,681 veterans in Winnebago County could benefit from services focused on improving reintegration into the community.

Researchers have demonstrated veterans who struggle with anxiety, depression, substance abuse, and PTSD symptoms also have a decreased likelihood of reintegrating back into civilian life. Specifically, Sayer and colleagues (2010) completed a study in which one third of participants reported divorce, dangerous driving, increased substance use, and increased anger control problems since deployment. Furthermore, 41% of veterans with PTSD or PTSD symptoms were associated with reporting more readjustment difficulties (Sayer et. al., 2010). The proposed program will focus on addressing the reintegration issue by developing and implementing the Dryhootch Outreach Program two days a week.

Behavioral activation is an intervention known to decrease symptoms related to PTSD. Social interaction and social supports are examples of behavioral activation. For instance, a

study completed by Pietrzak, Johnson, Goldstein, Malley, and Southwick (2009) found that veterans with PTSD tend to have lower self-efficacy related to coping compared to veterans without PTSD. Lower coping self-efficacy was associated with increased levels of distress, intrusion, and avoidance symptoms. Additionally, the researchers indicated the link between veterans with PTSD and poor social support systems. Veterans who were exposed to higher perceived social supports were associated with decreased levels of PTSD and depressive symptoms. The results of this study suggest that interventions designed to bolster social support/social interactions may help protect against the development of PTSD, depressive symptoms, and improve psychosocial functioning among the veteran population (Pietrzak et. al., 2009).

Goals and Objectives of the Winnebago County Dryhootch Outreach Program:

The goals and objectives for the Winnebago County Dryhootch Outreach Program are designed to determine the overall effectiveness of reducing PTSD symptoms among veterans. This intervention is not only aligned with goals and objectives of the Winnebago County Veterans Service Office, but it also meets the academic requirements for the University of Nebraska Medical Center's Service Learning and Capstone experience.

The goals of the Winnebago County Dryhootch Outreach program are as follows:

- 1. Identify the needs of the Winnebago County veteran population.**

To complete this goal, veterans will be asked to complete a needs assessment prior to the start of the outreach program. This assessment will help the Winnebago County Veteran Service Office staff to identify potential barriers that may be contributing to the

participants' poor health and problem solves interventions to target these needs. It will also allow for the staff to make necessary adjustments to the Dryhootch Outreach Program in order to meet the unique needs of the participants.

2. Provide Winnebago County veterans with increased levels of behavioral activation through social interaction with the outcomes of reducing the prevalence of PTSD symptoms.

This will be completed by offering a unique coffee shop experience that encompasses peer support, reintegration, employment, DVA benefits education, and additional resources. This program provides veterans the opportunity to share their experiences with fellow veterans. The impact of this project is for the veterans to develop and maintain healthy relationships, community reintegration, and begin to effectively contribute to society.

3. Reach and maintain the goals established by Healthy People 2020, Department of Defense (DOD), and DVA. Healthy People goals is to promote health by not only reducing substance abuse, but also improving mental health through preventive measures (healthypeople.gov, 2017). The DOD and DVA goals to raise awareness about mental health and encourage individuals to seek services ("DOD and VA Take Steps to Support the Mental Health Needs of Service Members and Veterans," 2012).

The Dryhootch Outreach Program is designed to meet the goals established by Healthy People 2020 and the DOD/DVA. The focus of the program is to improve the reintegration process of veterans in addition to reducing the prevalence of PTSD symptoms among the veteran population. Previous veterans returning home from wars established a variety of Veteran Support Organizations (VSOs). However, most of these VSOs were built within bars and taverns. Previous research has demonstrated a link between PTSD and substance abuse/addiction. For instance, a study completed by Back

and colleagues (2014) indicated that 85 percent of veterans with PTSD symptoms reported an increase in substance use. Reducing substance abuse among the Winnebago County veteran population will assist us in reaching our goal established by Health People 2020.

Furthermore, the Dryhootch Outreach Program will promote the use of additional resources to benefit the veteran population in the reduction of mental health conditions. This referral process is aligned with the DOD and DVA goal to encourage veterans to seek mental health services.

