

**STATEMENT OF
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CHAIRMAN, BOULDER CREST & EOD WARRIOR FOUNDATION
WRITTEN TESTIMONY FOR U.S. SENATE COMMITTEE ON VETERANS AFFAIRS
“#BETHERE: WHAT MORE CAN BE DONE TO PREVENT SUICIDE?”**

The first week of October marks our nation’s 16th consecutive year of war – the longest stretch of conflict in our nation’s history. Over that period of time, we have lost more service members and veterans to suicide than we have on the battlefield. This is true despite a great deal of attention and even more resources being poured into solving this scourge across the public and private sector.

As a 21-year Navy combat veteran, and the Chairman of the EOD Warrior Foundation and two privately-funded wellness centers – Boulder Crest Retreat Virginia and Boulder Crest Retreat Arizona – that serve combat veterans and family members struggling with suicidal thoughts and PTSD, we have gained a unique perspective not only on the question of why suicides continue to happen, but how we can prevent them.

The Challenge of Veterans Suicide

The data related to veterans’ suicide paints an incredibly distressing picture. Only 6 of the 20 veterans who die by their own hand each day are active users of VA treatment. Only 50 percent of those in need of mental health care pursue it. Only 20 percent of those who do pursue mental health treatment complete their protocols. Only 40 percent experience benefits from their treatment; and fewer than 3 percent actually lose their PTSD diagnosis.

In short, our mental health system is not proving effective with PTSD or suicide prevention. These views are not my opinions, but the findings of the world’s most prestigious medical journal – the Journal of the American Medical Association (JAMA). In August 2015, JAMA called for a new and innovative approach to PTSD for veterans. In January 2017, JAMA Psychiatry declared that, *“These findings point to the ongoing crisis in PTSD care for service members and veterans. Despite the large increase in availability of evidence-based treatments, considerable room exists for improvement in treatment efficacy, and satisfaction appears bleak based on low treatment retention...we have probably come about as far as we can with current dominant clinical approaches.”*

Since opening Boulder Crest Retreat Virginia in September 2013, we have hosted more than 2,800 combat veterans and family members, and run more than 80 short-duration, high-impact programs. Before, during, and after those visits and programs, we have spoken with guests about their struggles, their experiences with the mental health system, and why they pursued a non-clinical approach. The insights they offered, integrated into our work at Boulder Crest, provide a powerful roadmap for ensuring that we end the epidemic of veterans suicides, and more significantly, enable veterans to create lives worth living – the true opposite of suicide.

1. Veterans report that they have been trained not to acknowledge weakness and are experts at suffering in silence. Seeking mental health treatment while on active duty is often a career ender, and that thinking follows them out of the military.
2. Veterans are often unable to connect with their providers (often civilians who lack a strong understanding of the military culture and who have no basis for understanding combat experiences); this results in a lack of trust, safety, and an unwillingness to return for further treatment.
3. Veterans report that mental health treatments focus on helping them manage and mitigate their symptoms through a combination of talk therapy and medicine, rather than on living a great life. The majority of veterans are not interested in learning how to live as a diminished version of themselves.
4. Veterans report that a diagnosis-focused approach means that therapists and clinicians only want to hear enough to label and judge them, and have little interest in listening to them.
5. Veterans are seeking direction and purpose, and find that consistently talking about past experiences leaves them stuck in their struggle, and unable to move forward.
6. Veterans report that most programs and therapies they experience are catch-and-release. They feel better while they are at a program or in treatment, but as soon as it ends, they return back to their prior baseline.

A New, Innovative, and Effective Approach to PTSD and Suicide

In response to the input and feedback we received from guests in Virginia, we launched Warrior PATHH (Progressive and Alternative Training for Healing Heroes) in June 2014. Warrior PATHH is the nation's first-ever program designed to cultivate and facilitate Posttraumatic Growth (PTG) amongst combat veterans. PTG is a decades-old science that provides a platform for transforming deep struggle into profound strength and lifelong growth. The underlying notion of PTG is best captured in the words of Nietzsche: "That which does not kill me makes me stronger."

Warrior PATHH is an 18-month program that begins with a 7-day intensive and immersive residential initiation. Warrior PATHH trains combat veterans through the proven framework of PTG: educating them about the value of struggle and what stress and trauma do to the mind, body, heart, and spirit; teaching proven non-pharmacological techniques designed to regulate thoughts and emotions; creating an environment of trust and safety to facilitate disclosure of past challenges from combat and pre-combat experiences; beginning to craft a new story that harnesses the lessons of the past and looks forward; and a renewed commitment to service – to one's family, community, and country – here at home.

