

# Army Occupational Therapy in the Warrior Transition Unit

**“I am a Warrior in Transition. My job is to heal as I transition back to duty or continue serving the nation as a Veteran in my community.**

**This is not a status, but a mission. I will succeed in this mission because I AM A WARRIOR AND I AM ARMY STRONG.”**

**T**hese are the words that reflect the mission of Warriors in Transition and are seen on the walls of our nation’s army hospitals, both at home and abroad. Wounded soldiers with this mission are managed through a continuum of holistic care that supports not just their body, but also their mind, heart, and spirit. This is a bold new front in military medicine, and army occupational therapists and occupational therapy assistants are embracing their new role to assist soldiers (through life skill training, work reintegration, or soldier skill reintegration) with transitioning to a return to military service or a productive civilian life.

## **ARMY MEDICAL ACTION PLAN**

The Army’s Office of The Surgeon General initiated the Army Medical Action Plan as a sustainable system to support, treat, and vocationally rehabilitate wounded, injured, and ill soldiers to prepare them to successfully return to duty or transition back into civilian life. This continuum of integrated care and services for soldiers and their families begins at the point of injury, illness, or disease and continues throughout the entire healing process.

Between March and April 2007, Congress asked the army to evaluate the structure, care, systems, and

processes for all “Warriors in Transition” regardless of their component (active or reserve) or affiliation with the global war on terrorism. This was done after media reports in February 2007 from Walter Reed Army Medical Center identified gaps in support systems. As a result of this analysis, the army created 35 Warrior Transition Units (WTUs), which consist of 58 companies with up to 200 soldiers each. The cadre, or training staff, is composed of active-duty, reserve, and national guard soldiers, and civilian personnel. They are responsible for ensuring that injured soldiers’ needs are met, their care is coordinated, and their families’ well-being is addressed.

Soldiers eligible for assignment to a WTU have sustained injuries, illness, or disabilities during their service that require more than 6 months of medical treatment. At any given time, approximately one third of these soldiers are in the Medical Evaluation Board Process, which means that their medical status is under review for potential discharge from the military for medical reasons. Assignment to the WTU allows soldiers to be in a military unit where their mission is to heal.

## **OVERVIEW OF THE WTU**

The WTU is organized like a typical military unit, with a command-and-control element that includes Warrior Support

(Triad), consisting of the squad leader, nurse case manager, and primary care manager (a physician or physician’s assistant). Squad leaders understand the mission of the healing soldiers and are trained to help guide them as they transition through and between the different phases of the continuum of care, including basic steps such as attending all medical appointments on time. The nurse case manager is the advocate and liaison between the physicians, therapists, and administrators. The case manager addresses all aspects of care, including managing pain, monitoring goals, and preparing for transition beyond the WTU. In addition to the basic command-and-control element, an integrated team of professionals provides skilled services to assure the soldier’s successful return to productive living. Occupational therapy practitioners, social workers, and a chaplain are fundamental to the WTU. Additional specialists from the Military Medical Treatment Facility (MTF) adjacent to each WTU support the medical, behavioral, health, and physical medicine and rehabilitation needs of the warriors in transition.

## **TYPES OF INJURY**

The Warrior Transition program has more than 12,000 soldiers assigned or attached to the 35 units adjacent to major MTFs across the country and

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**Specialist A. R. is an infantry soldier whose goal is to become an architect after his medical discharge from the army. His work therapy placement at Fort Hood Facilities Management gave him exposure to blueprints and allowed him to work with engineers in order to facilitate his transition to a civilian career.**

in select locations around the world. Approximately 63% of soldiers return to duty within 12 months, and 71% return to duty within a 2-year period. The army's philosophy of "train as you fight" creates tough and realistic conditions to prepare soldiers for the harsh realities of war. However, this philosophy also means that some soldiers sustain an injury (usually musculoskeletal) during training, or an underlying medical condition arises. In fact, 66% of the current WTU population enters by means other than evacuation from a war zone. Overall, the most frequently treated conditions within the WTU are orthopedic, such as back and knee injuries, followed by internal and neurological conditions. About 1% of the soldiers have sustained some of the most devastating conditions, such as burns or amputations. Walter Reed Army Medical Center, the Center for

the Intrepid at Brooke Army Medical Center, and the Department of Veterans Affairs (VA) Polytrauma units across the nation help to meet the highly specialized rehabilitation needs of soldiers who have sustained severe traumatic injuries. Federal dollars have been allocated for research and interventions addressing posttraumatic stress disorder and traumatic brain injury (TBI).

