Accelerated Wellness Program:

2023 Evaluation Report

Prepared by: Evaluation Data Solutions, LLC

This material is based on work supported by public and private funds. The opinions, findings, conclusions, or recommendations expressed in this report are those of the author and do not reflect the position or policies of the funders.

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EXECUTIVE SUMMARY

In 2020, suicide was the second leading cause among veterans who were younger than 45 years old and the 15th leading cause of death among veterans regardless of age. While there was a decrease in suicide deaths during the COVID-19 pandemic (i.e., 2020), there was an approximate two-decade increase in suicide deaths prior to the pandemic (i.e., 2001-2018).

To address this national problem, Warrior Wellness Program (WWP), located in Holiday and Tampa Florida, provides innovative and effective alternative therapies to veterans and immediate family members who are facing life challenges that stem from traumas associated with military service. People who are served at Warrior Wellness Program often experience physical, mental, and emotional injuries, including post-traumatic stress, depression, anxiety, traumatic brain injuries and military sexual trauma. Through a five-day wellness program called the Accelerated Wellness Program (AWP) and/or individualized services if people are unable to attend the five-day program, past and present military and their spouses participate in Accelerated Resolution Therapy (ART), Integrative Restoration (iRest) and other therapeutic outings and services. ART is an evidence-based therapy that works directly to reprogram the way in which distressing memories and images are stored in the brain, so they no longer trigger strong physical and emotional reactions. iRest is a guided meditation practice that effectively alleviates triggers related to combat, trauma, insomnia, chronic pain, anxiety, and depression.

From 2016 to 2023 the Warrior Wellness Program staff conducted 190, 5-day programs. A total of 894 people participated in the program. Most participants are white and male with varying educational levels. A higher percentage of female service members, compared to male service members, are in the Airforce. Male service members are more likely to be in the Army. Females service members, on average, are on leave for a shorter duration compared to male service members. Most people have experienced at least one trauma with almost half experiencing three or more traumas. The organization also provides individual sessions of ART to veterans and spouses who cannot attend the AWP. Over 350 individuals received individual sessions of ART.

In 2023, a total of 85 veterans and 26 spouse survey respondents completed both the pre- and the post-survey. Veterans and spouses from pre- to post-survey participation showed a reduction in physical and mental symptoms, including anxiety, depression, PTSD, depression, and sleep dysfunction as well as an increase in reliance. Reduction in mental symptoms persisted for veterans in follow-up surveys. The gains experienced this year were greater than in previous years. This might be due to the quality of the services provided and/or because of the people being serviced.

INTRODUCTION

In 2020, suicide was the second leading cause among veterans who were younger than 45 years old and the 15th leading cause of death among veterans regardless of age. While there was a decrease in suicide deaths during the COVID-19 pandemic (i.e., 2020), there was an approximate two- decade increase in suicide deaths prior to the pandemic (i.e., 2001-2018)[1].

To address this national problem, Warrior Wellness Program (WWP), located in Holiday Florida, provides behavioral health care services to veterans and immediate family members who are facing life challenges that stem from emotional difficulties associated with military combat service and military sexual trauma (MST). This includes challenges and difficulties with civilian transition and daily life functioning, including but not limited to symptoms of post-traumatic stress disorder (PTSD), depression, anxiety, chronic pain, and substance abuse. The WWP provides a 5-day wellness program called the Accelerated Wellness Program (AWP) and/or individualized services if people are unable to attend the 5-day program. Services are provided at their Holiday, Florida location.

The programs and services at Warrior Wellness Program are designed to serve combat veterans, active-duty service members and their spouses using a post-traumatic growth model that focuses on the following three key areas:

- Health - An empowered life starts with sound physical, mental and emotional health.
- Connection - Avoiding isolation and building meaningful relationships.
- Resilience - The ability to care for oneself and weather difficult times is vital to long term success.

This report provides a summary of cumulative evaluation findings for the AWP from January 2023 through December 2023. Results focus primarily on active military and veterans with key findings for spouses of veterans served.

[1] Source: https://www.mentalhealth.va.gov/docs/data-sheets/2022/2022-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf

SERVICES PROVIDED

At the cornerstone of AWP is Accelerated Resolution Therapy (ART) and Integrative Restoration (iRest), both of which are provided all five days of the program (see side bar, next page).

Accelerated Resolution Therapy (ART) is an evidence-based therapy shown to achieve benefits more rapidly than other traditional therapies, with participants usually seeing results in 1-5 sessions. ART works directly to reprogram the way in which distressing memories and images are stored in the brain, so they no longer trigger strong physical and emotional reactions.

Integrative Restoration (iRest) is a guided meditation practice developed by Walter Reed Army Medical Center specifically for the military. It is a non-invasive, research and evidence-based, ten-step protocol that effectively alleviates triggers related to combat, trauma, insomnia, chronic pain, anxiety, and depression. This is all done through regulation of the body's nervous system.

These two therapies are complementary to one another as ART addresses the physical and emotional issues related to trauma. iRest is a more restorative practice that uses guided meditation to improve relaxation and rest. In addition to ART and iRest, exposure to other alternative therapies is provided throughout the week. Incorporating a mindfulness and positive psychology approach, participants receive art and music therapy, adaptive yoga and go on group outings to equine and avian therapy programs.

PEOPLE SERVICED

In 2023 the Warrior Wellness Program staff conducted 22, 5-day programs. A total of 124 people participated in the program, 96 of whom were veterans or active military.[2]

People who participated in the 5-day program were asked to complete a survey before and after the program. Military participants received follow up service after program

AWP CORNERSTONE SERVICES

Accelerated Resolution Therapy (ART) is an evidence-based therapy that reprograms the way distressing memories and images are stored in the brain.

Integrative Restoration (iRest) is a guided meditation practice that alleviates triggers related to combat, trauma, insomnia, chronic pain, anxiety, and depression.