The Primary objective of the Winnebago County Dryhootch Outreach program and this SL/CE project is as follows:

1. **At least 85 percent of veteran participants will increase behavior activation through social interaction to reduce the prevalence of PTSD symptoms by the end of the intervention.**

The primary goal for the Winnebago County Dryhootch Outreach Program is to decrease the prevalence of PTSD symptoms among the veteran population. The accomplishment of this goal will improve the likelihood of success for the other two goals and the overall program. As stated above, 25 to 56 percent of Iraq and Afghanistan veterans who use DVA services reported “some” to “extreme” difficulty in social functioning. The Dryhootch Outreach Program aims to reduce this disparity among this target population each year by having an 85 percent success rate amongst participants. This will be measured by assessing and monitoring participants surveys during the first and last gatherings.

Methods

Research Question:

Does participating in the Winnebago County Dryhooch Program result in a decrease of PTSD symptomology among veterans?

Application of Theories/Theoretical Models:

The Winnebago County Dryhooch Outreach Program utilized the Social Cognitive Theory. According to Bandura's Social Cognitive Theory, "behavior is a product of an individual's learning history, present perceptions of the environment, and intellectual and physical capacities. Thus, behavior can be changed through new learning experiences, guidance in the adjustment of perception, and support for the development of capacities" (Glanz, Rimer, & Viswanath, 2008, p. 176).

To make these modifications in behavior the Dryhooch Outreach Program utilized the following four Social Cognitive Theory concepts: reciprocal determinism, self-efficacy, facilitation, and self-regulation to decrease PTSD symptoms among participants. Reciprocal determinism was utilized through the group setting structure where the environmental factors and individuals in the group influenced each other for behavioral change. Self-efficacy was used by improving veterans' beliefs about their abilities to play an active role in their life and decrease PTSD symptoms. Facilitation was targeted by providing materials on known barriers among the veteran community. The training program used self-regulation; specifically focusing on veterans using self-monitoring and social support resources as coping skills within the program (Glanz, Rimer, & Viswanath, 2008).

Study Design:

A pre-post interventional study format was used to evaluate the intervention used by the Dryhooch Outreach Program with the aim of reducing PTSD symptomology among

veterans. The pre-post study design measured the dependent variable before and after implementation of the intervention. The time-based element is the strength of the study design, which suggests that the outcomes are impacted by the intervention (Thiese, 2014).

Study Sample:

The sample size for the Dryhootch Outreach Program consisted of 27 veterans diagnosed with PTSD.

Dryhootch Outreach Program:

The Dryhootch Outreach Program consisted of a twelve-week intervention, which met every Thursday from 3:00 pm – 4:00 pm. The location of the intervention was primarily at in the veteran group room at the Winnebago County Veterans Service Office. Workforce development and YMCA were the only session held off site to better serve the participants. Veterans were also encouraged to come early to interact with fellow veterans and review previous learned material. Veterans could miss one session, but had to reschedule an appointment with either a benefit specialist or peer support specialist to review missed material. If the participant was unable to attend either session he or she was prohibited from the intervention. During the intervention we began incorporating individualized peer support opportunities. This provided the veterans additional opportunities to discuss any issues/concerns they may have with the content being covered or personal issues they may be experiencing.

The weekly intervention used Maslow's Hierarchy of Needs: Basic needs: physiological needs & safety needs; Psychological needs: belongingness & loved need and esteem; and Self-fulfillment needs: self-actualization (McLeod, 2007). For instance, the first week of the intervention focused on the Maslow's basic needs in the form of housing. Staff from the Home

for Hero's and Center for Veterans Issues (CVI) presented and provided resources and services to assist with the veterans' housing issues. The next nine weeks focused on Maslow's psychological needs in the form of workforce development (three weeks), financial management (two weeks), veteran benefits (one weeks), and Green Bay Vet Center (three weeks). The final two weeks of the program consisted of Maslow's self-fulfillment needs in the form physical activity and community engagement. (See Appendix A)

Independent Variable:

The independent variable was the implementation of the Dryhootch Outreach Program, which consisted of weekly interventions carried out to reduce the health outcome of PTSD symptomology. These interventions included the following weekly sessions: Workforce Development to improve job searching skills, resume building, and interview techniques; Green Bay Vet Center to improve on a variety of coping skills; Winnebago County Veteran Service Officer to educate veterans about DVA benefits and enrollment in those services; Financial Information & Service Center (FISC) to improve on budgeting skills and financial stability; Winnebago County Housing Authority and Homes for Hero's Program used to assist veterans in finding appropriate housing options; and Oshkosh Community YMCA to educate and get veterans active in fitness classes and social supports.

