



# WARRIOR PATHH



## 2025 YEAR IN REVIEW

**“STRUGGLE IS A TERRIBLE  
THING TO WASTE.”**

**– CAPT. CHARLIE PLUMB**

Former Navy Fighter Pilot and 6-Year Hanoi Hilton Prisoner of War



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Warrior PATHH is a peer-based training program that relies on a variety of educational and experiential activities for the purpose of teaching life skills, increasing community integration and involvement, and promoting physical, emotional, relational, financial, and spiritual health. Warrior PATHH is not an outpatient or residential clinical treatment program and does not offer any health care services including, but not limited to, use of licensed healthcare professionals in the delivery of programs or supervision of staff. Warrior PATHH does not involve the provision of health care of any kind including, but not limited to, individual, group, or family counseling or psychotherapy, pharmacological management, or medical interventions. Warrior PATHH is not offered as a substitute or replacement for health care services, which may be ongoing or needed at any time by program participants.



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# EXECUTIVE SUMMARY

**"IT IS NOT THE MOUNTAIN WE CONQUER, BUT OURSELVES."**

— SIR EDMUND HILLARY

At Boulder Crest Foundation, we know that profound strength and wisdom can emerge from pain and struggle. This is the essence of Posttraumatic Growth (PTG) and the foundation of our Warrior PATHH program. Over the past decade, Warrior PATHH has grown into a nationwide movement that enables our nation's heroes to transform their struggles into a life of meaning, service, and purpose.

**2025 marked a year of significant expansion and deepened impact.** We were proud to formally open **Boulder Crest Texas**, establishing a permanent home for our Mobile Training Teams, and increasing our capacity to serve those in need. This new campus, alongside our primary locations and our partners, allowed us to reach more individuals than ever before.

We are deeply honored to be a part of the **Avalon Action Alliance**. Alongside our partners — GratitudeAmerica, Camp Southern Ground, Big Red Barn Retreat, Travis Mills Foundation, Permission to Start Dreaming Foundation, and Sheep Dog Impact Assistance — we are championing a new way forward for our veteran and first responder communities. In 2025, this alliance delivered more than 156 programs to 1,213 members of the military, veteran, and first responder communities. By working together, we have strengthened our collective ability to bring life-changing support to those who need it most.

The need for this work remains urgent. Suicide rates among actively serving military members, veterans, and first responders remain alarmingly high. Far too many navigate the hidden wounds of service in silence, often because traditional approaches fall short of addressing their unique needs. At Warrior PATHH, we offer an alternative — a pathway rooted in hope, strength, and the evidence-based science of Posttraumatic Growth.

**“THE WORLD BREAKS EVERYONE AND AFTERWARD MANY ARE STRONG AT THE BROKEN PLACES.”**

— ERNEST HEMINGWAY

The results of this movement speak volumes. In 2025, Warrior PATHH participants experienced a 58% reduction in symptoms of posttraumatic stress, along with significant decreases in depression and anxiety. Posttraumatic Growth outcomes increased by 65%, demonstrating the sustained, transformative power of this program. Beyond the numbers, our graduates report a renewed sense of purpose and a deeper commitment to their families and communities. They join a growing network of alumni who embody the principles of PTG in their everyday lives.

The work of the Avalon Action Alliance’s Warrior PATHH network is reshaping the narrative around mental health. This year, we continued to elevate the conversation, emphasizing that struggle has value and that growth is possible for everyone. Looking ahead, we remain committed to our mission of helping America’s heroes live fulfilling lives after trauma. We believe that their best days are not behind them but ahead of them, filled with strength, purpose, and the ability to serve others.

Join us in making this vision a reality. Together, we can transform struggle into strength and create a future filled with possibility.

A handwritten signature in brown ink, appearing to read "Josh Goldberg".

Josh Goldberg  
CEO  
Boulder Crest Foundation  
Author, *Struggle Well: Thriving in the Aftermath of Trauma*



# WHAT IS WARRIOR PATHH

Warrior PATHH (Progressive and Alternative Training for Helping Heroes) is the first training program ever designed to enable our nation's combat veterans and first responders to transform deep struggle into profound strength and lifelong Posttraumatic Growth (PTG). Warrior PATHH is a 90-day, non-pharmacological, peer-delivered training program that begins with a week-long intensive and immersive initiation offered at locations across the United States.

Warrior PATHH was developed by Boulder Crest Foundation, a national nonprofit organization working to ensure that service members, veterans, first responders, and their families can live great lives in the aftermath of stress, struggle, and trauma. Warrior PATHH was developed in collaboration with Dr. Richard Tedeschi and Dr. Bret Moore.

## What is Posttraumatic Growth?

Posttraumatic Growth is the basis of Warrior PATHH and reflects millenia of understanding, decades of research, and years of application at Boulder Crest. The science of PTG suggests that deep struggle prompts individuals to reflect on what is truly valuable and significant in their lives. As a result, growth is often witnessed in some or all of five areas:

- **New Possibilities:** The sense that new opportunities have emerged from the struggle, opening up possibilities that were not present before.
- **Deeper Relationships:** Experiencing closer relationships with specific people, and an increased sense of connection with others who suffer.
- **Personal Strength:** An increased sense of one's own strength — “If I lived through that, I can face anything.”
- **Appreciation for Life:** A sense of gratitude for the small and large things in life.
- **Spiritual and Existential Change:** A deepening of their spiritual lives, and an exploration of beliefs and notions previously unconsidered.

**“YOU HAVE TO KNOW THAT POSTTRAUMATIC GROWTH EXISTS IN ORDER FOR IT TO HAPPEN. YOU HAVE TO KNOW IT’S OKAY FOR GOOD THINGS TO HAPPEN AFTER REALLY BAD THINGS.”**

— MANDY PIFER, WHOSE FIANCE WAS KILLED IN A 2015 ISIS-RELATED SHOOTING

## Why Does Warrior PATHH Work?

Warrior PATHH is based on the scientific framework of PTG and trains students in the five phases of PTG, built on an environment of trust and connection:

- **Education:** Identify the impacts of stress and trauma; examine the ways in which struggle can lead to opportunities for growth and transformation.
- **Regulation:** Develop mind, body, financial, and spiritual wellness practices to regulate thoughts, feelings, and actions.
- **Disclosure:** Devise ways to self-disclose personal experiences with struggle that are effective in strengthening interpersonal relationships.
- **Story:** Create a positive, forward-looking personal story that integrates past, present, and future.
- **Service:** Develop a plan for a new mission of service to themselves, their family, work, community, and country.

## Warrior PATHH = Sustained Transformation

The purpose of Warrior PATHH is to enable students to achieve sustained and life-changing transformation. To that end, Warrior PATHH is a 90-day intensive program that begins with a week-long Initiation, followed by 12 weeks of ongoing training, support, and accountability. This includes five team video conferences led by a PATHH Guide, daily content, private team pages with messaging capabilities, and additional courses, support, and community made possible by the myPATHH app. PATHH Alumni have lifetime access to myPATHH to enable continued engagement and interaction with their peer community.