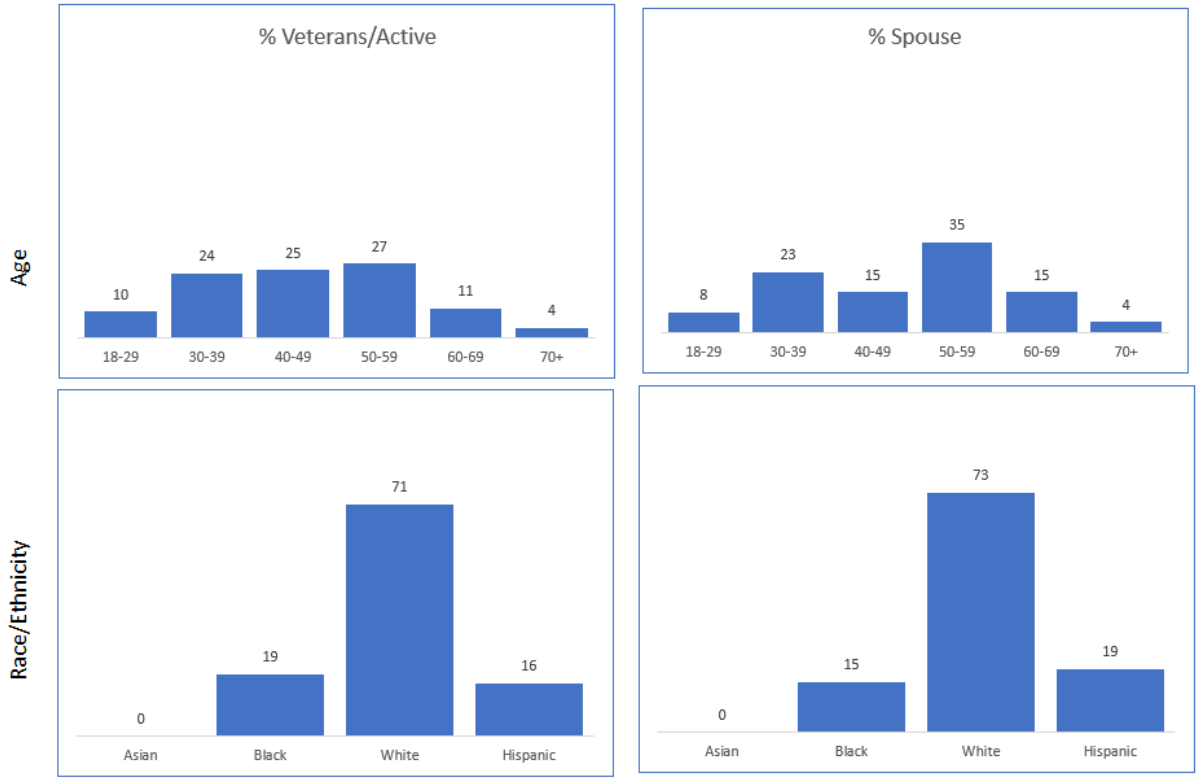
[2] The remaining participants were spouse.

participation. They were also asked to complete the survey again. The survey measures respondents' Resilience, sleep, pain, stress, anxiety, depression, and PTSD, among other things. People were also asked to provide their demographic information (i.e., gender, years of education, race, and marital status), traumatic experiences, and current medications. Appendix A provides more survey details. A total of 70 veterans and 15 active service members (85 in total) completed the pre- and post-survey; 26 spouses completed both surveys.

Demographic Information

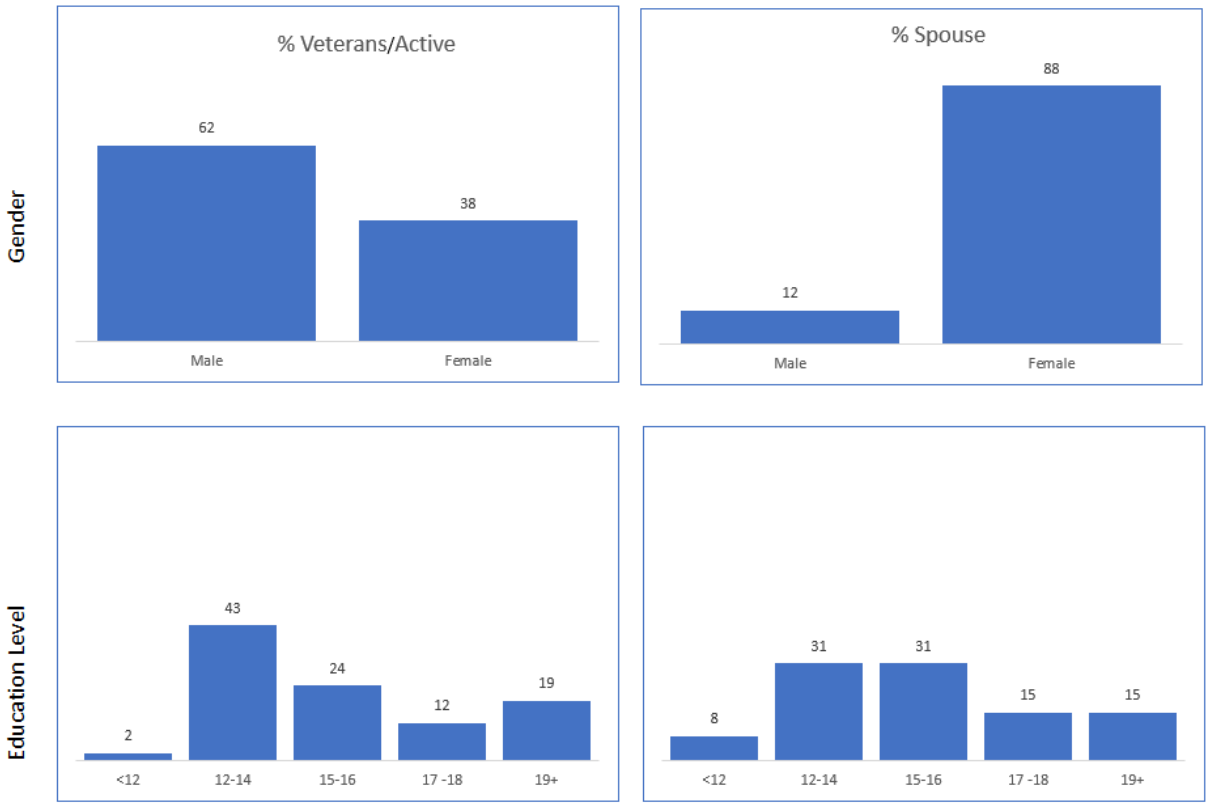
Figure 1 summarizes the percentage of people by demographic information. Most veterans[3] and spouse are between the ages of 30 and 59. Many veterans and spouse are White (71% veterans; 73% Spouse) and veterans are Male (62%) while the spouses are female (88%). Most participants have earned at least a high school diploma.

