

TRR's Warrior Camp®: An Intensive Treatment Program for Combat Trauma in Active Military and Veterans of All Eras: An Examination of Therapeutic Outcomes



EMILY STEELE, B.S.

SCHOOL OF SOCIAL WORK, BRIGHAM YOUNG UNIVERSITY

DAVID S. WOOD, Ph.D.

SCHOOL OF SOCIAL WORK, BRIGHAM YOUNG UNIVERSITY / ARMY NATIONAL GUARD

EVA USADI, MA, BCD

FOUNDER AND EXECUTIVE DIRECTOR, TRAUMA AND RESILIENCY RESOURCES, INC

MICHAEL APPLGARTH, B.S.W.

SCHOOL OF SOCIAL WORK, BRIGHAM YOUNG UNIVERSITY



INTRODUCTION

Effective treatments for the effects of combat deployment exist, but barriers to care abound, including poor access, stigma and drop out.

Treatments are needed that: 1) incorporate evidence based treatments, 2) address the array of adverse experiences related to combat and 3) have a high capacity to engage returning service members.

Trauma and Resiliency Resources, Inc.'s Warrior Camp® (WC) program is a 7-day intensive residential, clinical treatment program designed to address the effects of combat in military service members and veterans. It incorporates Eye Movement Desensitization and Reprocessing (EMDR) therapy, EAGALA-model Equine Assisted Psychotherapy (EAP), Yoga and Narrative Writing in the context of community. WC uses self-report and clinician ratings at pretest and posttest to assess PTSD, dissociative experiences, moral injury, adult attachment, depression and substance use.

Research Questions

Compared to baseline assessments, is WC associated with:

- 1) a decrease in PTSD symptom severity?
- 2) a decrease in depressive symptoms?
- 3) a decrease in a sense of moral injury?
- 4) improvements in relational attachment?

DESIGN & METHODS

Design: Data from WC were collected as a routine program component. Participants consented to have their non-identifying data submitted for analysis. The study was approved by the institutional review board at Brigham Young University. This preliminary analysis used an outcomes monitoring approach (Rossi, Lipsey & Freeman, 2004) to examine the self-report measures using a single-group pretest-posttest design for 85 participants across 9 iterations of WC.

Analysis: Analyses included repeated measures *t*-tests and effect size analysis for four of the self-report measures: the Mississippi Scale for PTSD, the Patient Health Questionnaire (PHQ-9), the Revised Adult Attachment Scales (RAAS) and the Moral Injury Events Scale. Hedge's *g* was used in this analysis because of its ability to correct for biases due to small sample size (Hedges & Olkin, 1985). Data were analyzed using Stata (Version 14).

RESULTS

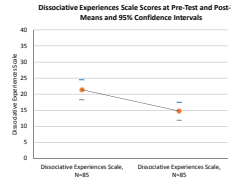
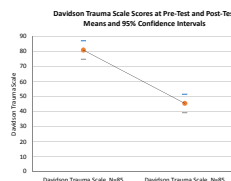
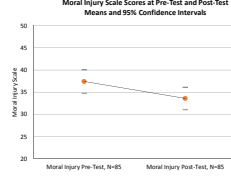
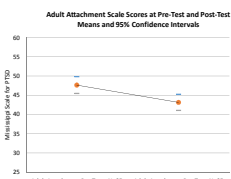
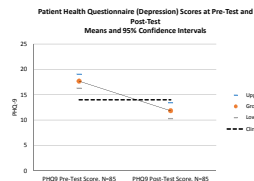
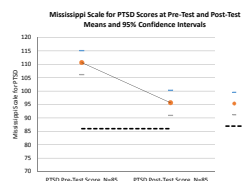
Table 1. Differences between Pre-Test and Post Test Scores on Self-Report Measures

Outcome Variable	Assessment Period				Analysis	
	Pre-treatment N = 85		Post-treatment N=85			
	Mean	SD	Mean	SD	<i>p</i>	Hedge's <i>g</i>
PTSD (Mississippi Scale for PTSD)	110.63	20.96	95.62	22.16	0.000*	0.64
Depression (PHQ-9)	17.67	6.50	11.84	7.34	0.000*	0.87
Adult Attachment (RAAS)	47.65	10.22	43.15	9.89	0.000*	0.45
Moral Injury (Moral Injury Scale)	37.43	12.40	33.60	11.82	0.000*	0.30
Davidson Trauma Scale	80.90	28.70	45.38	29.04	0.000*	1.27
Dissociative Experiences Scale	21.34	14.54	14.71	13.25	0.000*	0.50

**p*<0.001

Note: Hedge's *g* is an effect size, which is a standardized index of effects of treatment. An effect size of 0.20 is considered small, 0.50 medium and 0.80 large.

Participants experienced statistically significant and substantive improvement in PTSD, depression, moral injury, attachment problems and dissociative symptoms.



CONCLUSION

Conclusions

This outcomes monitoring examination of WC showed that participants experienced improvement that was statistically significant and substantive for PTSD, depression, adult attachment related concerns, moral injury and dissociative experiences. Limitations in this preliminary data analysis include no control group, no comparison treatment and no extended follow-up.

Clinical Implications

Trauma and Resiliency Resources, Inc.'s Warrior Camp® is a unique program targeted to treat the effects of combat including PTSD and Moral Injury. The program design is unique in that it integrates multiple treatment components each with varying degrees of established efficacy and clinical utility for working with combat veterans. Warrior Camp® is also unique in that a host of outcome variables are included as standard operating procedure for the program. These results make a potentially significant contribution to the literature on short-term, intensive treatments for military service members and veterans who have been exposed to combat. Research is limited on the topic of Equine Assisted Psychotherapy and this study makes a substantial contribution in this regard.

