

# PGA HOPE INSTRUCTOR TRAINING SEMINAR

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## PRE-READ



# WELCOME

Thank you for your interest in PGA HOPE and for giving back to our nation's heroes through the game of golf.

Before you attend PGA HOPE adaptive golf training with one of our nationally trained and certified PGA HOPE instructors, you need to be equipped with the right tools and background information to make the most of your experience.

To maximize the time spent in hands-on instruction, we request that you read and review the following slides so you are familiar with the PGA HOPE program, common service-connected disabilities, and have a basic understanding of how to interact with military Veterans and individuals living with disabilities.

Thank you again for choosing to participate in PGA HOPE! We look forward to having you involved and helping change Veterans' lives one swing at a time!

# OVERVIEW

- **What is PGA HOPE?**
  - Who We Serve
  - Why PGA HOPE?
  - How Does it Work?
- **What is a disability?**
  - Person First Language
- **Common service-connected disabilities**
  - Post Traumatic Stress Disorder (PTSD)
  - Traumatic Brain Injury (TBI)
  - Spinal Cord Injury (SCI)
  - Limb Loss
  - Visual and Hearing Impairment
- **Basics of Military Cultural Competency**



# WHAT IS PGA HOPE?



PGA HOPE (Helping Our Patriots Everywhere) is a rehabilitative program designed to introduce golf to Veterans with disabilities in order to enhance their physical, mental, social and emotional well-being

- PGA HOPE's goals are to:
  - Create a safe environment for Veterans and their families and establish relationships of trust with PGA Professionals
  - Have fun and encourage a culture of comradery
  - Teach Veterans the basics of golf including etiquette and course management
  - Empower Veterans to feel confident playing golf on their own after the program
- PGA HOPE is the only golf program for Veterans taught by PGA Professionals trained in adaptive golf and military cultural competence
- PGA HOPE has a Memorandum of Understanding (MOU) with the U.S. Department of Veterans Affairs

# WHO WE SERVE



PGA HOPE is a free adaptive golf program geared towards Veterans living with physical and emotional disabilities; however, having a service-connected disability is not a requirement for participation.

PGA HOPE welcomes Veterans from all combat theaters, branches of service, and ranks. PGA HOPE provides a sense safety and community, and it affords Veterans the chance to socialize and connect with other Vets going through the rehabilitation process.

Some PGA HOPE Veterans will have visibly noticeable disabilities, and others may be invisible to the eye. Some injuries may have occurred years ago and others more recently. It is not uncommon for Veterans to be actively engaged in different forms of treatment while in PGA HOPE. The nature and severity of individuals' disabilities will vary from program to program.

We serve all who bravely defended our freedom.

# WHY PGA HOPE?

- There are currently **19.5 million Veterans** in the United States, according to the most recent statistics from the US Census. This accounts for **less than 1%** of the entire U.S. population.
- More than **nine million Veterans** are served each year by the Department of Veterans Affairs (VA) benefits programs or hospital services.
- There are over **6 million Veterans** living with some form of disability.
- **22 Veterans commit suicide a day.** The risk for suicide is 2.5 times higher among female Veterans.

***PGA HOPE is one way to give back to these heroes by sharing the game we love.***





# WHY PGA HOPE?

- PGA HOPE is a way to give back to those who have given so much to us, and it works! Golf heals and reestablishes the comradery Veterans lost since leaving service, and reestablishes a sense of community and belonging.
- PGA HOPE affords you, a PGA Professional or Associate, the opportunity to showcase your skills and further build your resume
- PGA HOPE is a way to connect to your community, which can result in relationships that will benefit both your Foundation and your Section
- PGA HOPE positively impacts the lives of military Veterans and their families by giving Veterans a “moment in time” where they are not thinking about their disabilities or challenges. Vets can simply be themselves and enjoy the game
- PGA HOPE provides Veteran family members time to let their guard down knowing their loved one is in good hands
- PGA HOPE has the ability to **shape lives, change lives, and possibly save lives.**



# HOW DOES IT WORK?

## **Getting Started: The Open Enlistment Period (OEP)**

Each year, new and returning PGA HOPE programs must submit projected budgets to receive funding for the upcoming fiscal year. All requests for funding are submitted during the Open Enlistment Period. Open Enlistment occurs from **November 1-January 31** for both new and returning programs.