Figure 1. Percentage of veterans/Active Service Members and Spouse by Demographic Information



[3] veterans will be used to encompass both veterans and active military.

Figure 2 (continued). Percentage of veterans/Active Service Members and Spouse by Demographic Information



Note: Native American participants were <1% of count and were omitted in the visual. People could choose more than one race so the percentages might not add up to 100. Ethnicity was a separate question so a person can be any combination across the two questions, including White and Hispanic.

Female veterans, in general, have higher education levels than their male counter parts (**Figure 2**). For example, 31% of females have 15-16 years of education whereas 19% of males have this education level.

Figure 3. Percentage of veterans/Active Service Members' Education Level by Gender

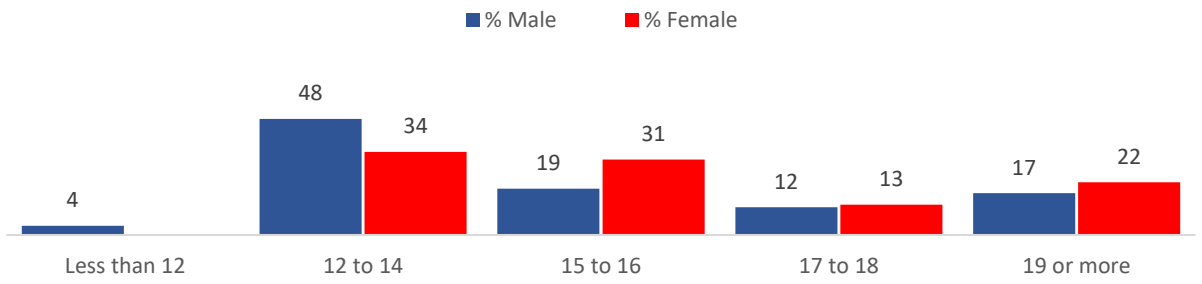
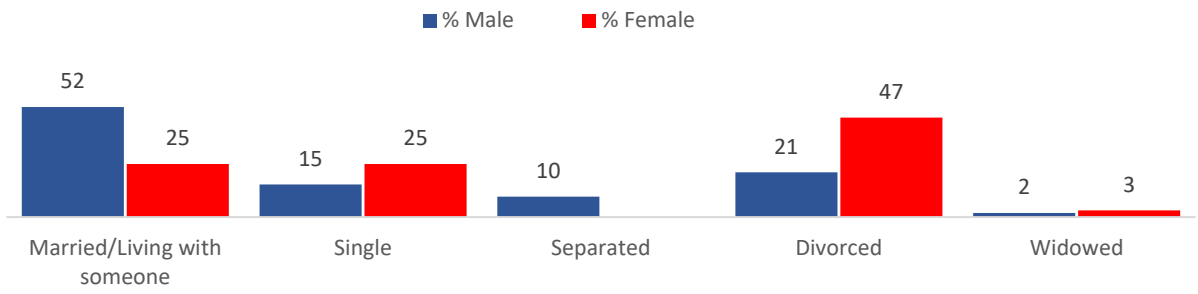


Figure 3 summarizes the percentage of veterans' marital status by gender. There are also gender differences between male and female veterans in terms of marital status, with a higher percentage of male veterans (52%) married or living with someone and 25% of female respondents reporting the same. There were a higher percentage of female veterans (47%) who reported being divorced compared to 21% of male veterans. There is a higher percentage of female veterans reporting being single (25%) compared to male respondents (15%).

Figure 4. Percentage of Veteran by Marital Status Overall and by Gender

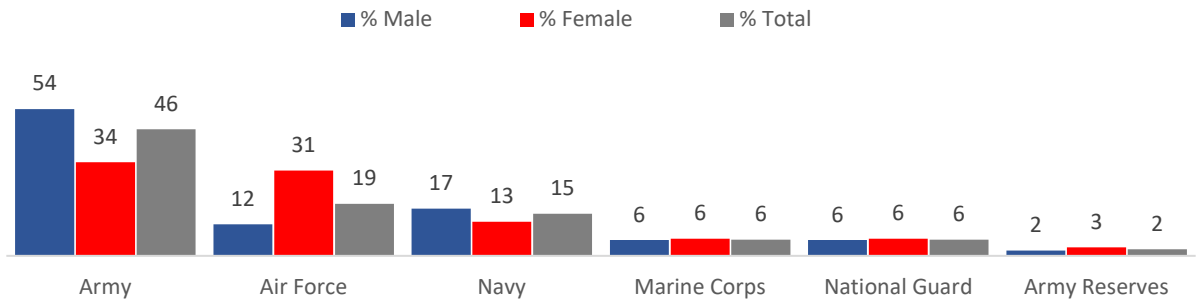


KEY FINDING: Most participants are white and male with varying educational levels.

Military Service

Veteran survey respondents were asked to indicate the branch they serve or served in. Many respondents (46%) are in the Army with more male military in the army (54%) compared to their female counterparts (34%). Conversely, there are more female respondents in the Air Force (31%) compared to male military respondents (12%). The Army, Air force, and Navy have the most frequent number of respondents, regardless of gender.

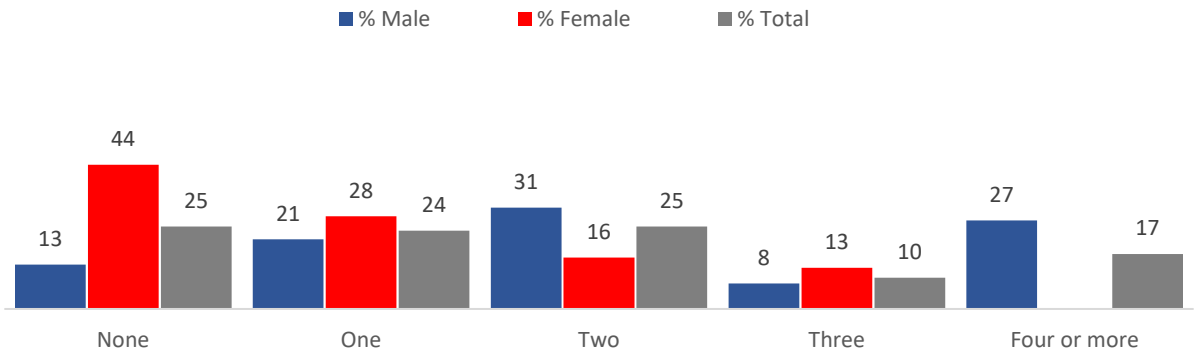
Figure 5. Percentage of Respondents' Military Branch Overall and by Gender



Note: 1% or fewer of the respondents (male and female) indicated they were part of the National Reserves, Air Force Reserves, or Coast Guard. Therefore, these branches were omitted here.

