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Strategies for Improving Employment Outcomes of Veterans Diagnosed with Post-Traumatic Stress Disorder (PTSD)

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Post-Traumatic Stress Disorder (PTSD) has been connected to loss of employment, social withdrawal or isolation, impaired occupational functioning, development of a co-existing psychiatric disorder, suicidal ideations, self-harming behaviors, and potential for substance abuse problems (Hughes, Lusk, & Strause, 2016). Resnick and Rosenheck's (2020) research found that the rate of competitive employment at discharge from a Compensated Work Therapy program (program funded with Department of Veteran Affairs) was 30% for Veterans with PTSD compared to 36% for Veterans without PTSD. Another study found that of post-9/11 Veterans surveyed in Los Angeles, 65% stated that they needed meaningful help finding a job (Zogas, 2017). The purpose of this paper is to (1) provide information related to how to assess and improve psychological readiness for Veterans with PTSD, (2) identify reasonable accommodations for Veterans with PTSD, and (3) other vocational intervention strategies to increase employability/placeability of Veterans with PTSD.

Keywords: Vocational Rehabilitation, Veterans, Post-Traumatic Stress Disorder, Rehabilitation Counseling, Employment, People with Disabilities

Post-Traumatic Stress Disorder (PTSD) has been connected to loss of employment, social withdrawal or isolation, impaired occupational functioning, development of a co-existing psychiatric disorder, suicidal ideations, self-harming behaviors, and potential for substance abuse problems (Hughes, Lusk, & Strause, 2016). Prevalence rates have shown PTSD ranges from 6.1 to 9.2 percent of the general adult population in the United States [U.S.] (Koenen et al., 2017), and a survey based in 24 countries estimated that PTSD can be caused by several different types of traumatic events (Sareen et al., 2020), including: (1) sexual relationship violence (33%), (2) interpersonal-network traumatic experiences (30%), (3) interpersonal violence (12%), exposure to organized-violence (11%), and other life-threatening traumatic events (12%) such as motor vehicle accident or natural disaster. The military population also experiences PTSD at significant rates.

Veterans diagnosed with PTSD varies by service area, but it is estimated that approximately 11-20 out of every 100 Veterans (or between 11-20%) who served in Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF) have PTSD in a given year (U.S. Department of Veteran Affairs, 2018). Among Veterans who use Veteran Affairs (VA) health care, it is estimated that 23% of women reported sexual assault when in the military, and 55% of women and 38% of men have experienced sexual harassment when in the military. Moreover, other contributing factors of PTSD were situational (e.g., what you do in war, politics around the war, where the war is fought, and the type of enemy you face). Given the significance that PTSD can have on individuals (military or civilian populations), a plethora of research has been conducted to examine the impact on the issues aforementioned

(e.g., impaired occupational functioning). The purpose of this paper is to (1) provide information related to how to assess and improve psychological readiness for Veterans with PTSD, (2) identify reasonable accommodations for Veterans with PTSD, and (3) other vocational intervention strategies to increase employability/placeability of Veterans with PTSD.

Effects of PTSD in the Workplace

Earlier research findings revealed that PTSD has a strong negative correlation to work outcomes, such as obtaining and maintaining employment (Smith & Schnurr, 2005). The unemployment rate for all Veterans was 3.1 percent in 2019 (U.S. Bureau Labor of Statistics, 2020). Research has identified that Vietnam-era Veterans diagnosed with PTSD were 8.6% less likely to be currently working than a Veteran without a PTSD diagnosis (Richardson, Frueh, & Aciemo, 2010), and earlier research found that Veterans were 19% less likely to be employed at discharge (Resnick & Rosenheck, 2008). Furthermore, Resnick and Rosenheck's (2020) research found that the rate of competitive employment at discharge from a Compensated Work Therapy program (program funded with Department of Veteran Affairs) was 30% for Veterans with PTSD compared to 36% for Veterans without PTSD. Another study found that of post-9/11 Veterans surveyed in Los Angeles, 65% stated that they needed meaningful help finding a job (Zogas, 2017).

Given that Veterans have difficulty in obtaining and maintaining employment, other factors should be considered prior to engaging in the job placement process, such as assessing and improving psychological readiness for Veterans with PTSD. Suppose a Veteran wished to receive the services of a private-sector certified rehabilitation counselor to help with finding meaningful employment. Typically, a Rehabilitation professional might review pertinent medical records, conduct a vocational interview, examine prior employment and military experience, and determine if transferability into other work within the Veteran's functional abilities/career interests/etc., and administer several types of assessment(s) such as academic achievement, career interests and values, intelligence tests, and aptitude testing. This process has been discussed within the literature as being a method to obtain valuable information to determine appropriate person-environment fit. However, more focus on assessing and improving psychological readiness for work should be considered when working with a Veteran who has a diagnosis of PTSD. In order to assist the Veteran to become employable by overcoming barriers, a Rehabilitation professional should consider (1) incorporating appropriate psychological testing, (2) referring the Veteran for psychological counseling and treatment, and (3) discussing self-care strategies with the Veteran.

Psychological Testing

Fischler (2000a) identified several psychological factors that impact work and effect job performance, including (1) cognitive [effects job performance due to intelligence, memory, academic skills, and ability to use these skills], (2) pace [ability to perform tasks at a reasonable speed], (3) persistence [ability to stay with a task until it is complete], (4) reliability [coming to work every day in spite of personal or emotional problems], (5) conscientiousness and motivation [wanting and trying to do a good job; persisting until it is accomplished], (6) interpersonal functioning [ability to accept supervision, to get along with coworkers or the public], (7) honesty/trustworthiness [ability to be truthful, direct, and straightforward, to refrain from such things as lying and theft at work], (8) stress tolerance [ability to withstand job pressures such as deadlines or working with difficult people, and (9) job-specific requirements [typing speed, conflict resolution skills, "people skills"]. When a Rehabilitation professional assesses for psychological factors, much consideration should be targeted towards these aforementioned categories. Fischler (2000b) suggested including the following questions within your vocational interview as a method to begin identifying psychological barriers to employment:

1. Veteran's description of work problems, if any
2. Veteran's social history including education, family, legal, psychiatric, substance use, aggression, medical, and activities of daily living

3. Veteran's work history prior to the current problem, including previous employers
4. Current symptoms, mental status, and behavioral observations
5. Veteran's perception of ability to return to work, including suggesting modifications to improve work performance.

