

# Working With a “Vet”

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## Abstract

*This article describes my experience working in the Adult Health & Development Program at the University of Maryland (AHDP). A physical therapy major, I was matched with a member of the AHDP's Veterans' Administration Nursing Home Group. How I served as a change agent with my “member,” and perceived benefits derived from the AHDP experience are described.*

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## Introduction

During one of Dr. Clark's lectures in Kinesiology 370, motor development, she made the announcement of being able to earn 10 extra credit points toward the course. The announcement about the AHDP was that it would be in the field of physical therapy and for me to assess my member and make a report concerning the development of independent locomotion throughout the various periods of the mountain of motor development. The part about physical therapy was very intriguing because that was just what I<sup>1</sup> was looking for.

After the first session, it seemed to me that the curriculum of the program was not at all what I was seeking, and I had reservations about continuing with the program. Years of training had taught me to assess situations and adapt accordingly. This was definitely an adverse situation. I felt somewhat lost. After the second session, determined not to jump to conclusions and prejudge the program, I decided to take it one day at a time before deciding whether I would stay in the program because still, I didn't know what to expect of it. All I knew was that some people saw adversity as a stumbling block or a problem whereas I tend to see it as a challenge.

During the third session, meeting various members of the program and noticing their positive, enthusiastic attitudes of just being happy of being there, I became eager and couldn't wait to get started working with the members. It was becoming clear to me why I was in the program and a sense of belonging began to emerge. It was at that moment I fully decided to stay and become part of the program. I had known all along, that if I were to stay in the program, I

wanted to work with the VA veterans<sup>2</sup> which brought me to my member Joe Custer.

## Joe Custer, My Member

Joe Custer was born on February 9, 1948, in Washington, D.C. He was the first child of ten and they all were reared in Washington, D.C. Joe weighs approximately 123lbs. and is approximately 69" tall. He feels he doesn't weigh enough and wishes he weighed at least 180 pounds.

Upon graduating from high school, Joe joined the United States Army in August 1965 heading for Vietnam. While in the military, Joe started drinking, smoking marijuana, and shooting up with hard drugs. After doing his time in Vietnam, Joe returned to the United States on January 16, 1969 and was eventually discharged from the army.

Upon returning back to the civilian sector, Joe moved back in with his parents and found it difficult to adjust back to the life he once knew. He was still drinking heavily, smoking marijuana, and shooting up hard drugs. He found himself moving from job to job. In 1973, Joe got careless with the drugs. He was caught shooting up drugs in the house by his mother. She immediately told Joe's father that day that Joe would have to go. Joe's father came home early from work and broke the news to him. Joe packed his belongings and moved in with his lady friend.

In 1994, Joe had an accident. He fell from the second story of a building causing severe life threatening injuries to himself. He was rushed to the Washington medical center (Veteran's hospital) while he was in a coma. The doctors had given up hope on him ever recovering. Approximately thirty-five days later he emerged from the coma. While talking to his

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<sup>1</sup> Names have been changed. Also, this Final Analysis Paper was written by a male, first semester staffer during the spring 1998 semester. Editing was minimal.

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<sup>2</sup> Joe is a member of the VA Nursing Home Group of members nearly all of whom use wheelchairs.. Other groups are the Community residents, a subgroup of “Foreign-born” (always matched with bi-lingual staffers), and people with developmental disabilities.

mother, Joe learned that his father had died while he was in the coma.

Joe has been in the VA hospital for a little more than three years now with irreversible damage to his body. He sustained partial paralysis to the right side of his body as well as dementia due to head trauma he sustained in the fall. He has also been diagnosed with other various medical problems such as diabetes, seizure disorder, alcoholism, and more. While in the VA hospital, Joe was undergoing training with a physical therapist. He decided that was not what he wanted to do, so he terminated those physical activities resulting in him being inactive physically. While making an assessment of Joe physically, I noticed that he was also socially withdrawn. All he looks forward to is playing bingo, in which someone else plays the card for him and gives him the prize if his card wins, and watching movies on the television. Although he is unable to have children, for reasons unknown to him, and wish that he had a couple, Joe has come to accept the fact that he will never have them.

### **Toward Health and Well-being**

Joe exhibits more emphasis in his health, physical fitness, social and psychological well being. While attending the program, we have started walking more and using the stairs as opposed to using the elevator. Joe has also started working out with my hand grips to strengthen the forearm flexors and extensors to ensure hypertrophy of those muscles in order to gain better control of his fine motor skills.

