Conference on Social Connections to Promote Individual and Community Resilience in Post-COVID_19 Society
Arlington, TX
October 7-8, 2021

Healing on a HOG: Wind Therapy among Veterans during the COVID-19 Pandemic

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PURPOSE

The purpose of this study is to describe characteristics of Veteran wind therapy participants and identify the benefits and barriers to participation in wind therapy during the COVID pandemic.

BACKGROUND

DEFINITION

"Wind therapy," "throttle therapy," and "two-wheel therapy" are terms for a motorcycle-based form of adventure therapy that has recently emerged, and about which knowledge is scant. Therapeutic motorcycle riding is a form of therapeutic recreation or adventure therapy, that can augment traditional approaches, or offer alternatives to traditional interventions.

BENEFITS OF ADVENTURE THERAPY

Adventure therapy therapies have wide appeal because such approaches are health-centered, community-based, empowerment-focused, and foster a sense of belonging and solidarity (Gelkopf et al, 2013).

From a therapeutic standpoint, adventure activities also provide opportunities and outlets for adrenaline release and emotional sharing, facilitated by the natural, less-structured environment (Scheinfeld et al., 2016.

POPULATION

Eleven to 15% of veterans struggle with PTSD each year (Department of Veterans Affairs, 2018) and PTSD is linked to veteran suicide (Koven, 2017; Schuman et al., 2019). Also, suicide rates among active-duty personnel increased in 2020 (United States Department of Defense, 2021 September 30).

ADVENTURE THERAPY & VETERAN POPULATION

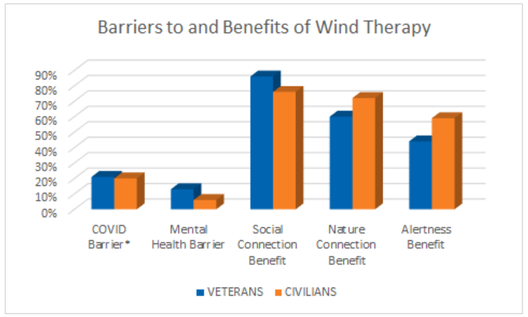
Therapeutic adventure programs used to treat veterans' mental health symptoms have included Outward Bound wilderness adventures (Ewert, 2014; Bettman et al., 2019), river running (kayaking; Dustin et al., 2011), a 9-day climb on Mt Kilimanjaro (Burke & Utley, 2013), sailing (Gelkopf et al., 2013), and elite sports (Brittain & Green, 2012).

BENEFITS TO VETERAN POPULATION

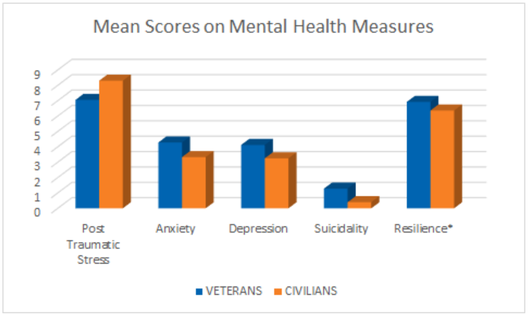
Participating veterans showed reductions in posttraumatic stress symptoms (Dustin et al., 2011, Bettmann et al., 2019), improved psychological and physical wellbeing (Caddick & Smith, 2018), enhanced self-esteem and relationships (Hyer et al., 1996), and increased feelings of self-renewal (Carless et al., 2013).

METHOD

This study recruited 280 people who ride motorcycles as a way to manage trauma/stress via through flyers and a Facebook group for "Wind Therapy" and motorcycle riders. Participants completed a confidential cross-sectional survey on QuestionPro that included demographic questions and psychological measures. The survey link was emailed to the participants and was completed via QuestionPro Each participant also completed the PC-PTSD (posttraumatic stress), GAD-2 (anxiety), PHQ-2 (depression) and question #9 on the PHQ-9 (suicidality), RSES-4 (resilience).



Note: * indicates non-significant findings at the p<.05 level



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Acknowledgements: We would like to express our appreciation to Jodie Wolford and OneTribe Foundation for their extensive support of this project. This research was funded by the Cheryl Milkes Moore Endowed Professorship in Mental Health Research Grant.

RESULTS

The sample was predominantly

- white [n_{Vet} = 111 (84.7%); n_{Civ} = 135 (91.2%)]
- male [n_{Vet} = 111 (84.7%); n_{Civ} = 90 (60.8%)]
- middle-aged [M_{Vet} = 45.37 (12.868); M_{Civ} = 44.72 (12.751)]
- in a marriage or committed relationship [n_{Vet} = 93 (71.0%); n_{Civ} = 105 (70.9%)].

Veterans scored significantly higher than civilians on

- anxiety [$t(273) = 5.23$, $p < .001$)]
- depression [$t(275) = 4.90$, $p < .001$)]
- suicidality [$t(270) = 2.76$, $p = .006$)]

Veterans scored significantly lower than civilians on

- PTSD [$t(277) = 5.75$, $p < .001$)]

Veterans were significantly more likely to report this benefit

- social connection [X^2 (1, 280) = 4.987, p = .026]

Veterans were significantly more likely to report this barrier

- mental health [X^2 (1, 280) = 3.911, p = .048]

Civilians were significantly more likely to report these benefits

- nature connection [X^2 (1, 280) = 3.983, p = .046]
- increased alertness [X^2 (1, 280) = 5.861, p = .015]

