

Mission Resiliency Unit: Treatment Effectiveness in Active-Duty Personnel Suffering from PTSD Within a Residential Setting

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Purpose: The prevalence of posttraumatic stress disorder (PTSD) and other associated mental health problems among Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) active-duty military personnel remains high (Thomas et al., 2010). Research has found several trauma-focused interventions to be effective in alleviating PTSD symptoms in military samples (Forbes et al., 2016). There is sparse data derived from residential settings assessing the effectiveness of these trauma-focused interventions (Campbell et al., 2016).

Resources: NA

Description: For this study data was gathered from the Mission Resiliency Unit at Laurel Ridge, San Antonio, TX. The Mission Resiliency Unit is a military-specific treatment program that is exclusively designed to meet the complex, multiple needs related to the active duty service member's combat, military sexual trauma, or poly-trauma related PTSD, as well as Substance/Alcohol/Drug Abuse and other behavioral health issues. For this study patients completed assessment packets upon admission and at discharge. During their stay at Laurel Ridge, they received interventions that included trauma-focused treatment such as Prolonged Exposure therapy to directly address their PTSD and related difficulties. We present here collected data from 233 service members entering treatment at Mission Resiliency at Laurel Ridge during 2018. We assessed PTSD severity via the self-report Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5), life quality including relationships, material well-being, and commitment.

Effectiveness: Pre and post assessments indicate the overall PTSD symptoms were significantly reduced from admission ($M=56.832$, $SD=17.529$) to discharge ($M=34.79$, $SD=19.10$) with a large effect size=.85. Life quality also improved with admission ($M=55.61$, $SD=18.6550$) to discharge ($M=70.71$, $SD=17.498$) with a medium effect size=.66. Depression scores improved with admission ($M=17.82$, $SD=7.17$) to discharge ($M=9.63$, $SD=7.00$) with a large effect size .83. Findings indicated increased dispositional hope with admission ($M=39.29$, $SD=29.734$) to discharge ($M=52.53$, $SD=29.065$) with a medium effect size=.62. Substance cravings reduced from admission ($M=2.476$, $SD=3.83$) to discharge ($M=.978$, $SD=2.277$) with a medium effect size=.33.

Lessons Learned: The active-duty population served in LRTC presented with acute and chronic PTSD and significant avoidant behaviors. Treatment compliance for the Prolonged Exposure therapy is often an issue that impacts treatment success. To address this issue LRTC ensured daily homework compliance by scheduling daily dedicated PE homework time within the schedule that was closely monitored by the treatment team. This allowed the clinical team to quickly address avoidance and non-completion of daily assigned PE work to ensure the fidelity of the treatment protocol. Additional supports within the treatment program also strengthened treatment compliance including the strong camaraderie and peer support within the milieu, and two times weekly one-and-a-half-hour individual therapy sessions to facilitate the treatment and group sessions focused on practicing the skills learned in therapy. Identified obstacles to successful treatment outcomes included limitations on lengths of stay to fully complete the treatment.

Conclusions: Treatments that have been shown to be efficacious and effective in randomized controlled trials can be delivered in inpatient/residential settings with satisfactory outcomes. In some cases, there are advantages to the residential setting in that there is social support offered by the other members of the community who may have had similar experiences; there is an opportunity to enforce compliance by having closer supervision of practice outside of sessions and help with assignments; supervision is an important component to the administration of these treatments in the residential setting to help with adherence to the protocols and against therapist drift.