Joe is more socially active now than he was in the beginning, not only with me, but with a variety of different people. He is also actively seeking female companionship. Joe tends to look forward to numerous things now. Knowing that he looks forward to my visits, I have been to visit him approximately ten times now.

When I go for a visit, I make sure I take at least four movies so he can choose from them those movies he haven't seen. During each visit I will pick up the movies he had watched and have a new selection for him to choose from. Joe told me the doctors informed him that he should be able to leave the hospital in approximately two months. He is also looking forward to that. We ensured each other that we would keep in touch.

### **Change Agent**

I feel I was instrumental in the change in Joe's life

due to a multitude of factors such as: the training sessions before and after the members visit; the text book which is full of much needed information to guide you through the vast range of situations that were encountered throughout the span of the program; the prior training I received while spending twenty years in the military enabling me to be able to interact with a culture; morals and values instilled in me by my parents stressing the importance of treating others as you yourself would want to be treated; experience with providing and caring for my father who lived with and recently died of cancer; the ACAEM<sup>3</sup> paradigm which I used on every occasion of our meetings and much more.

A few examples of how the ACAEM paradigm was instrumental in allowing me to be effective with my member was when we went bowling. We made an assessment of Joe's bowling skills and determined them to be awful. Applying the coaching model taught to us during training, we set out to accomplish the task of bettering Joe's bowling skills. Being creative was no problem. We just applied old fashion problem solving techniques to handle the situation of getting the ball to the pins and knocking down as many pins possible while maintaining Joe's posture. After brainstorming and coming up with a few possible conclusions, we put a variety of them into action, evaluated which position was best for Joe based on the result of the score sheet and what felt comfortable for him while making slight modifications when necessary.

I used the same technique when Joe asked me to teach him how to operate the electronic organizer he had. He said he had owned it for a couple of years and that no one could show him how to work it. I assessed the situation and determined that it was not an unreasonable request. I took his electric organizer home, studied it for a while and learned how to operate it. It required little creativity for the task. All that was necessary was to enter the names and telephone numbers individuals he had. I decided to put this plan

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<sup>3</sup>The A(ssessment), C(reativity), A(ction), E(valuation), M(odification) concept is useful in focusing the staffer upon his or her member's needs and desires, and to subsequently develop an individualized program of physical and social activities, and health education.

into action by entering my last name, first name and telephone number and showing Joe at the same time how this was accomplished.

Upon further evaluation I noticed that Joe was unable to locate the telephone numbers that he was looking for even though they were in the organizer. I had him reenter the names and numbers of individuals in order to establish repetition as a learning strategy. This proved to be fine but it wasn't the main problem. The main problem was the way in which the names were entered into the organizer. Although this method of last name, first name was conventional and convenient for the majority of people in society, Joe was no longer a majority. He was now a minority and I had to remember that. Of the names and telephone numbers Joe had, he only knew first names. So I had to modify the names in the organizer to be useful to Joe in his world and not mine. However Joe learned the names of people, that's how the information was entered into the organizer. Now it is easier for him to recognize the telephone numbers he is looking for by the names he knows.

### **Insights**

I have learned that in everyone's life, there's a story to be told. If we would just keep an open mind and listen, there is a lot to be learned from it. Good or bad; right or wrong; it's not for us to judge. We should be empathetic to the situation because we never know when we or our love ones might need a little empathy.

I aspire to become a physical therapist because I want to be in the position to be able to help others. That hasn't changed. The AHDP has served to strengthen my aspiration in becoming a physical therapist and in working in gerontology. It has encouraged me to become verbally active in spreading the good news about the AHDP and in becoming a group leader.

The theory and data presented in training and from the manual worked well with my member as I explained earlier in this paper.

My group leader Alison and assistant group leaders Julie and Alex were superb. They displayed total professionalism while demonstrating that it was ok, at the same time, to have fun in the program. They were able to direct the flow of the conversation during training while getting everyone actively involved in the discussions.

### **Conclusion**

The AHDP is a wonderful program. It gives back to those whom society has abandoned. Our society offers so little for the older adults to engage in. After years of faithful service to this country, our older population should have more to look forward to than what is offered. America needs to wake up and realize that the older generation is here to stay and it won't be long before all of us make it to that stage.

This is the first program of such that I have had the pleasure of being a part of since I have been enrolled at the university of Maryland therefore I have nothing to compare this program to.

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