One in four respondents (24%) indicate that they have been deployed one time with another 25% indicating they were deployed two times (**Figure 5**). There were more male veterans (27%) deployed four or more times compared to female veterans (<1%). The opposite was true for no deployments.

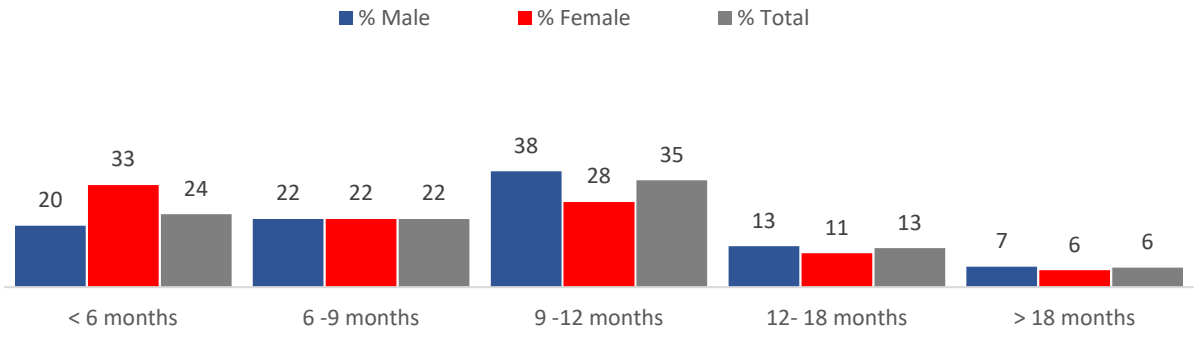
Figure 6. Percentage of Respondents' Number of Deployments Overall and by Gender



KEY FINDING: More female service members, compared to male service members, are in the Airforce, Navy, and Army Reserves. Male service members are more likely to be in the Army. Females service members are on leave for a shorter duration compared to male service members.

For those people who indicated they were deployed, they were asked what the length was for their longest deployment. **Figure 6** presents these findings. Approximately one out of three (35%) were deployed between 9 and 12 months. Genders differences were present at the shortest and the third longest deployment intervals with more male veterans deployed for 9-12 months compare to female veterans. The opposite was true for the less than 6-month timeframe.

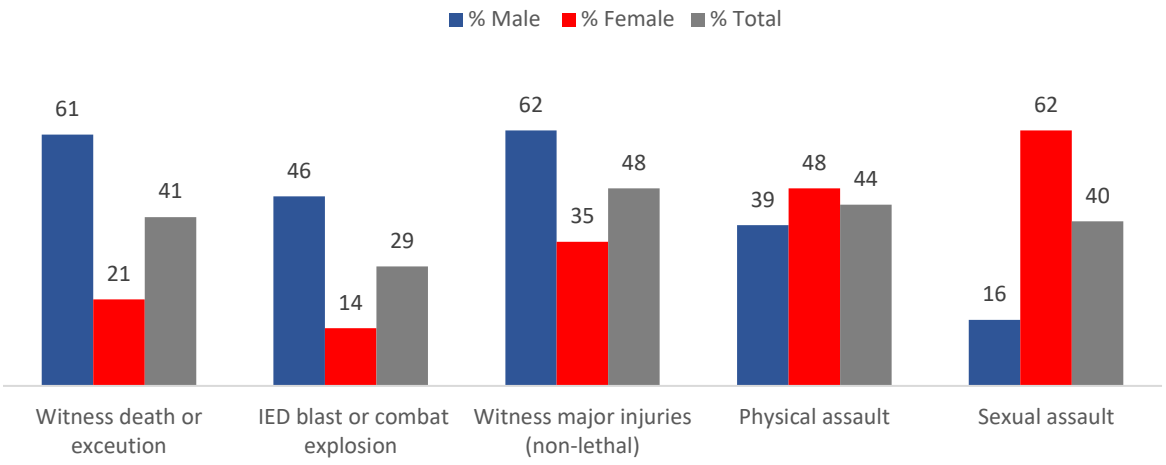
Figure 7. Percentage of Respondents' Longest Deployment Overall and by Gender



Experienced Trauma & Medications

Veteran survey participants also indicate the types of traumas they have experienced. A total of 91% of respondents indicated they had experienced at least one trauma and a little less than half (41%) of the respondents indicated they had experienced three or more traumas. There were gender differences by the types of traumas experienced, with large percentage of female veteran members (62%) experiencing sexual assault and a large percentage of male veteran members (62%) reporting witnessing a non-lethal major injury and/or death (61%).

KEY FINDING: 91% of people have experienced at least one trauma. 41% experienced three or more traumas.

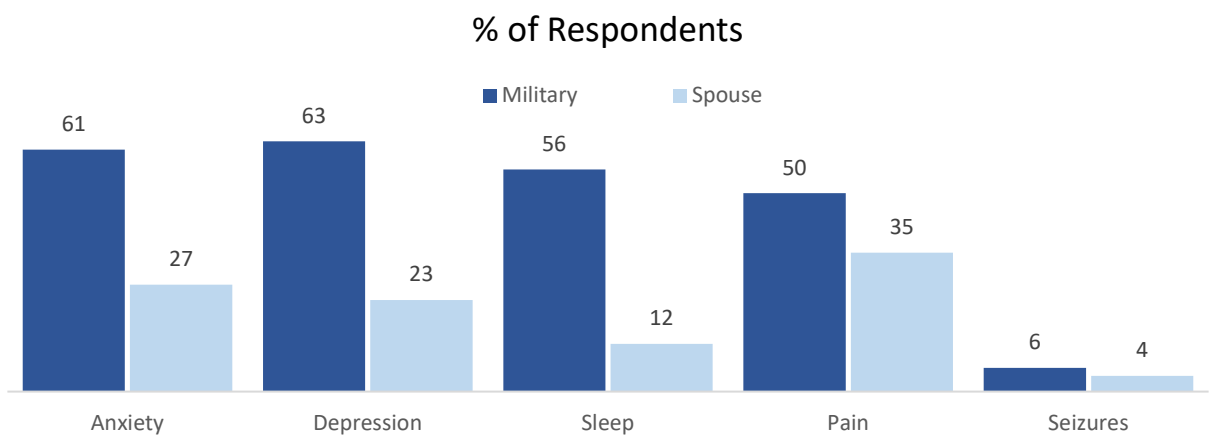


Note: respondents could choose more than one response. Those respondents who took the paper survey were not asked these questions.