Dependent Variable:

The dependent variable will be the decrease in self-reported PTSD symptomology among veterans. Veterans completed the adult PTSD Self-Report Measure: PTSD Checklist (PCL)-Military Version. This data was collected at two points; before the intervention's

implementation and following completion of the intervention. The desired outcome is to note a reduction in PTSD symptomology based on the pre/post PTSD questionnaire.

Participants:

Table 1 shows the demographic characteristics of the participants. The veterans ranged in age from 27 years to 51 years old at the start of the intervention with an average age of 36.9 years (SD = 7.30). Ninety-three percent of veterans were male and the majority were Caucasian.

Combat operations consisted of three theaters: Desert Storm, Operation Enduring Freedom (OEF), and Operation Iraqi Freedom (OIF). Some of the veterans not only endured multiple deployments, but also engaged in combat operations in multiple theaters. The total length of deployments ranged from six months to 30 months, with a mean of 13.1 months (SD = 7.20).

Table 1: Veteran Demographic Information for Dryhootch Outreach Program (Total Sample)

Characteristics	% of Participants
Gender	
Male	92.6
Female	7.4
Age	
21-30	22.2
31-40	55.6
41-50	14.8
51-60	7.4
Racial Group	
Caucasian	85.2
African American	14.8
Hispanic	0
Deployment Location	
Desert Storm	11.1
OEF	33.3
OIF	29.6

OEF/OIF	18.5
Desert Storm/OIF	7.4
Length of Deployment	
0 – 6 months	18.5
7 – 12 months	48.2
13 – 18 months	18.5
19 – 24 months	7.4
25 – 30 months	7.4

Note: Frequencies were calculated with 27 participants.

Recruitment:

Veterans with PTSD were recruited through the collaboration effort with local Veteran Service Organizations (VSO), Green Bay Vet Center, University of Wisconsin-Oshkosh, and partnering community organizations to assist with the advertisement of the Dryhooch Outreach Program in form of flyers and word of mouth. Winnebago County Veterans Service Office also utilized social media and radio Public Service Announcement (PSA) to advertise the program. The eligibility criteria for participants were:

- i) Rated with a DVA Service-Connected disability for PTSD
- ii) Deployed to Desert Storm, Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), or multiple deployments.

Veterans registered their interest by either coming in to the Veteran Service Office directly, calling, or emailing myself. A total of 35 veterans registered their interest in participation in the intervention. Veterans received a pre-notification phone call to assess veteran’s eligibility, explain the study, and answer any questions. Twenty-seven veterans committed to participate in the study following the screening phone calls.

Data Collection Measures:

The intervention utilized a quantitative study design. The assessment measure used for this intervention was the PTSD Checklist for DSM-V (PCL-5). The purpose of using primary data was to determine if veteran's PTSD symptomology was significantly reduced by participating in the intervention. The PTSD Checklist for DSM-V (PCL-5) is a 20 question self-report measure assessing the presence and severity of PTSD symptoms. This measure is divided into four subscales corresponding to the clusters B-E in the DSM-V: Intrusion (five questions), Avoidance (two questions), Negative alterations in cognitions and mood (seven questions), and Alterations in arousal and reactivity (six questions). The questions are rated on a five-point Likert-type scale (0 = "not at all" to 4 = "extremely"). The items the PCL-5 can be read by the respondent or read to them. It can be completed in approximately 5-10 minutes. Total scores range from 0 to 80 and a preliminary cutoff score of 33 is recommended (Weather et al., 2013). Participants in the study completed the PCL-5 (pre-test) on the first gathering and completed the PCL-5 (post-test) on the last gathering. The PCL-5 is intended to assess participants' symptoms in the past twelve weeks (Weather et al., 2013). (See Appendix B).

There are multiple purposes for using this analytical study design. The first is to continue to explore the association between veterans who participate in the intervention and the reduction of PTSD symptomology. Second, is to use the data to improve the existing program and to develop future education programs to further benefit the veteran population. Lastly, the data obtained will be used to potentially obtain future funding and resources from the Wisconsin Department of Veteran Affairs to better serve the Wisconsin veteran population.

Statistical Analysis:

The association between the independent and dependent variables will be studied. A paired t-test analysis will be conducted to determine if the intervention resulted in statistically significant changes in PTSD symptoms, as measured by the PCL-5.

Results

The statistical Package for Social Sciences (SPSS 18 for Windows) program was used to conduct the statistical analyses for this study. Descriptive statistics were calculated prior to answering the research question (see Table 2). Pre-test data analysis indicated twenty-seven participants met the DSM-V PTSD criteria, which was a precursor to be eligible to participate in the intervention. In contrast, post-test results determined twenty-two participants continued to meet criteria. This demonstrates five participants no longer meet the DSM-V PTSD criteria based on the survey.