In January 2016, after more than two years of research, development, piloting, and success, the Marcus Foundation funded the development of the first-ever curriculum effort designed to cultivate and facilitate Posttraumatic Growth. The curriculum effort included Student and Instructor Guides, a Journal, Syllabus, and Schedule; four pilot programs; and an 18-month longitudinal study.

Now more than six months into the longitudinal study, conducted by UNC-Charlotte's Dr. Richard Tedeschi (the father of Posttraumatic Growth) and Dr. Bret Moore, a twice-deployed former Army psychologist, Warrior PATHH is delivering sustained results that far outpace the status quo approaches to PTSD:

- 100% of participants recommended Warrior PATHH to friends;
- 0% dropout rate
- 40-60% sustained reduction in PCL (PTSD Checklist) Scores;
- 50% sustained reduction in depression and anxiety (DASS-21);
- 40% sustained reduction in stress (DASS-21);
- 35% sustained improvement in participants' experiencing positive emotions; 28% reduction in negative emotions;
- 31% sustained improvement in couples satisfaction;
- 75% sustained improvements in participants' level of psychological, spiritual/existential and relationship growth (PTGI-X)

In short, Warrior PATHH is delivering results that far surpass traditional mental health treatments for veterans struggling with suicidal thoughts and PTSD. All 200 Warrior PATHH graduates are walking their path, and working towards lives worth living. No Warrior PATHH participant has ever dropped out or died by suicide, despite comparing the intensive 7-day Initiation to Navy SEAL Hell Week and Army Ranger School.

Why Warrior PATHH Works

Warrior PATHH is modeled on military-style training. It is intensive, immersive, team-based, and provides participants with a new fire team to support their road to wellness, strength, and thriving.

Warrior PATHH is based on the decades-old science of Posttraumatic Growth, and provides veterans with a pathway to a life that is more authentic, fulfilling, and purposeful than ever before. This opportunity to continue growing and contributing speaks to the deepest needs of veterans, and allows them to feel valued and needed on the home front.

Warrior PATHH is delivered by a team of combat veteran peers, world-class life coaches, and therapists

Warrior PATHH is sustained over 18 months, and ensures that participants build connection, confidence, and capabilities over the long-term. The impact of this approach is demonstrated in the program evaluation study.

Warrior PATHH focuses on training not treatment, allowing veterans to harness the power of the military training and combat experiences and be Warriors and leaders in their own lives, and the lives of their families, communities, and country.

The Importance of Community Partnerships

As was noted during the September 27th Senate Veterans Affairs Committee hearing, the VA cannot and will not solve the suicide crisis amongst veterans on their own. Based on our experiences working primarily with veterans who have unsuccessfully been through treatment and those who will never seek it, it is clear that we must expand the scope of our work to include effective and proven alternative approaches. This is particularly true in the case of approaches that address the major barriers to veterans seeking and continuing treatment.

As we do so, we must be disciplined, data-informed, comprehensive, and supported by empirical data. To that end, we have engaged in meaningful conversations with many elements of the mental health community, including the VA, and we remain committed to doing so.

As we reflect on a potential roadmap for sustained collaboration, we see three critical paths.

1) The first is to engage in robust training for mental health providers, as well as for non-clinicians working in mental health on several key subjects: military culture, Posttraumatic Growth, Adverse Childhood Experiences (ACES), and Common Factors (including training into how to connect with veteran clients). In January 2018, we are launching the Boulder Crest Institute to provide precisely that training, leveraging our experience, success, and a blended team of combat veterans, civilian coaches, trained mental health professionals, and world-class psychologists.

2) The second is to expand the continuum of mental health treatments, and create a new front door for the world of mental health. This new front door would begin by focusing on non-clinical, non-pharmacological approaches to begin training (not treatment) for those struggling, and provide veterans with an accessible alternative to the often foreign world of mental health that they are clearly resisting. This pathway would expand available care options for veterans, and provide primary care doctors and nurses with alternatives to a mental health referral. We believe that PATHH, as well as other proven, effective, and empirically based programs, are an excellent option in that regard. There are a handful of instances where both DoD and VA therapists have referred patients to PATHH, and the result has been overwhelming success. In fact, we have received emails from therapists in Missouri and New York asking, "What did you do to my client?" They note that either their patient no longer requires treatment, or returns with an open mind and a focus and commitment previously lacking.