# THE HISTORY OF WARRIOR PATHH

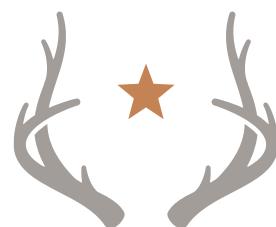
<b>2014</b>	First Warrior PATHH program delivered
<b>2015</b>	Warrior PATHH curriculum development begins
<b>2016</b>	Warrior PATHH curriculum completed; Warrior PATHH 18-month longitudinal study begins
<b>2018</b>	First Warrior PATHH program delivered at Boulder Crest Arizona
<b>2019</b>	First two Warrior PATHH partners join network: GratitudeAmerica (Florida) and Camp Southern Ground (Georgia)
<b>2020</b>	Three teams and two partners added to the Warrior PATHH network: Boulder Crest Foundation Mobile Training Team, Travis Mills Foundation (Maine), and Big Red Barn Retreat (South Carolina)
<b>2021</b>	Two partners added to the Warrior PATHH network: Sheep Dog Impact Assistance (Arkansas) and Permission to Start Dreaming Foundation (Washington); 1,000 students served
<b>2022</b>	Two Warrior PATHH delivery organizations (Boulder Crest and PTSD Foundation) awarded Department of Veterans Affairs SSG Fox Suicide Prevention Grant; 2,000 students served
<b>2023</b>	Second Mobile Training Team established by Boulder Crest; More than 3,100 students served
<b>2024</b>	Version 6.0 of Warrior PATHH curriculum launched; Boulder Crest acquires Eagle Oak Retreat and establishes Boulder Crest Texas; 4,294 students served
<b>2025</b>	Version 7.0 of Warrior PATHH curriculum launched; Boulder Crest and PTSD Foundation awarded VA SSG Fox Suicide Prevention Grant for a fourth year; 5,507 students served

# THE WARRIOR PATHH NETWORK

The Warrior PATHH Network is made possible by the



Boulder Crest is proud to be a founding member of the Avalon Action Alliance, the post-trauma nonprofit dedicated to world-class care and transformative solutions around brain health and mental wellness for veterans, first responders, and their families experiencing symptoms related to PTSD, TBI, and substance abuse. Through this meaningful organization, we scale our Posttraumatic Growth programs and initiatives at Warrior PATHH Partner locations.



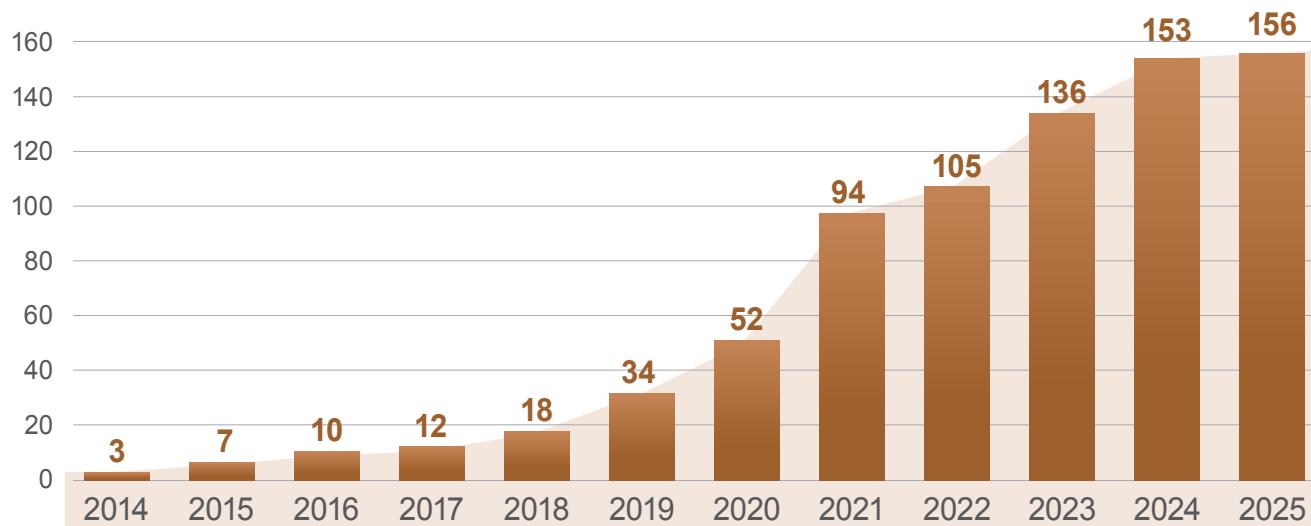
**BOULDER CREST**  
FOUNDATION



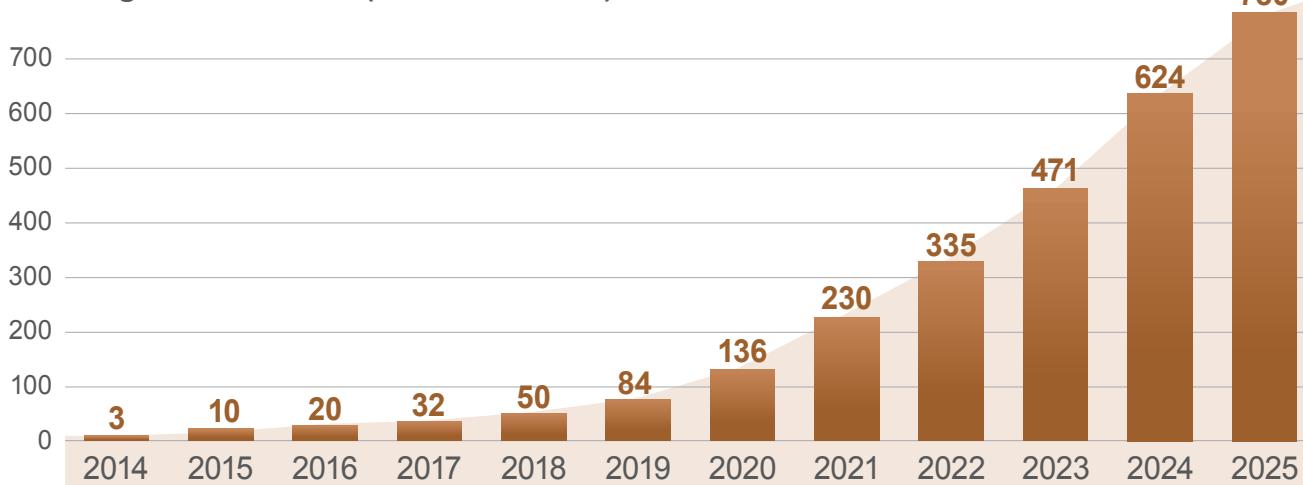
## WARRIOR PATHH BY THE NUMBERS (2014-2025)

The first-ever Warrior PATHH was delivered at Boulder Crest Foundation's Virginia PTG Academy in June 2014. Since then there has been dramatic expansion, fueled by the Avalon Action Alliance's investment in the Warrior PATHH network. We have now delivered 780 programs, serving 5,507 students.

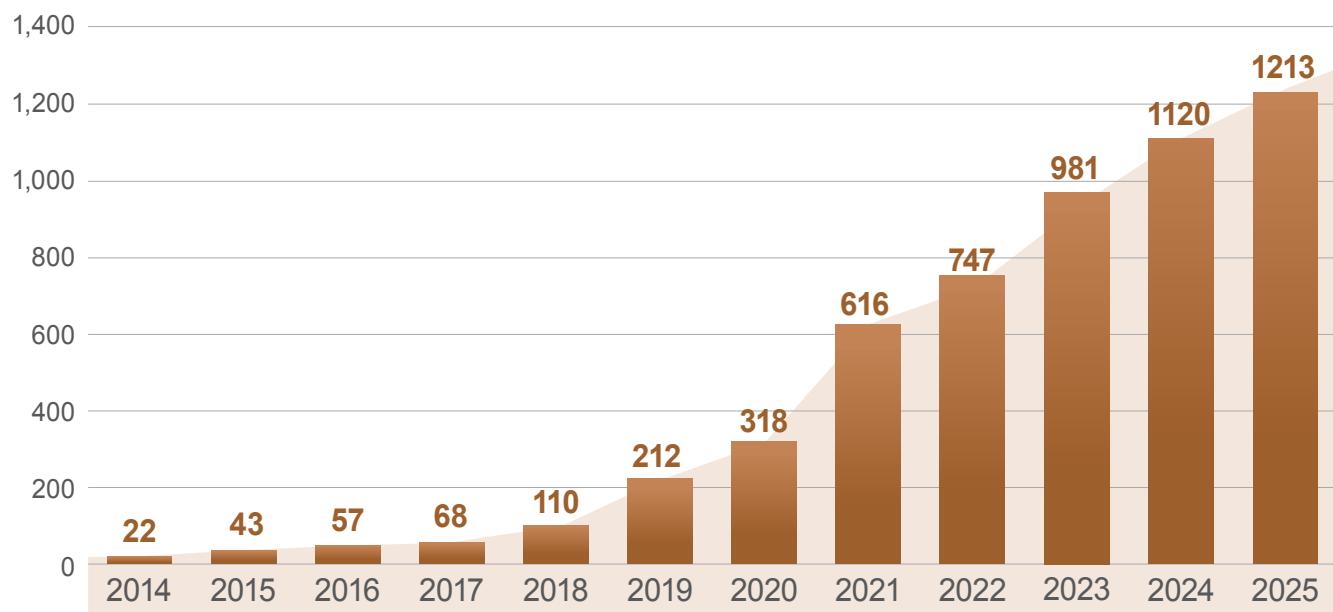
Programs Delivered (annually)