Table 2: Results of PTSD Screening of Veterans Participating in Dryhootch Outreach Intervention

	Pre-Test (n=27)	Post-Test (n=27)
Criteria Met	27	22
Criteria Not Met	0	5

Note: A total score of 33 or higher suggests the participant may benefit from PTSD treatment. Scores lower than 33 may indicate the participant either has subthreshold symptoms of PTSD or does not meet criteria for PTSD.

Paired t-test analyses were conducted to examine the mean differences between the veteran’s participation in the intervention and PTSD symptomology. The results did not indicate a significant difference in reduction of PTSD symptoms through participation in the intervention

($p = 0.21$) (Table 3). These results indicate participation in the intervention did not significantly improve PTSD self-reported symptoms.

Table 3: *T-test Between Pre-test and Post-test Variable*

Variable	Pre-Test			Post-Test			df	T	p
	N	M	SD	N	M	SD			
Dryhooch Outreach Intervention	27	36.44	2.28	27	36.15	2.89	26	2.06	0.21

Note. * $p < 0.05$

Discussion

This study was conducted to examine theoretically supported predictive variables (pre- and post-test) on the reduction of PTSD symptomology among veterans. Specifically, this study sought to determine the relationship between veterans participating in the intervention and changes in PTSD symptomology.

The findings showed that over the course of the intervention, symptoms of PTSD were reduced among five participants. Although, the results may not have been quantitatively significant. This study is promising as it demonstrated that the intervention may have played an influential role in the reduction of PTSD symptoms for some participants. However, findings from the present study are not consistent with previous studies that have assessed the use of behavioral activation. Previous research has noted a significant decrease PTSD symptomatology at intervention completion (Pietzak et. al., 2009).

A major difference between the present intervention compared to other studies is the duration of the intervention. Other studies typically implemented interventions for an average of one year. The intervention, Winnebago County Dryhooch Outreach Program, was implemented for twelve weeks. The length of the intervention may have played a critical role in the limited number of participants who reported a reduction in PTSD symptoms.

This study produced qualitative results that can be used as key elements for future interventions. The informal feedback received by the veteran participants was constructive. Some veteran participants identified feeling a sense of hopelessness prior the start of the intervention. Upon completion, these same individuals reported a sense of optimism as they can take the skills learned from the twelve-week program and begin to apply them in real life situations. For example, one of the participants explained, "I have been going to therapy at the VA for over six years now and I feel that this program has not only given me more coping skills, but also the confidence to find employment and have a sense of purpose." The testimonials heard throughout the intervention are concurrent with previous studies, which indicated behavioral activation contributes to the improvement of psychosocial functioning among the veteran population (Pietrzak et. al., 2009).

Additionally, veteran participants also expressed how the intervention provided them with an increased sense of accountability and connectedness, which for some, is something they have not experienced since their time in service. The participants met 27 fellow veterans, in addition to the group facilitator, who have and are experiencing the similar feelings. Participants also indicated how empowering it was to look around room and see they are not alone. These veterans thought that there was something wrong with only them and that they

were broken. This eye-opening experience reportedly helped them connect with individuals they could connect. A phrase commonly used in the military is “a team is only as strong as its weakest link.” This phrase continued to be a relevant expression and was utilized as the mantra throughout the intervention. The social support system throughout the intervention played a critical role in the groups commitment to not only themselves, but also the group.

Limitations:

Limitations of this study warrant consideration and a focus for future directions in research. The results from this study are limited by a pre-post study measure, relatively small sample size, assessment measures, duration of the intervention, and a lack of post intervention follow up. The pre-post studies do not have control over all factors that are continuously changing throughout the implementation of the intervention. Therefore, changes in desired outcomes during the intervention cannot be full attributed to the specific intervention (Thiese, 2014). The pre-post study measure may also not have been sensitive enough to pick up differences within the twelve weeks of the intervention. The sample size for the current study may not have been large enough to obtain a true measure for the effectiveness of the program. This study may also have benefited from the implementation of a qualitative assessment measure to gain knowledge for changes that are unable to be captured in a quantitative measure. The duration of the intervention may have been another drawback of this study. The intervention offered multiple reintegration concepts, but time constraints hindered the ability to fully practice those skills. Lastly, the lack of post intervention follow-up is another limitation. Future studies may benefit from having a three to six-month post intervention follow up

assessment. This could be used to evaluate if the concepts learned during the intervention are beneficial in both reintegration into the community and the reduction of PTSD symptomology.

