Saving Veterans' Lives: Current Clinical Findings from Warrior Camp®

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Introduction

Combat veterans face numerous challenges that can involve post-traumatic stress disorder (PTSD), depression, dissociative experiences, and/or moral injury (MI), which can result in self-destructive behavior and suicide. Although there are therapies to address these challenges of service, they often involve long-term treatments with variable success. Trauma and Resiliency Resources (TRR) utilizes a novel 7-day residential and multimodality suicide prevention program (Warrior Camp®; WC) that emphasizes addressing moral injury to determine if there is a reduction in suicide-associated symptoms in combat veterans.

Learning Objectives

1) Distinguish between PTSD, CPTSD and Moral Injury in the assessment and treatment of traumatized veterans.
2) Discuss the differences between ethics and morality with respect to decision making and life-changing outcomes.
3) Demonstrate the high clinical efficacy in our treatment paradigm with significant reductions, in PTSD, depression, anxiety, and moral injury.

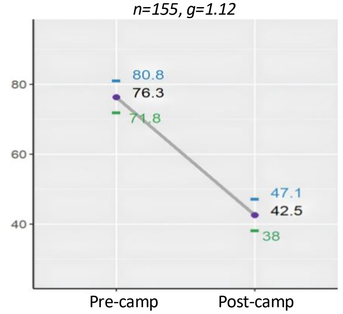
Materials and Methods

WC incorporates EMDR, Yoga, Psychotherapy Incorporating Horses, Narrative Medicine, and Native American Cultural Medicine in a community setting. The veterans are clinician-evaluated utilizing our novel Military Moral Injury Scale (MMIS), the Davidson Trauma Scale (DTS), and the Dissociative Experiences Scale (DES), and self-reported utilizing the Patient Health Questionnaire (PHQ-9), Mississippi Scale for Combat-Related PTSD (M-PTSD) and others. Here we define moral injury as a spiritual or existential crisis that can occur when, in the course of carrying out the rules of engagement during combat operations, military service members' personal, moral beliefs may be violated. TRR's MMIS focuses on the moral consequences of actions that cannot be undone, and the feeling that one is permanently damaged and beyond forgiveness because one has sinned. We use an outcomes monitoring approach to examine self-report and clinician administered measures using single-group pretest-post-test design across 19 iterations of WC over 12 years. Analysis includes repeat measures of t-test and effect size analysis using Hedge's *g*.

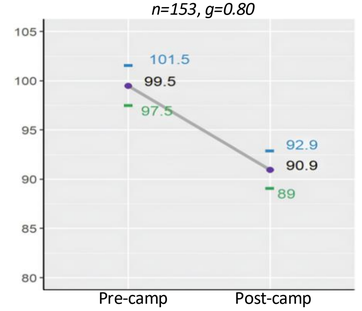
Results

Post-program participants experienced large, statistically significant improvements in PTSD, moral injury, and depression-related symptoms, and a moderate, statistically significant improvement in dissociative-related symptoms. Purple circle = group mean $\bar{x}$; blue line = upper limit; green line = lower limit. 95% CI, p<0.001

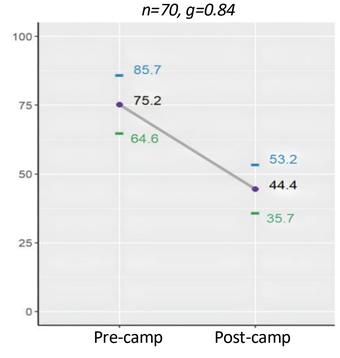
Davidson Trauma Scale (DTS) (PTSD)
n=155, g=1.12



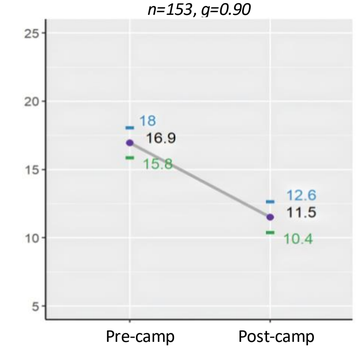
Mississippi Scale for PTSD (M-PTSD)
n=153, g=0.80



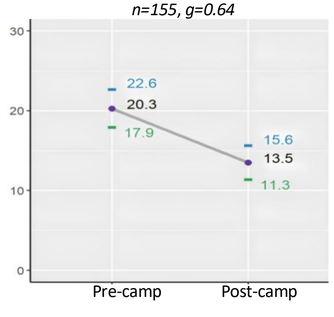
Military Moral Injury Scale (MMIS)
n=70, g=0.84



PHQ-9 Questionnaire (depression)
n=153, g=0.90



Dissociative Experiences Scale (DES)
n=155, g=0.64



Note: Hedge's *g* is an effect size that is a standardized index of the effects of the treatments. An effect size of 0.20 is considered small, 0.50 medium, and 0.80 or higher is large.

Conclusions

- Outcomes monitoring of WC participants demonstrate that our unique, short-term program provides significant and substantive improvements for PTSD, depression, moral injury and dissociative experiences.
- The 30-point reduction on our moral injury scale represents profound moral repair. Since the MMIS captures the inability to forgive oneself or to atone for acts that cannot be undone, large score reductions imply restoration of moral identity, diminished self-blame, and a transformation towards staying alive.
- These studies suggest that participation in WC can play a significant role in preventing suicides among morally injured combat veterans.
- ***Clinical implications:*** TRR's WC is a unique program designed to address the effects of combat including PTSD and Moral Injury. The results of our studies suggest that short-term, intensive treatments for military service members and combat veterans can be highly efficacious. Since launching WC in 2013, we have had a 99% program completion rate and a 99.6% post-program survival rate.

Disclaimer

The patient data is confidential. Our findings did not include a control or comparison treatment group. There was also not a consistent post-treatment follow-up; this is a work in progress. The information in this presentation is not intended to be a substitute for professional diagnosis or treatment, and the authors are not responsible for actions taken based on this study. Users should seek advice from a qualified healthcare provider for any medical condition. TRR is a non-profit organization; all authors are associated with TRR.