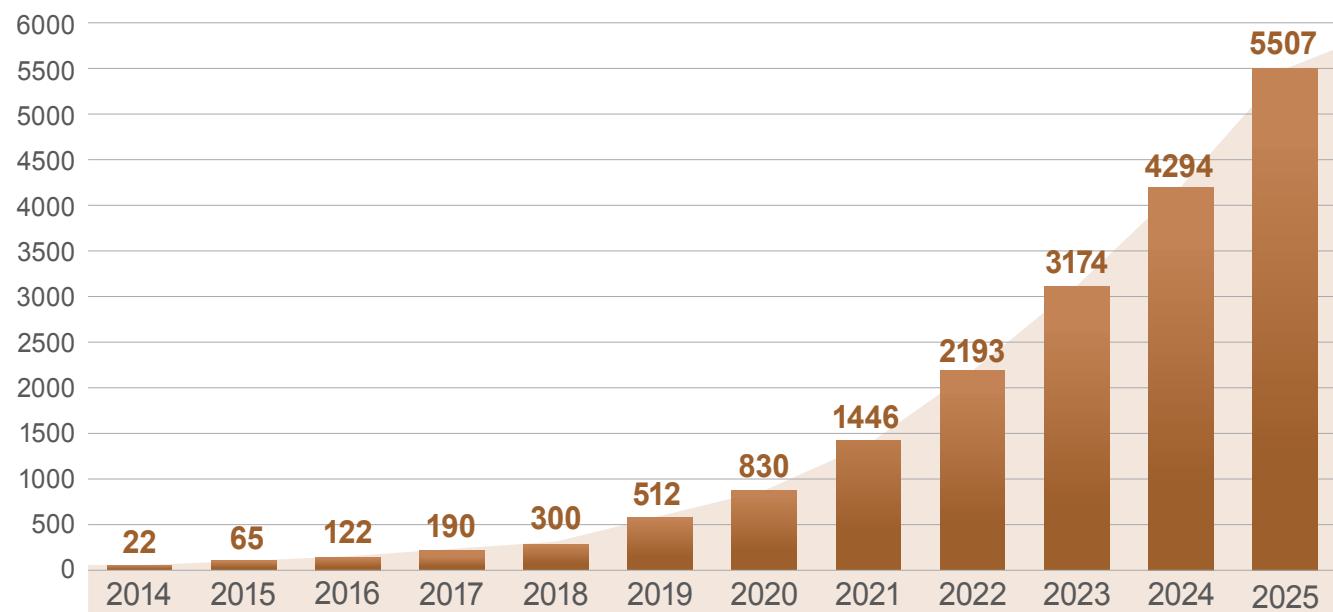
Programs Delivered (cumulative total)



### Students Transformed (annually)

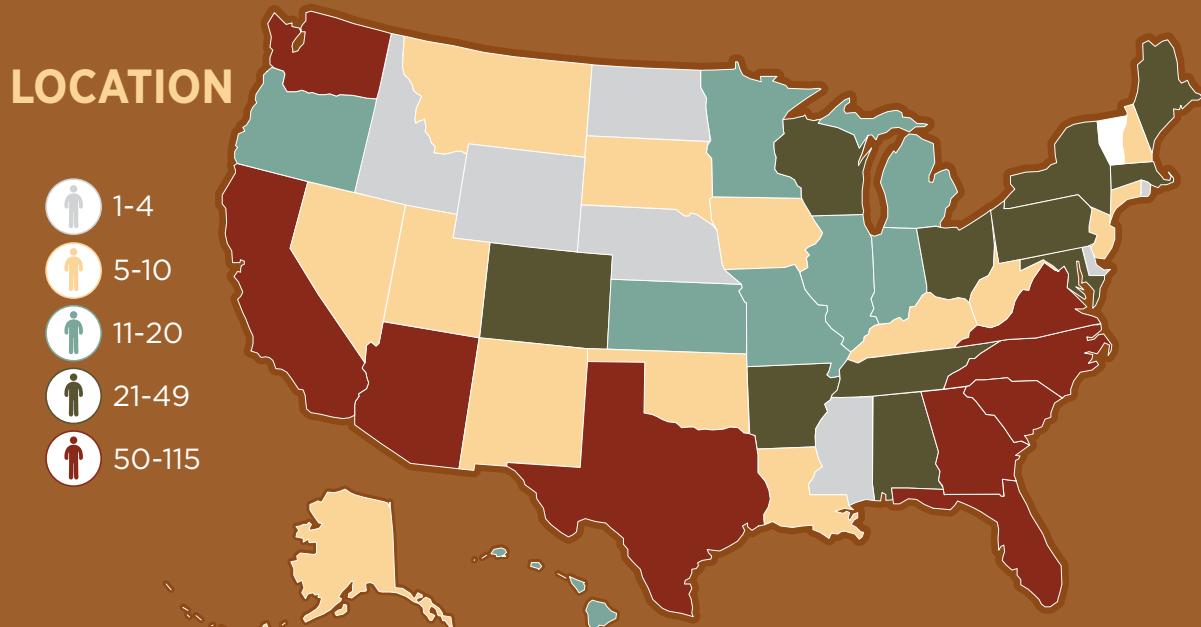


### Students Transformed (cumulative total)



# WARRIOR PATHH 2025: WHO WE SERVED

In 2025, the 11 Warrior PATHH teams served 1,213 Warriors across 156 programs. These students came from 49 states.