PGA REACH also requests that all PGA HOPE training requests coincide with the OEP. Sections can submit training requests online through the HOPE Hub by completing a **Training Registration Form**.

- New programs must submit a **Memorandum of Understanding (MOU)** signed and approved by the PGA Section Executive Director as well as a **PGA HOPE Training Registration Form** during the OEP
- Returning programs must submit an **Open Enlistment Form** as well as any training requests (returning programs also use **PGA HOPE Training Registration Form** to request training)

PGA REACH reviews all submitted budget and training requests and provides guidance no later than **March 10**.



# HOW DOES IT WORK?

## PGA HOPE Instructor Training

- Once a program is approved by PGA REACH, a PGA HOPE Training Session will be held in your Section.
- The training session will include an online pre-read component (*this is where you are now*), followed by an in-person training session which outlines best practices on teaching individuals with disabilities, adaptive equipment suggestions, and accommodations for common disabilities within the Veteran population
- All in-person trainings will be conducted by a member of the PGA HOPE National Training Team, all of whom are proficient in the PGA HOPE National training curriculum and are certified to teach adaptive golf techniques to other PGA Professionals and Apprentices
- PGA Professionals will receive 6 MSR Education Credits for attending in-person training. No compensation will be received.

# HOW DOES IT WORK?

## (Instructor Training Continued)

- PGA Professionals who teach a 6-8 week HOPE program will receive MSR Education Credits as well as receive an honorarium for their time.
  - PGA Professionals are offered an honorarium of \$50 per hour
  - Associates are offered an honorarium of \$35 per hour
  - PGA Professionals can opt to donate their honorarium back to the Section
- Lead PGA Professionals will receive an additional \$500 honorarium for their time commitment
- PGA Professionals will receive 6 MSR credits in the required category for the in-person training session
- PGA HOPE instruction is approved for 6 PGA required credits under the activity code of (28). PGA Professionals may receive 1 credit per hour for each hour of participation, up to six credits per MSR cycle year.

# HOW DOES IT WORK?

## Recruiting Veterans

- Following program approval, the PGA HOPE Military/Veteran Liaison will work with your Section to develop relationships for Veteran referrals with local VA Hospitals and military installations
- It is recommended (but not required) that Sections host an introductory PGA HOPE Clinic to gauge Veteran interest, as well as any adaptive equipment that is needed to assist instruction
- Your Section may also benefit from partnering with Veteran Service Organizations, warrior transition units, military support groups, Vet Centers, local fire and police departments, organizations that make prosthetics or other adaptive devices, etc.
- PGA HOPE also welcomes volunteers who wish to give back to the Veteran community. Volunteers can assist with Veteran registration, score-keeping, food and beverage, and graduation events

# HOW DOES IT WORK?

## PGA HOPE Program/Graduation

- HOPE programs are recommended to be 6-8 weeks in length, 2 hours each class, held once a week.
- Your Section can opt to host multiple sessions within your program. For example, several programs host summer and fall sessions, while other programs offer HOPE sessions year-round. It really just depends on your Section's bandwidth to provide programming.
- PGA REACH recommends hosting a graduation ceremony/golf event at the conclusion of each session as a way to thank and celebrate the accomplishments of all participants. Specifics vary by market, but graduation ceremonies typically include golf, lunch, and golf merchandise and equipment giveaways.
- All Veterans are given PGA HOPE cards at the conclusion of programming. PGA HOPE cards offer Veterans a range of golf-related benefits in their local area, and aim to keep Veterans engaged in golf post-graduation