Recommendations:

Based on the findings from the current study, it is recommended that future research be carried out with the use of sensitive qualitative and quantitative data measures. Due to the unique study population and the type of intervention using a mixed-method evaluation may enrich the data analysis. Furthermore, future interventions would benefit from having the peer support mentors go through Dryhootch Organization's, Quick Reaction Force (QRF) training. This peer support specialist training consists of a 32-hour training course focused on the skill development in areas such of peer mentoring, motivational interviewing, and reintegration to name a few. The skills obtained from QRF training are necessary to be an effective peer support specialist. Lastly, future studies would benefit by increasing the intervention to longer than twelve-weeks. This will not only benefit in skill development among the participants, but also may assess for long term results better.

Conclusion

This study was designed and conceptualized to better understand the role behavioral activation, in the form of social interaction, has on the reduction PTSD symptoms and for promoting reintegration among military veterans. The results of this study show the importance of continuing to evaluate factors that impact the reduction of PTSD symptomatology and help better understand ways to enhance reintegration measures among military veterans. Although, the data collected was not statistically significant the continued

support in funding and research is necessary to ensure our veterans obtain the necessary services needed. The military does a remarkable job in preparing service members to go to war, but often lacks the tools and scope to prepare service members in transitioning to become a “civilian.” Public health practitioners can play a vital role for implementing evidence-based interventions focused on meeting the unique needs of our military veteran.

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Service Learning/Capstone Experience Reflection

Describe the Experience with the placement site.

I learned a great deal throughout my time at my placement site. I assumed I knew everything about veteran benefits, since I am a veteran. However, that was not the case. The amount of Federal and State veteran benefits/programs is overwhelming. Thankfully I have went to multiple trainings to learn about all the Federal and State VA benefits. The range of population that we serve is also rewarding. I have had contact with veterans that age from 22 to 93 years old. To hear firsthand accounts from World War II veterans as they fought in the Battle of Bulge or to learn that they survived a plane crash and were taken captive as a Prisoner of War (POW). This placement site has given me the opportunity to connect with fellow veterans from a range of military conflicts: WWII, Korea, Vietnam, OEF, and OIF. It is an honor to have the opportunity each day to provided services to my fellow veterans.

Furthermore, the staff that I worked with was amazing throughout my SL/CE experience. The knowledge and experience that each of them bring to the table is overwhelming. However, each of them were always there to answer questions and provide guidance throughout my experience.

Describe how SL/CE activities were performed: what, when, with whom, how long, etc.

The Dryhootch Outreach Program was an initiative that Karen Winkel (committee member) suggested in a staff meeting when I was new hire. Karen and I then began working on developing this program. The first stage of the program was the planning. Karen assisted me throughout this process. Through Karen's experience working with veterans with PTSD, we

decided to work on developing a program that would meet the unique needs of this population. From our conversations with veterans we noticed gaps in mental and physical health, relationships, coping skills, employment, and financial management to name a few. We wanted to create an intervention that would address these needs. The initial planning and recruiting for the program took about month. The scheduling of the other organizations involved seemed to be the most challenging.

When the twelve-week intervention began my primary duties were to coordinate the program. I made sure everything was ready for partnering organizations to present. I also had to ensure I had peer support personnel ready for my participants. Early on it was crucial to build relationships with the participants. This allowed me to assign a peer support specialist who would be the right fit for the veteran. I also provided peer support duties throughout the intervention.

Related to your Service Learning activities, what do you think were your greatest contributions/accomplishments? What strengths did you bring into the project?

The greatest contribution would my ability to build rapport with not the partnering organizations, but more importantly with the veterans who participated in the intervention. Some of the participants were hesitant to join the intervention, but my ability to build a relationship with the veteran and recruit them to participate in the program. Another strength was my ability to link veterans with additional resources. I didn't have all the answers, but I was able to connect those veterans with the appropriate organizations. Connecting veterans with

resources was a personal qualitative goal for this program/intervention. It was nice to get feedback from the veterans that they got their needs met.

What were the greatest challenges of your Service Learning experience?