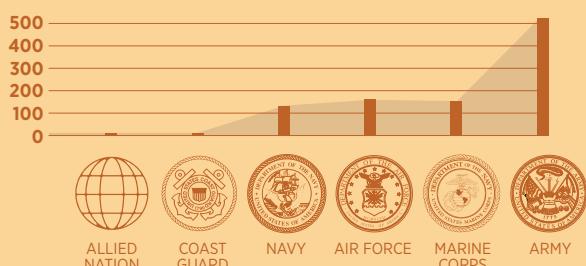
### AGE



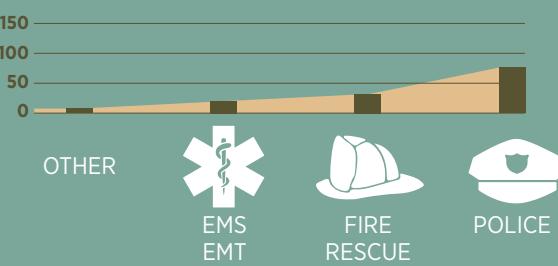
### SERVICE TYPE



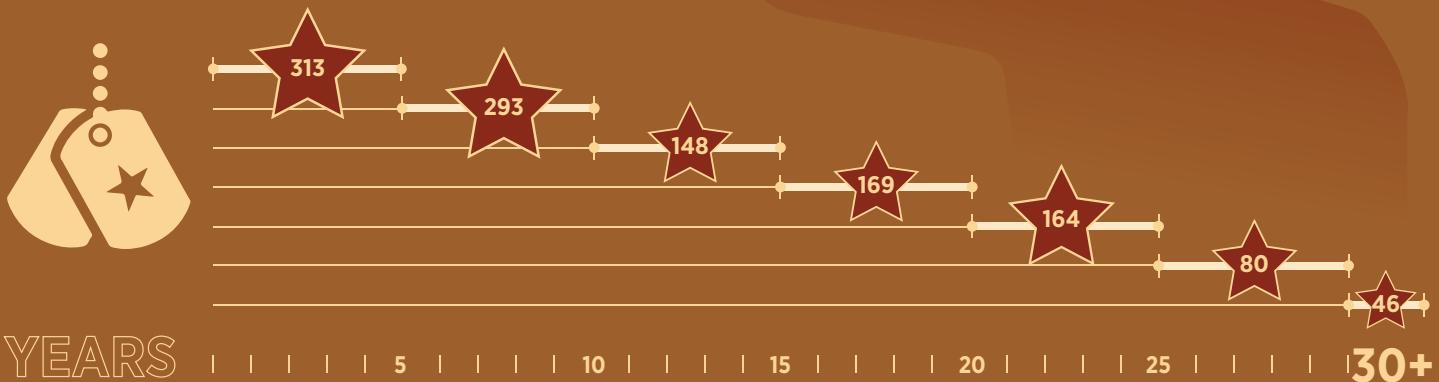
### BRANCH



### FIRST RESPONDERS



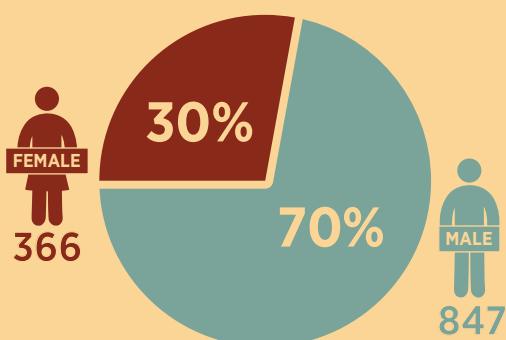
## YEARS OF SERVICE



## MARITAL STATUS

706	286	132	72	17
Married	Divorced	Never Married	Married/ Separated	Widowed

## GENDER



## EMPLOYMENT

705	34
Employed	Student
266	208
Retired	Unemployed

# TRANSFORMING LIVES: THE IMPACT OF WARRIOR PATHH IN 2025

## QUANTITATIVE DATA (*n*=1,213)

We evaluate Warrior PATHH's efficacy using a combination of publicly available clinical instruments and proprietary measures designed to measure the impact of Warrior PATHH in three domains: Symptom Reduction, Quality of Life Improvement, and Posttraumatic Growth. There were four collection points: (1) upon acceptance into Warrior PATHH; (2) upon arrival at the 7-day Initiation; (3) at the conclusion of the 7-day Initiation; (4) and at the conclusion of the 90-day program.

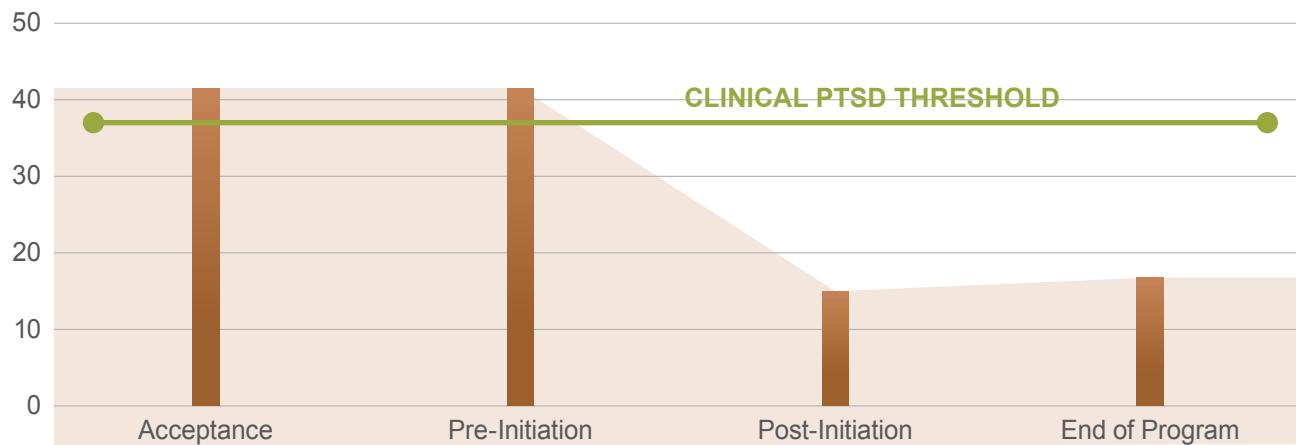


# QUANTITATIVE EVALUATION

## SYMPTOM REDUCTION: PTSD CHECKLIST (PCL-5)

### Average PCL-5 Score

*Warrior PATHH students experienced a 58% sustained reduction in PCL symptoms, falling well below the clinical threshold after the Initiation.*



#### Explanation of Instrument

The PCL-5 is a 20-item self-report measure that assesses the 20 DSM-5 symptoms of PTSD. The PCL-5 has a variety of purposes, including: monitoring symptom change during and after treatment; screening individuals for PTSD; making a provisional PTSD diagnosis.

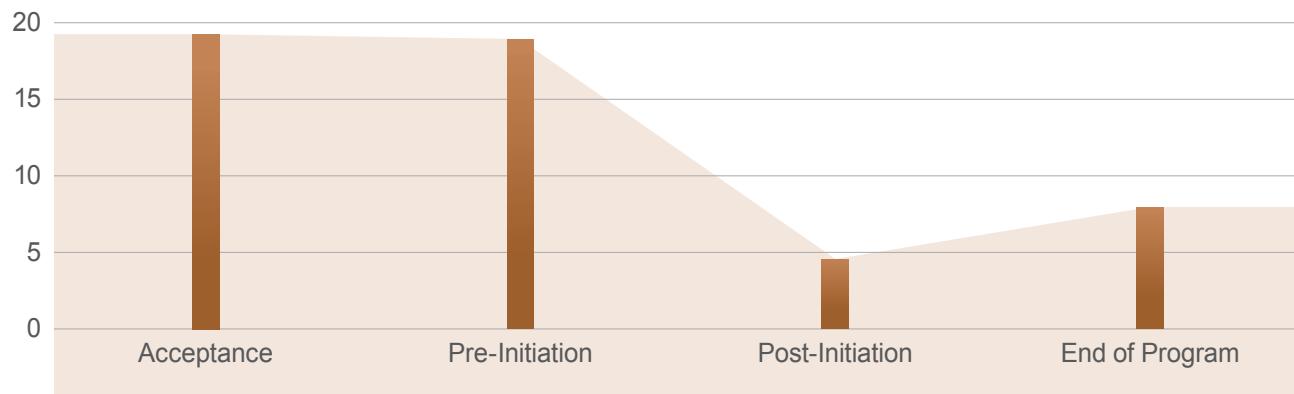
#### Rationale for Usage

Almost all traditional military and veterans clinical programs measure the presence and severity of PTSD and use it as a means of monitoring the efficacy of treatments specific for PTSD (e.g., prolonged exposure, cognitive processing therapy, eye movement desensitization and reprocessing). It is important that Boulder Crest do the same if it plans to draw comparisons between the efficacy of the Warrior PATHH program and traditional clinical interventions.