A total of 31 respondents indicated they experienced “other” traumas. These included: divorce, drug overdoses by family/friend, depression, childhood abuse, anxiety, combat, PTSD, suicide attempt or ideation, and near-death experiences by themselves or family members.

Two out of three veteran survey respondents indicated they take medication for anxiety, depression and/or sleep (61%, 63%, and 56%, respectively; **Figure 8**). Half (50%) reported taking medication for pain. Fewer spouses reported medication for these same health concerns. One in four spouses reported taking medication for depression (23%) and a similar percentage for anxiety (27%). One in three (35%) spouses reported taking medication for pain.

Figure 8. Percentage of Respondents' Taking Medications by Health Concern, by Veteran and Spouse Status



Note: respondents could choose more than one response. Those respondents who took the paper survey were not asked these questions.

PROGRAM IMPACT

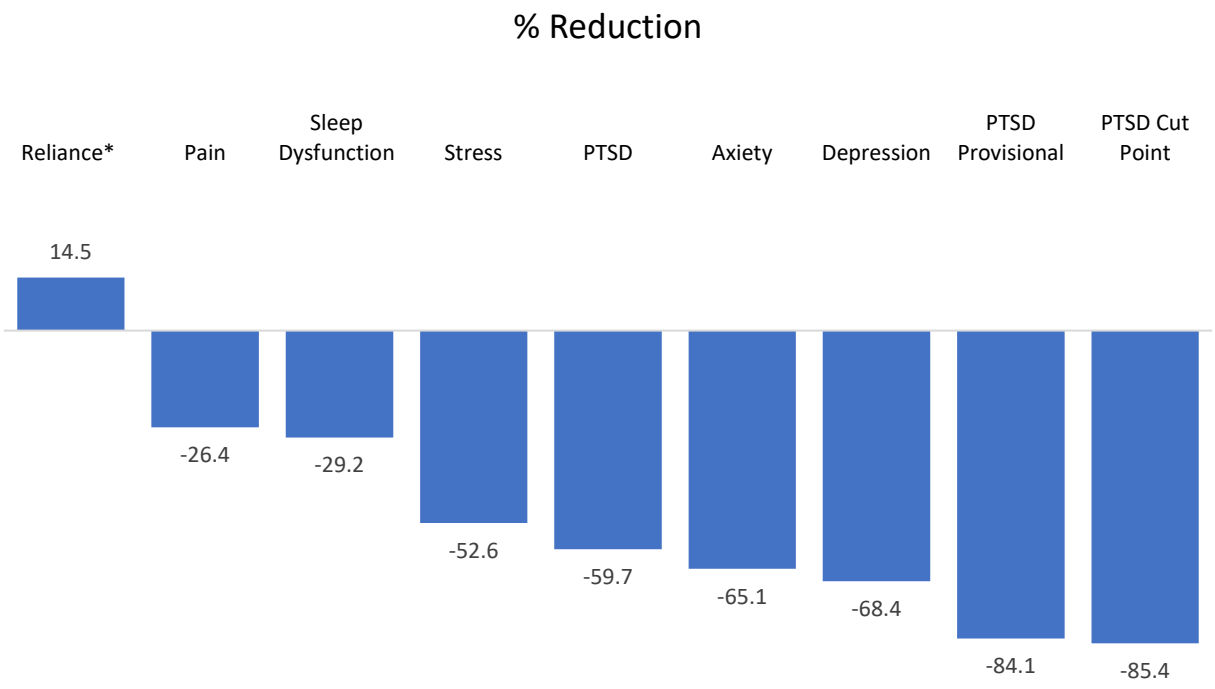
The program evaluation uses reliable and valid assessments of psychological and physical health. These data are used to assess the extent to which the program achieves the desired aims of significantly increasing the success of veteran and family transition after combat and military service. This section uses these assessments to compare participants' psychological and physical health before and again after the program. Select participants are then assessed at 1-, 3-, 6- and 9-months post completion of the wellness program. These findings conclude this section.

Reduction in Symptoms from Pre- to Post-Survey

A total of 85 veterans and 26 spouse survey respondents completed both the pre- and the post-survey. These surveys were matched for each respondent and the percentage of reduction in symptoms were calculated. **Figure 9** shows these findings for veteran respondents; **Table 10** for spouse.

Veteran respondents from pre- to post-survey participation showed a reduction in symptoms and an increase in reliance. There was an average of 60% reduction in PTSD symptoms and a reduction in anxiety by 65% pre- to post-assessment. Depression decreased by 68%. This is greater reduction than in previous years, where there was a 50% reduction in PTSD symptoms, a 56% reduction in anxiety and a 62% reduction in depression.[4]

Figure 9. Percentage Reduction in Symptoms for Veteran Survey Respondents



* Higher the score, the more affirming the outcome.

[4] Source: Moore, R. (2022). *Accelerated Wellness Program: 2016-2022 Evaluation Report*. Evaluation Data Solutions, LLC. Columbus, Ohio.

PLC-5 & PTSD INDICATORS

This evaluation uses three different scores for assessing PTSD. All of them used respondents' self-reported responses on the PLC-5.

1. **A total PTSD Symptom severity.** Scores across all 20 PLC-5 items were summed for each person. The higher the score the more severe the PTSD.

