



Psychodrama Intervention for Female Service Members using the Therapeutic Spiral Model

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ABSTRACT

PURPOSE of the STUDY. The study assessed the ability of TSM to increase self-esteem and occupational participation while decreasing hopelessness in military women with PTSD.

METHODS. A participant group (N=7) and comparison group (N=6) of military women with PTSD were given pre-tests, the Beck Hopelessness and Rosenberg Self-Esteem Scales. Participants attended a Therapeutic Spiral Model workshop. Both groups were given post-tests and a semi-structured interview.

RESULTS. Participants in the clinically diagnosed PTSD group increased self-esteem and decreased hopelessness. The comparison group decreased self-esteem and increased hopelessness. Participants gained insight into their traumatic experiences and tools to increase participation in roles and activities.

CONCLUSION. Results support the use of psychodrama intervention with female military populations with PTSD.

BACKGROUND

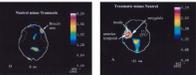
PTSD & the Military

- Post-traumatic Stress Disorder (PTSD): four categories intrusion, avoidance, negative alterations in cognitions and mood, and alterations in arousal and reactivity. (American Psychiatric Association, 2013).
- 118,829 reported cases from Iraq and Afghanistan (Fischer, H. 2014).
- Women in military have increased risk for sexual trauma (Kimerling, Gima, Smith, & Frayne, 2007; Maguen, et al. 2012)
- 17% of women veterans having served in Operation Iraqi Freedom and Operation Enduring Freedom were diagnosed with PTSD. (Maguen, Ren, Bosch, Mairmar, & Seal, 2010)
- Perceived social stigma and self-stigma act as barriers to treatment. (Mittal et al., 2013)
- Current protocol for treating PTSD: individual behavioral therapy, medication (SSRI) (Rothbaum, 2011)

Therapeutic Spiral Model & Theory

- The Therapeutic Spiral Model (TSM) - Dr. Kate Hudgins
- “Action method” used with diverse populations (Hudgins, 2000, 2002; Hudgins & Toscani, 2013; Hudgins, Culbertson, & Hug, 2013)
- Parallels to Cognitive Behavioral Frame of Reference (Hudgins, 2007)
- Occupational Adaptation Theory states that adaptation is challenged during transition (Schkade & Schultz, 1992)

Selected Literature Support

- PET scans show decreased activity in left brain and increased activity right brain in a traumatic state (Rauch et al., 1996; Shin et al., 1997) 
- A study using psychodrama with 22 veterans with PTSD decreased PTSD symptoms and work related problems, and increased self esteem and coping. (Rademaker, Vermetten, & Kleber, 2009)
- Case study with Dr. Kate Hudgins showed the Containing Double (a TSM safety structure) decreased dissociation and PTSD symptoms (Hudgins, Drucker, & Metcalf, 1999)

OBJECTIVES

Purpose

The purpose of the study was to assess the ability of TSM to increase self esteem and occupational participation and decrease hopelessness in military women with PTSD.

Research Questions

Did participation in a 3 day TSM workshop:

- Increase self esteem?
- Bring meaning to occupational roles?
- Expand adaptive responses for those living with PTSD?
- Decrease hopelessness?
- Does TSM inform OT about PTSD intervention?

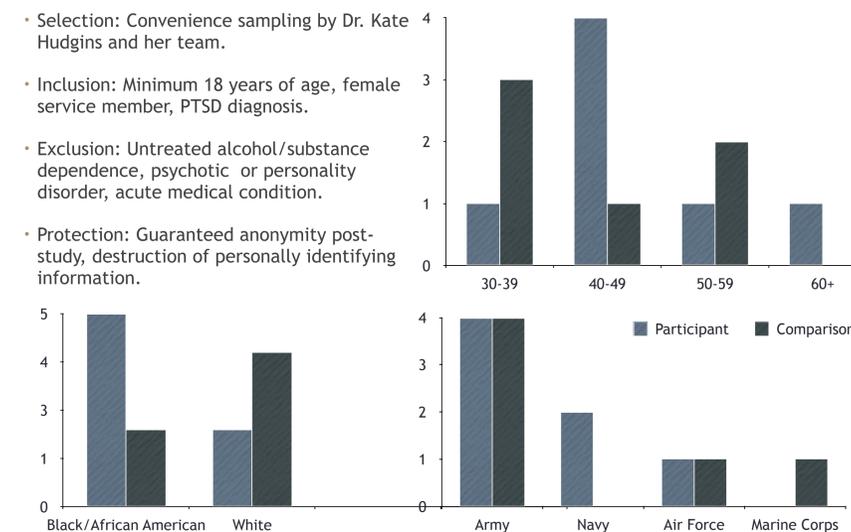
METHODS

- Beck Hopelessness Scale (Beck, Weissman, Lester, Trexler, 1974)
 - 20 item scale, participants answer true/false about a variety of statements about the short and long term future.
- Rosenberg Self Esteem Scale (Rosenberg, 1965)
 - The scale has 10 items and with a four-point Likert scale (“strongly agree” to “strongly disagree”), asking participants to rank their current feelings about self-esteem.
- Semi-structured interview
 - The qualitative interview focused on participants’ perceptions of occupational roles, outlook on the future, and relationships, as well as their experiences during the three day workshop.
- Non-Verbal Behavior Checklist
 - Body language was observed using frequency sampling and coded as either open or closed, and then counted for frequency across workshop participants.