## SYMPTOM REDUCTION: DASS-21

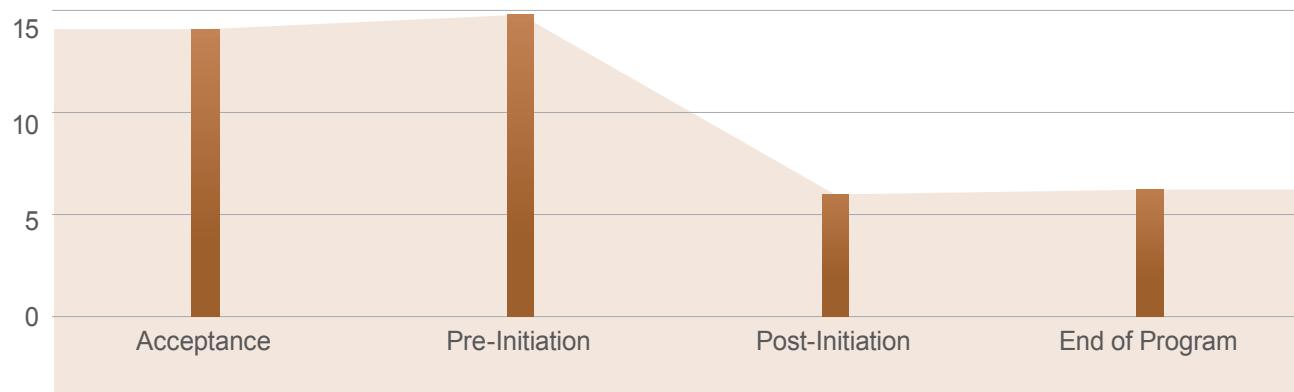
### DASS-21 Depression

*Warrior PATHH students experienced a sustained 58% reduction in depression.*



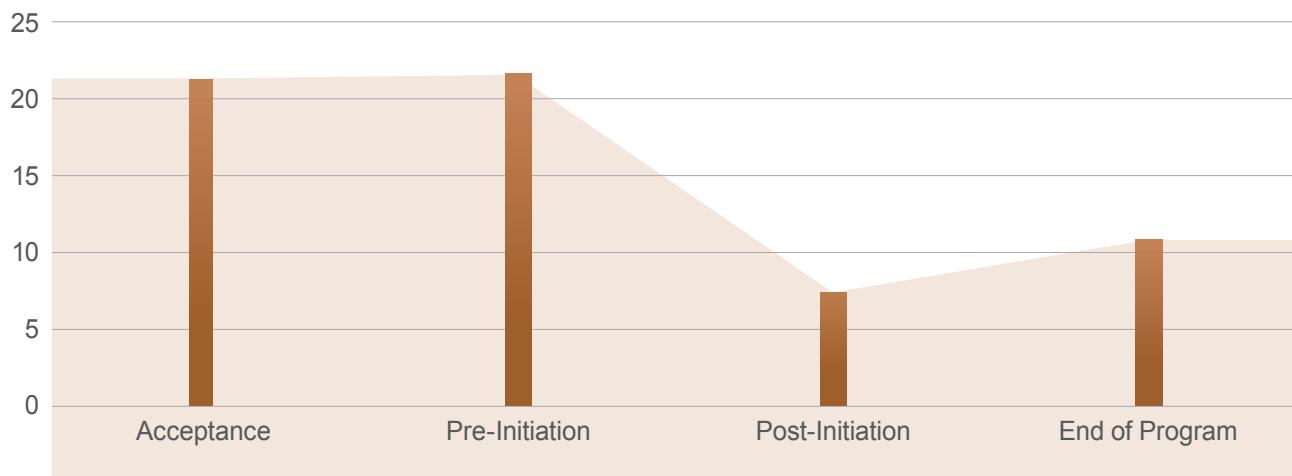
### DASS-21 Anxiety

*Warrior PATHH students experienced a sustained 54% reduction in anxiety.*



## DASS-21 Stress

**Warrior PATHH students experienced a sustained 49% reduction in stress.**



### Explanation of Instrument

The short form of the DASS is a 21-item self-report measure with 3 subscales (Depression, Anxiety, and Stress), and includes statements that address how subjects have felt during the past week, such as "I found myself getting agitated" and "I felt that life was meaningless." All items are rated on a 4-point Likert scale, ranging from 0 ("Did not apply to me at all") to 3 ("Applied to me very much, or most of the time"). Together, the three subscales provide a summed score of overall distress (Cronbach's  $\alpha = .93$ ). (Henry and Crawford, 2005).

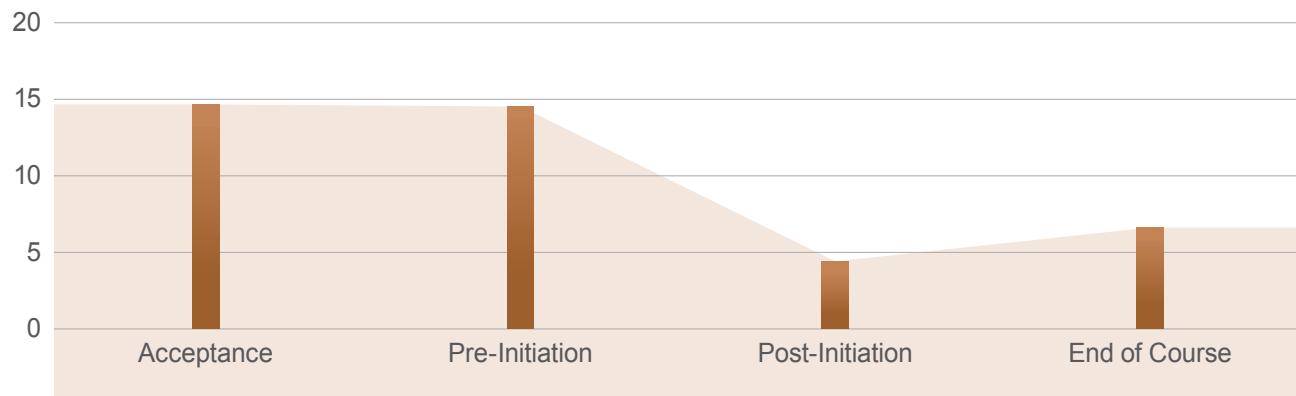
### Rationale for Usage

In addition to being a brief measure of the most common symptoms of psychological problems, the DASS also can indicate response to treatment.

## SYMPTOM REDUCTION: PHQ-9

### PHQ-9

*Warrior PATHH students experienced a sustained 53% reduction in depression symptoms.*



#### Explanation of Instrument

The nine-item Patient Health Questionnaire is a depressive symptom scale and diagnostic tool introduced in 2001 to screen adult patients in primary care settings. The instrument assesses for the presence and severity of depressive symptoms and a possible depressive disorder.

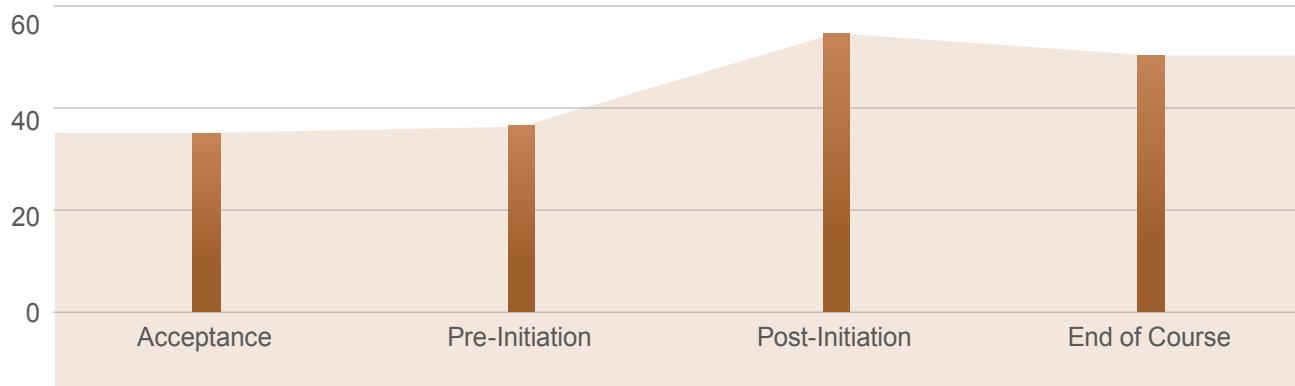
#### Rationale for Usage

Boulder Crest is a recipient of a grant under the Department of Veterans Affairs Staff Sergeant Fox Suicide Prevention Grant Program (SSG Fox SPGP). The PHQ-9 was included in the Warrior PATHH evaluation as part of the grant requirements.

