ASSESSING THE KNOWLEDGE LEVEL OF SOCIAL SERVICE PROFESSIONALS ON POST-TRAUMATIC STRESS DISORDER (PTSD): CREATING TRAINING GUIDES

Charles E. Lawrence, Ph.D.

National Louis University

Geraldine L. Palmer, Ph.D.

National Louis University

Authors Note

To learn more or to correspond regarding the article please contact Dr. Charles E. Lawrence at clawrence.phd@gmail.com

Abstract

Objective: Creating training guides for social service workers to deliver more effective services for veterans with post-traumatic stress syndrome. **Background:** Effective service delivery for veterans with post-traumatic stress syndrome is often hampered by a lack of knowledge about how to identify the signs and symptoms of post-traumatic stress disorder (PTSD). Appropriate training guides can provide integral benefits including: improved situational awareness, more accurate data gathered in the intake process, a reduction in veteran homelessness and prevention of chronic homelessness. **Method:** A pre-and post-test design was used to determine levels of knowledge guided by Bloom's Taxonomy (1956). The study focused on 11 respondents who were social workers in various roles including case managers to determine their aptitude in identifying the signs of post-traumatic stress disorder. All data was reviewed and hand-coded for analysis. **Results:** On the basis of the analysis, the post-test indicated that after training using a guide developed by Dr. Charles Lawrence, a veteran services counselor, key findings revealed an increase in knowledge of social workers in identifying the signs and symptoms of PTSD. **Conclusion:** The results of the research supported the literature on how or why training is important for personnel who assist veterans. **Application:** Increased knowledge is critical in helping social workers develop an individualized service plan for veterans that are based on accurate psycho-social attributes and thus are more effective.

Introduction

The U.S. Department of Veterans Affairs (VA) reported as of December 2, 2011 there are approximately 23 million veterans. Unfortunately a significant number of veterans face a variety of challenges following a return to civilian life and end up classified as a marginalized segment of the U.S. population. One of the most persistent challenges for returning veterans, particularly those who have served in combat, is post-traumatic stress disorder (PTSD). Furthermore, post-traumatic stress disorder in veterans is often determined as a cause and contributor of veteran homelessness (The National Coalition for Homeless Veterans, 2011). The Coalition also reported that:

> Homeless veterans total 23% of the population, males represent 33% of homeless veterans, 33% were stationed in war zones, 79% reside in central cities and 76% experience alcohol, drug or mental health problems including PTSD (p. 2).

Thus, with statistics on the social challenges affecting veterans continuing to soar, it is reasonable that the numbers of veterans using VA services would increase as well. In 2012, the VA released a report on the numbers of veterans who used VA medical services for PTSD. Out of the total numbers of veterans receiving services, 30% were diagnosed with PTSD, specifically veterans returning from the Iraq and Afghanistan wars. These statistics are higher, it is assumed, based on the multiple deployments. Moreover, the VA shared that soldiers who have been deployed more than once are three times more likely to test positive for PTSD and depression.

As a result of the surmounting number of veterans requiring mental health and medical services, VA centers across the nation are hard-pressed to adequately serve and keep

up with this influx. It is estimated that approximately 10,000 veterans diagnosed with PTSD are flooding VA centers across the nation (Sullivan, 2013). Additionally Sullivan put forward that 745,481 veterans from post 9-11 wars have filed disability claims. Yet, 44% of the claimants are still not receiving benefits as a result of huge case backlogs and a lack of clinical staff at the VA. Therefore, with VA facilities already overburdened the work of helping veterans return to civilian life as quickly as possible and readjust to the community often fall on social service workers in community-based settings. Thus having an accurate pre-service assessment is critical to develop a comprehensive, individualized service plan that can help the veteran more quickly readjust to civilian life. In cases of homelessness, identifying PTSD and documenting the findings opens additional doors for veterans to secure appropriate subsidized housing and attain housing stability.

Yet, a number of social service providers often do not have sufficient knowledge about the issues facing veterans, specifically regarding accurate knowledge of the identification of signs and symptoms of PTSD. According to Litz, and Salters-Pednealt (2008) in assessing PTSD, a well-trained professional should be well-versed on the signs and symptoms of PTSD. Additionally, in the healthcare and social service systems, there is no consensus on sufficient training elements, processes, and requirements for veteran-focused training around trauma or a host of other veteran-related issues. Most programs have no criterion-based evaluation programs. For example, a recent study of VA practice patterns found that only about 25 to 50% of PTSD specialists used validated instruments to assess PTSD symptoms (Rosen, Chow, Finney, Greenbaum, Moose, Sheikh, et al., 2004).