There were a few challenges that arose during my SL/CE experience. First, being the scheduling of the partner organizations. Each of them were volunteers their services to benefit veterans, which means they also had their primary duties with their organizations to maintain. As a group we had to be flexible and made a few modifications to the schedule along the way to ensure received all the services. Recruiting participants was the second challenge. This intervention was twice a week during the work day, which limited participation. This is one of the modifications I would make when I did this intervention again. Lastly, space was another challenge. This intervention was held for all Winnebago County Veterans, but the location was in Oshkosh. Some of the veterans who wanted to participate could not commit because of transportation issues.

What were the most important insights that you have from both your Service Learning and your Capstone Experience?

Planning the intervention and building relationships were two of the most important insights I obtained from my SL/CE. I established relationships with partner organizations in the planning phase of the program. Building these relationships with organizations increased the interventions progress and effectiveness. Relationships with fellow veterans grew throughout the intervention. These relationships increase the reputation of the program, which drew more interest among veterans for future interventions. Lastly, this program can be easily replicated

and be put in place in other counties to increase the outreach of services those veterans struggling with PTSD.

How have your views of public health practice been impacted by your SL/CE?

Although, Winnebago County Veterans Service Office falls under Human Services, we also have to complete extensive training in the multiple veteran programs offered through the State and Federal VA, but also an understanding of the programs offered within our county. We serve unique target population with diversity of issues and it is privilege to have the opportunity to serve them. I feel that my Public Health education and training from the University of Nebraska Medical Center has had a large influence in the success I am having at Winnebago County Veterans Service Office. The tools I have learned and implemented have played a critical role in the continued growth of our Department.

How did your public health education prepare you to address any ethical or other issues you encountered during your SL/CE?

The ethical issue that I encounter during my SL/CE project was when I had to deny veterans entrée into the intervention because they didn't have a Service-Connected Disability for PTSD. Although, accepting them would have increased my sample size and potential improved my data. I didn't think it was ethical to admit them into the intervention. However, I could link them with another benefits specialist in our office who was able to get those veterans connected with his and her veteran benefits.

Acknowledgements

I would like to extend my gratitude to the many people who helped and supported me through the completion of my SL/CE experience. This accomplishment would not have been possible without them. My wife, Leah, has demonstrated unconditional love during this journey. She has provided me with unfailing support and continuous encouragement throughout my training. I would like to thank the members of my committee for their help throughout my SL/CE experience. I am fortunate to have such dedicated professors who have been there and helped me through this process. The first person that deserves my gratitude is my advisor and chair, Dr. Kendra Schmid and Dr. Brandon Grimm, as they have played an integral role in this process and have been excellent mentors throughout my SL/CE experience. I would also like to thank my preceptor and committee member, Judy Steckbauer and Karen Winkel, as they have provided me support, knowledge, and inspiration throughout this process. Without them, I would not have seen myself grow into the student, professional, and public health practitioner that I am now. Additionally, I would like to thank my fellow coworkers, Joe Aulik and Tamara Marquart, for their immeasurable support and guidance as they helped in the planning, implementing, and coordination of Dryhootch Outreach Program.

Thank you

Appendix A: Dryhootch Outreach Program

Week One: Housing

Date: 01/11/2018

Time: 3:00 pm – 4:00 pm

Location: Winnebago County Veterans Service Office (Group Room)
112 Otter Ave, 3rd Floor
Oshkosh, WI 54901

Instructor(s): Greg Brittnacher (Winnebago CVSO/Program Coordinator)
Kristy V (Homes for Heroes Program/VA Home Loan)
Angela K (Center for Veterans Issues/Housing coordinator)

Introduction: The purpose of this session is to provide useful resources and techniques to assist veterans in options to access adequate housing options that meets the veteran's unique needs.

Learning Objectives:

- Complete PTSD Pre-Assessment
- Learn about VA Home Loan and ways to use the VA Home Loan
- Initiate necessary paper work for VA home loan program
- Identify local housing resources and how to effectively seek out those resources

Resources:

<https://www.benefits.va.gov/homeloans/index.asp>

<https://www.homesforheroes.com/>

<http://www.cvivet.org/>

Week Two: Employment

Date: 01/18/2018

Time: 3:00 pm – 4:00 pm

Location: Oshkosh Job Center
219 Washington Ave. #107
Oshkosh, WI 54901

Instructor(s): Cindy H (Department of Workforce Development)

Introduction: This session addresses some of the reasons why veterans may struggle with finding gainful employment and provide resume techniques to maximize the veteran's potential.

Learning Objectives:

- In the form of a resume; Veterans will Learn ways to correlate work experience in the military to civilian sector jobs.
- Veteran will be able to write a resume showing their skills, experiences, and education that they can use when applying for a job.