## QUALITY OF LIFE IMPROVEMENT: WARWICK-EDINBURGH MENTAL WELLBEING SCALE

### WEMWBS

*Warrior PATHH students experienced a sustained 35% improvement in their wellbeing.*



#### Explanation of Instrument

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is a scale of 14 positively worded items for assessing a population's mental wellbeing.

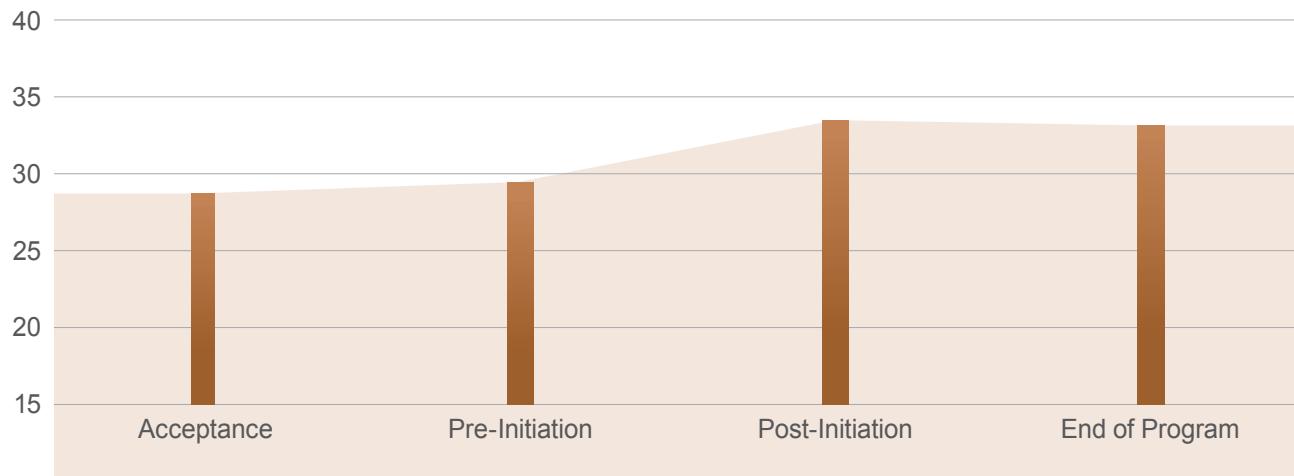
#### Rationale for Usage

Boulder Crest is a recipient of a grant under the Department of Veterans Affairs Staff Sergeant Fox Suicide Prevention Grant Program (SSG Fox SPGP). The WEMWBS was included in the Warrior PATHH evaluation as part of the grant requirements.

## QUALITY OF LIFE IMPROVEMENT: GENERAL SELF-EFFICACY SCALE

### GSE

*Warrior PATHH students experienced a sustained 15% improvement in self-efficacy.*



#### Explanation of Instrument

The General Self-Efficacy Scale (GSE; Schwarzer & Jerusalem, 1995) was created to assess a general sense of perceived self-efficacy in mind to predict coping with daily hassles as well as adaptation after experiencing all kinds of stressful life events.

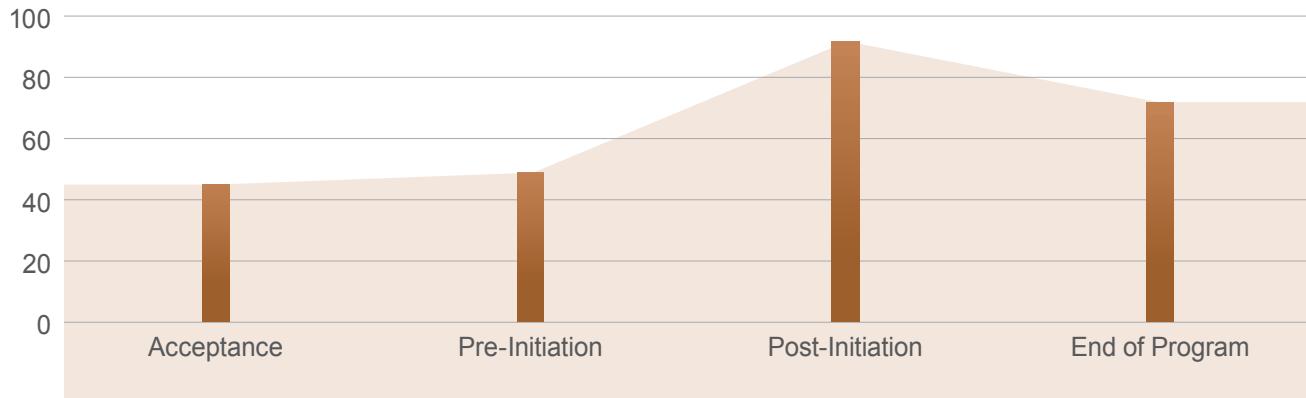
#### Rationale for Usage

In addition to being a brief measure of the most common symptoms of psychological problems, the GSE also can indicate response to treatment. The GSE was included in the Warrior PATHH evaluation as part of the Department of Veterans Affairs Staff Sergeant Fox Suicide Prevention Grant Program (SSG Fox SPGP).

## POSTTRAUMATIC GROWTH: PTGI-X

### Posttraumatic Growth Inventory

*Warrior PATHH students experienced a 65% improvement in PTGI scores.*



#### Explanation of Instrument

The Posttraumatic Growth Inventory-Expanded (PTGI-X) (Tedeschi, Cann, Taku, Senol-Durak, & Calhoun, 2017). The PTGI-X is a 25-item scale that measures the extent to which individuals report positive psychological change as a result of experiencing a traumatic event, and is based on the original measure (Tedeschi & Calhoun, 1996). The degree to which individuals experience change is assessed in five domains, which include: New Possibilities (“I established a new path for my life”), Personal Strength (“I discovered that I’m stronger than I thought I was”), Deeper Relationships (“A sense of closeness with others”), Spiritual-Existential Change (“A better understanding of spiritual matters”), and Appreciation of Life (“I have a greater appreciation for the value of my own life”). The PTGI-X is based on the original 21-item PTGI except that it adds items representing existential change. It utilizes a 6-point Likert response format, with item scorings ranging from 0 (“I did not experience this change as a result of the event”) to 5 (“I experienced this change to a very great degree as a result of the event”).

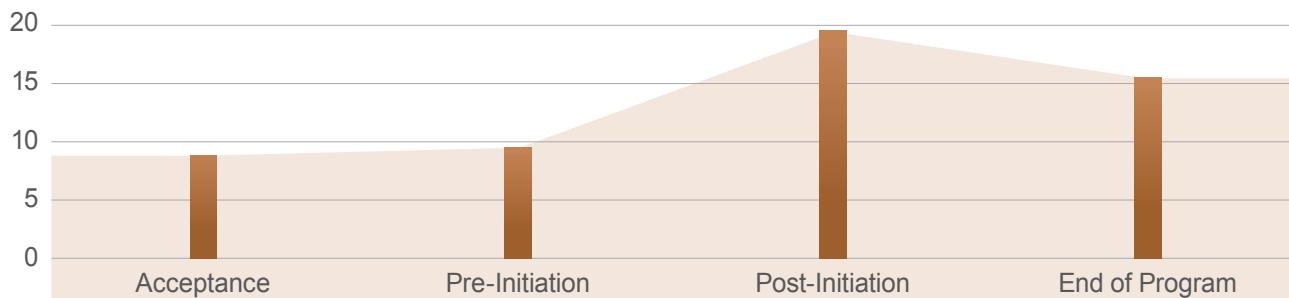
#### Rationale for Usage

As a core basis of the Boulder Crest philosophy and program content, PTG must be assessed.