COVID was not a significant barrier for either group

Demographic Characteristics of Wind Therapy Participants

	Men						Women					
	Veteran		Civilian		Total		Veteran		Civilian		Total	
	n=111	55.2%	n=90	44.8%	n=201	100%	n=20	25.6%	n=58	74.4%	n=78	100%
Race												
Black, African American	3	2.7%	2	2.2%	5	2.5%	0	0.0%	2	3.4%	2	2.6%
White	92	82.9%	84	93.3%	176	87.6%	19	95.0%	51	87.9%	70	89.7%
Other	16	14.4%	4	4.4%	20	10.0%	1	5.0%	5	8.6%	6	7.7%
Ethnicity												
Hispanic	17	15.3%	6	6.7%	23	11.4%	0	0.0%	5	8.6%	5	6.4%
Non-Hispanic	94	84.7%	84	93.3%	178	88.6%	20	100.0%	53	91.4%	73	93.6%
Marital Status												
Single	12	10.8%	7	7.8%	19	9.5%	6	30.0%	11	19.0%	17	21.8%
Married, Partnered	85	76.6%	71	78.9%	156	77.6%	8	40.0%	34	58.6%	42	53.8%
Divorced, Separated	12	10.8%	7	7.8%	19	9.5%	6	30.0%	10	17.2%	16	20.5%
Other	0	0.0%	1	1.1%	1	0.5%	0	0.0%	1	1.7%	1	1.8%
Unknown	2	1.8%	4	4.4%	6	3.0%	0	0.0%	2	3.4%	2	2.6%
Education												
Less than high school diploma or G.E.D.	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	3.4%	2	2.6%
High school diploma or G.E.D.	20	18.0%	14	15.6%	34	16.9%	1	5.0%	8	13.8%	9	11.5%
Some college	47	42.3%	35	38.9%	82	40.8%	2	10.0%	16	27.6%	18	23.1%
4-year college Degree or more	39	35.1%	40	44.4%	79	43.8%	14	70.0%	32	55.2%	46	59.0%
Other or Unknown	5	4.5%	1	1.1%	6	3.0%	3	15.0%	0	0.0%	3	3.9%
Rurality												
Rural	50	45.0%	37	41.1%	87	43.3%	10	50.0%	24	41.4%	34	43.6%
Non-Rural	61	55.0%	52	57.8%	113	56.2%	10	50.0%	34	58.6%	44	56.4%
Don't Know	0	0.0%	1	1.1%	1	.5%	0	0.0%	0	0.0%	0	0.0%

CONCLUSIONS

While many traditional mental health services were disrupted or altered in response to the COVID-19 pandemic, wind therapy remained an accessible form of social connections and self-care for Veterans. Such accessibility may convey protective factors to a population vulnerable to mental health concerns that can be exacerbated during stressors, such as the COVID-19 pandemic.

REFERENCES

Bettmann, J. E., Scheinfeld, D. E., Prince, K. C., Garland, E. L., & Ovrom, K. V. (2019). Changes in psychiatric symptoms and psychological processes among veterans participating in a therapeutic adventure program. Psychological Services, 16(4), 525–534. https://doi.org/10.1037/ser0000213

Brittain, I., & Green, S. (2012). Disability sport is going back to its roots: Rehabilitation of military personnel receiving sudden traumatic disabilities in the Twenty-First century. Qualitative Research in Sport, Exercise and Health, 4(2), 244-264. https://doi.org/10.1080/2159676X.2012.685100

Caddick, N., & Smith, B. (2018). Exercise is medicine for mental health in military veterans: A qualitative commentary. Qualitative Research in Sport, Exercise and Health, 10(4), 429-440. https://doi.org/10.1080/2159676X.2017.1333033

Carless, D., Peacock, S., McKenna, J., & Cooke, C. (2013). Psychosocial outcomes of an inclusive adapted sport and adventurous training course for military personnel. Disability and rehabilitation, 35(24), 2081-2088. https://doi.org/10.3109/09638288.2013.802376

Ewert, A. (2014). Military veterans and the use of adventure education experiences in natural environments for therapeutic outcomes. Ecopsychology, 6(3), 155-164. doi:10.1089/eco.2013.0035

Gelkopf, M., Hasson-Ohayon, I., Bikman, M., & Kravetz, S. (2013). Nature adventure rehabilitation for combat-related posttraumatic chronic stress disorder: A randomized control trial. Psychiatry Research, 209(3), 485-493. https://doi.org/10.1016/j.psychres.2013.01.026

Hyer, L., Boyd, S., Scurfield, R., Smith, D., & Burke, J. (1996). Effects of outward bound experience as an adjunct to inpatient PTSD treatment of war veterans. Journal of Clinical Psychology, 52(3), 263-278. https://doi.org/10.1002/(SICI)1097-4679(199605)52:33.0.CO;2-T

Koven, S. G. (2017). PTSD and suicides among veterans-recent findings.*Public Integrity,19*(5), 500-512.https://doi.org/10.1080/10999922.2016.1248881

United States Department of Defense. (2021 September 30). *Secretary of Defense statement on DoD annual suicide report (CY2020)* [Press release]. https://www.defense.gov/News/Releases/Release/Article/2794170/secretary-of-defense-statement-on-dod-annual-suicide-report-cy2020/

Scheinfeld, D. E., Rochlen, A. B., & Russell, M. L. (2017). The impact of outward bound programming on psychosocial functioning for male military veterans. Psychology of Men & Masculinity, 18(4), 400-408. https://doi.org/10.1037/men0000066

Schuman, D. L., Bricout, J., Peterson, H. L., & Barnhart, S. (2019). A systematic review of the psychosocial impact of emotional numbing in US combat veterans. Journal of Clinical Psychology, 75(4), 644-663. https://doi.org/10.1002/jclp.22732