Rehabilitation professionals might consider testing the following areas: (a) cognitive – measures intelligence, concentration, and memory, (b) personality – measures personality and emotional characteristics, which may be involved in mental health problems such as depression or personality disorders, (c) effort and motivation – measures extent to which the employee is putting forth appropriate effort and is motivated to present in an accurate manner, and (d) organizational behavior – measures personality characteristics that help determine the suitability of an employee for his or her specific job.

Counseling Strategies

Rehabilitation professionals who work with Veterans with PTSD should be aware of counseling strategies prior to recommending psychotherapy services to Veterans (if the Veteran is not currently receiving psychiatric care and counseling and has significant psychological barriers). There are several evidenced-based counseling strategies for working with individuals who have PTSD. Of these strategies, there are trauma-based therapies and non-trauma-based therapies. The specific therapy or treatment approach selected should be based on the presenting needs of the individual. Not all individuals with PTSD have the same background, personal experiences, and upbringing/cultural background. Tailoring the clinical interventions to the individual will result in the most effective results. When selecting a trauma-based therapy, it is important to note that these therapies assist the individual in understanding how the traumatic event impacts their well-being by processing the emotions, thoughts, and memories associated with the traumatic evident. Additionally, trauma-based therapies work to reduce the symptoms of PTSD by providing skills and strategies to cope with the trauma so that it does not impact daily living (Watkins et al., 2018). While non-trauma-based therapies also work to reduce the symptoms of PTSD, they tend to not address the emotions, thoughts, and memories related to the traumatic event (Watkins et al., 2018). Often times, a counselor may select both trauma-based therapies and non-trauma-based therapies, but do so based on the presenting needs of the individual. Four commonly used and evidence-based therapies for PTSD are Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Eye Movement Desensitization and Reprocessing (EMDR).

Cognitive Behavioral Therapy. Cognitive Behavioral Therapy (CBT) is a form of talk therapy that is short-term, goal-oriented, and focused on problem solving (Beck, 1964; Fenn & Byrne, 2013). CBT places emphasis on the individual's core beliefs that are at the root of the traumatic event and works to change the individuals' attitudes and beliefs that are causing stress in their life (Fenn & Byrne, 2013). Additionally, counselors use CBT to help the individual understand how their thoughts, feelings, and behaviors are interrelated. The individual is then able to re-access their beliefs and assumptions through identifying negative thinking patterns. Often individuals who have PTSD experience negative thoughts associated with the traumatic event, which can drown out positive thoughts and therefore have a negative impact on their life (Watkins et al., 2018). Through CBT, individuals are able to better understand the traumatic event, address negative thinking patterns, and establish a new understanding of what they experienced. After the individual is able to adjust their view on the traumatic event, they can begin to change their beliefs related to the event and ultimately modify any problematic behavior and attitudes that may be counterproductive, thus eventually working to overcome PTSD (Benight & Bandura, 2004). CBT is a technique that helps individuals find solutions to a current situation, instead of remaining stuck in the past.

Trauma-Focused Cognitive Behavioral Therapy. While research has found that CBT has had positive outcomes with individuals who have PTSD, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is strongly recommended by the American Psychological Association (APA, 2017) and Veteran Health Administrations and Department of Defense (VA/DoD, 2017). It is often the treatment of

choice for individuals who have PTSD (Foa et al., 2000). TF-CBT has its foundations in CBT and believes that individuals with PTSD tend to experience problematic patterns in thoughts and behaviors which ultimately prevent them from changing negative beliefs and memories of the traumatic event (Ehlers & Clark, 2000). TF-CBT varies from CBT in the sense that it works to modify negative thoughts while changing the memory associated with the trauma, and then remove the problematic behavioral and cognitive patterns related to the event. Two of the more commonly utilized TF-CBT methods include exposure and cognitive restructuring.

Exposure is typically completed by having the individual in a counseling session face the traumatic event or stimuli through their imagination or through direct contact with the event or stimuli that is triggering the negative thoughts (Kubany et al., 2004). The counselor and client work together to determine which would be the most appropriate course of action. If they decide that the most appropriate intervention is for the client to participate in a vivo exposure, they would identify which activities, people or places, the client has been avoiding as a result of the event and then have the client reexperience or interact with one of these. Alternatively, the counselor and client may elect for imaginal exposure. For example, in session the individual may be asked to confront the upsetting material, describe the traumatic experience, and relive the event in their imagination (Seidler & Wagner, 2006). The individual would be able to identify the triggers associated with re-experiencing the event and then identify how things are different now versus when the original traumatic event occurred (Ehlers et al., 2000).

Cognitive restructuring works with the individual to identify the negative thoughts or thinking errors related to the traumatic event, create more rational thoughts, and then re-assess the beliefs they hold about traumatic event and about themselves (Marks et al., 1998; Kubany et al., 2004; Ehlers et al., 2000). When utilizing cognitive restructuring, the counselor ensures a positive and therapeutic relationship is established first. This is especially important when working on any type of trauma. Once the relationship is established, they work collaboratively to identify the specific thinking errors or dysfunctional thoughts associated with the traumatic event or flashback. Generally, these thoughts are inaccurate or distorted as a result of the trauma the individual experienced. For example, the individual may catastrophize the event. They may recall the event worse than it really was and therefore apply that to future events or recall the event inaccurately (Boyes, 2013). Often, this is a defense mechanism and individuals do this unintentionally, without being aware. The counselor would then work with the individual to recognize their error in thinking and then identify a more accurate way of thinking of the event. Next, they could process the event together and how this new understanding changes their beliefs of the traumatic memory or event.

