Summary of Courage Foundation's Veteran Integration Program Assessments from cohort #1

Of the 12 veteran and active service military in the first cohort of the Courage Foundation's Veteran Integration Program, 11 attended the 3-day immersive retreat which begins the 12-month program. One had a last-minute family emergency and had to withdraw. Another (active duty), withdrew shortly after the retreat citing his workload and lack of time. The remaining 10 stayed engaged, although to varying degrees, for the entirety of the program.

Three validated, standard assessments were utilized for evaluation of the program. Initial baseline assessments were completed prior to the beginning of the program, with follow-up reassessments at 6-and 12-months.

The PTSD Checklist for DSM-5 (PCL-5) is a 20-item self-report measure that assesses the presence and severity of PTSD symptoms.[1] Items on the PCL-5 correspond with DSM-5 criteria for PTSD. The instrument has 20 questions and a score range of 0 – 80. The accepted cut-off score for provisional diagnosis of PTSD is a score of 33, and a score of 38 and above is considered "probable". The PCL-5 has a variety of purposes, including screening individuals for PTSD, assisting in making a provisional diagnosis for PTSD, and monitoring and quantifying symptoms over time to assess efficacy of treatment.

Good clinical care requires that clinicians monitor patient progress. Evidence for the PCL-5 suggested 5 points as a minimum threshold for determining whether an individual has responded to treatment and 10 points as a minimum threshold for determining whether the improvement is clinically meaningful.

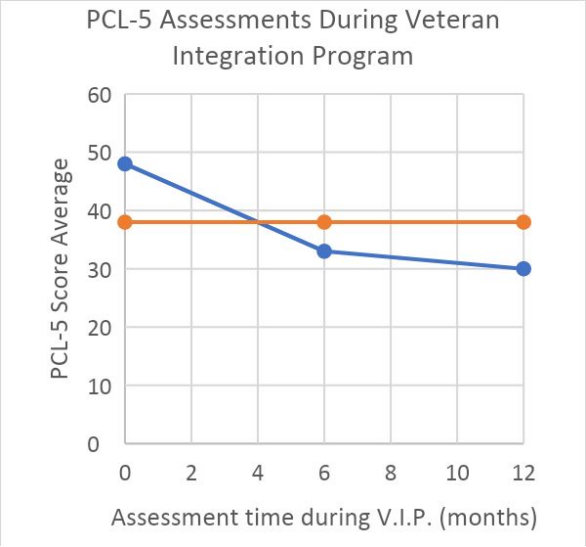

Figure1. V.I.P. Cohort #1 mean PCL-5 scores (blue) and "probable PTSD" score (red).

The cohort's individual PCL-5 pre-assessment scores ranged from 65 – 22, and the mean score for the cohort was 48. The one individual with a pre-assessment score below the cut-off score for PTSD had been diagnosed at the V.A. years earlier. At the 6-month point of the V.I.P., the average score

decreased 15 points to 33, the cut-off for provisional diagnosis of PTSD. A 10 point reduction in score is considered a clinically significant change. At 12 months, the average score had dropped to 30, below the PTSD diagnosis cut-off.

The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression.[2] The first 2 questions are diagnostic for depression, and the total score is used to determine severity: 0-4 no symptoms, 5-9 minimal, 10-14 mild, 15-19 moderate, 20+ severe.

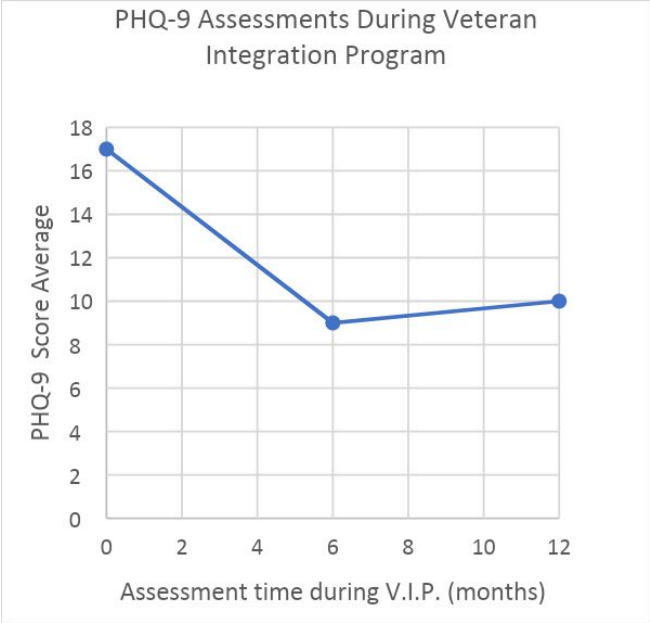

Figure 2. Average reduction in severity of depression during the V.I.P.