### COMPREHENSIVE TRANSITION PLAN

The comprehensive transition plan is a multiphased process that provides continuity as the soldier recovers. The healing process may involve, but is not limited to, surgical interventions; physical rehabilitation; pain management; relationship coaching; and educational, vocational, and avocational development. Eligibility for entering the WTU is determined during the *pre-entry*

## SUMMARY

**O**ccupational therapy practitioners are helping wounded soldiers transition back to active duty or to civilian roles.

phase, with the soldier requiring at least 6 months for healing. The entry into the WTU is coordinated through the soldier's unit, the MTF, and the WTU. During the *inprocessing phase*, the eligible soldier enters the WTU and begins the transition to previous roles, while receiving medical and rehabilitative care as well as housing, and administrative and financial assistance. Based on the needs of the soldier, treatment is provided on an inpatient or an outpatient basis and is tailored to meet the soldier's acute and long-term needs. In the *assessment phase*, the soldier's level of function is evaluated by the medical (primary care manager) and specialty care services such as occupational, physical, and speech therapies, as medically indicated. Each soldier participates in an Occupational Therapy Initial Assessment, which includes identifying previous military job skills and training, interests, and abilities. During the *goal setting phase*, the multidisciplinary team, in partnership with the soldier and his or her family, establishes goals specific to healing the soldier's heart, mind, body, and spirit. The *rehabilitation phase* focuses on the soldier's ability level and individualized needs. Soldiers in the WTU spend the greatest amount of time in this phase, working toward established goals. The *transition preparation phase* can be thought of as discharge planning. In this phase the soldier begins to prepare to leave the WTU, as either a soldier or a veteran.

In the *transition/posttransition* phase, follow-up appointments are made as appropriate at the next duty station or the VA hospital to assure a smooth re-entry to the army or community. The desired outcome for the soldier is to emerge physically, mentally, socially, and spiritually strengthened, and vocationally enabled.

## TIERED SUPPORT

Rehabilitation is divided into tiers based on the soldier's abilities. Tier A soldiers are assigned to quarters for medical recovery and rest and are unable to participate in the physical, mental, relationship, or spiritual training programs. Tier B includes an interdisciplinary approach to basic rehab and reset (a military term referring to rest, recuperate/regenerate, return to mission capability through education and training), with a focus on developing the soldier's personal mission statement and goals and developing a purposeful duty day. Occupational therapy practitioners work in conjunction with the soldier and other team members to address goals, stress management, communication skills, and conflict resolution. Soldiers receive basic training on topics such as sleep hygiene (a military term referring to sleep management, or obtaining adequate quality of sleep to assure mission capability), maintaining a healthy weight after injury, financial benefits and money management, educational benefits and career planning, avoiding addictions, and relationship coaching. After the Tier B reset classes, the soldier moves to Tier C, where more targeted interventions are provided based on his or her unique needs. Occupational therapy practitioners and other team members provide specific interventions to address the soldier's identified goals. Behavioral health strategies, life skills training, pain management techniques, cognitive retraining, biofeedback, adaptive skills training, vocational rehabilitation, or assistance with work placement are some of the interventions that occupational therapy practitioners may use. Peak performance training—which uses techniques to amplify self-awareness and confidence, increase focus in critical situations, optimize energy



**Staff Sergeant G. H. likes to work with his hands, so he is helping other injured soldiers in his work therapy placement at the Ft. Hood Brace Shop.**

through stress management techniques, and visualize success in all situations—is part of the occupational therapy arsenal as well. While in Tier C, a soldier will spend a large part of the day attending medical appointments, which may include physical therapy, neurology, or psychosocial care, depending on specific needs. A soldier may also participate in individualized health promotion activities, including smoking cessation, diet and nutrition classes, addictions counseling, leisure or sports programs, and family activities. When not in medical appointments, the soldier is expected to participate in vocational training activities, work therapy, or educational pursuits. Occupational therapy practitioners assist soldiers with identifying a work therapy plan designed to assist them with the transition to either civilian life or a return to military duty. Each work therapy plan is unique and is tailored to the soldier's interests, skills, abilities, and work history. In Tier D the soldier begins to resume a more normal schedule, spending most of the day in therapeutic work activities, educational activities, or voca-

tional training activities, to confirm the level of functional performance when outside the WTU.