Cognitive Processing Therapy. In addition to TF-CBT, Cognitive Processing Therapy (CPT) is another trauma-based therapy used in treating PTSD and similarly, to CBT, CPT is also evidenced-based. It assumes that after a traumatic event has occurred, the individual does their best to make sense of what happened. As a result, the individual often develops negative thinking about themselves and of others (Watkins et al., 2018). They may blame themselves for the traumatic event, view others as untrustworthy, or adopt a larger generalization that the world is a dangerous and unsafe place (Watkins et al., 2018). When CPT is used appropriately, it can help the individual reframe their thoughts about the traumatic event so they do not blame themselves or generalize beliefs to others. CPT helps the individual to eventually view the situation from a stance that does not blame themselves for the traumatic event.

Eye Movement Desensitization and Reprocessing (EMDR). Eye movement desensitization and reprocessing (EMDR) is a commonly used and evidenced-based treatment intervention for a variety of mental health conditions, including Post-Traumatic Stress Disorder. EMDR was initially founded by Shapiro in 1989 in order to reduce the symptoms of anxiety disorders, including PTSD (Shapiro, 1995). This modality of treatment requires a licensed counselor to go through extensive training and supervision in order to become certified. While there are numerous training programs available to counselors to obtain this certification, the EMDR International Association (EMDRIA) requires 20 hours of initial training and an additional 20 hours of supervised experience to maintain the EMDRIA certificate (EMDRIA, 2020). Since its first introduction in 1989, it was estimated that

approximately 100,000 counselors participated in EMDR training and that the treatment intervention had been employed in over seventy countries worldwide (Substance Abuse and Mental Health Services Administration, 2014). While it is currently a popular treatment modality for Veterans with PTSD, it is important that an appropriate assessment is conducted to determine the appropriateness before implementing it in treatment.

EMDRis a complex form of treatment that differs from other forms of traditional talk therapy approaches. It requires less verbal engagement on the part of the individual. Instead, this treatment approach includes induction of bilateral eye movements and cognitive restructuring (Lilienfeld, 2019; Shapiro, 1995). Often individuals who have experienced little progress with other forms of talk therapy find this treatment modality beneficial in processing their trauma and being able to manage related symptoms. With EMDR, the counselor asks the individual to recall their traumatic experience, allowing distressing trauma-related images, beliefs, and bodily sensations to be experienced. While this is occurring, the counselor may incorporate dual attention stimuli to induce bilateral eye movements. The individual may be asked to track back-and-forth movements of the counselor's finger, tap on their knees, use headphones, or use handheld buzzers (EMDR Institute, 2020). This assists the individual in reprocessing the traumatic event in a less disturbing and debilitating manner. In addition, EMDR includes cognitive restructuring. Cognitive restructuring allows for the individual to redevelop thoughts about the traumatic event in positive and more constructive ways (Ehlers et al., 2000; Kubany et al., 2004; Lilienfeld, 2019; Marks et al., 1998; Shapiro, 2014). Additionally, EMDR can be conducted in consecutive sessions and result in much faster results than many other forms of talk therapy that require homework of the individual.

Prolonged Exposure. The American Psychological Association (APA, 2017) and Veteran Health Administrations and Department of Defense (VA/DoD, 2017) recommend Prolonged Exposure (PE) in treating those who have been diagnosed with PTSD. As traumatic events are often not processed by the individual during the time of its occurrence, PE assists the individual in addressing the fears associated with their trauma and allows the individuals to work through these fears in a safe environment. PE generally includes psychoeducation about the disorder, common reactions to traumatic events, and either imaginal exposure or in vivo (Watkins et al., 2018). After the client participates in either imaginal exposure or in vivo, the feelings experienced by the client would be processed in session and a more accurate view of the event would be created. Together the individual and their mental health provider work to change the way the individual feels about the traumatic experience. Prior to beginning either of these interventions, the counselor would teach breathing techniques and other coping strategies to the individual so that they can properly manage the feelings as they arise in session. PE is an evidenced-based approach and has proven to produce clinically significant and lasting reductions in negative cognitions about one's self, the world, and self-blame (Eftekhari, et, 2006). Additionally, PE helps to reduce the symptoms of other conditions like anxiety and other treatment mental health disorders (Foa, 2011).

Psychodynamic Psychotherapy. Psychodynamic psychotherapy has been widely used for treatment of PTSD and could be used for clients with PTSD (Schottenbaur et al., 2006). Since the beginning, psychic trauma has always been crucial of psychoanalytic thinking (Freud, 1953, 1955, 1966) where the emphasis has been on understanding the trust and relationship issues that were involved in the childhood abuse (Ferenczi, 1949; Rangell, 1986). A strong therapeutic alliance is also important within psychodynamic psychotherapy as psychodynamic object-relations theory are valuable tools to understand the relationship structures of a traumatized person (Balint, 1956, 1969; Luborksy, 1984; Winnicott, 1960). Handling difficult transference and countertransference in complex trauma patients are supported in psychodynamic psychotherapy (Dalenberg, 2000; Gabbard, 1995; Wilson & Lindy, 1994). Most trauma disorders such as PTSD can be successfully treated using psychodynamic approaches (Bateman & Fonagy, 1999, 2004, 2009; Solomon et al., 1998). Lastly, individuals who have trauma such as PTSD have impaired self-care and poor self-esteem and can be conceptualized in terms of internalized object relationships (Ferenczi, 1949; Jacobson, 1964).

A 12-session individual treatment model that was explained by Horowitz and colleagues is one of the best known and researched psychodynamic approaches for individuals with PTSD (Horowitz, 1997a;

1997b; Horowitz et al., 1997). This model is for clients that experience a single traumatic event and is based off of Horowitz early experimental work (e.g. Horowitz & Becker, 1972) and proponents of Malan (1979), Mann (1973), Luborsky (1984), and Strupp and Binder (1984). This model pulls in key elements of psychodynamic psychotherapy such as bringing conflicts into conscious awareness, gaining insight on difficulties through scrutiny, and understanding unresolved feelings toward significant figures of the past (Krupnick, 2002). What distinguishes this model from other treatments for individuals with PTSD is that it focuses on specific states of the mind, models of relationship as well as self-concept and looking at the correlation and subsequent PTSD and their experience with trauma (Krupnick, 2002).

