

**Returning Home Project**  
**Assessing the Effectiveness of a Brief Somatic Experiencing® Intervention to Reduce Trauma Symptoms and Improve Psychological Health & Resilience among Veterans**

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**Background:** Somatic Experiencing® (SE™) is a resiliency-based therapeutic modality to address autonomic nervous system (ANS) dysregulation disorders such as PTSD, anxiety, and depression, and physical syndromes like chronic pain, migraines, IBS, fibromyalgia, and chronic fatigue (Briggs, Hayes, & Changaris, 2018; Brom et. al., 2018; Levine, Blakeslee, & Sylvae, 2018).

SE focuses on re-establishing an individual's innate capacity for ANS and emotional regulation. Veterans returning home from military service often face significant readjustment to civilian life including being at disproportionately high risk for PTSD, depression, and anxiety compared to their civilian counterparts (Morin, 2011). Of a sample of combat veterans returning from Iraq and Afghanistan, 40% suffered from mental health issues (Seal, Metzler, Gima, Bertenthal, Maguen, Marmar, 2009). The population which comprises less than 2% of the population makes up 20% of the suicides each year (National Center for Veterans Analysis and Statistics). Overall, veterans experience lower life-satisfaction than civilians (Tsai, Harpaz-Rotem, Pietrzak, & Southwick, 2012).

Currently, there are limited research studies that examine the effectiveness of Somatic Experiencing implemented as an intensive short-term treatment protocol to address military service-related trauma. Returning Home is an intensive short-term SE treatment protocol designed to address the life altering and debilitating symptoms of PTSD, shock trauma and related stress conditions for both men and women due to combat and military service. The retreat curriculum has been specially designed to integrate the Somatic Experiencing trauma

healing model with Equine and Yoga therapies, and other wellness practices that unify the body and mind (Cushing, Braun, & Alden, 2018; Vasher, Delano, Herlache-Pretzer, Meyer, & Stawowy, 2017).

The central questions addressed in the research were to determine if a short-term, intensive SE-focused retreat was effective in teaching a SE-based toolkit for ANS and affect regulation, reducing PTSD and other trauma symptoms, improving quality of life and psychological health and resilience among veterans.

**Methods:** This study used a mixed methods pre-, post- and follow-up test assessment and qualitative interviews. Twenty-one veterans with a diagnosis of PTSD were recruited for a 6-day residential retreat held in the Northeast US.

Recruitment: Participation was voluntary and individuals were informed they could opt out at any time or self-select for non-participation with no reprisals of any sort. Veterans were recruited using a snowball technique and represented wars from Vietnam, Gulf, Iraq, and Afghanistan; single and multiple tours; and various military discharge statuses. Screening tools were implemented to exclude participants with active suicidal ideation using the Columbia Suicide Severity Rating Scale (C-SSRS); active substance use disorder (assessed in initial clinical interview and if risk was identified followed up with Alcohol Use Disorders Identification Test (AUDIT) and Drug Abuse Screening Test (DAST); and those with untreated psychosis. Applicants for the study who met the exclusion criteria were referred to appropriate treatment in their local communities.

Protocol: During the retreat, participants engaged in a daily curriculum that implemented a toolkit of core principles of the SE model. Veterans were taught self-regulating skills to increase resilience and decrease trauma symptoms. The basic SE tools of grounding, orienting, tracking sensation, pendulation, titration, presence, and resourcing were specifically integrated with all aspects of the retreat curriculum which included individual daily SE sessions, equine assisted

learning, psycho-social education, yoga, meditation, outdoor sensory exercises, congregate meals, and other social engagement opportunities.

Data Collection & Analysis: Data were collected before and at the end of the retreat, and at 6-months post-retreat follow-up. Measures included: a brief demographic survey, Post-Traumatic Stress Disorder Check List for DSM 5 (PCL-5), Patient Health Questionnaire – 9 (PHQ-9), Beck Anxiety Inventory (BAI), Expressions of Moral Injury Scale – Military (EMIS-M), The Dissociation Subscale (DSPS), Dimensions of Anger Reactions (DAR-5), Quality of life Questionnaire (QOLS), and Satisfaction with Life Scale (SWLS). Retreat effects were assessed using paired one-way T-Tests for each variable. Pearson's  $r$  was used to assess correlational data. Post hoc analysis was used to identify impact of any mitigating demographic variables or treatment factors. Statistical analyses were conducted using SPSS and Excel. Individual entrance, exit and follow-up interviews were conducted with participants to understand participants' subjective experience of the program; examine the impact and therapeutic value of SE in addressing trauma symptoms and syndromes; determine how the curriculum could be improved for future programs; and better understand the ongoing impact of SE in promoting psychological health and resilience. The study protocol, including design, rationale and, potential benefits and risks, and informed consent documents, was submitted to and approved by the Wright Institute's Institutional Review Board (Berkeley, California).

**Results:** The study population was comprised of 35% females and 65% males; ages ranged from 25-75; and the group contained a limited racial and gender identity diversity composition. All participants improved significantly both clinically and statistically on measures of PTSD, depression, quality of life, and dissociation. PTSD scores were reduced by 9.58 points, within a clinically meaningful range and statistically significant at  $p=0.006$ . Depression scores changed from above diagnostic range to below from mild depression to minimal symptoms (13.36 to 9.15); these results were also significant ( $p=0.00002$ ). Quality of life increased from 64.0 at initial measure to 73.83 at end of training and was statistically significant ( $p=.00004$ ). Participant interviews revealed five major themes for promoting ongoing psychological health

and resilience including increased mobilization for SE treatment and life changes; improved communication and personal relationships; increased sense of community with other participants; increased awareness of body and emotional states; and increased accessing of SE tools and capacity to address trauma symptoms.

**Conclusion:** Preliminary data indicate that as an initial intervention this treatment program had a meaningful impact, both clinically and statistically, on clinical symptoms of PTSD, depression, dissociation, and increased quality of life. This study is the first to evaluate a brief, residential SE based integrated approach to trauma treatment. This study adds to the literature of SE evidence-based trials and serves as a “proof of concept” for a multi-day integrated treatment to address symptoms of trauma and promote psychological health and resilience in returning veterans. The program appears to be easily replicable and scalable, and is worth further investigation