	Rosenberg Self-Esteem Scale	Beck Hopelessness Scale	Workshop/Non-Verbal Checklist	Rosenberg Self-Esteem Scale	Beck Hopelessness Scale	Semi-Structured Interview	Follow Up
Participant N=7	O	O	X	O	O	O	O
Comparison N=6	O	O		O	O	O	

Participants

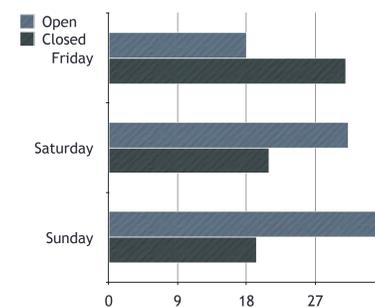
- Selection: Convenience sampling by Dr. Kate Hudgins and her team.
- Inclusion: Minimum 18 years of age, female service member, PTSD diagnosis.
- Exclusion: Untreated alcohol/substance dependence, psychotic or personality disorder, acute medical condition.
- Protection: Guaranteed anonymity post-study, destruction of personally identifying information.



RESULTS

Non-verbal Behavior

- 32 item checklist - frequency sampling
- Open: eye contact, smile, open chest, nod, leaning in, neutral
- associated with self-control and ability to take action (Carney, Cuddy, & Yap, 2010)
- Closed: slouch, arms crossed, eyes downcast, raised/furrowed brow, turned away
- associated with depressed feelings and increased cortisol levels (Carney, Cuddy, & Yap, 2010)

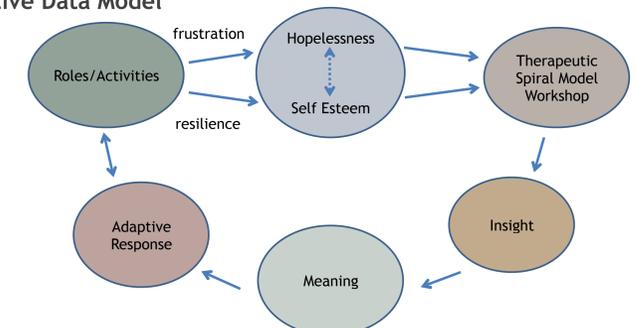


RESULTS

Change Scores for quantitative data

Group	Number of Participants	Beck Hopelessness Scale Average Change	Rosenberg Self Esteem Scale Average Change
Clinically diagnosed Participant	4	-4	5.25
Self-diagnosed Participant	3	-1.67	-.67
Clinically diagnosed Comparison	4	2	-.5
Self-diagnosed Comparison	2	1	-1.5

Qualitative Data Model



- Roles & Activities**
- "I - I remember before I came in the military, I was happy go lucky, I was really kind, really caring, um, (pause) I was willing to help people, much more than I am now (sigh)." - Sharon
 - "I do not enjoy work anymore and I have become very angry and agitated. I no longer have productive relationships and I do not trust people anymore. I am always on guard and I feel that someone is always trying to kill, hurt or maim me." -Jill
- Experience of the Workshop**
- "We just want to get away, have some time to ourselves. Like, what we did [in this workshop], that's what we need as soldiers when we're coming back from our deployment. If we don't get that type of time, it's hell for our families." -Lisa
 - "Dealing with my core violations [like] safety, trust were crucial to my healing process [and] could not be done with medication and weekly counseling sessions." -Amber
 - "I am taking with [me] the knowledge that my story is valid and matters." -Erin
- Adaptive Response**
- "Now I have some tools to say, OK, I can start processing it differently [...] And being at work, and being able to be there with my coworkers, it's like taking that elephant and eating a little bit at a time. And that's just the process that I can take from here to that part of my life[...] think I will have some success with that." -Lisa
 - "It's given me tools, other tools I didn't have, before coming to this workshop, that will allow me to process, um, differently, deeper, I think more effectively." -Sharon

Follow Up (3 months post)

- Participants kept in touch with other participants through email, phone, or in person
- Skills gained: openness, communication, stress relief, coping, self-love, acceptance
- Experienced less PTSD symptoms following the workshop, and were better able to cope when symptoms occurred

CONCLUSIONS

- Results show TSM is an effective way to address PTSD with service members.
- TSM was shown to be consistent with occupational therapy goals
 - identify barriers limiting recovery and participation
 - self manage long term symptoms (AOTA, 2009)
- Participants clinically diagnosed with PTSD who attended the workshop increased self-esteem and decreased hopelessness.
 - Self-diagnosed participants experienced a slight decrease in self-esteem