Preliminary findings of the REBOOT Combat Trauma Recovery Program; Examining Reintegration, Spirituality, Quality of Life, and Self-Perceived Character Traits

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Mission of REBOOT Combat Recovery

“REBOOT Combat Recovery exists to help veterans and their families heal from the spiritual wounds of war. Through our 12-week combat trauma-healing course our military families are experiencing breakthroughs in their war against PTSD. Our graduates go on to rebuild strong character, engage in healthy community and reclaim leadership roles. We don’t promise symptoms will improve but we do promise they can live a life of joy and purpose despite their symptoms.”

Identified needs of REBOOT: to identify program outcomes for REBOOT’s 12-week Combat Trauma Healing Course and also to identify participant’s areas of need based on the surveys provided, specifically through the PROMIS-29 and Character Strengths Rating Scale

Literature Review Key Points

- Posttraumatic stress disorder (PTSD) is the most prevalent mental health disorder recorded among service members (Jordan, Eisen, Bolton, Nash, & Litz, 2017; Buchanan et al., 2011; Rosenheck & Fontana, 2007)
- Functional impairments are present in many areas, producing catastrophic effects and often leading to lack of employment, difficulties within relationships, substance use, decreased social involvement, issues controlling anger, and overall lowered quality of life (Stein-kamp, Litz, Hoge, & Marmar, 2015; Sayer et al., 2010)
- According to a study completed in 2014, among veterans between the ages of 18-53, the percentage of substance use disorders is at 18.2%, which is approximately 5 times that of the general population (Back et al., 2014)
- Increased use of alcohol and drugs affects one’s ability to effectively reintegrate into the community and efficiently participate in meaningful activities; it has been associated with self-harm, violence, lack of motivation, anger, and suicidality (Najavits, Norman, Kivlahan & Kosten, 2010, Mastrapapa, 2015).
- The stigma surrounding mental illness and possible fear of ruining their military career often deter service members and veterans from seeking mental health services (Sayer et al., 2010; Phoenix Australia, 2013, Buchanan et al., 2011).

Individualized Experiential Objectives

- To expand on previous research conducted by Belmont students in an effort to produce evidence-based outcomes and explore the effectiveness of REBOOT’s programming through the information provided by it’s participants.
- To explore the frequency of substance use among REBOOT participants, and potentially to determine the desire/need for additional substance abuse programming within the REBOOT community.
- To analyze data collected from REBOOT’s participants throughout the Combat Trauma course in regards to their substance use and it's effect (if any) on their daily lives, and determine additional needs of this community as appropriate.

Goals of Experiential Component

- Demonstrate innovation and professional reasoning by designing and completing a research project in collaboration with the REBOOT combat recovery organization.
- Advocate for the occupational potential, occupational performance and occupational engagement of clients, specifically individuals in the military (both active duty and veterans) coping with symptoms of PTSD or other combat trauma.
- Synthesize multiple sources of information such as AOTA official documents, current evidence-based practice or clinical practice guidelines to enhance practice through conducting research.
- Support the integration of best evidence, and the distribution and translation of new knowledge consistent with occupational therapy practice into the REBOOT combat recovery agency.
- Communicate and collaborates with REBOOT Combat Recovery participants and leaders to identify meaningful ways to transcend surpass system and community limitations.

Outcomes

Figure 1: Distribution of PROMIS-29 Scores

- *Community Reintegration questions as indicated below were not part of the PROMIS-29 Scale, but instead were adapted from the Military to Civilian Questionnaire (M2CQ) and scored in a similar manner
- Results from the PROMIS-29 are indicated in the chart above. The greatest area of concern/difficulty was identified as fatigue. Active duty military members expressed the highest concern in this area.
- The area of least concern/difficulty was identified as physical function.
- *Substance use was not indicated as an area of concern; when participants were asked if they had used drugs or alcohol to cope in the last 30 days, averages were 1.28 and 1.68 respectively, with a response of 1 indicating “never” and a response of 2 indicating “rarely.”
- These findings differ from current available evidence, which indicates substance use is a much more prominent problem among service members.

Figure 2: Responses to Substance Use Questions

- Substances use was not indicated as an area of concern when participants were asked if they had used drugs or alcohol to cope in the last 30 days, averages were 1.28 and 1.68 respectively, with a response of 1 indicating “never” and a response of 2 indicating “rarely.”

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