

Putting Research to Work for Military Families



Focus:
Multiple
Branches

Adaptive Disclosure: An Open Trial of a Novel Exposure-Based Intervention for Service Members With Combat-Related Psychological Stress Injuries

Gray, M. J., Schorr, Y., Nash, W., Lebowitz, L., Amidon, A., Lansing, A., ... Litz, B. T. (2012). Adaptive disclosure: An open trial of a novel exposure-based intervention for service members with combat-related psychological stress injuries. *Behavior Therapy*, 43(2), 407-415. doi:10.1016/j.beth.2011.09.001

SUMMARY: A program development and evaluation study with a sample of Marine Service Members assessed the initial clinical feasibility of adaptive disclosure (AD), a new intervention developed to address combat stress injuries in Active Duty Service members. AD is a comparatively short-term therapy mode designed specifically for Active Duty Service members recovering from combat related trauma. Initial findings indicate that brief, early interventions such as AD can be effective in treating combat and operational stress injuries among Active Duty Service members preparing for potential redeployment.

KEY FINDINGS:

- Service members receiving AD exhibited significant improvement in posttraumatic stress disorder (PTSD) symptoms, depressive symptoms, and related posttraumatic cognitions, especially negative beliefs about self and negative beliefs about the world.
- Twenty-five percent of those referred started the treatment but dropped out, comparable to attrition rates for conventional PTSD treatments.
- There was a significant increase in perceptions of personal strength and growth.
- Service members reported that the intervention helped them feel more in control and was tailored to their individual needs; they also reported that they would use it as needed following future deployments and that they would recommend this intervention to other Marines.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Assist Service members in choosing and locating treatment that best fits their preferences and needs
- Offer workshops to Service members and their families regarding coping strategies that can be used during reintegration
- Create peer support groups for Service members to allow them to have a space to process their deployment experiences upon returning home

IMPLICATIONS FOR POLICIES:

Policies could:

- Continue to support programs for Service members and their families to assist with possible reintegration challenges
- Recommend training for professionals who work with military families regarding challenges Service members may face during post-deployment and coping skills that may help them navigate those challenges
- Encourage investigation into which types of programs are most effective for military families throughout the deployment cycle

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METHODS

- Active Duty Marines and Sailors who (a) deployed at least once to Iraq or Afghanistan, (b) reported symptoms consistent with a diagnosis of PTSD, and (c) had received an initial mental health evaluation were referred by Camp Pendleton Mental Health Clinic staff for participation.
- Participants completed measures of PTSD, depression, alcohol use, posttraumatic cognitions and posttraumatic growth before and after participating in the program.
- Four PhD psychologists delivered AD via six 90-minute sessions.
- Scores on questionnaires were compared before and after treatment to see if there was a change.

PARTICIPANTS

- Participants included 44 Active Duty Marines and Sailors; of the participants, 95% were male and 5% female. Seventy-three percent were 18-29 years of age.
- Of the participants, 58% were White, 15% were Latino, 8% were Black, 4% were Asian American, 4% were Native American, 11% were missing data or indicated another race.
- The participants included 16% E1-E3, 59% E4-E5, 21% E6-E9, and 4% O1-O4.

LIMITATIONS

- Without random assignment and a control group, it is impossible to conclude that improvements were caused by the AD intervention.
- Because participants were referred by mental health professionals, the Service members treated may not be representative of the larger population of Service members.
- Without a comparison to other more conventional treatment approaches, it is impossible to know the degree to which symptom improvements were the result of the novel treatment techniques.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Replicate the study in a larger, more diverse sample, and utilize an experimental design to test for valid effects of treatment
- Investigate nonclinical programs that can allow families to learn certain skills that will aid in Service member reintegration
- Examine programs that capitalize on Service members' strengths and growth rather than only treating maladaptive responses

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