Self-Care Strategies

In addition to Rehabilitation professionals being knowledgeable about trauma-focused counseling services for Veterans who have PTSD and referring them appropriately to a trained counselor or counselor, they can help them develop self-care strategies that can assist them in managing their daily symptomatology. By learning how to manage overwhelming feelings or thoughts on one's own, the individual can feel empowered. This can also provide them time until they are able to meet with a counselor to begin counseling, if appropriate. While there are numerous self-care strategies available, it is important to identify strategies that the Veteran not only expresses interest in, but also is appropriate for their presenting needs and interests.

Grounding Techniques

A commonly used strategy that Veterans with PTSD can utilize to manage flashbacks, traumatic memories, or other overwhelming emotions is grounding techniques. Grounding techniques can help "ground" the individual when they are becoming overwhelmed. They can assist the individual in remaining in the present moment instead of becoming overwhelmed with traumatic memories and feelings (Williams & Poijula, 2011). It can also allow for the individual to stay in control during high-stress situations (Sanders, 2016). Additionally, grounding techniques work by helping the individual focus on what they observe in their present environment by incorporating their five senses (sound, touch, smell, taste, and sight). This can help them detach from the past traumatic memory or flashback and connect to the here and now, allowing them to properly address the stressful stimuli at a later time.

A Rehabilitation professional can work with a Veteran who has PTSD by incorporating a grounding technique that focuses on sound. For example, the individual could identify a song that evokes positive feelings when listened to. When the song is played while the individual is experiencing a traumatic memory, the individual is more likely to experience those positive feelings and detach from the traumatic memory. Another technique that incorporates sound is to encourage the individual to identify a family member or friend with whom they can call when feeling overwhelmed. Not only could it be of benefit for the individual to speak to a support person, but by speaking with a familiar voice it could have a calming effect on the individual who is in the process of a flashback (Saunders, 2016). If the individual does not have access to music or is or is unable to call a loved one, they could also read a book out loud to help detach from their current feelings that are causing them distress. There are endless grounding techniques that incorporate sound that Rehabilitation professionals can incorporate into the work they do with Veterans so thoughts and feelings don't become too overwhelming. It is important to work collaboratively with the individual in order to discover the most effective technique that incorporates sound.

In addition to sound, touch is another way that grounding techniques can be utilized to assist Veterans who have PTSD (Sanders, 2016). Similar to grounding techniques that utilize sound, Rehabilitation professionals can work with the individual to identify a technique that incorporates touch which allows the individual to detach from the overwhelming memory or feeling and remain in the present moment. For example, the individual could be instructed to hold an ice cube and allow it melt into

their hand. During the process of the ice melting, the individual is encouraged to focus on what they are feeling, which may assist in redirecting their focus. Other examples that incorporate touch could be to have the individual put their hands under running water or, if accessible, have the individual pop bubble wrap. Individuals could also cuddle with pets to help the brain focus on the present feelings on the animal. Other grounding techniques that incorporate touch may include holding or stroking an object, like a blanket or a pet, that may elicit positive feelings. It is important to encourage the individual to not only identify what would be the most effective strategy for them, but to have them describe in detail what they are feeling and sensing through the use of touch.

Another way to incorporate a grounding technique is through the sense of smell. There are an array of scents that can evoke positive emotions for an individual, such as peppermint, orange, or lavender. As previously described, there are a multitude of ways to incorporate this into a functional way for an individual to detach from overwhelming feelings. For example, one may utilize essential oils by simply smelling the oil, diffusing it into the air, or by adding a drop of it to their wrist or neck. Other techniques could be to burn a candle or identify a scent that reminds them of a positive memory. Something as simple as smelling a fresh cut orange or another scent that causes positive feelings can also be used. Again, it is important for the Rehabilitation professional to work collaboratively with the Veteran in identifying a scent that elicit positive feelings and then have them describe the feeling they are experiencing as a result of the scent they are smelling.

In addition to incorporating grounding techniques that incorporate sound, touch, and smell, a Veteran with PTSD could engage their sense of taste. Examples may include having the individual suck on a hard piece of candy, such as a peppermint, while also focusing on the texture and taste of that candy. The individual could also be encouraged to eat a small piece of chocolate. Chocolate has been known to improve a variety of medical and mental health conditions when consumed in moderation (Lippi et al., 2012). Not only may chocolate be useful by having the Veteran describe the taste itself, but it may also reduce levels of the stress hormone cortisol (Martin et al., 2009). Other examples may simply be to have the individual eat something that is enjoyable and encourage them to focus on taste, how it feels in their mouth, and focus on any new emotions that are a result.

Lastly, a Rehabilitation professional can work with a Veteran to incorporate the sense of sight when they become triggered by a traumatic memory or feeling. One way to teach this skill is to have the individual describe in detail what they see in their environment. This could be done by having the individual go outside and describe the way that the leaves blow in the wind, describe a painting or picture that may be hanging inside, or by watching a favorite movie or television show while describing what is transpiring between the characters. With the increasing role of technology in our daily lives, the options to incorporate sight as an intervention are endless. There are applications for smartphones that are made specifically for this, such as the AntiStress application. There are also applications that are not necessarily intended to be used for grounding techniques, but can be used to incorporate the sense of sight like a challenging game of solitaire or scrabble. As most people have their smartphone accessible throughout the day, they can easily download an application that would best meet their interests. In addition, the individual could have a video on their device that they could simply play back in order to elicit positive feelings and memories. As noted several times, it is important for the Rehabilitation professional to remain flexible in their approach with the Veteran and to help them in incorporating grounding techniques that they are not only interested in but that are also appropriate for their presenting needs.

Mindfulness

In addition to teaching a Veterans with PTSD a variety of grounding techniques, a Rehabilitation professional can teach basic components of mindfulness in order to help them manage overwhelming feelings that may arise as a result of a traumatic memory. Kabat-Zinn (1994) defined mindfulness as "paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally" (p. 4). Mindfulness is a way to view things in an open manner by paying attention to experiences that occur in real time, without coming from a place of judgment. By assisting Veterans who may experience

a traumatic memory with learning these skills, it can empower them to manage their symptoms in the moment and accept personal responsibility for their lives while externalizing events beyond their control.