## OCCUPATIONAL THERAPY IN SUPPORT

The objective of occupational therapy intervention is to promote, improve, conserve, and restore the skills, abilities, and aptitudes of warriors through the use of occupation. The desired outcome is to return the soldier to the role of worker, whether military or civilian. Civilian positions for WTU occupational therapy practitioners are posted on [www.usajobs.com](http://www.usajobs.com). Civilian practitioners help to link military and civilian resources and support systems.

Occupational therapy interventions are designed to decrease the risk of developing or worsening deficits, disorders, problems, or undesirable behaviors that might limit performance in self-care, soldier-specific tasks, work tasks, and relationships. Interventions help the soldiers attain appropriate memory improvement techniques and task performance skills for activities of daily living, return to work, and leisure. For instance, occupational therapy practitioners may address executive



**Sergeant L. M. (left) is an army medic who is working at the Fort Hood pharmacy while in the WTU. Occupational therapy placed her at this work therapy site in support of her goal to become a pharmacist upon completion of a medical board discharge.**

functioning skills relating to time management and medication management by helping soldiers organize their day, work within a schedule, and manage their medications.

Occupational therapy programming within the WTU is still in the development phase, and mission guidance is evolving to address the emerging needs of the army. Although programs may vary based on the unique needs of each installation, some elements remain constant (e.g., life skills training is one of the core elements of WTU occupational therapy). Anger management, stress management, and leisure and relaxation skills are relevant areas of focus, particularly for soldiers with mild traumatic brain injury or posttraumatic stress disorder.

## WORK REINTEGRATION

Occupational therapy provides a vital link to helping soldiers re-engage in work roles and habits that promote a quicker return to productive living. Inactivity may lead to deconditioning and boredom, which can foster a cycle of increased pain, inactivity, and depression. Duty assignments should be relevant to the soldier and reflect individual interests, abilities, and goals.

Placing the soldier in the best duty position is a collaborative effort engaging the soldier, occupational therapist, the Triad, and the WTU command. Depending on the individual soldier, that duty may include work, military-specific training, or higher education classes directed toward a future career goal. Occupational therapy practitioners are working closely with the VA and civilian organizations to create work internships, mentorships, or job shadowing experiences for soldiers. These experiential learning opportunities help them to explore whether specific jobs are suited to their interests, needs, and abilities.

## OT'S ROLE IN ENABLING FUNCTION

Some installations include functional capacity evaluations, functional warrior skills evaluations, and work conditioning in their program to assist in determining soldiers' fitness for duty, retraining in current job skills, or preparation for transition to a new job. For those soldiers whose goal is to return to active duty, common task training elements include, but are not limited to, improving and maintaining their ability to fire a weapon or complete a convoy mission. Occupational therapy

practitioners are working with Battle Simulation Centers and Engagement Skills Training Centers, located on some of the military bases, to develop opportunities for warrior skills training within a controlled environment.

For those soldiers returning to civilian life, community reintegration activities help prepare them to be active participants in their communities. Duty assignments may involve vocational or work programs to help them identify and access resources. Addressing community mobility, including public transportation or driving skills, and enrolling in educational activities, such as college courses or technical training, can help ease their transitions and facilitate advances in either their military or civilian role while still in the WTU.

Participating in recreational or sports activities and community outings also helps soldiers establish links to the community. Occupational therapy consultation with the Army Morale, Welfare, and Recreation Program helps to assure that activities meet the needs and abilities of warriors in transition. For example, if a soldier is interested in horseback riding, archery, or going to a firing range, the therapy practitioner can schedule therapy during this time to make any accommodations the soldier may need in order to participate. The practitioner also collaborates with community organizations to determine resources and to prevent duplication of services for soldiers who require ongoing care after discharge.