With hundreds of thousands of veterans in dire need of securing and receiving adequate and effective services, it is vital that social service workers have the resources at-hand to augment the work of veteran medical centers. Towards this end, with complex issues such as PTSD it often means that new training and educational resources must be created to meet veterans' needs. To create effective resources, it's also imperative that the resource developer not only understand the social challenges facing veterans and other populations, but understand as well the learning styles and levels of knowledge among social workers who will use the training guides.

General Learning Theories Related to Training Service Workers

Miller (1956) pointed out that people learn in many different ways by reading, listening, watching, doing, thinking, and solving problems. In an effort to facilitate the learning process people are inherently different in their intellectual abilities and learning potential. Therefore, instructors/facilitators must use various techniques that interest the largest possible number of individuals. Miller also added that the processing of cognitive learning involves bits of information not individually stored but as part of a complex system of coding, sorting, filing, and cross-indexing information. Individuals vary considerably in their ability to learn from internal and or external activities.

Gagne (1985) studied the chemical and neurological structure of the brain and its connection to the central nervous system in order to build theories that support the process of learning. Learning requires information acquisition and the making of associations with

previous information to make sense of the new information. The key point with this method of learning is the new information's association with previously learned experiences. Oftentimes people will respond to new information as a result of an outside stimulus. When this occurs, the brain processes an incoming activity and it starts the screening process to determine its level of importance, which ultimately connects to the conscious or sub-conscious mind.

Developing a Training Guide to Assist Social Workers Serving Veterans

The need for support networks such as training guides is a consistent theme with all issues faced by veterans. In an attempt to address the lack of support networks, Lawrence (2010) created a social service guide to assist organizations in providing better quality and more comprehensive services to veterans. The social services guide consists of training on veterans' benefits, the procedures for applying for such benefits, and guidelines to help increase social workers knowledge of post-traumatic stress disorder (PTSD).

The Lawrence (2010) social service guide was assessed and evaluated by 11 key informants who had an average of 10 years of experience treating veterans, while also serving within the military themselves. These key informants critiqued the training guide and indicated what they saw as the primary problems with the medical and social service communities that serve veterans. This includes the following: 1) clinical psychologists encourage war veterans to take psychotropic drugs and participate in individual/group counseling to reduce the severity of anxiety attacks; 2) clinical psychologists treat war veterans in controlled environments (e.g., hospitals, clinics etc…); 3) clinical psychologists do not have an ideal method for diagnosing PTSD which can make validation a challenge; 4) private sector social service professionals have limited knowledge in identifying the signs and symptoms of PTSD in veterans; and 5) private sector social service professionals have limited knowledge of what Veterans Administration (VA) medical services are available to veterans (Lawrence, 2010).

Instructional Planning for Current Study

The concepts discussed form the theoretical framework for creating the training and its evaluation. In addition, Gagne and Briggs (1988) described four stages of designing instructional systems. The system required a repetitious cycle of several stages until each area of the instructional system allows the individual to meet specific measureable objectives. Miller and Miller (2002) defined instructional design as a process of creating an instructional program based on a task statement, knowledge, and a specific skill required to complete a task. Oftentimes, this required instructional methods such as lecturing, hands-on activities, guest speakers, and team teaching.

Based on the literature and best practices, the current study provided comprehensive training for service workers and how they can more effectively serve veterans. The training program was evaluated through the use of pre and post training interviews through a collection of case studies with several organizations.
Hypothesis for the Evaluation

1.   Participants' statements will reflect an increase in their knowledge of information necessary to work with veterans from pre-training to post-training interviews.

Methods

Design

The methodological strategy for this study was qualitative and exploratory. Using the exploratory design enabled the researcher/trainer to explore and understand a community organization's infrastructure as well as broader systems related to their advocacy for veterans as they apply for veterans benefits. The researcher/trainer applied a multiple-case study methodology using three months (short-term longitudinal) as the duration of time between the training and post-training interviews. The goal was to assess the application of knowledge obtained from the training.

Among the cognitive changes measured were the trainee's concepts of veterans' benefits. The hope was that they would be more effective at performing the task of explaining eligibility requirements for specific veterans' benefits. Preselected social service organizations were targeted in order to obtain information from current professionals within the social service field who were working with veterans. A pre- and post-test interview protocol instrument was developed in order to determine participants' level of knowledge.

A revised version of the Lawrence (2010) social service guide for professionals was developed. It focused on working with veterans suffering with PTSD and was the basis for training in the current study. A pre and post interview protocol instrument (open-ended questions) focused on knowledge of veterans' benefits. While conducting the training, the researcher/trainer asked participants to participate in role playing as well as demonstrate their knowledge and techniques of the content of the social service guide.