Resources:

<https://dwd.wisconsin.gov/>

<https://jobcenterofwisconsin.com/Presentation/JobSeekers/Default.aspx>

<http://www.foxvalleywork.org/>

Week Three: Employment (Continued)

Date: 01/25/2018

Time: 3:00 pm – 4:00 pm

Location: Oshkosh Job Center
219 Washington Ave. #107
Oshkosh, WI 54901

Instructor(s): Cindy H (Department of Workforce Development)

Introduction: This session provides veterans with the resource and techniques on where to seek employment opportunities via internet, job fairs, and ways to meet employers.

Learning Objectives:

- Veterans will learn how to navigate specific employment systems.
- Veterans will create profiles and upload resumes.
- Develop skills on ways to effectively stand out or be recognized in comparison to other applicants.

Resources:

<https://dwd.wisconsin.gov/>
<https://jobcenterofwisconsin.com/Presentation/JobSeekers/Default.aspx>
<http://www.foxvalleywork.org/>
<https://www.indeed.com/>
<https://www.linkedin.com/>

Week Four: Employment (Continued)

Date: 02/01/2018

Time: 3:00 pm – 4:00 pm

Location: Oshkosh Job Center
219 Washington Ave. #107
Oshkosh, WI 54901

Instructor(s): Cindy H (Department of Workforce Development)

Introduction: The purpose of this session is to provide effective interviewing skills and techniques necessary to get the job.

Learning Objectives:

- Veterans will learn what to wear for the job interview.
- Equip veterans with knowledge and techniques to effectively tackle the interview process, and leave a positive impression with your prospective employer by reinforcing your strengths, experiences, appropriateness for the job.

Resources:

<https://dwd.wisconsin.gov/>
<https://jobcenterofwisconsin.com/Presentation/JobSeekers/Default.aspx>
<http://www.foxvalleywork.org/>
<https://www.indeed.com/>
<https://www.linkedin.com/>

Week Five: Financial Management

Date: 02/08/2018

Time: 3:00 pm – 4:00 pm

Location: Winnebago County Veterans Service Office (Group Room)
112 Otter Ave, 3rd Floor
Oshkosh, WI 54901

Instructor(s): Teri C. (Financial Information & Services Center)

Introduction: This session introduces financial management skills and ways to develop financial goals, create a budget, and provide budget advice all which are necessary to have financial health.

Learning Objectives:

- Veterans will identify and develop financial goals.
- Discuss basic budgeting terminology and principles.
- Explore tools to develop your personal budget.
- Identify challenges and barriers to budgeting.
- Develop skills to track your financial health and progress.

Resources:

<https://www.fisc-cccs.org/>
<https://www.daveramsey.com/>
<https://www.mint.com/>

Week Six: Financial Management (Continued)

Date: 02/15/2018

Time: 3:00 pm – 4:00 pm

Location: Winnebago County Veterans Service Office (Group Room)
112 Otter Ave, 3rd Floor
Oshkosh, WI 54901

Instructor(s): Teri C. (Financial Information & Services Center)

Introduction: The purpose of this session is to provide debt management resources to assist veterans in understanding the importance of repaying debt and provides additional services (if necessary) to ensure financial health.

Learning Objectives:

- Veterans will identify and develop financial goals to get out of debt.
- Develop debt payment plans within veteran's budget plan.
- Identify spending traps and ways to save more money necessary in becoming debt free.
- Develop skills to track your financial health and progress.

Resources:

<https://www.fisc-cccs.org/>

<https://www.daveramsey.com/>

<https://www.mint.com/>

Week Seven: Federal and State Veterans Benefits

Date: 02/22/2018

Time: 3:00 pm – 4:00 pm

Location: Winnebago County Veterans Service Office (Group Room)
112 Otter Ave, 3rd Floor
Oshkosh, WI 54901

Instructor(s): Greg B. (Benefits Specialist)
Karen W. (Benefits Specialist)

Introduction: The purpose of the session is to provide useful resources to assist veterans in understanding and accessing VA benefits.

Learning Objectives:

- Veterans will identify the importance to utilizing and maximizing their VA benefits
- Learn about VA health care and ways it can benefit the veteran.
- Veterans will learn about potential VA benefits for their spouse and/or dependent children.
- Refer veterans to a benefit specialist to assist with applying for these benefits.