Mindfulness has shown to be beneficial for the treatment of both physical and mental illnesses. For example, research has shown that mindfulness is an effective intervention in reducing anxiety and depressive symptoms (Baer, 2003; Hoffman et al., 2010). For a Veteran who may experience these and others mental health symptoms, mindfulness can allow them to manage their symptoms in the moment, as they occur, as well as decrease the symptoms long term. Another study by Colgan et al. (2016) incorporated mindfulness-based stress reduction (MBSR) with Veterans who had PTSD in a group setting. The results of the study demonstrated that individuals who participated in the mindfulness groups experienced significant decreases in the severity of symptoms related to PTSD and depression. In addition, mindfulness has been found to not only assist an individual with remaining in the present, but increases self-awareness while reducing stress (Rothaupt & Morgan, 2007; Schure et al., 2008). Veterans can utilize mindfulness to remain in the present instead of becoming overwhelmed with traumatic memories and flashbacks.

A simple way to practice mindfulness is to simply slow down. Often people lead very busy lives and become preoccupied with all of the many things they need to complete in a day. By taking the time to experience the environment, in all senses (sound, touch, smell, taste, and sight) the individual can become more mindful of things that they may normally take for granted or experience them in a more intentional manner. For example, an individual may become more aware of different sounds that are in their environment as they go on a daily walk or simply walk from their car to their work each day. Another example is to be mindful of the food that one eats by simply enjoying the texture and taste as they eat. In addition to this more simplistic approach of practicing mindfulness, individuals can incorporate more structured mindfulness activities into their daily lives.

There are several ways to incorporate structured mindfulness activities into an individual's life. For example, body scanning is a common form of mindfulness that can be easily incorporated into daily life. To complete a body scan, the individual would lay down and focus their attention deliberately on each part of their body, focusing on one part of the body at a time. This can be done in any order, but typically it is done by focusing from the toe to the head or vise versa. The individual is encouraged to focus on any sensations, emotions, or thoughts associated with each body part. Research has shown that a brief body scan has immediate benefits for individuals who may experience chronic pain (Ussher et al., 2014). By having a Veteran practice body scanning, they can also become aware of other senses they are experiencing and work to calm their bodies.

Another example of a more structured mindfulness activity is sitting meditation. This is also referred to as simple sitting and is different from other types of sitting as it focuses on increasing one's awareness (Kabat-Zinn, 1990). While it is often helpful for the individual to identify a time and place that is free of distractions, this may not always be an option. Next, they would find a comfortable seated position and would focus on their breathing, paying special attention as they breathe in and out through their nose. While it is common for individuals to let their thoughts drift or notice other physical sensations in their body, while practicing sitting meditation, the individual should be encouraged to acknowledge this experience and then return their focus to their breath. Kabat-Zinn (1994) notes that while this is a normal tendency, it is an opportunity for the individual to practice accepting each moment as it is without reacting to how it is. As the individual practices the skill of redirecting their awareness back to their breath, they are deepening their ability to concentrate and practicing patience while responding in a non-judgmental manner. This can be especially powerful when experiencing a traumatic memory as it is easy to pass judgement on one's ability to manage the feelings that accompany that memory.

While sitting meditation can be helpful by teaching the individual how to focus on their breathing, managing overwhelming feelings, reducing stress, and remaining in the present moment, it is important to note that there are several variations of meditation that can be beneficial. One can meditate either independently or can do so through a meditation video, meditation applications on a

smartphone, while listening to calming music, or even with a support person. In addition, there are variations of sitting meditation that encourage the individual to sit in a certain pose, to utilize pillows or cushions to sit comfortably or even where to place one's hands. However, meditation doesn't have to be done by always sitting in a quiet location that is free of distractions. For example, an individual can simply meditate while seated at their desk at work, doing the dishes, or while they are outside walking. Like many other strategies to help Veterans manage their own symptoms related to PTSD, it is important that the Rehabilitation professional assists them in selecting a skill that meets their needs and they find it useful.

Breathing Techniques

Another technique that can be taught to Veterans with PTSD is breathing techniques. Often individuals give little thought to their breathing, after all it is something that occurs naturally. However, becoming aware of one's breathing can aid a Veteran in regulating their emotions when they become overwhelmed. By having the individual learn techniques in breathing more deeply, they are naturally bringing more oxygen into their body, exhaling more carbon dioxide, and causing their body to become more relaxed so that they can enter into a calm state (U.S. Department of Veteran Affairs, 2015). This can be extremely beneficial when the individual is experiencing feelings that are overwhelming.

Deep breathing improves mental health wellness (Clarke, 2015) and has been especially beneficial with Veterans who have experienced a traumatic event (U.S. Department of Veterans Affairs, 2015). Similar to some of the other self-care strategies described, there are variations in how this skill can be taught. This skill can be done anywhere, at any time so it is something that can be easily used. When practicing deep breathing, the individual can elect to close their eyes or keep them open if that makes them feel more comfortable. If possible, the individual is encouraged to sit down, breathe in slowly through their nose, and exhale slowly through their mouth. With some versions of deep breathing, the individual is encouraged to place one hand on their stomach and one hand on their chest. By doing so, they are able to feel their stomach expand as they inhale and contract as they exhale. The individual is able to focus on their breathing as the air moves in and out of their body, but also on the movement in their chest and stomach (U.S. Department of Veterans Affairs, 2015).