# WHAT IS A DISABILITY?

- When most people think of the word **disability**, they immediately picture someone in a wheelchair or with some other form of physical impairment. This is false! There are many different types of disabilities.
- A **disability** is a physical or mental impairment that substantially limits (70% or more) one or more of a person's major life activities. Major life activities include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.
- A **disability** can be...
  - Physical
    - Limb Loss, Paralysis
  - Intellectual
    - Autism, Down Syndrome
  - Sensory
    - Blindness, Hearing Impairment
  - Cognitive
    - Post Traumatic Stress Disorder (PTSD), Depression, Anxiety, Traumatic Brain Injury (TBI)



# WHAT IS A DISABILITY?

Words are powerful. The words you use and the way you portray individuals with disabilities matters.

People with disabilities are, first and foremost: **people**. Labeling a person equates the person with a condition and can be disrespectful and dehumanizing.

A person isn't a disability, condition or diagnosis; a person has a disability, condition or diagnosis. This is called **Person-First Language**.

## Use

*Person with a disability, people with disabilities*

*Person with paraplegia*

*Person with a learning disability*

*Person with a brain injury*

*Person receiving mental health services*

## Don't Use

*Disabled person; the disabled*

*Paraplegic; paraplegic man*

*Slow learner*

*Brain damaged, brain injury sufferer*

*Mental Health patient/case*



# WHAT IS A DISABILITY?

When speaking to people living with disabilities, emphasize their abilities, not their limitations.  
Choosing language that emphasizes what people can do instead of what they can't do is empowering.

## Use

*Person who uses a wheelchair*

*Person who uses a communication device; uses an alternative method of communication*

## Don't Use

*Wheelchair-bound; confined to a wheelchair*

*Is non-verbal; can't talk*



**\*\*Remember: A disability describes a *condition*, NOT a person\*\***

# WHAT IS A DISABILITY?

What do I call someone with a disability? ...by their *name*.

People living with disabilities are **people**. Some individuals may be open to talking about their disability, and others may not. Just because someone has a disability, it does not mean that they readily identify with their disability.

**Call people by their name, not a category.**

A PGA HOPE participant can be...



- A Veteran
- A family member
- An active member of the community
- A sports fan
- Funny, shy, outspoken, brave, serious, etc.

PGA HOPE participants also happen to be living with a disability(ies). Their disability does not define who they are.

# WHAT IS A DISABILITY?

**Remember**: disability is not an illness and people with disabilities are not patients.

People with disabilities can be healthy, although they may have a chronic condition. Only refer to someone as a patient when his or her relationship with a health care provider is under discussion.

- **Do not use condescending euphemisms.**
  - Terms like *differently-abled*, *challenged*, *handi-capable* or *special* are often considered condescending.
- **Do not use offensive language.**
  - Examples of offensive language include *freak*, *retard*, *lame*, *imbecile*, *vegetable*, *cripple*, *crazy*, or *psycho*.
- **Describing people without disabilities.**
  - In discussions that include people both with and without disabilities, do not use words that imply negative stereotypes of those with disabilities. For example, do not refer to someone without a disability as “normal”

In your role as a PGA Professional, remember that you are first and foremost responsible for teaching a U.S. Veteran how to golf. Their disability(ies) are secondary to their service, and these men and women deserve to be treated with respect.

# COMMON SERVICE-CONNECTED DISABILITIES: PTSD

**Post Traumatic Stress Disorder (PTSD)** is a mental health condition (anxiety disorder) that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault.

It's normal to have upsetting memories, feel on edge, or have trouble sleeping after experiencing trauma. At first, it may be hard to do normal daily activities, like go to work, go to school, or spend time with loved ones. Most people start to feel better after a few weeks or months. However, if symptoms persist longer than a few months and there is no improvement, a diagnosis of **PTSD** may be present.



