



TR on the Frontlines of Veterans Services: are we misfiring?

by: Donna Allen-Sebock, CTRS

The CTRS curriculum and 20 years of professional experiences in TR did not prepare me for working with military veterans. 10 years ago, upon founding AllenForce, many veterans adopted and educated me as I became immersed in their culture. They may have physical and mental health needs which on the surface seem similar to civilian injuries, but there is an invisible layer on which civilians tend to be uneducated. Rehabilitation of a veteran requires the foundational knowledge of the military, ethos, chain of command, branch specifics, and more. Without the proper knowledge of this culture, these therapists are not always able to truly connect with veterans. CTRSs are effective on the frontlines of veteran service needs. If we turn them off at the start due to our unintentional ignorance, fail to make that connection, they may not seek out help again. Community recreation, camaraderie, high adrenaline activities can have a powerful impact, creating a door many are willing to open as a first step, possibly leading into more specialized services if needed. Though veterans are less than 7% of our population, they are one of the groups most in need of our services. TR has roots within veteran culture. The Veterans Administration is the 'founder' and number one user of recreation therapy in the federal system. Despite this, there is a large disconnect between uninformed CTRSs and their veteran clients. Why? Do we know how to connect with veterans as civilians? Do we need to address this in our TR curriculums? How is this gap in curriculum affecting upcoming CTRSs? See the gaps as I interview our CTRS intern, Cassie, about her working knowledge of veteran culture and experiences upon coming to AllenForce.

Q: Why did you choose an internship working with veterans after 9 years of experience in special recreation?

A: I was looking for a new experience. I had spent so much time working with the same population and wanted to expand my knowledge. My goal here is to learn as much about

working with veterans as possible and apply that knowledge to my career, wherever I end up.

Q: What are similarities and differences about working with veterans versus developmental/intellectual disabilities?

A: I worked with special needs individuals ranging in age from 4-75. Everything is different. I always felt more like a teacher in that role and there was a distinct line between teacher and student. Working with veterans, I feel like that line is blurred slightly... conversation is less formal, and I felt everyone is on an equal playing field including “leaders”.

Q: How did school prepare you to work with veterans?

A: In class, we mostly learned about specific injuries/disabilities/illnesses. While we did discuss the differences between working with children, adults, and seniors, we never got specific about veterans. I was confident that I would know how to maneuver whatever injuries/disabilities/illnesses our veterans had, but I was never taught that I would basically be working with an entirely different culture than I had ever been exposed to before.

Q: Why did the culture matter?

A: It was important I understand this world I had just entered. There is a different language, different traditions, etc. that I wanted to make sure I honored. I wanted to be sure I could immerse myself as seamlessly as possible.

Q: Do you think that education on foundational knowledge of Veteran culture is needed?

A: Absolutely. No one should ever go into a new situation blind, especially when working with human beings. Do that and you're setting yourself up for failure. More than that, I would never want to do anything to make our veterans (or any other person) uncomfortable. That's a sure way to lose people and never see them again. I've seen it happen.

Q: What do you think would help prepare a CTRS for working with this population moving forward into an internship and career?

A: I do wish we were taught more about the veteran population in class. We went deep into different disabilities and certain populations, but veterans were not one of them. We briefly touched on Agent Orange, but it wasn't until I started my internship at AllenForce that I learned about diagnoses specific to the veteran population. I had no idea what Gulf War Syndrome was, or the detrimental health issues caused by burn pits. We spent a day or two on PTSD, but in the broad sense and not specifically as it applies to veterans. Our classes

focused a lot on understanding different disabilities, but not necessarily the cultural differences in the populations affected.

Q: Do you think veteran culture training would be beneficial for everyone, regardless of populations with whom you work as a CTRS?

A: Yes. I firmly believe that no matter where you end up (community, hospitals, nursing homes, etc), you will encounter veterans in some form or another. I also know there are many people out there (regardless of their involvement in TR) who see veterans as unapproachable. They don't want to say the wrong thing, they don't know what to say, or just don't know how to say it. In my opinion, learning more about veterans can only improve our practice as CTRSs.

After interviewing Cassie, I haven't heard much change in 30 years of TR curriculum when it comes to this culture. CTRSs need to be able to make a positive connection upon first contact with veterans. Veterans are trained to be the strong, the helpers, not to ask for help. Cultural training needs to start at the university level. Continued learning will be inevitable throughout a career. Graduating new professionals without this training is a disservice to our profession and more importantly to this population, who deserve our skill sets. AllenForce has had opportunities to work with professors and universities who recognize this need to enhance the CTRS curriculum and teach with them. We can be the difference in making the veteran connection. It is our time to serve those who have sacrificed so much for us.