## POSTTRAUMATIC GROWTH: PTGI-X

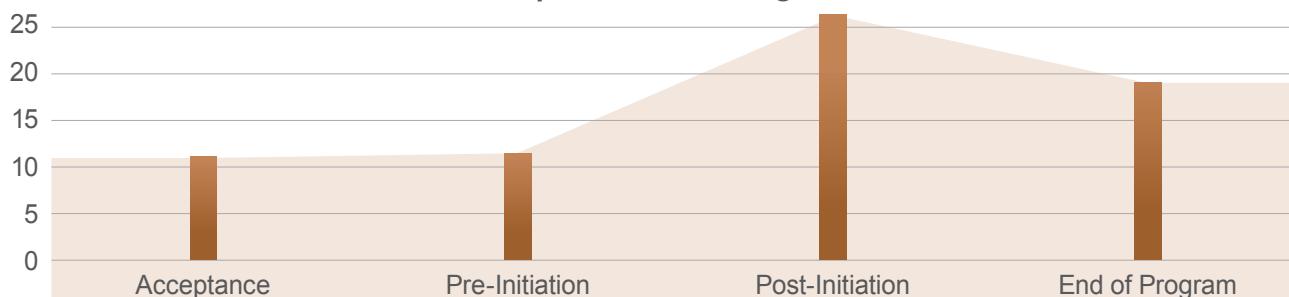
### Spiritual and Existential Change

*Warrior PATHH students experienced a 77% growth in this domain of PTG.*



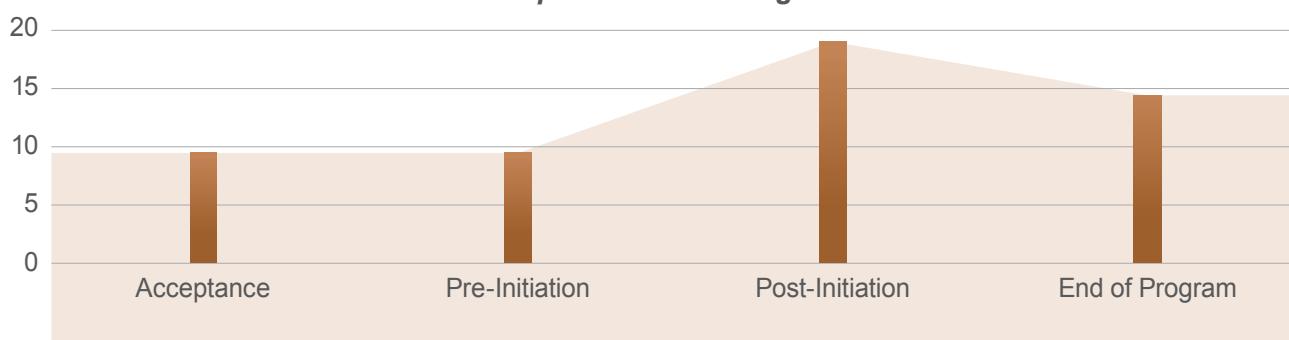
### Deeper Relationships

*Warrior PATHH students experienced a 78% growth in this domain of PTG.*



### New Possibilities

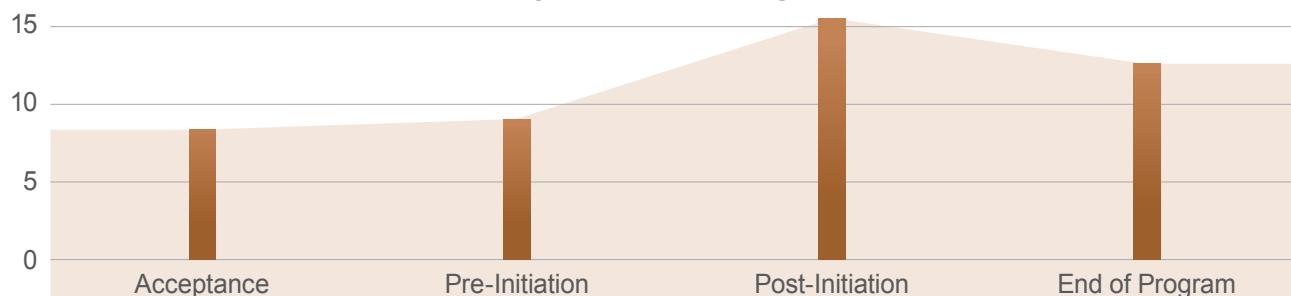
*Warrior PATHH students experienced a 64% growth in this domain of PTG.*



## POSTTRAUMATIC GROWTH: PTGI-X

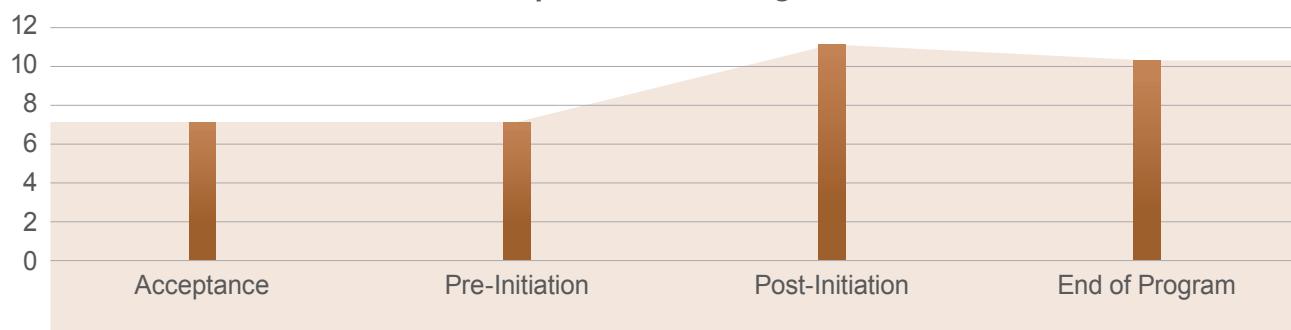
### Personal Strength

*Warrior PATHH students experienced a 60% growth in this domain of PTG.*



### Appreciation for Life

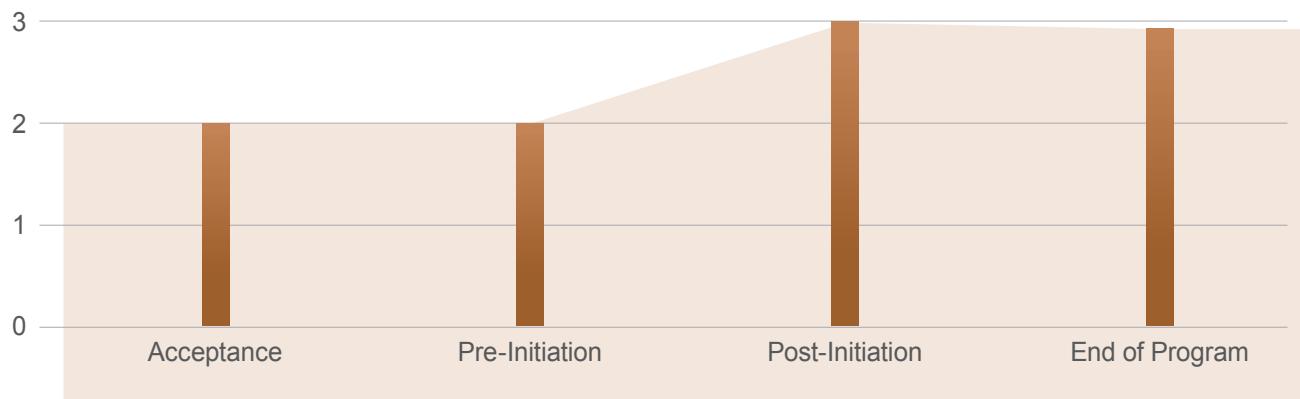
*Warrior PATHH students experienced a 39% growth in this domain of PTG.*