3) The third pathway references my previous experience in the world of improvised explosive devices, and the notion of prevention. In EOD (explosive ordnance disposal) parlance, the term is "left of boom." We have to look at how we prevent people from getting to the point of suicidal thoughts and intentions, and put in place approaches that stop issues before they ever emerge. Doing so in this context requires us to look in two areas: how we train our troops, and their leaders, to ensure that they are well in mind, body, finance, and spirit while on active duty; and how we transition our service members. We have had countless instances of a veteran who has transitioned poorly, self-medicated in response, damaged relationships in the process, and found themselves in a mental health office. They are medicated, turn to disability

payments, and become unproductive, unfulfilled, unworthy, and suicidal. What was a temporary issue of adjustment became a permanent diagnosis. We can and must do better to prepare transitioning service members not just for a post-military job; we must prepare them for a post-military life. Critical elements of our program, particularly focused on education, could be used to that end, and a clear-eyed look of how transition goes wrong is critical to understanding how veterans end up at the brink of suicide. While we are part of VA efforts to explore changes in transition, in truth, this is far more of a Department of Defense (DoD) challenge.

Conclusion

As a retired Master Chief Petty Officer and service-connected disabled combat veteran, I know the power of military experience and the challenges associated with combat experiences. I also know that I am the man I am because of the United States Navy. More than two thousand years ago, the Athenian general and philosopher Thucydides said it best: *“We must remember that one man is much the same as another, and that he is best who is trained in the severest school.”*

Combat veterans represent the finest among us, and we have only to look at the remarkable and enduring service of Generals Kelly, McMaster, and Mattis to see evidence of this fact. Rather than focusing on suicide prevention, we should be focused on ensuring veterans can live great lives at home – lives filled with joy, passion, love, service, and purpose. We should ensure my fellow veterans can use the great military training they receive as a launching pad for a productive and purposeful life as a Warrior at home. We must ensure that, to paraphrase the words of a Marine General friend, their time in military service should not be the last great thing that they do.

Doing so requires an integrated and collaborative approach, and we look forward to being a part of the solution.

Warrior Progressive and Alternative Therapies for Healing Heroes (Warrior PATHH)



Background: Today, there are nearly 2.7 million men and women in the U.S Armed Services that have deployed to war zones since September 11, 2001. The VA validated that approximately 20 veterans everyday die by their own hand (suicide). In addition, by all accounts, the current approach to mental health care does not appear to be effective with post 9/11 combat veterans. Fewer than half of service members who require mental health support will seek it; 80 percent of those who do will fail to complete treatment, and of those who do, approximately 2 percent will see their PTSD diagnosis removed. Two major reasons are 1) the stigma associate with mental health and 2) the lack of cultural attunement between mental health providers and combat veterans. PTSD and the lack of adequate treatment are at the core of the veteran's mental health crisis. Boulder Crest, a 501c3, headquartered in Bluemont, Virginia is proving the efficacy of an extremely innovative and effective training program that allows combat veterans and their family members to thrive at home and not simply survive or live as diminished versions of themselves through the over prescribing of pharmaceuticals.

Issue: Combat Veterans benefit greatly from attending 501(c)(3) nonprofit sponsored alternative therapies specifically focused on PTSD and combat stress recovery. However, VA healthcare is unable to provide funding for these proven and effective therapies and combat veterans are forced to be 100% supported by private donations and often take personal leave to attend these programs.

Discussion: Warrior PATHH is the nation's first non-clinical program with certified curriculum designed to facilitate Posttraumatic Growth (PTG) amongst combat veterans. Beginning with a 7-day intensive and immersive program, and continuing over an 18-month period of support, accountability, and training, Warrior PATHH trains combat veterans through the proven framework of PTG: educating them about the value of struggle and what stress and trauma do to the mind, body, and heart; teaching proven non-pharmacological techniques designed to regulate thoughts and emotions; creating an environment of trust and safety to facilitate disclosure of past challenges from combat and pre-combat experiences; beginning to craft a new story that harnesses the lessons of the past and looks forward; and a renewed commitment to service - to one's family, community and country - here at home.

Benefit: Warrior PATHH is in the midst of an 18-month longitudinal study conducted by UNC-Charlotte's Dr. Richard Tedeschi (the father of Posttraumatic Growth) and Dr. Bret Moore, a twice-deployed former Army psychologist. Six months into the evaluation, Warrior PATHH is delivering sustained results that far outpace the status quo approaches to PTSD:

- 100% of participants recommended Warrior PATHH to friends;
- 40-60% reduction in PCL (PTSD Checklist) Scores;
- 50% reduction in depression and anxiety (DASS-21);
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