Participants

The participants in the study were purposefully selected because they could best assist the researcher/trainer in addressing the challenges associated with serving veterans. The selection consisted of 11 adults from selected sites in Chicago, Illinois; specifically the south side of Chicago, a much underserved community. Each participant was identified as a representative of their prospective organization in relation to the outreach services rendered to veterans. As a veterans advocate (researcher/trainer) responsible for networking with others community organizations, the trainer knew the social service organizations in this specific geographic area well. The missions of these organizations tended to entail services that were not limited to veterans. Nevertheless, the staff members of these organizations were generally qualified to work with veterans.

All 11 participants were service workers (social service professionals) from 10 different agencies interested in obtaining training on veterans' benefits. The selection criteria included only service workers (social service professionals) who had served veterans and their family members for a minimum of two years and who had a desire to assist a veteran in obtaining VA services. The 11 participants' ranged from 21 -65 years of age.

Materials

   Social service guide.
   The social service guide designed by Lawrence contained learning objectives to better inform participants on scenarios that tend to arise when working with veterans. One of the learning objectives and activities of Module 1, for instance, was to help the participants identify the awards and decoration section of a DD214 (discharge certificate). In addition, the goal was to enhance communication skills with veterans with severe/chronic PTSD, and execute non-verbal and non-combative communication skills while assessing the veterans. The activities of Module 1 involved having the participants simulate greeting a new veteran, assessing their situation, and deciphering the DD214 for combat awards and citations. Through actively listening to and interviewing a veteran, they explored symptoms of PTSD such as experiences of flashbacks, avoiding activities or places, and hyper-vigilance.

   Module 2 learning objectives and activities, focused on participants understanding and their ability to explain federal benefits to veterans, specifically health, burial, and compensation claims. The module worked to help trainees understand and explain the Illinois Department of Veterans Affairs state benefits, and assist the veteran with completing and processing a federal or state application for benefits.

   Module 3 learning objectives and activities involved helping the participants to establish good public relation/human relations skills with organizations (both public/private entities). It also involved a follow-up and evaluation of the referral plan. The activities of Module 3 involved the participants simulating a telephone call and an in-person exercise of performing a referral follow-up on a veteran using appropriate tone/diction to acceptable follow-up procedures. The environmental conditions of all three modules were performed in a classroom/office environment in accordance with acceptable agency training standards.

Pre-training interview for professionals.

   The pre-training interview protocol used for this research involved the participants responding to two open-ended questions about their knowledge and experiences in serving veterans.

Post-training interview for professionals

   The post-training interview protocol consisted of three questions covering knowledge. Both the pre and post training interviews were developed by the researcher/trainer with extensive input from multiple colleagues with an eye for face validity, breadth, depth, and clarity.

   Pre-training interviews ranged in length from 15-20 minutes. The researcher/trainer then covered with the trainees all training modules, consistently conducting comprehension checks of training content to all participants. Thereafter, between two-weeks and three months after the training, the researcher/trainer conducted follow-up interviews which

averaged thirty minutes in length. Each interview was audio recorded. In addition, the researcher/trainer also performed direct observations of each organizational site to gather data (descriptive and reflective notes). This was intended to support the systematic data collected, specifically focusing on each organization's commitment to servicing veterans.

Analytic Approach

The data analysis involved transcribing responses to the open-ended questions about participants' knowledge of veterans' benefits. The researcher/trainer first applied the grounded theory by doing the following: 1) reviewed each participant's response (pre and post) to each question; 2) each section was analyzed and grouped into categories identified as cognitive versus behavioral; within each category the researcher/trainer identified specific verbs used to describe specific behaviors (e.g., accept, admit, and attain); 3) the researcher/trainer identified six categories (knowledge, comprehension, application, analysis, synthesis, and evaluation) in order to obtain more data on intellectual behaviors (Bloom, 1956).

Secondly, the researcher/trainer identified the cognitive categories consistent with the specific levels (L1-L6) of verbs based on Bloom's Taxonomy (1956). These include: knowledge (L1), comprehension (L2), application (L3), analysis (L4), synthesis (L5), and evaluation (L6). Level six represented the highest level; level one the lowest level of cognitive activity. The researcher/trainer identified participants' use of verbs across the topics of knowledge.