Improving Vocational Outcomes

Supported Employment (SE) is a common model that has primarily been used to assist people with Developmental Disabilities find and maintain employment (Wehman, 2006), and has later been used to assist people with severe psychiatric disabilities (Bond et al., 2012). The Federal Government has a program called Compensated Work Therapy (CWT), which is housed within the Department of Veteran Affairs' Veterans Health Administration. Compensated Work Therapy (CWT) is a VR program designed to support Veterans in finding and maintaining employment within the community. Program structures may differ depending on location throughout the United States. However, usually CWT is comprised of (1) supported employment, (2) transitional work, (3) community-based employment services, and (4) vocational assistance. Supported Employment (SE) is an individualized program that assists Veterans with serious mental illness or severe disabilities such as psychosis, brain injury, spinal cord injury, bipolar disorder, PTSD, and schizophrenia with securing and maintaining permanent employment in the community. Veterans that do not meet eligibility criteria for SE, have the option of receiving job placement services (e.g., résumé writing, interviewing practice, job search) within the community-based employment services (CBES) program where VR counselors generally meet with the individual in their community. A second option (Transitional Work) is for Veterans to enter a time-limited program to gain work experience while searching for permanent employment.

Transitional Work (TW) involves the Veteran in being placed at a worksite (at the VA Medical Center/Outpatient Clinics, or within the communities at contracted sites), works up to 40 hours per week, and is able to use 4 hours per week for medical or psychological care and is still paid. Veterans are

paid at least minimum wage (usually different depending on cost of living wages) and the money earned is not taxed, nor does it impact benefits such as social security disability insurance or supplemental security income (Tax Court Ruling Roosevelt Wallace v. Commissioner, 128 T.C. No. 11; No. 4637-03, April 16, 2007). Under both the SE, TW, and CBES programs, the Veteran meets regularly (at least once per month) to search for employment or learn the skills to be able to obtain permanent employment. A less structured service provided by CWT where the Veteran needs assistance with job leads, applications, or interviewing on a less formal basis is Vocational Assistance.

Model(s) of Support

A primary model used with the Department of Veteran Affairs' Compensated Work Therapy (CWT) Program is the Individual Placement and Support (IPS) Model. The IPS model follows eight principles, including (1) competitive employment, (2) systematic job development, (3) rapid job search, (4) integrated services, (5) benefits planning, (6) zero exclusion, (7) time-unlimited supports, and (8) worker preferences. A review of literature showed that the overall competitive employment rate for IPS clients in US studies was 62% (Bond, Drake, & Becker, 2012). A study examining 541 adults with PTSD enrolled in a CWT program showed that the IPS intervention resulted in 38.7% of participants achieving steady employment compared with 23.3% of participants in the transitional work group, suggesting that IPS is more successful than transitional work at helping unemployed Veterans with PTSD obtain and sustain competitive employment. Despite the success of the IPS model in assisting Veterans in obtaining and maintaining competitive employment, Rehabilitation professionals in other practice settings (e.g., Private Rehabilitation - Job Placement) should consider using other strategies in possible addition to the IPS or other supported employment models. Penk et al. (2002) suggested that the following should be considered when assisting Veterans with the reintegration of work and managing accommodations (as cited in Hughes et al., 2016):

1. Employers should implement a "performance only" identification strategy where actions are taken only when performance problems exist on the job
2. Consultations from experts should be provided by employers and only a "constructive confrontation" should take place
3. Referrals between the employee and treatment services should be readily available and organizational linkages should exist between the workplace and the service providers, with a monitoring system included
4. Employers should emphasize the importance of human capital in the workplace and checks and balances should be put in place to ensure that the employee's welfares are being cared for.

Not only must Rehabilitation professionals assist using evidence-based approaches to assisting Veterans in the obtainment of employment, but they should also adequately assess for pertinent vocational issues.

Assessment of Vocational Issues

As aforementioned, Veterans with PTSD are under no obligation to share their diagnosis with co-workers or employers (EEOC, 2016); however, there are some potential benefits (e.g., education co-workers about PTSD – which addresses assumptions and stigma associated with the disorder; increase development of support systems). The Rehabilitation professional can make it easier for the Veteran by comprehensively assessing the Veteran with not only traditional evaluation protocols (e.g., career interests, values, achievement, intelligence, aptitudes) but can also implement assessment of mental health barriers as well. For example, the Global Appraisal of Individual Needs – Short Screener (GAIN-SS) was reviewed by Dell and Sprong (2017) within the Rehabilitation Counseling Bulletin in relation to the applicability to the field of rehabilitation. They indicated it was a 23-item screener that takes approximately 5 to 10-minute to administer, and measures internal mental distress disorders (i.e., somatic symptoms, depression, anxiety, trauma, homicidal/suicidal

ideation), externalizing disorders (i.e., inattentiveness disorders, hyperactivity-impulsivity, conduct disorders), substance-related problems, and crime/violence (Dennis et al., 2008).

Research has noted that approximately 63 percent of Veterans serving in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) with substance-related disorders also met criteria for PTSD. Thus, other problems might exist in addition to the mental health diagnosis. Another assessment that might be useful in identifying barriers to employment is the Transitioning to Civilian Life Scale (TCLS) created by Weiss, Rubin, and Graeser (2019). This scale had strong reliability (alpha = .911) and criterion validity, and measures 3 distinct factors (categories), including psychosocial well-being, economic well-being, and physical health. Other forms of assessments used when conducting evaluations of Veterans, as noted in the second article (Rubin, Brinck, & Sprong, 2020) published in this issue of the Rehabilitation professional, may include assessments examining barriers to employment, such as the Perceived Barriers Scale (PEBS) developed by Hong, Polanin, and Key (2014) or the Barriers to Employment Success Inventory (BESI) 5th edition developed by Liptak (2018). Other areas to assess may include employment hope. Hong (2013) developed the Employment Hope Scale and this scale measures six dimensions under two higher-order constructs:

1. Psychological empowerment (agency component of hope that comprises self-worth, self-perceived capabilities, and future outlook)
2. Process of moving toward future goals (pathways component of hope that comprises self-motivation, utilization of skills and resources, and goal oriented).

Other barriers that should be addressed between the Rehabilitation professional and Veteran is surrounding reasonable accommodations. The Rehabilitation professional can assist the Veteran in identifying reasonable accommodations, and possibly educating employers regarding accommodations and/or workplace modifications.