# COMMON SERVICE-CONNECTED DISABILITIES: PTSD

According to the National Center for PTSD, there are four main categories of symptoms associated with PTSD. However, it is important to note that each person experiences symptoms in their own way.

1. **Reliving the event (also called re-experiencing symptoms).** Individuals may experience bad memories, nightmares, or flashbacks of the traumatic event
2. **Avoiding situations that remind the individual of the event.** Avoidance of situations or people that trigger memories of the traumatic event. Some individuals may even avoid talking or thinking about the event
3. **Having negative beliefs and feelings.** The way individuals think about themselves and others may change because of the trauma. They may feel guilt or shame, or they may not be interested in activities they used to enjoy. Some individuals may feel that the world is dangerous and they are distrustful of others. Many individuals with PTSD also report feeling numb or find it hard to feel happy
4. **Feeling keyed up (also called hyperarousal).** Individuals with PTSD may be jittery, or always alert and on the lookout for danger. They may have trouble concentrating or sleeping, frequently feel angry or irritable, startle easily, or act in unhealthy ways (like smoking, using drugs and alcohol, or driving recklessly)

# COMMON SERVICE-CONNECTED DISABILITIES: PTSD

Many Veterans have seen or experienced combat and/or have been on missions that exposed them to life-threatening situations. These types of events can lead to PTSD.

According to the National Center for PTSD, the number of Veterans with PTSD varies by service era:

- **Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF):** About 11-20 out of every 100 Veterans (or between 11-20%) who served in OIF or OEF have PTSD in a given year.
- **Gulf War (Desert Storm):** About 12 out of every 100 Gulf War Veterans (or 12%) have PTSD in a given year.
- **Vietnam War:** It is estimated that about 30 out of every 100 (or 30%) of Vietnam Veterans have had PTSD in their lifetime.





# COMMON SERVICE-CONNECTED DISABILITIES: PTSD

Another cause of PTSD in the military can be ***military sexual trauma (MST)***. This is any sexual harassment or sexual assault that occurs while an individual is serving in the military. MST can happen to both men and women and can occur during peacetime, training, or war.

Among Veterans who use VA health care, about:

- 23 out of 100 women (or 23%) reported sexual assault when in the military.
- 55 out of 100 women (or 55%) and 38 out of 100 men (or 38%) have experienced sexual harassment when in the military.

There are currently more male Veterans than there are female Veterans. So, even though military sexual trauma is more common in women Veterans, over half of all Veterans with military sexual trauma are men.



# COMMON SERVICE-CONNECTED DISABILITIES: PTSD

Things **we** can do (as friends, family, and mentors) to help individuals living with **PTSD**:

- Make take time to connect with family and friends
- Allow opportunities to have "downtime"
- Provide support and listen without judgment
- Experiment with different communication styles. Understand that the individual may not want to talk about their experience or diagnosis at first. You may have to approach talking indirectly. You can arrange activities that foster conversation. Examples are walking together, working on a project together, or playing a game.
- Don't be afraid to ask how the individual is doing. Express confidence and positivity.
- Social support: restore a sense of community and belonging

**Goal:** Restore and improve functioning and independence in life activities, as well as reintegrate back into society.

# COMMON SERVICE-CONNECTED DISABILITIES: TBI

**Traumatic Brain Injury (TBI)** usually results from a violent blow or jolt to the head or body, but can also be caused by an object that penetrates brain tissue, such as a bullet or shattered piece of skull.

- ❖ **Mild TBI** may affect brain cells temporarily.
- ❖ **More-serious TBI** can result in bruising, torn tissues, bleeding and other physical damage to the brain. These injuries can result in long-term complications or death.
- ❖ **TBI** can have wide-ranging physical and psychological effects. Some signs or symptoms may appear immediately after the traumatic event, while others may appear days or weeks later.