Two members of the cohort showed no depression on the PHQ-9 pre-assessment and scored similarly on the 6- and 12- month re-assessments. For this reason, they were not included in the data in figure 1. All others scored either severe or moderate major depressive disorder on pre-assessment. On 6-month reassessment, only 2 members of the cohort scored as diagnosable for depression¸ and the severity of their depression was reduced from severe to moderate, and from moderate to mild. The cohort's average reduction of severity of symptoms can be seen in Figure 2. While the reduction in depression was excellent at the 6-month re-assessment, there is a slight increase seen at 12-months. Approximately half the cohort continued to show improvement at 12-months and the other half showed a slight reversion. Without speculating on the cause for the increase in symptom severity in some members of the cohort, it should be noted that the final 3-months coincided with the Covid-19 shelter-in-place orders. Several studies have shown increased depression and anxiety in the general population during the Covid-19 lockdown.[4]

The posttraumatic growth inventory, PTGI-X, I an instrument for measuring positive outcomes Reported by persons who have experienced and are recovering from traumatic events.[3] The scale includes factors of New Possibilities, Relating to Others, Personal Strength, Spiritual/Existential Change, and Appreciation of Life. The scale has utility in determining how successful individuals coping in the aftermath of trauma are in reconstructing or strengthening their perceptions of self, others and the meaning of events.

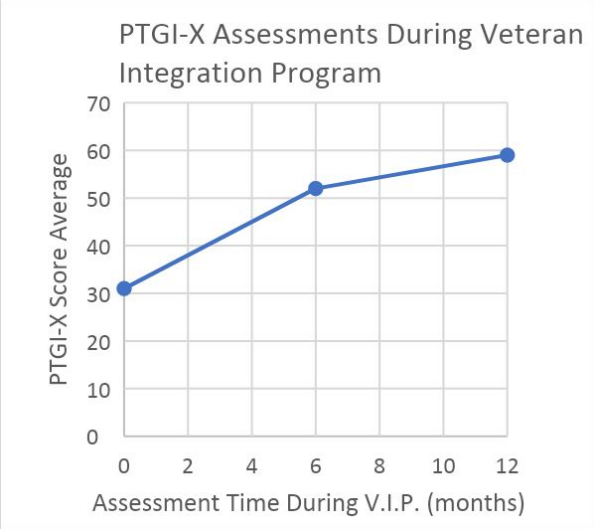

Figure 3. Average of the sum of all 5 factor of posttraumatic growth for the cohort.

The overall trend for posttraumatic growth during the V.I.P. seen in Figure 3 mirrors the reduction in symptoms of posttraumatic stress seen in Figure 1. This is exactly what would be expected with the development of personal growth and resilience. In fact, the individuals with the greatest reduction in posttraumatic stress has the greatest increases in posttraumatic growth.

These preliminary results from the Veteran Integration Program are extremely encouraging. A primary goal was to create a program with high participant retention. The strategy was to build a strong sense of “team” among the participants, and between the participants and their coaches, which would create accountability in doing the work, and a system of mutual support to see them through. The fact that 10 out of the 11 that started the program finished the program shows that the program design was successful in accomplishing that goal.

The assessment data shows clinically significant change using validated measures for PTSD and depression over the course of the program. It’s not possible to say conclusively that this positive change can be attributed solely to the Veteran Integration Program, since 8 out of 10 continued to work with clinical therapists that they saw prior to the V.I.P. However, all 8 of these individuals had been diagnosed with PTSD and depression years earlier, and have gone through extensive professional counselling and therapies. Yet 7 out of the 8 entered our program with severe PTSD and depression based on our PCL-5 and PHQ-9 pre-assessments. Taken together, this strongly suggests that the V.I.P. had a significant impact in reducing symptoms of PTSD and depression, and promoting posttraumatic growth.

References

1. https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp
2. https://psycnet.apa.org/record/2014-22881-006#:~:text=The%20PHQ-9%20is%20one%20version%20of%20the%20Patient,quick,%20cost-effective%20measure%20of%20probable%20depression%20in%20adults.
3. https://istss.org/public-resources/trauma-blog/2017-february/the-posttraumatic-growth-inventory-a-revision-of-i
4. https://www.sciencedirect.com/science/article/pii/S1876201820301775