The coding process then involved identifying specific descriptive verbs from each participant's answers to the interview questions. Those verbs were then placed into specific behavioral categories within the coding table columns. The cognitive categories determined how well the participants' cognitive knowledge of PTSD and veterans benefits increased. Increases were determined by each participant's level of understanding using Bloom's intellectual cognitive verb scale/levels. The pre-training interview findings were compared to the post-training interview results. The descriptive specific verbs used by the participants for the learning categories were compared to pre-training and post-training interview results, determining how well the participants described their abilities in completing veteran benefits applications, as well as submission of the forms on-line in accordance with United States Department of Veterans Affairs filing procedures. All of the data was hand-coded to determine the participants knowledge, their level of cognitive understanding or Bloom's Taxonomy (1956) and the qualitative coding steps used when determining emerging themes. A second reviewer was used in transcribing the audio taped data.

The results of the pre and post interviews were then validated. Bloom's taxonomy was used, including: action verbs, management assessment interview protocol, and the organizational assessment instrument. The researcher/trainer conducted several reviews of the audio recording and transcribed them accordingly. Ultimately, a methodological triangulation of the data was applied. This allowed the researcher to validate changes in knowledge—(cognitive) as a result of the training provided to service workers (social service professionals).

Knowledge of veterans' benefits, required level of self-esteem/confidence needed in social services and abilities in order to complete an online application for veterans' benefits was determined. In addition to the categorized themes, an example of important quotes was also being presented in a narrative approach format. The narrative approach outcomes assisted in furthering the research on what and how to train social service professionals who assist veterans in applying for benefits.

The interview data was gathered, recorded, and transcribed into a hard copy and subsequently reduced by the researcher/trainer into categories and themes. In connection of the themes to the research questions an analytical induction (Patton, 2002) was applied. In an effort to answer the research questions the researcher/trainer made efforts to delve into the cognitive state of the participants. The participant's response to the interview questions was directly related to their personal and professional relationships as direct service providers that assist veterans in crisis.

Bloom's taxonomy was used as the metric (L1 representing the lowest level of cognitive understanding, and L6 the highest level) to determine if a change in knowledge occurred from pre to post training. Bloom (1956) identified three learning domains at various intellectual levels of learning. Each domain contained verbs that illustrated intellectual thinking as it related to comprehension. The verbs described cognitive activity indicating that observable knowledge is being utilized through critical thinking.

The hierarchical levels included: cognitive, affective, and psychomotor. The cognitive domain measured mental skills (knowledge), interpersonal skills, self-efficacy/empowerment, and affective domain measured growth in feelings or emotions (attitudinal). The system is as follows: 1) Knowledge deals with the cognitive ability of recall; 2) Comprehension involves knowledge to understand communication and translate it information; 3) Application involves making well-based changes to existing communications; 4) Analysis concentrates on breaking a communication down into its (often implicit) component parts, and identifying their relationships; 5) Synthesis involves the ability to combine elements into new form and patterns; and 6) Evaluation involves the ability to judge by internal and external criteria.

Examples of verbs of Bloom's taxonomy on intellectual and observable activity included:
- Knowledge (L1): Name, recall, record, relate, repeat, state, tell, underline.
- Comprehension (L2): Compare, describe, discuss, explain, express, identify, recognize, restate, tell, and translate.
- Application (L3): Apply, complete, construct, demonstrate, dramatize, employ, illustrate, interpret, operate, practice, schedule, sketch, use.
- Analysis (L4): Analyze, appraise, categorize, compare, contrast, debate, diagram, differentiate, distinguish, examine experiment, inspect, inventory, question, and test.
- Synthesis (L5): Arrange, assemble, collect, combine, comply, compose, construct, create, design, formulate, manage, organize, plan, prepare, propose, and setup.

- Evaluation (L6): Appraise, argue, assess, choose, compare, conclude, estimate, evaluate, interpret, judge, justify, measure, rate, revise, score, select, support, and value.

The cognitive change being measured involved knowledge or informational concepts on veterans' benefits and PTSD in order to directly perform the task of explaining the eligibility requirements for veterans' benefits. In addition to the task of explaining benefits, application of specific skills (e.g., locating and downloading information using a PC) was also measured.

Knowledge was the first and base level of Bloom's taxonomy, which involved recalling information/data. Module 1 of the social service guide consisted of three learning objectives. The learning objectives involved the social service professional identifying and understanding the awards and decoration section of a DD214 (discharge certificate), enhancing communication skills with veterans with severe/chronic PTSD, and executing non-verbal and non-combative communication skills while assessing the veteran.

Comprehension was the second level within the cognitive domain of Bloom's taxonomy. This level of cognition required understanding the meaning, translating, and interpreting information. The DD214 (discharge certificate) awards, decorations, and campaign section distinguishes a wartime from a peace time veteran. Being able to distinguish between whether the veterans were deployed during wartime versus peace time without having to ask them is important. The level of importance also applies to having an understanding of the veterans' job duties and their specific geographic location of military service. Veterans with severe/chronic PTSD require a level of understanding by the social service professional to be able to interpret and translate battlefield experiences into communicable language.