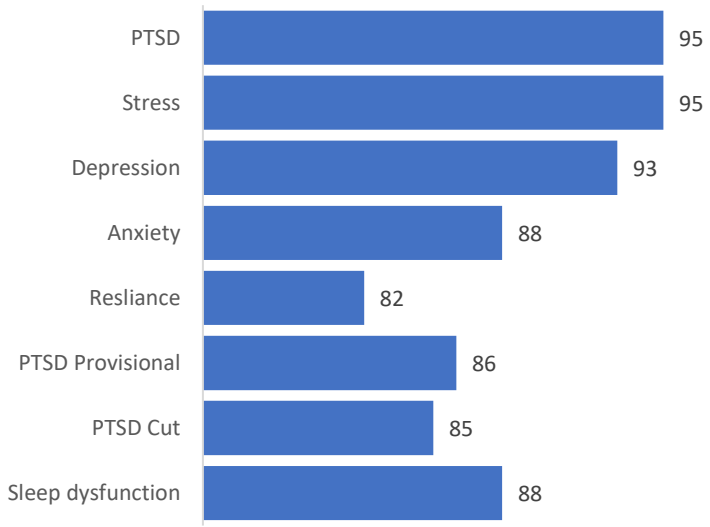
2. **Provisional PTSD Diagnosis.** The 20 items are grouped into 4 sections. People who have a "moderate" endorsement (score of 2 or >) to each section were identified with a provisional PTSD diagnosis.

3. **PTSD Cut Point**. PTSD cut point where a summed score of 33 or higher may benefit from evidence-based PTSD treatment and receive a PTSD cut point.

Scores from the PLC-5 can be used to calculate two types of PTSD provisional scores and these scores, in turn, can inform treatment planning[5]. At pre-assessment WWP participants were assessed using the PLC-5 and their scores were used to calculate a (1) PTSD cut point where a summed score of 33 or higher indicates a diagnosis of Post-Traumatic Stress and may benefit from evidence-based PTSD treatment and a (2) PTSD provisional score where the PLC-5 assessment is grouped into four sections and cut points of "moderate" endorsement (score of 2 or higher) to each section were identified[6]. Responses were self-reported. Results show that there was an 85% reduction from veteran participants in the PTSD cut point score and an 84% reduction in the PTSD provisional score.

Figure 10 presents the percentage of people who reduced symptoms from pre- to post-assessment by at least one point[7]. A total of 95% of the veteran participants reduced their PTSD by at least one point. Similarly, 95% reduced their stress and 93% reduced depression. A total of 86% and 85%, respectively reduced their PTSD provisional score and their PTSD cut score.

Figure 10. Percentage of Veteran Participants Who Reduced their Score by at Least One Point



[5] Source: https://www.ptsd.va.gov/professional/assessment/documents/using-PCL5.pdf

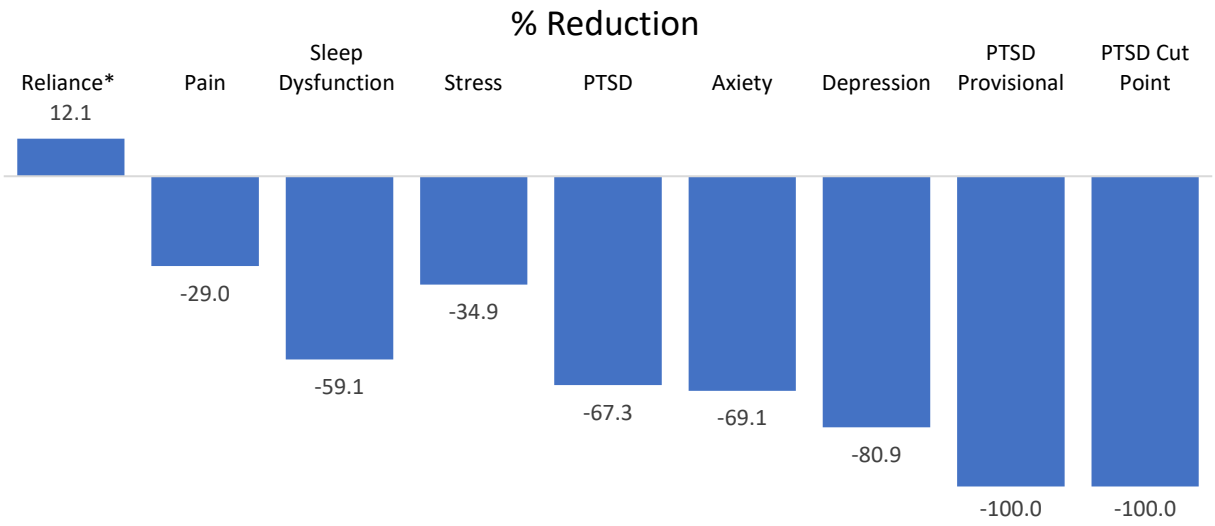
[6] Treating each item rated as 2 = "Moderately" or higher as a symptom endorsed, then following the DSM-5 diagnostic rule which requires at least: 1 Criterion B item (questions 1-5), 1 Criterion C item (questions 6-7), 2 Criterion D items (questions 8-14), 2 Criterion E items (questions 15-20). In general, use of a cutoff score tends to produce more reliable results than the DSM-5 diagnostic rule.

[7] Reduction in symptoms was defined by at least a 1-point reduction from pre-to post assessment.

In addition to serving veterans and active-duty service members, spouses/partners have the option to attend the AWP. They often serve as caregivers to the veterans and may experience secondary trauma. Veterans who are experiencing PTSD may exhibit anger, flashbacks, and other symptoms that can accompany such a diagnosis. Exposure to these reactions can be traumatic for spouses/caregivers who often try to de-escalate the veteran. Spouses/caregivers can receive the same services as their veteran partner, which can benefit the individual as well as the family system. They are also able to address other kinds of trauma with this treatment protocol. The goal is to heal veterans as well as their partners to enhance overall mental health in the community and prevent suicide.

Spouses who participated in the WWP also showed a reduction in symptoms (**Figure 11**). The largest reduction (100%) was that everyone who at pre-survey were above the 33-score cut point for PTSD were below the cut point for PTSD after program participation. The same was true for the PTSD Provisional scores. There was also a meaningful reduction in depression (81%), anxiety (69%), PTSD (67%), Pain (29%), Stress (35%), and sleep dysfunction (59%) after the five-day program participation. Spouses reported an increase of 12% in resiliency after the program. Reduction in most symptoms was higher in 2023 compared to previous year's work. From 2016-2022, the reduction in PTSD cut point and provisional scores was 83% and 77%, respectively. Reduction in depression was 73% and anxiety was 66%. Sleep dysfunction was 32%.