# COMMON SERVICE-CONNECTED DISABILITIES: TBI

## Physical symptoms

- Loss of consciousness
- Persistent headache
- Repeated vomiting or nausea
- Convulsions or seizures
- Dilation of one or both pupils
- Clear fluids draining from the nose or ears
- Inability to awaken from sleep
- Weakness or numbness in fingers and toes
- Loss of coordination

## Cognitive or mental symptoms

- Profound confusion
- Agitation, combativeness or other unusual behavior
- Slurred speech
- Coma and other disorders of consciousness

Note: Similar to the symptoms associated with PTSD, each person experiences the symptoms of TBI in their own way.



# COMMON SERVICE-CONNECTED DISABILITIES: TBI

The conflicts in Iraq and Afghanistan have resulted in increased numbers of Veterans who have experienced **TBI**. The Department of Defense and the Defense and Veteran's Brain Injury Center estimate that 22% of all combat casualties from these conflicts are brain injuries, compared to 12% of Vietnam related combat casualties. 60% to 80% of soldiers who have other blast injuries may also have traumatic brain injuries.

Most people who have had a significant brain injury will require rehabilitation. They may need to relearn basic skills, such as walking or talking. ***The goal is to improve their abilities to perform daily activities.***

Treatments for **TBI** focus on the symptoms that cause most problems in everyday life. These can include:

- Medications;
- Learning strategies to deal with health, cognitive, and behavioral problems;
- Rehabilitation therapies (such as physical therapy, occupational therapy, speech-language therapy);
- Assistive devices and technologies.

# COMMON SERVICE-CONNECTED DISABILITIES: TBI

Things we can do (as friends, family, and mentors) to help individuals living with **TBI**

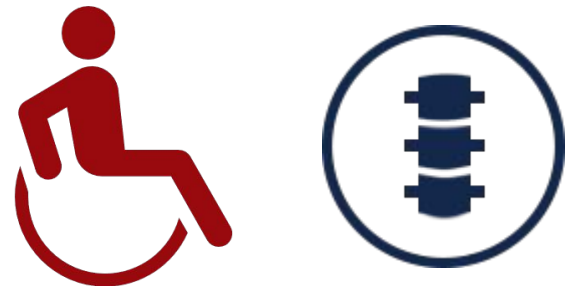
- **Join a support group.** Encouraging an individual living with TBI to join a support group can help that individual talk about issues related to their injury, learn new coping strategies and get emotional support.
- **Write things down.** Keeping a record of important events, people's names, tasks or other things that are difficult to remember.
- **Follow a routine.** Keeping a consistent schedule, keeping things in designated places to avoid confusion and take the same routes when going to frequently visited destinations.
- **Take breaks.** Make arrangements at work or school to take breaks as needed.
- **Alter work expectations or tasks.** Appropriate changes at work or school may include having instructions read to you, allowing more time to complete tasks or breaking down tasks into smaller steps.
- **Avoid distractions.** Minimizing distractions such as loud background noise from a television or radio.
- **Stay focused.** Work on one task at a time.



# COMMON SERVICE-CONNECTED DISABILITIES: SCI

A **Spinal Cord Injury (SCI)** usually begins with a sudden traumatic blow to the spine. The blow fractures, compresses or dislocates some of the vertebrae. Damage to the nerves causes a disruption in the pathway that carries messages up and down the spinal cord between the brain and the rest of the body. A spinal cord injury can affect feeling and movement below the level of the injury temporarily or permanently.

Many individuals living with SCI also experience secondary medical complications as a result of their injury. These may include: changes in bowel/bladder function, pressure sores and skin irritation, muscle spasms, respiratory conditions, cardiovascular complications, and impacts to bone health.



# COMMON SERVICE-CONNECTED DISABILITIES: SCI

## Complete SCI

A spinal cord injury is “complete” if all feeling and ability to control movement is lost below the level of the injury. An individual with complete SCI may have **paraplegia** or **quadriplegia**.