## CASE EXAMPLES

■ Specialist A. R. was awarded the Army Commendation Medal with Valor for saving a fellow soldier trapped in a burning Bradley fighting vehicle. After serving as an infantryman, A. R. is being medically discharged from the military after sustaining a knee injury. During his initial occupational therapy evaluation, he said that his goal after discharge was to become an architect. With that goal in mind, he was placed in a duty position at Facilities Management at Fort Hood, Texas. While there, he had the opportunity to work with engineers and was exposed to blueprints and project management. The occupational therapist monitored A. R.'s progress during his work therapy

## FOR MORE INFORMATION

### **Compensating for Memory Deficits Using a Systematic Approach** (With CD-ROM)

By S. K. Kime, 2006. Bethesda, MD: AOTA Press. (\$29 for members, \$42 for nonmembers. To order, call toll free 877-404-AOTA or shop online at store.aota.org. Order #1240-MI)

### **Occupational Therapy for Physical Dysfunction, 6th Ed.**

By C. A. Trombly & M. V. Randomski, 2007. Philadelphia: Lippincott Williams & Wilkins. (\$79.95 for members, \$113.50 for nonmembers. To order, call toll free 877-404-AOTA or shop online at store.aota.org. Order #1410-MI)

### **Physical Dysfunction Practice Skills for the Occupational Therapy Assistant, 2nd Ed.**

By M. B. Early, 2006. St. Louis, MO: Mosby. (\$66.95 for members, \$95 for nonmembers. To order, call toll free 877-404-AOTA or shop online at store.aota.org. Order #1409-MI)

### **Sports as Occupation: Walter Reed Army Medical Center's Adaptive Sports Program**

By S. Daugherty & K. Yancosek, 2007. *OT Practice*, 12(8), 13-16. (Available online at [www.aota.org](http://www.aota.org) in Periodicals/OT Practice/Feature articles.)

### **Clinical Practice Guidance: Occupational Therapy and Physical Therapy for Mild Traumatic Brain Injury**

U.S. Army MEDCOM Quality Management Office, in press. The release is scheduled for July 31, 2008. <https://www.qmo.amedd.army.mil/>

### **Battlemind**

Provides information on how to support military personnel and their families in the transition to and from the war zone. [www.battlemind.org](http://www.battlemind.org)

### **National Center for Posttraumatic Stress Disorder**

A center of excellence for research and education on the prevention, understanding, and treatment of PTSD. [www.ncptsd.va.gov/gcmain/website/sitemap.html](http://www.ncptsd.va.gov/gcmain/website/sitemap.html)

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assignment to ensure that the placement remained a good fit for him. Three months later he returned home to a job at a drafting firm and is well on his way to realizing his goal. The job placement while in the WTU was instrumental in clearing this path for him.

■ Specialist P. C. had training in information technology before she was injured in Afghanistan. While in the WTU she could not conceive how anyone would hire her because her injuries had caused disfiguring scars on her upper extremities. Occupational therapy began with simple bimanual activities that required her to participate in a crafts group. As she became more comfortable, the task was upgraded and required her to participate in short sleeves to prevent getting her uniform dirty. When she became more comfortable talking about her injuries she was moved out of the comfort zone of occupational therapy into an information technology site that was more relevant to her career aspirations. The occupational therapist encouraged her to post her résumé, and as the job interviews started pouring in, her injuries no longer seemed as relevant. She took leave to participate in job interviews and is now a civilian working in the field of information technology.

■ Sergeant H. G. spent 21 years in the army reserve. He was injured in Iraq during a convoy mission and is no longer able to perform the skills he trained for in the Army. He has received temporary retirement and vocational training through the Office of Veterans Affairs and plans to return to college to become a sportscaster. He says that he attributes his life skills training in occupational therapy to his success and motivation to continue outside of the military.

Many other occupational therapy practitioners are providing services to discharged soldiers and their families outside of the military setting. They can better serve this population by learning more about the military culture, the impact of deployment on soldiers and their families, treatment of combat injuries, and available resources. For instance, the army's Proponency Office for Rehabilitation and Reintegration is developing educational materials for occupational and physical therapists working with former soldiers with mild TBI.

## CONCLUSION

Occupational therapy practitioners in the WTU address all aspects of a wounded soldier's recovery to enable him or her to successfully transition back to active duty or to a civilian role. The objective is to promote healing and the ability to perform essential soldier skills, including life skills, peak performance, duty, education, and training. The support that soldiers receive addresses not just their body, but also their mind, heart, and spirit. As a soldier transitions from the

military to an outside provider, clinicians can best serve him or her by educating themselves on the effects of battle on a soldier's motivation to participate, and how this may affect diligence and participation in therapy. Learning how military-specific skills can translate to civilian job skills will also benefit civilian practitioners as they help warriors transition back to the home front. ■

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