Figure 11. Percentage in Reduction of Symptoms for Spousal Survey Respondents



* Higher the score, the more affirming the outcome.

All spouses (100%) who participated in the program had at least a one-point reduction in PTSD (**Figure 12**). All spouses also increased resiliency. Most spouses also reduced their stress and anxiety levels (89%) as well as depression and sleep dysfunction (77%).

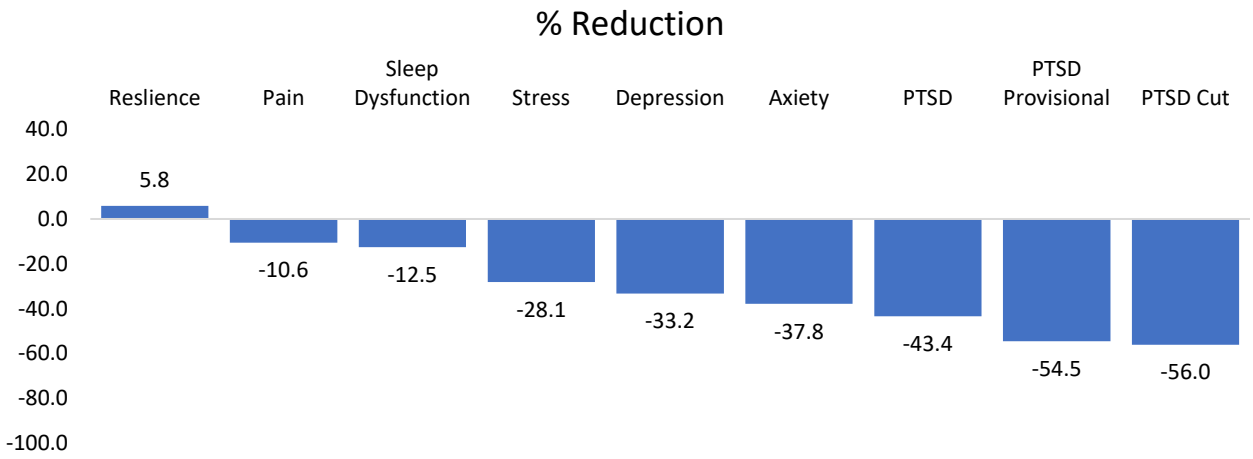
KEY FINDING: veterans and spouse who participate in the 5-day AWP wellness retreat had reduced physical and mental symptoms.

Figure 12. Percentage of Spousal Participants who Reduced their Score by a Point

Reduction in Veteran Symptoms from Pre-Survey to Follow-Up Survey

A total of 36 veteran survey respondents completed both the pre- and a follow-up survey[8]. Once away from the program, reductions in key outcomes continued (**Figure 13**). For example, veteran survey respondents still had an average reduction in PTSD cut score of 56% and provisional score of 55%.

Figure 13. Percentage in Reduction of Symptoms for Veteran Survey Respondents from Pre- to Follow-up Assessment



KEY FINDING: Reductions in symptoms from the retreat persists once veteran participants were in their home environment.

[8] Follow up survey could have been 1-, 3-, 6- or 9-months later. Spouse were not asked to complete a follow up survey.

SATISFACTION OF SERVICES

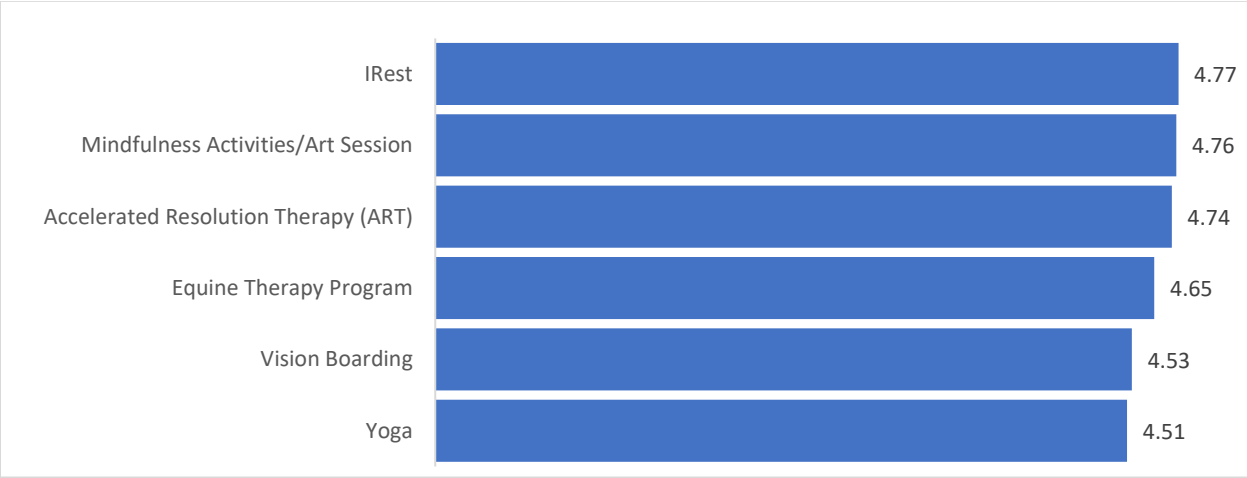
Respondents were asked to indicate the extent to which they were satisfied with the AWP program features and for specific activities. **Figure 14** summarizes the satisfaction levels for the program; **Figure 15** summarizes satisfaction levels for specific activities.

Figure 14. Mean Satisfaction with the Program Features

Scale: 1= very dissatisfied; 2= somewhat dissatisfied; 3= neither; 4 = somewhat satisfied; very satisfied

On average, respondents – both veterans and spouses – were stratified with the program location, atmosphere, staff, and the program overall with all indicators scoring close to a 5 on a 5-point scale. Respondents were also satisfied with the activities provided. All activities score at least a mean score of 4 on a 5-point scale. There were no differences between veterans and spouses.

Figure 15. Mean Satisfaction with the Program Activities



Scale: 1= very dissatisfied; 2= somewhat dissatisfied; 3= neither; 4 = somewhat satisfied; very satisfied
Note: respondents who participated in an activity were asked to report how satisfied they were with it. If they did not participate in the activity – either because they did not choose to or because it was not offered – they were not asked to report their level of satisfaction.