Resources:

<https://www.co.winnebago.wi.us/veterans>

<http://dva.state.wi.us/Pages/home.aspx>

<https://www.va.gov/>

Week Eight: Green Bay Vet Center (Detachment & Reintegration)

Date: 03/01/2018

Time: 3:00 pm – 4:00 pm

Location: Winnebago County Veterans Service Office (Group Room)
112 Otter Ave, 3rd Floor
Oshkosh, WI 54901

Instructor(s): Gerald S (GB Vet Center Counselor)

Introduction: This session will familiarize with a basic understanding of detachment and the issues that can arise from detachment upon reintegration into civilian life, as well as strategies to ease reintegration for veterans

Learning Objectives:

- Veterans will learn about techniques to develop relationships and skills on pursuing your goals/finding a purpose.
- Learn strategies how to enhance social engagement.
- Develop techniques to ask for help.

Resources:

<https://www.ptsd.va.gov/>

<https://www.va.gov/directory/guide/facility.asp?ID=5906>

<https://www.veteranscrisisline.net/>

Week Nine: Green Bay Vet Center (Anger Management)

Date: 03/08/2018

Time: 3:00 pm – 4:00 pm

Location: Winnebago County Veterans Service Office (Group Room)
112 Otter Ave, 3rd Floor
Oshkosh, WI 54901

Instructor(s): Gerald S (GB Vet Center Counselor)

Introduction: This session discusses anger issues that are specific to veteran's reintegration experience. It addresses the goals of anger management.

Learning Objectives:

- Develop goals and strategies to reduce veterans anger management.
- Recognized thoughts that lead to anger, focus attention on more positive thoughts; recognize your ability to change unhelpful patterns
- Develop skills that will reduce level of arousal (relaxation through hobbies, meditation, or physical exercise).

Resources:

<https://www.ptsd.va.gov/>
<https://www.va.gov/directory/guide/facility.asp?ID=5906>
<https://www.veteranscrisisline.net/>

Week Ten: Green Bay Vet Center (Anger Management)

Date: 03/15/2018

Time: 3:00 pm – 4:00 pm

Location: Winnebago County Veterans Service Office (Group Room)
112 Otter Ave, 3rd Floor
Oshkosh, WI 54901

Instructor(s): Gerald S (GB Vet Center Counselor)

Introduction: This session addresses some of the reasons why veterans struggle with relationships issues with his/her family and/or others. The sessions also offer strategies that can be used to improve relationships.

Learning Objectives:

- Learn skills on how to effectively communicate with others.
- Increase willingness to be vulnerable.
- Psychoeducation on the influence of PTSD on relationships.

Resources:

<https://www.ptsd.va.gov/>
<https://www.va.gov/directory/guide/facility.asp?ID=5906>
<https://www.veteranscrisisline.net/>

Week Eleven: Community Engagement

Date: 03/22/2018

Time: 3:00 pm – 4:00 pm

Location: 324 Washington Ave.
Oshkosh, WI 54901

Instructor(s): Jenna S. (YMCA)

Introduction: This session identifies some of the challenges veterans may struggle with as they try to find ways to build healthy habits in daily life as a civilian. The session discusses a holistic view of health and well-being that the veteran can use.

Learning Objectives:

- Identify the eight dimensions of wellness and community's resources available to support health habits.
- Develop mindfulness skills necessary in making daily choices around activities that support health habits.
- Introduce mindfulness yoga as an effective tool in reducing PTSD symptomology.

Resources:

<https://www.move.va.gov/>
<http://www.oshkoshymca.org/>
<http://oshkoshcyclingclub.com/>
<http://www.innersunyogastudio.com/>

Week Eleven: Community Engagement

Date: 03/29/2018

Time: 3:00 pm – 4:00 pm

Location: 324 Washington Ave.
Oshkosh, WI 54901

Instructor(s): Jenna S. (YMCA)

Introduction: This final session will focus on the skill development of breaking the chains of behaviors, necessary to promote healthy habits.

Learning Objectives:

- Complete PTSD Post-Assessment
- Develop problem solving strategies to promote mindful engagement in activities and routines to support health and well-being.
- Complete the Breaking Chains of Behaviors exercise.

Resources:

<https://www.move.va.gov/>
<http://www.oshkoshymca.org/>
<http://oshkoshcyclingclub.com/>
<http://www.innersunyogastudio.com/>

Appendix B: Dryhooch Outreach Program

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experiences (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4

8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feeling for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "superalert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

Application of Public Health Competencies:

Form I attached.