Application was the third level within the cognitive domain of Bloom's taxonomy. This level of cognition required application of general principles, or methods to a specific situation. At this level the social service professional should be able to construct detailed sentences of events communicated by the veteran, and translate that information in language appropriate for filing a claim with the United States Department of Veterans Affairs for any and all service-related injuries or illnesses sustained.

Analysis was the fourth level within the cognitive domain of Bloom's taxonomy. This level of cognition required separating concepts into component parts in order to understand content and distinguishable facts. The level of cognition required by a social service professional was examined. This was looked at to be able to distinguish fragmented information received from veterans with severe/chronic PTSD and deconstruct, outline, and infer the fragmented information in order to complete a claim for compensation. For example, veterans with chronic PTSD sometimes communicated using fragmented verbal comments, and oftentimes using language consistent with military culture. Therefore, the social service professional had to take the fragmented information received and successfully construct the veteran narrative story, while effectively communicating the veterans' levels of injuries and disabilities while completing an application for disability compensation.

Results

General Characteristics of Participants

The 11 participants were represented by 10 different public and private sector organizations. Males represented 18% of the participants; females represented 82% of the participants. Fifty five percent of participants held veterans status (i.e., having served 24 consecutive months of active duty federal service); and 46% held non-veteran or civilian status. Table 1 shows the frequencies and percentage of participants by age, sex, veterans' status, and area of work. Most of the participants 55% (6) were veterans as compared to 46% (5) of non-veterans.

Table 1

Demographics of a sample of 11 Social Service Professional

Characteristics	*n*	*%*
Age Groups		
30-39	4	36%
40-49	6	55%
Over 49	1	9%
Sex		
Male	2	18%
Female	9	82%
Veterans Status		
Yes	6	55%
No	5	46%
Area of Work		
Administrative	1	9%
Management	2	18%
Case Manager	8	73%

General Characteristics of the Case Studies

The following case studies are representative of the participants (social service professionals) selected to participate in the study. All participants were purposefully selected to participate in the training. The participants served as case managers, administrators, and managers from public and private sector organizations that serve veterans.

Analytic Framework: *Bloom's Taxonomy.*

Pre- and Post-Test Interview Results

The study attempted to determine the respondents' knowledge of veterans' behaviors and their skills level working with veterans. The pre-test questions, (knowledge/skills and best practices) were measured before training using Lawrence's guide. The post-test questions measured how respondents were able to better understand and identify behaviors of

veterans and their knowledge and skills in comprehension of material found on the DD214 *(discharge certificate.* The findings indicated (pretest) that more participants' cognition level measured at level two (comprehension) of Bloom's (1956) taxonomy. Level two involves interpreting the information, but not seeing the full implications. However, examination of the cognitive verbs used by the participants from the post interview demonstrated an increase in usage, indicative of increased knowledge in the subject area.

Table 2 illustrates the six levels of Bloom and the corresponding categories of cognitive learning objectives, along with cognitive verb usage in the post-interview.

Table 2
Bloom's Cognitive Verbs Used from Pre-Interview Responses

Bloom's Identified Levels	Cognition Verbs Used	N
L1		
L2	Expression, recognize, explain	3
L3	Completely	1
L4	Different	1
L5		
L6	Judgment	2
Total		7

Table 3 illustrates the levels along with the participants' post-interview responses.

Table 3
Bloom's Cognitive Verbs Used from Post-Interview Responses

Bloom's Identified Levels	Knowledge	N
L1	Recall, tell	2
L2	Identify, describe	2
L3	Use	1
L4	Difficulty	2
L5	Maintain	
L6	Measure, assessment	2
Total		11

While the transcribed data provided a general picture into the subjective responses provided by the participants, further analysis was conducted. Thus, in the post-interview, eleven

cognitive verbs were used to determine participants' capacity to identify the signs and symptoms of PTSD at the knowledge level. Level four (analysis) was identified as the cognitive level measured for the knowledge area. According to Bloom (1956), level four involved the process of breaking down communication into its (often implicit) component parts, and identifying their relationships. After comparing both the pre and post cognitive verb usage it was determined that an increase in cognitive verb usage occurred.

Results Related to Specific Research Questions

The following research question was developed to obtain information of the participant's knowledge. *Participants' statements will reflect an increase in their knowledge of information (both with regard to paperwork and determining needs) necessary to work with veterans from pre-training to post-training interviews.*

The methodology used to answer the research questions consisted of live and taped interviews with the service workers.