- **Paraplegia:** Paraplegia involves loss of movement and feeling in the lower half of the body. It means that paralysis affects all or part of the trunk and both legs, but not the arms
- **Quadriplegia:** Quadriplegia involves the loss of movement and feeling in all four limbs—both arms and legs.

## Incomplete SCI

If a spinal cord injury is “incomplete,” the ability of the spinal cord to convey messages to and from the brain is not completely lost. This means some feeling and movement is possible below the level of the injury. With advances in the acute treatment of spinal cord injuries, incomplete injuries are becoming more common.

# COMMON SERVICE-CONNECTED DISABILITIES: SCI

## SCI Statistics

(U.S. Department of Veterans Affairs Office of Research & Development)

- SCI's are estimated to affect as many as 337,000 Americans, with about 12,500 new injuries occurring each year.
- About 80 percent of people with new injuries are males.
- Nearly half of all injuries occur in people between the ages of 16 and 30, so many patients live with the effects of these injuries for decades.
- The Department of Veterans Affairs provides care to more than 27,000 Veterans with SCIs and related disorders (SCI/D) each year, making the department the largest health care system in the world providing lifelong spinal cord care.



# COMMON SERVICE-CONNECTED DISABILITIES: SCI

Things we can do (as friends, family, and mentors) to help individuals living with **SCI**

- Remember that returning home can be a very apprehensive and often frustrating experience for a person with SCI. Be patient
- Allow the individual to do things for themselves and let them ask for help if they need it.
- Be supportive and encourage the individual to talk to others who have gone through similar experiences.
- If you are assisting someone with SCI, don't be afraid to ask a direct question about the injury. Just be sure to use person-first language and avoid condescending terminology.
- Provide the opportunity to talk to family members, friends, and peers or to hear how other people have been involved in rehabilitation efforts related to spinal cord injury.

# COMMON SERVICE-CONNECTED DISABILITIES: AMPUTATION/LIMB LOSS

**Amputation** is the removal of a **limb** by trauma, medical illness, or surgery. As a surgical measure, it is used to control pain or a disease process in the affected **limb**, such as malignancy or gangrene. In some cases, it is carried out on individuals as a preventative surgery for such problems.

Sometimes the location of an amputation may depend in part on its suitability to be fitted with an artificial limb, or **prosthesis**. A surgeon performing the amputation will determine the extent of the amputation needed. A minor amputation may be possible if the tissue remains healthy and has a good blood supply. A poor blood supply or badly damaged tissue on a limb may necessitate a major amputation involving most, or all of a limb.



# COMMON SERVICE-CONNECTED DISABILITIES: AMPUTATION/LIMB LOSS

Common complications/side effects of **limb loss** include:

- Infections
- Angina (chest pain)
- Heart attack
- Stroke
- Pressure sores
- Wound infection
- Deep vein thrombosis (blood clots)



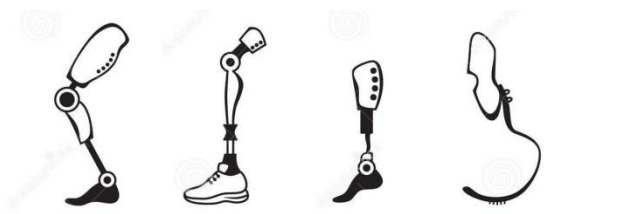
Complications may also include conditions known as phantom limb or **phantom pain**. Many patients experience the sensation of still feeling an amputated limb, or related pain in the amputated limb. The intensity of both phantom limb and phantom pain varies from person to person. But, in most cases, these conditions tend to subside over time.