Reasonable Accommodation(s)

Reasonable accommodations are defined under the U.S. Equal Employment Opportunity Commission (EEOC) under Title 1 of the Americans with Disabilities Act (ADA) as, "any change in the work environment or in the way things are customarily done that enables an individual with a disability to enjoy equal employment opportunities" (29 C.F.R. pt. 1630 app. §1630.2(o)). Title I of the Americans with Disabilities Act (ADA) prohibits employers with 15 or more employees, State and local governments, employment agencies, and labor unions from discrimination against qualified individuals with disabilities in job application procedures, hiring, firing, advancement, compensation, job training, and other terms, conditions, and privileges of employment (42 U.S.C.; Heise, 2020). Although the ADA does not include a list of medical condtions that constitute disabilities (contains a general definition), the Equal Employment Opportunities Commission (EEOC) (2011) indicated that the "individualized assessment of virtually all people with PTSD will result in a determination of disability under the ADA given its inherent nature" (Heise, 2020, np). The National Center for PTSD lists four types of symptoms that an individual with PTSD may feel, including:

1. Reliving the evet through nightmares, flashbacks or "triggers" which can be sights, sounds or smells that bring the event back.
2. Avoidance - The individual may avoid people or places that trigger the memories. This can include avoiding crowds because they feel dangerous, avoiding news or entertainment programs that depict the traumatic event. The individual may become hyper-busy to avoid having to think about the event.
3. Negative changes in beliefs and feelings such as avoiding relationships with others or simply feeling that no one can be trusted.
4. Feeling keyed up (hyperarousal) – The individual may be feeling tense, have excessive anxiety, cannot concentrate or is easily startled. This demonstrates a heightened state of alert.

It should be noted that unless a job applicant needs an accommodation to assist them in the application or interview process, they do not have to disclose a disability on a job application (EEOC, 2016). Only when an

accommodation to perform the essential function of the job is needed would the Veteran need to place a request with the Human Resources Representative (EEOC, 2016).

Once Veteran locates employment, research has shown that they are reluctant to ask about accommodations within the workforce even though they could benefit from these (Baldridge & Swift, 2013). Providing reasonable accommodations for Veterans with PTSD can have a direct impact on both the individual and organizational job performance (Santuzzi et al., 2014). There are however many reasons why Veterans do not want to seek accommodations, and this is influenced by a combination of disability attributes and organizational attributes (Baldridge & Veiga, 2001). Examples of accommodations to consider when working with people with psychiatric disabilities include the following (U.S. Department of Labor, 2020):

- **Flexible Workplace** - Telecommuting and/or working from home.
- **Scheduling** - Part-time work hours, job sharing, adjustments in the start or end of work hours, compensation time and/or "make up" of missed time.
- **Leave** - Sick leave for reasons related to mental health, flexible use of vacation time, additional unpaid or administrative leave for treatment or recovery, leaves of absence and/or use of occasional leave (a few hours at a time) for therapy and other related appointments.
- **Breaks** - Breaks according to individual needs rather than a fixed schedule, more frequent breaks and/or greater flexibility in scheduling breaks, provision of backup coverage during breaks, and telephone breaks during work hours to call professionals and others needed for support.
- **Other Policies** - Beverages and/or food permitted at workstations, if necessary, to mitigate the side effects of medications, on-site job coaches.

Disability Attributes

In order to receive accommodation a Veteran must make a request, which indirectly discloses that they have a disability (Gonzalez et al., 2019). By requesting such accommodations, Veterans may feel that their disability is seen as a weakness or that they are incompetent to do their work. Veterans also feel that asking for accommodations because of their disability would cause harm to their own self-esteem or reputation. Lastly, feeling of indebtedness can hinder their ability to ask for accommodations. Influences on disability attributes usually arise by disability severity and age of disability onset (Baldridge & Swift, 2013).

Also mentioned within the literature is this idea of psychological safety. Psychological safety can be described as individuals feel at ease taking interpersonal risks and being in a state of mental and emotional comfort, which will lead to free expression and honesty at work (Kahn, 1990; May et al., 2004). When a workplace setting is not allowing a Veteran to express themselves openly and honestly then a Veteran will not want to openly disclose their disability. Therefore, their disability attributes have defined their perspective on their identity (Tajfel & Turner, 1979). This theory is supported by Stone and Collea (1996) that says that disability identification and treatment are influenced by disability attributes.

Organizational Attributes

There has been a tremendous amount of research on attitudes towards individuals with disabilities but very little research on attitudes toward disabilities within the context of the organization (Popovich et al., 2003). Stone and Collela (1996) created a framework including nine broad variables that are associated with treatment of disabilities within organizations. One of the notable findings was organizational characteristics and observers' treatment of persons with disabilities. Influences that affect individuals with disabilities asking for accommodations stems from HR policies and practices related to recruitment and hiring (Beatty et al., 2018). If policies are not implemented and sup-

portive of individuals with disabilities, this could hinder someone's willingness to disclose about a disability and to ask for accommodations. Company culture and organizational policies that do address the needs of individuals with disabilities led to improved treatment and inclusion for all employees. A company needs to understand and be trained on disability laws and reasonable accommodations in order to provide these to Veterans with disabilities (Bruyère et al., 2004; Chan et al., 2010; Gröschl, 2013; Houtenville & Kalargyrou, 2012; Kulkarni, 2016; McLellan et al., 2001; Richards & Sang, 2016).

Job Accommodation Network

As Rehabilitation professionals working with Veterans with PTSD, it is important to know and understand appropriate resources in the field to provide proper and appropriate accommodations to Veterans with PTSD**.** Using the Job Accommodation Network (JAN) is a valuable resource that Rehabilitation professionals can help Veterans navigate as it provides guidance for accommodations based on specific disabilities (Ruh et al., 2009). According to JAN (2009), there are many accommodation services members for Veterans with PTSD that could help to be successful in the workplace, including but not limited to:

- **Concentration issues:** reduce distractions with white noise or environmental sound devices, noise cancelling headsets, modifications in lighting, allow for a flexible work environment or schedule.
- **Memory issues:** provide written as well as verbal instructions, checklists, wall calendars, electronic organizers or apps, additional training time or refreshers.
- **Organization issues:** provide daily, weekly and monthly tasks lists, assign a mentor or coach, use of electronic organizers or apps.
- **Management issues:** daily To Do lists and check items completed, electronic assists previously noted, regular meetings with supervisors or mentors to determine if goals are being met.
- **Stress or emotional issues:** emphasize stress management techniques, allow a support animal, use of a mentor to alert the employee if behavior is becoming unprofessional, EAP assistance and or allow a flexible work environment.
- **Coworker interaction issues:** encourage the employee to walk away from frustrating situations and confrontations, allow part time work from home, allow for greater privacy while at work, and provide disability awareness training to supervisors and coworkers.