Knowledge related interview questions

Following are two questions that focused on knowledge. They were intended to elicit participant's analytical and deductive inference about their knowledge of veteran and veterans' benefits. The participants were asked the following questions and their responses were as follows:

Prior Knowledge Question.

Are there particular facts that you think are important for service providers to know when working with veterans? (Pre)

A case manager # 2 stated: Veterans ought to be treated with respect just like any civilian, but it's appreciated when sacrifices are **recognized**.

A manager # 5 believes that: [I] Try to stay informed at all levels of government on veterans issues.

An administrator # 6 stated: Have patience, listen, don't characterize, be **completely** honest, and **explain** the process.

Another case manager # 9 offered: Knowing the culture of the military, knowing something about PTSD, traumatic issues [is helpful]; Listening to peoples' experiences.

The following table (table 4) illustrated the participants' responses to the pre-interview knowledge questions reflecting all participants' responses along with the Bloom's cognitive verb/s used in bold face.

Table 4
Participants' Responses from the Pre-Interview Test

Question	(Pre) Knowledge Questions Responses (participant #)
[Characteristics that make veterans stand out from other clients]	(1) Little apprehensive (2) Veterans are uneasy and lack **expression** (3) It depends on age, gender, and clothing (5) Their appearance, are they bathed, clothed, do they seemed distressed (6) The response was: There are no particular features or qualities that stand out to me. They all are **different**. (7) Veterans have a feeling of entitlement because they served the country. (8) Wearing their military uniform. (9) [I find veterans to be] usually angry and nervousness. (10) [I try to] Know the available resources. (11) They really did not stand out because I didn't have any other clients.
[Specific facts a service provider should know]	(2) Veterans ought to be treated with respect just like any civilian, but its appreciation when sacrifices are **recognized**. (3) Everyone is an individual, and different. (5) [I] Try to stay informed at all levels of government on veterans issues (6) Have patience, listen, don't characterize, be **completely** honest, and **explain** the process (8) Acknowledging & honoring their stories. Vets. Hold on to their stories out of fear of **judgment**. (9) Knowing the culture of the military, knowing something about PTSD, traumatic issues [is helpful]. Listening to peoples experiences. (10) [I find veterans to be] distant, look like their thoughts wander, time to process information. (11) [I] do not **judge** them, and see them as a human being.

Post Knowledge Questions.

How do you identify the signs and symptoms of PTSD in your clients? (Post)

A case manager # 3 stated: [Includes] Hyper-vigilance, withdrawal from friends/family inability to **maintain** controlled fits of rage.

A manager # 5 believes that: If they are angry, talk about particular issues, seen things like death, or violence.

An administrator # 6 stated: Signs of recurring nightmares, flashbacks; strong feeling of distress, increase heartbeat, or sweating when **recalling** events, **difficulty** sleeping, jumpy, constantly on guard, feeling irritable or having outburst of anger, distancing from others.

Another case manager # 9 offered: [If the vet] Talk about traumatic events, re-experiencing events, anxiousness, anxiety, flashbacks, nightmares, **difficulty** concentrating, and get startled easily.

Table 5 illustrates the participant's responses to the post-interview knowledge questions reflecting all participants responses along with the Bloom's cognitive verb/s used in bold face.

Table 5

Participants' Responses from the Post-Interview Test

Question	(Post) Knowledge Questions Responses
[Symptoms of PTSD]	1. [The participants response did not directly answer the questions] 2. [Can be] Identified by body language 3. [Includes] Hyper-vigilance, withdrawal from friends/family inability to **maintain** controlled fits of rage 4. [I look at their] Actions and reactions of veterans. 5. If they are angry, talk about particular issues, seen things like death, or violence. 6. Signs of recurring nightmares, flashbacks; strong feeling of distress, increase heartbeat, or sweating when **recalling** events, **difficulty** sleeping, jumpy, constantly on guard, feeling irritable or having outburst of anger, distancing from others. 7. [I look for] Anger, substance abuse, social withdrawal, [and] chronic pain. 8. [I] Use a **measure** that helps gauge each area of PTSD. I **use** the DSM-IV to help me be able to **identify** and [a] combination with doing an **assessment**. 9. [If the vet] Talk about traumatic events, re-experiencing events, anxiousness, anxiety, flashbacks, nightmares, **difficulty** concentrating, and get startled easily. 10. [Their] Temperament 11. The DSM-IV is a big indicator on just knowing the clear cut signs.
[Describe the DD214]	1. [The participants response did not directly answer the questions] 2. Shows personal information identity data, era of service, awards, occupation and branch of service. 3. [Shows] Name, date of birth, social security number, dates of service, rank, rate, grade, character of service, military schools, and awards. 4. [Shows] Name, social security number, date of birth, discharge character, dates of enlistment, and medals. 5. [It shows the] Social security number, education, training, and awards. 6. [Shows] Date/place of enlistment in active duty, home of record, MOS, rank, last duty station, medals, awards, creditable service, foreign service, type of discharge, and reenlistment codes.