# COMMON SERVICE-CONNECTED DISABILITIES: AMPUTATION/LIMB LOSS

By learning the facts about limb loss, we can start to be better advocates for our friends and family, feel less alone during our journey with limb loss, and raise awareness through meaningful, fact-based discussion. According to the U.S. Department of Veterans Affairs:

- There are nearly **2 million people** living with limb loss in the United States
- **1,558 military personnel** lost a limb as a result of the wars in Afghanistan and Iraq.
- Around **30% of people** with limb loss experience depression and/or anxiety
- **Below-knee amputations** are the most common amputations, representing 71% of dysvascular amputations



# COMMON SERVICE-CONNECTED DISABILITIES: AMPUTATION/LIMB LOSS

Things **we** can do (as friends, family, and mentors) to help individuals living with **amputation/limb loss**:

- Be patient. Be supportive.
- Recognize that individuals living with limb loss may be at different stages of the recovery process. Some may be proficient at navigating their environment with prosthetics or other adaptive equipment, while other individuals may need more hands-on assistance.
- Allow the individual to do things for themselves and let them ask for help if they need it.
- Being dependent and feeling a loss of control is one of the most frustrating changes that people experience after amputation. It is important to recognize what you can control and what things are beyond your control. Provide the opportunity to talk to family members, friends, and peers or to hear how other people have been involved in rehabilitation efforts related to amputation/limb loss.

# COMMON SERVICE-CONNECTED DISABILITIES: VISUAL AND HEARING IMPAIRMENT

Blind, vision (or visual) impairment and low vision are examples of terms that are frequently used to identify a person who experiences difficulties seeing, even when corrected with glasses.

A common perception of blindness is that a person sees nothing at all (and this may be the case). However, there are many people who have been assessed as “**legally blind**” who have some vision. This could vary depending on the eye condition and could be the ability to see shapes or to distinguish between light and dark.

Many people with serious visual impairments can travel independently, using a wide range of tools and techniques.

Many Veterans you serve in PGA HOPE will have acquired visual impairment as a result of military service.



# COMMON SERVICE-CONNECTED DISABILITIES: VISUAL AND HEARING IMPAIRMENT

People with **visual impairment** are able to ambulate and travel safely, confidently, and independently in their homes and the community with the help of adaptive equipment and practice.

Tools such as canes, voice recognition apps, and establishing a consistent structural environment assist individuals in successfully navigating their environment. Some people with visual impairment opt to use a service dog to assist in mobility.

## Tips for working with service dogs:

- \* Do not feed or pet dogs who are “on duty”
- \* Be aware of safety factors: proximity of dog to swinging clubs, golf carts, etc.
- \* Educate others who are working with individuals assisted by service dogs



# COMMON SERVICE-CONNECTED DISABILITIES: VISUAL AND HEARING IMPAIRMENT

Deaf, deaf, hard of hearing and hearing impairment are some examples of terminology often used when referring to a person who is unable to hear sound.

## ❖ Deaf

People who are born deaf or became deaf at an early age (before language acquisition) use the term Deaf (with a capital “D”). Deaf people identify themselves as part of a Deaf Culture and Community and are likely to use sign language as a first or preferred language.

## ❖ deaf

The term deaf (with lowercase letter “d”) is used more generally when referring to people with a condition that has led to them acquiring a hearing loss. *The majority of Veterans you will serve in PGA HOPE will have acquired hearing loss as a result of military service.*



# COMMON SERVICE-CONNECTED DISABILITIES: VISUAL AND HEARING IMPAIRMENT

## Hearing aids

Hearing aids are devices that work to improve the hearing and speech comprehension of those with hearing loss. It works by magnifying the sound vibrations in the ear so that one can understand what is being said around them.

## Other assistive devices

- Real-time text technologies
- Instant messaging software
- Videophones
- Video conferencing
- Hearing dogs (Dogs that are specifically selected and trained to assist the deaf and hard of hearing by alerting their handler to important sounds, such as doorbells, smoke alarms, ringing telephones, or alarm clocks)



# COMMON SERVICE-CONNECTED DISABILITIES: VISUAL AND HEARING IMPAIRMENT

Things **we** can do (as friends, family, and mentors) to help individuals living with **visual and/or hearing impairment**:

- When walking with someone with impaired vision, try to walk a few steps ahead, at a pace that is slower than usual. This way, the individual can anticipate the terrain based on your cues. Alert them to steps, curbs and other potential problems you are approaching that might be difficult to see.
- Low vision aids often can enable people to use their remaining vision more effectively and do things they thought were no longer possible. (For example, the use of neon golf balls)
- When talking to someone with hearing impairment, maintain eye contact. This ensures that you are facing the person and he or she can use speechreading to understand the full meaning of your words. Do not exaggerate your voice or lip movements. This can distort the message; it's better to just speak clearly and at a normal rate.
- Stay positive and keep a sense of humor!

# BASICS OF MILITARY CULTURAL COMPETENCY

## **U.S. Coast Guard**

“Guardian”

Honor, Respect, Devotion  
to Duty



## **U.S. Navy**

“Sailor”

Honor, Courage,  
Commitment



## **U.S. Army**

“Soldier”

Loyalty, Duty, Respect,  
Selfless Service, Honor,  
Integrity, Courage



## **U.S. Marine Corps**

“Marine”

Honor, Courage,  
Commitment



## **U.S. Air Force**

“Airman”

Integrity First,  
Service Before Self,  
Excellence in All  
We Do





# BASICS OF MILITARY CULTURAL COMPETENCY



Similar to other cultures, the military (and each branch within the military) has its own language and terms. This **language** serves two important purposes:

1. It has a utilitarian function that makes communicating to other service members easier and more efficient
2. It helps to create an **identity** and **sense of belonging** for military members

Here's a few common terms you may hear when chatting with Vets:

- **OIF/OEF/OND**: Operation Iraqi Freedom/Enduring Freedom/New Dawn
- **IED**: Improvised Explosive Device (a lot of OEF/OIF injuries result from IEDs)
- **MEDEVAC**: Medical evacuation (if a service member is hurt in the line of duty)
- **MOS**: Military operational specialty (what job a Veteran did in the military)
- **Downrange**: Deployed
- **PCS**: Permanent Change of Station (relocation for military duty)

# BASICS OF MILITARY CULTURAL COMPETENCY

The overarching values of military culture set aside personal needs in favor of: teamwork, selflessness, shared goals, and perhaps most central, being of service to others. Even after separation from the military service, military ideals and values often continue to be deeply held by Veterans.

Understanding this mission oriented approach may help you understand a Veteran. As a PGA Professional, it may be helpful to approach golf instruction in a **mission oriented** way.

Being **mission oriented** includes:

- Committing to the mission
- Setting high standards
- Completing tasks needed to complete the mission
- Not quitting or accepting defeat
- Being disciplined and following rules



# BASICS OF MILITARY CULTURAL COMPETENCY



## Women Veterans

The military has historically been (and largely continues to be) a male-dominated field. However, women have been serving our country since its inception.

- Women have been involved with the U.S. military since the Revolutionary War, when they would serve in camps as laundresses, cooks, and nurses
- In 1948, Congress passed the Women in Armed Services Integration Act, which allowed women to serve as permanent members of the military (not just in times of war)
- In 2016, Congress opened all combat jobs to women
- Women currently account for approximately 10% of all U.S. Veterans
- 11.6% of OEF/OIF/OND Veterans are women

Serving as a woman does not come without struggle. Many female Veterans feel shunned or minimized for their military service. In your interactions with women Veterans, be sure to thank them for their service.

# CONCLUSION

As a PGA Professional, it is an honor to give back to those individuals who have bravely put their lives on the line for our freedom.

PGA HOPE positively impacts the lives of military Veterans, families, and the community at large by enabling access to *your* unique skill set and *your* passion for the game of golf.

Through HOPE, you have the opportunity to **shape lives, change lives**, and possibly **save lives**.

Thank you again for choosing to participate in PGA HOPE. We look forward to having you at the hands-on training seminar with a member of our PGA HOPE National Training Team. Together, we will help change lives one swing at a time!