SUMMARY

Both veterans and spouses who participate in the 5-day AWP wellness program have self-reported reductions on physical and mental symptoms, including anxiety, depression, PTSD, depression, and sleep dysfunction. For veteran participants this reduction in systems continues once they leave the program and are in their home environment. The gains experienced this year were greater than in previous years. This might be due to the quality of the services provided and/or because of the people being serviced.

INDEPENDENT EVALUATOR – EVALUATION DATA SOLUTIONS, LLC

For the first five years of the data collection, KipPro Research LLC, served as the independent evaluator for the project. Evaluation Data Solutions, LLC (EDS) has served this role for the last year. At the outset of the initiative, KipPro and Warrior Wellness staff collaborated on a comprehensive evaluation plan that involved collecting a wide array of quantitative data to examine program impacts and participant satisfaction with the program (see Appendix for more details). Evaluation Data Solutions, LLC (EDS) continued the use of this plan in its evaluation.

EDS is an independent research and evaluation firm with two decades of experience conducting external studies of critical educational and health initiatives. The EDS team of professionals has a depth of knowledge and experience in quantitative, qualitative, and mixed-methods methodology. EDS has extensive experience in leading multi-level projects such as the state-wide Mathematics and Science Partnership (MSP) in Ohio, the federal Teacher Quality partnership, Advanced Technological Education, Replication and Expansion of High-Quality Charter Schools, Statewide Family Engagement Centers, 21st Century Community Learning Centers, Community Health Workers for COVID, National Professional Development, Mathematics and Science Partnerships, Teen Pregnancy Prevention, National Institute of Corrections, and Striving Readers Comprehensive Literacy Program.

APPENDIX: EVALUATION PLAN & DATA SOURCES

Since 2016, pre-, post-, and follow-up data from program participants have been collected. These data are analyzed to assess changes across time – before the start of the program compared to immediately after the program, and once participants are back in their home life. Multiple data points are collected for active and veteran military. Spouse responses are collected pre- and post-program.

From 2016 to May 2022 data were collected online by KipPro Research LLC. From June 2022 to August 2022 data were collected by AWP staff via paper. Starting in September 2023 Evaluation Data Solutions LLC collected data online.

Numerous instruments were used to assess participants' attitudes, beliefs, and mental health. They include:

PTSD. PTSD was measured using the PLC -5. The PCL-5 is a 20-item self-report measure that assesses the 20 *DSM-5* symptoms of PTSD. Scores across all 20 PLC-5 items were summed for each person. The higher the score the more severe the PTSD. source: https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp

PTSD Provisional. Using the PLC-5, DSM-5 symptom cluster severity scores can be obtained by summing the scores for the items within a given cluster, i.e., cluster B (items 1-5), cluster C (items 6-7), cluster D (items 8-14), and cluster E (items 15-20). A provisional PTSD diagnosis can be made by treating each item rated as 2 = "Moderately" or higher as a symptom endorsed, then following the DSM-5 diagnostic rule which requires at least: 1 B item (questions 1-5), 1 C item (questions 6-7), 2 D items (questions 8-14), 2 E items (questions 15-20). source: https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp

PTSD Cut point. Initial research suggests that a PCL-5 cutoff score between 31-33 is indicative of probable PTSD across samples. However, additional research is needed. Further, because the population and the purpose of the screening may warrant different cutoff scores, users are encouraged to consider both factors when choosing a cutoff score. source: https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp

Stress. Stress was measured using the Perceived Stress Scale Score (total). The Perceived Stress Scale (PSS) is a classic stress assessment instrument. The tool, measures how different situations affect our feelings and our perceived stress. The questions in this scale ask about feelings and thoughts during the last month. Source: https://www.das.nh.gov/wellness/Docs%5CPercieved%20Stress%20Scale.pdf

Anxiety. Anxiety was measured using the Brief Symptoms Inventory – 18 (BSI). A shortened form of the BSI instrument, The Brief Symptom Inventory 18 (BSI® 18) gathers patient-reported data to measure psychological distress and psychiatric disorders in medical and community populations. Responses to items 3, 6, 9, 12, 15, 18 were used to create this scale. The higher the score, the more anxiety.

Depression. Depression was measured using the Brief Symptoms Inventory – 18 (BSI). A shortened form of the BSI instrument, The Brief Symptom Inventory 18 (BSI® 18) gathers patient-reported data to measure psychological distress and psychiatric disorders in medical and community populations.

Responses to items 2, 5, 8, 11, 14, 17 were used to create this scale. The higher the score, the more severe the depression. Source: https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Personality-%26-Biopsychosocial/Brief-Symptom-Inventory-18/p/100000638.html

Sleep dysfunction. Eight items were used to measure sleeping problems. The higher the score, the more difficult the sleep.

Resilience. Resilience was measured using 10 items from the Connor Davidison Resilience Scale. The 10 item version (score range 0-40) comprises items 1, 4, 6, 7, 8, 11, 14, 16, 17, 19 from the original scale. Source: https://www.connordavidson-resiliencescale.com/about.php

Program Features. Respondents were asked as post-program the extent to which they were satisfied with numerous program features, including the lodging, the food, the facilities and the staff. Each item has a strongly agree to strongly disagree scale.

Program activities. Respondents were asked as post-program the extent to which they were satisfied with the activities at the program they participated in (e.g., meditation, ART, IRest, Yoga). Each item has a strongly agree to strongly disagree scale.

Trauma. Respondents were asked to indicate "yes" or "no" to 5 events - Witness death or execution, IED blast or combat explosion, Witness major injuries (non-lethal), Physical assault, and Sexual assault. Respondents could write in an experience in "other".

Medications. Respondents were asked to indicate "yes" or "no" to whether they currently take medication for a5 symptoms: pain, depression, anxiety, seizures, and sleep.

Demographics. Respondents were asked to provide their race, gender, age, educational level, number of deployments, and length of longest deployment.

To see the entire survey go here: https://docs.google.com/document/d/1h8XncDIlKGykfiVfTX1mKD921ABIlZj5/edit?usp=sharing&ouid=112182377047173207782&rtpof=true&sd=true

This report was prepared by Evaluation Data Solutions, LLC, a cross-industry research and evaluation firm. Inquiries regarding the evaluation of the Warrior Wellness Program should be directed to:

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