	7. [The] Codes used by the military to **describe** a former service member's reason for discharge, and their reenlistment eligibility.
	8. **Tell**[s] what sector of the military the veteran was in, **tells the** type of discharge, their rate, and [their] social security number.
	9. [It shows] Name, rank, social security number, awards, and decorations.
	10. [It shows] That person name, their rank, dates of enlistment, date of discharge, awards, and social security number.
	11. [It shows the] Rank, name, social security number, date of entry into the service, and your discharge.
[Explain the VA disability program]	1. [The program] compensates veterans on a tax free benefit paid to them for any disabilities.
	2. [It is a] Compensation award to claimants with service-connected disability for injures and diseases incurred or aggravated on active service.
	3. Benefit paid to a veteran because of injuries or diseases that happened while on active duty or were made worse by active military service.
	4. [I have] No knowledge
	5. [The VA] Compensation program developed for people that had injuries, or was physically/mentally disrupted once in service.
	6. [It's a] Benefit paid to veterans who have injuries or diseases that happened while on active duty, or were made worse by active military service.
	7. [It is a] Compensation program paid to veteran because of injuries or diseases that happened while on active duty, or were made worse by active military service.
	8. A federal program for [veterans] who has served in the military [that] may have experienced a level of disability whether it be physical, emotional, mental disability, and [are] provided compensation.
	9. Get benefits if you had injuries, any diseases that happen while on active duty.
	10. I am not well versed in that area. I can only refer someone.
	11. Veterans who served and were injured while in the service so the government is compensating them for any injuries or health problems.

Conclusions Drawn on From the Research Questions

The analysis offered above pertained to the pre and post interview questions. Continuing with the process of analysis the researcher/trainer directed the responses from the interview questions to the four research question as to draw final conclusions from the study.

Research Question # 1.

Participants' statement will reflect an increase in their knowledge (both with regard to paperwork and determining needs) necessary to work with veterans from the pre-training to post-training interviews.
Knowledge (Prior)

Working with Veterans.

Service workers were asked to reflect prior to the training their knowledge of information necessary to work with veterans. Using the participants' prior responses as a baseline which involved their descriptions of the qualities and characteristics of veterans it was determined that prior cognitive learning using Bloom's taxonomy occurred at level two and level four. Level two represented comprehension which involved translating, and interpreting, but not seeing the full implication, application, of information.

Level four analysis involved separation of a complex idea into parts and an understanding of its relation. For example, three participants had reported (prior to training) lack of expression (level 2 used the word express) in veterans as a characteristic and two participants reported (prior to training) describing veteran characteristics as angry, and different (level 4 of Bloom's taxonomy).

Knowledge (Post)

Identifying the Sign and Symptoms of PTSD.

Finally, the most profound and evidence-based results which reflected an increase in the participants knowledge involved their ability to identify the signs and symptoms of PTSD. Four out of the eleven participants used the cognitive verbs recalling and tell (level 1), identify (level 2), combination (level 5 used the word combine), maintain (level 5 used the word manage), and measured (level 6). An example of the prevailing responses provided by the participants in identifying the signs and symptoms of PTSD in clients were the following:
- Stressors, hyper-vigilance, withdraws from friends and family, inability to maintain controlled fits of rage, inability to keep employment
- Identify by body language
- Strong feeling of distress when remembering events, increase heart beat or sweating when recalling events, difficulty sleeping, jumpy, and constantly on guard
- Use of a measuring tool to help gauge each area of PTSD
- Use of the DSM-IV to identify and combination of doing assessment

Therefore, considering the results of the pre interview responses, which were used as a baseline and comparing the results of the post interview responses, there was an increase in the participants' knowledge.

Describing Information on a DD214.

The post interview responses by the participants on knowledge yielded different results as compared to the pre interview response. Eight out of the eleven participants described the information that is on a DD214 using the cognitive verb "describe" which

corresponded with level two on the table (Bloom's Taxonomy) labeled comprehension. An example of the prevailing responses provided by the participants in their description of the information on a DD214 included the following: Date and place of enlistment in active duty, Home of record, Date and place of separation, MOS (Military Occupational Specialty), Rank, Last duty station, Medals and awards, Creditable service, Foreign service, Type of discharge, Reenlistment codes, Medical discharge

Explaining the VA Disability Program.