JAN is a grant-funded operation located in West Virginia that also has a hotline number for employers, practitioners, and individuals with disabilities (not only with PTSD) to contact them with work-related questions (e.g., do I have disclose my disability, how do I request an accommodation, what accommodations should I provide an employee who has issues with XYZ).

Lack of concentration. One of the challenges individuals with PTSD have in the workplace is contracting on job tasks. Some of the recommendations for accommodations in the workplace include trying to limit the amount of distraction in the workplace. In order to achieve this, there might need to be an enclosure between the spaces or even providing a private space if available. Smoothing background music with the door closed or headsets can provide the needed background noise to stay concentrated on the task. Having increased natural light or spectrum light (that represent the same as the sun) which helps with reduced symptoms of eyestrain, headaches and blurred vision symptoms, which can increase concentration (Hedge, 2000). Dividing assignments into smaller tasks will allow for an individual to concentrate and focus in shorter amounts of time. Lastly, plan for uninterrupted work time. This could look a variety of ways such as not scheduling meeting, putting away distractions such as phone or email, or working in a private location if able.

Coping with Stress. One of the long-term effects of PTSD is how to cope and handle stress within the workplace. JAN provides many strategies and accommodations or Veterans who are having chal-

lenges in this area. One accommodation in the workplace is to allow for more frequent or longer breaks (if needed). Frequent breaks allow an individual brain to receive some much need recovery time to help to destress (Jabr, 2013). In order for this to be successful in the workplace, providing backup coverage may need to be provided if working in a field where someone needs to always be present. Providing additional time to learn new tasks and responsibilities will allow the Veteran to process and understand what is needed. If a task is given too quickly without a clear understanding, this could increase the stress while at work. Providing accommodations. Job restructuring is also another accommodation that would allow the Veteran to only perform essential functioning during times of stress. This would allow for a reduce load at work until the Veteran is able to cope with the stress and perform all job responsibilities. Flexible work hours can provide time for the Veteran to attend counseling sessions to help cope with stress within the workplace. Lastly, have a direct supervisor, manager, or even a mentor for the Veteran can provide that support system so if the Veteran has any questions during the workday, they know exactly who to ask.

Working effectively with a supervisor and interacting with co-workers. Using alternative supervisory techniques may help manage Veterans with PTSD. For example, the way assignments, instructions, training, and feedback are provided to the Veteran. Depending on the individual's needs, email, writing, or verbal may be the best mode of communication. Also providing positive reinforcement and clear expectations with the consequences of not meeting those expectations are an important accommodation for Veterans with PTSD. It is also important for the Veteran and supervisor to communicate and provide strategies to help deal with problems before a crisis occurs.

Veterans with PTSD may experience challenges communicating and working with co-workers. Allowing employees to work from home part-time can allow for the balance between having interactions with coworkers and having individual private workspace. Providing partitions (or cubical style) workspace or closed door to allow for privacy. Lastly, it is important to also provide disability awareness training to the organization to provide foundational information about different disabilities and reasonable accommodations.

Dealing with Emotions. In the workplace, Veterans with PTSD may have difficulty expressing appropriate emotions or controlling anger. Implementing stress management techniques in the workplace be an effective de-escalation technique. A support animal or therapy dog. A study by Throne and colleagues (2017) identifies that having a service might help with task performance, and de-escalation for Veterans with PTSD. Allow for telephone calls for Veterans during work hours to appropriate support people (e.g. medical doctors, counselors). Refer and use the employee assistance program (EAP) and Veteran centers for support. Lastly, providing those additional breaks allows for the Veteran to de-escalate.

Sleep Disturbance and Absenteeism. Workplace performance might be distributed or affected due to Veterans with PTSD having disruptions in sleep patterns and as a result, coming to work fatigued. JAN recommends that allowing the Veteran to work one consistent schedule can help with a sleep and work routine. Also allowing for a flexible start and combining regularly scheduled shorter breaks into a longer break can provide time for the Veteran to rest during the workday. Veterans with PTSD often have challenges with attendance or tardiness within the workplace. Providing a flexible schedule such as the start or end time or the ability to work from home can provide the accommodation that they need to be successful in the workplace. It is imperative as well for the organization to understand and count that absences will occur due to their PTSD. Lastly, allowing the Veteran to make up the time they missed can ensure that the work is complete along with the Veteran receiving all of their hours.

Panic Attacks. Workplace performance may be effective if the Veteran has a panic attack either at home or at the workplace. Some accommodations that are recommended in this situation is remove any environmental triggers (e.g., smells or noises that impact their PTSD), and provide a spot within the office that is private and comfortable in order to use realization techniques to help calm the individual down. Support animals as well can be a good accommodation within the workplace for panic attacks.

Conclusion(s)

The purpose of this paper was to provide strategies for improving employment outcomes of Veterans diagnosed with Post-Traumatic Stress Disorder (PTSD). The authors recommend that Rehabilitation professionals work with Veterans who have PTSD to (a) identify workplace accommodations, modifications to the work environment, or customized employment opportunities (employer/Rehabilitation professional/employee develop job and essential functions together to meet employer and employee needs), and (b) recommend psychotherapy or counseling to assist the Veteran with dealing with PTSD-related symptoms and the psychological demands of work. Although accommodations may be developed by the Rehabilitation professional, using the list provided within this paper and review the resources described can be used as a guide to assist in the development of such accommodations. Additionally, if a veteran has a discharge status other than dishonorable, using the CWT program through the Department of Veteran Affair in collaboration with private rehabilitation job placement may increase the likelihood of job placement.

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