Nine out of eleven participants explained the VA disability and compensation program without using Bloom's taxonomy cognitive verbs. An example of the prevailing responses involved explaining the program as a federal program for men and women who had served in the military, who may have as a result of their service, experienced a level of disability whether it is a physical, emotional, mental disability which provided them with compensation if it has impaired their level of functioning.

Discussion

The current study explored and provided comprehensive training for service workers, and how they can more effectively serve veterans. The main results of the research were mixed with the qualitative results indicating the need for organizational training of social service professionals. The effectiveness of the study might have been most evident in that some of the pre-training responses were vague.

In answering the research questions, the quantitative data (increase in raw number of participants) did not show increases in knowledge. The qualitative data, however, evinced clear increases in cognitive knowledge through their thick and rich interview responses. Regardless of the methodology, all research questions were answered in the affirmative through analysis of all participants' responses to pre and post interview questions.

Upon completion of the training, the respondents demonstrated more confidence and they were more convincing to the evaluator. For example, in response to the first research question after training, seven of the eleven participants reported an increase while eight out of the eleven participants reported an increase in knowledge of when describing the DD214 (Discharge Certificate).

Conclusion

The results of the research represented or supported the literature on how or why training is important for personnel who assist veterans. Many of the organizations, which the participants were affiliated with, have varying training and organizational system designs. They also have different leadership approaches, which can have a profound effect on veteran services and employee morale. Additionally, the results of this study show the need for greater knowledge of the process and procedures for applying for veteran benefits, and understanding the signs and symptoms of PTSD indicated in the literature review (Litz & Salter-Pedneault, 2008).

The conceptual framework of using Bloom's taxonomy to show an increase in the participants' knowledge may have not been the best choice with the selected participants. The reason for such a response was due to the limited word choice, compared to the actual words used by participants. Therefore, while conducting training for adult learners' discussions plays a significant role in adult learning environments, it allowed the participants an opportunity to exchange ideas, engage in Socratic debates, share multiple perspectives on topics, and it allowed for a comprehension check which clarifies a level of understanding of material.

The cognitive domain verbs increased, indicating an increase in knowledge. It might be argued that an individual level of comfort would seem to have increased, given the training modules were completed. However, completion on a specific task does not automatically constitute a higher level of comfort. Considering the various levels of comprehension by the participants, a given task might simply require recalling information (lowest cognitive level). For other participants, higher cognitive levels or a greater thinking capacity may be required to complete the same task.

For example, when completed a VA claim (VA Form 21-526) for compensation for PTSD, the veteran may describe his/her symptoms of hyper arousal as being easily startled or feeling tense or "on edge". However, it's the participants' duty to be able to break down the ideas into parts to support the evidence of hyper arousal. Oftentimes, this requires constructing a statement using the VA Form 21-0781 listing and expressing the stressful incident/s that occurred while in service. This "stressor" statement requires the applicant with the assistance of service worker to vividly explain what occurred which is often communicated in a "fragmented manner" and not coherent. Therefore, having the ability to analyze the information received/ described by the veteran would enable the service worker to break down the information and find/communicate in writing the evidence to support a claim for PTSD (hyper arousal).

Limitations

There are certain limitations to the study that need consideration. First, there was a serious limitation of the findings in terms of creating organizational change. The study did not address how comfortable the participants were in training others on the social service guide (train-the-trainer approach). For such trainings to be effective, the training may have to effect more than those who attend the present. For the training to be successful and sustainable over time there must be a train-the-trainer component.

Second, the results of the research/evaluation component of the study are limited by the small sample size, the duration of time to conduct the study, and the instrument used to measure the participants knowledge both for veterans benefits and Post Traumatic Stress Disorder (PTSD). Replications of this training and the results of the evaluation could provide more confidence around the findings.

It is also difficult to determine whether the training would replicate with other trainers. Nevertheless, it is believed that the findings could be valuable in exploring the experiences of other social service professionals in subsequent training programs that address sustainability issues with organizations that assist veterans. The qualitative case study approach allowed for a richer exploration of the social service professionals' knowledge and how these factors had an impact on participant education and training on veteran benefits and the many psychological challenges they faced.

Recommendations

Conducting the study over a longer period of time and an alternative instrument to Bloom's taxonomy may have resulted in even more measurable differences in both the quantity and quality of knowledge and skills received as a result of the training. Providing additional time in the form of a discussion session on veterans' benefits and PTSD might have more fully impacted the participants' knowledge and perceptions of dealing with the veterans' population. The hope is that this research generates continued discussion on training social service professionals, increasing their critical approach to how adults learn and what motivates them to learn, taking a more fully empowerment-oriented approach to working with veterans.

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