## POSTTRAUMATIC GROWTH: TRAUMA RESOLUTION

### Trauma Resolution

*Warrior PATHH students experienced a 41% improvement in trauma resolution.*



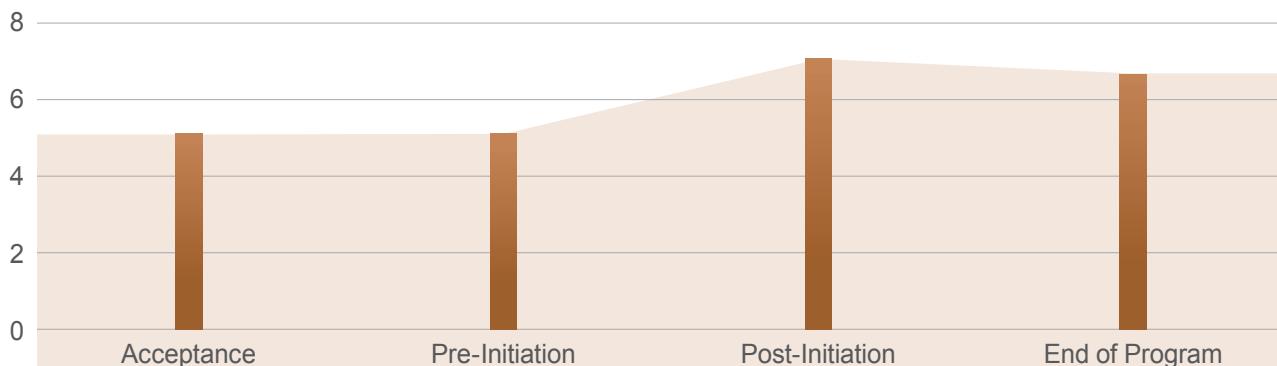
#### Explanation of Instrument & Rationale for Usage

The Trauma Resolution Item is an attempt to discern the degree to which core beliefs are being reconstructed, since PTG is based to a large extent on the challenge to core beliefs. (Triplett, K. N., Tedeschi, R. G., Cann, A., Calhoun, L. G., & Reeve, C. L. (2012). Posttraumatic Growth, meaning in life, and life satisfaction in response to trauma.

## POSTTRAUMATIC GROWTH: CANTRIL SELF-ANCHORING STRIVING SCALE

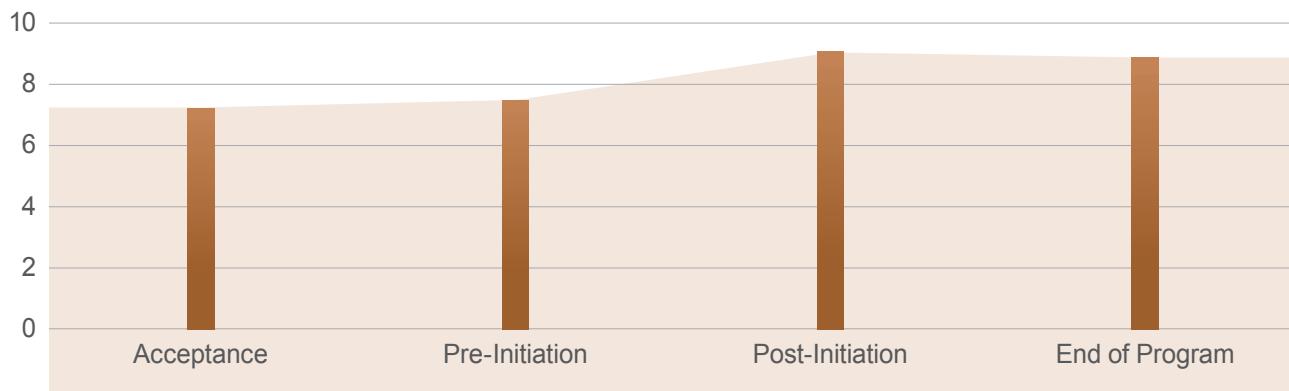
### Cantril Self-Anchoring Striving Scale: Today

*Warrior PATHH students experienced a 51% improvement.*



### Cantril Self-Anchoring Striving Scale: 5 Years

*Warrior PATHH students experienced an 18% improvement.*



#### Explanation of Instrument

The Cantril Self-Anchoring Striving Scale, known as the “Cantril Ladder,” asks respondents to think of a ladder, with the best possible life for them being a 10 and the worst possible life being a 0. They are asked to rate their own current lives on that 0 to 10 scale. (Cantril, H., 1965)

#### Rationale for Usage

The “Cantril Ladder” is a brief, visual tool for measuring general well-being, mental health, and happiness. Specifically, it asks the respondent to reflect on where things stand for them in their present life versus how they see themselves in the future.

# TRANSFORMING LIVES: THE IMPACT OF WARRIOR PATHH IN 2025

## QUALITATIVE DATA

In addition to the quantitative measures noted above, Warrior PATHH utilizes qualitative questions that enable students to share how the program impacted them. This occurs at the end of the 7-day Initiation and at the conclusion of Warrior PATHH (90 days).

**Think about how this week has impacted you. Describe the ways in which you have changed and grown over the last seven days?**

“

I came into this looking for every reason it was quackery. I was encumbered with suspicion and a general distrust. I am honestly blown away by this entire process and it has been extraordinarily meaningful to me in ways I cannot begin to describe. I'm learning to care about myself for the first time in 36 years. Over a decade of therapy has failed to accomplish this.

I came here weighed down with no purpose or identity. I have felt released and unburdened and now have a great sense of identity. I have laughed a ton this week and smile often.

The way I've changed and grown — at one point I never thought it would be possible. I saw all of my family go down the same path and I thought I was going to follow or end up worse. But coming here has made me view life and the people I love differently. I am ready and have the necessary practices and support I need to move forward and show my family there's a better way.

I previously lost my hope in myself and partially in humanity, but now I see that the world has always been a beautiful place — I was just too lost in the darkness to see. I have regained my flame.

”

I am no longer carrying burdens I felt were my responsibility to carry. I truly feel like I have a vision of who I can become with a purpose. And I believe in myself, which I haven't felt in a long time.

I remember that when I got here, I didn't want to live, and I was still subconsciously looking for ways to end the pain. I don't see the world through that filter any longer. I am excited to get home and implement all of these exercises into my life. I already have alarms set for my routines to continue to train these habits into second nature. I have learned acceptance for everyone, including myself, and I have learned that I am loved and that I am capable of deep love for others.

## How has participation in the Warrior PATHH program caused you to reconsider how you view your past experiences as well as how you now view your life going forward?

“

My past experiences do not define me as a person. I am a good man. During this course I was able to materialize that thought process and truly believe in it. I embrace my pain now because it is fueling me to be a better man.

I learned that I am not broken. I am exactly where I am supposed to be in life. I am a product of my environment, conditioning, and training.

My perspective has changed. I've been waiting to die for years and paradoxically wanting to live. Now I just want to live. My life has value, the past is for reference not to guide me. I'm killing off my excuses and actually feel like I'm so close to thriving. I don't feel depressed, which is nice.

It's not what's wrong with you — it's what happened. My past traumas do not define me. They have sharpened me, and because of Warrior PATHH I am stronger, calmer, and empowered to help others.

When I arrived, when I looked to the future it was blank. Now I see great things.

Life is life's best teacher, and struggle is a powerful force for change. I know I'm not learning to live with the trauma — I'm learning to thrive because of what happened. I'm unstoppable.

The program has allowed me to break free from the shackles that kept me mentally and emotionally locked in the past. The traumas I survived can be used to help me thrive as new situations and experiences unfold in life. I now see the future with hope and excitement, free from the anger and stress that kept me from thriving.

”

I got to see the past traumas my family went through and saw that they were all hurt, neglectful, and addicted to one thing or another. I was able to understand how my family was impacted and gained more compassion, but stated a boundary that it all ends with ME.

## What do you think your future would look like if you never attended Warrior PATHH?

This was my last stop. If this experience had not helped to give me the skills and practices to move forward, I would have taken my own life.

I think I would continue sinking deeper and deeper into depression to the point of suicide being my only option. I would feel the world would be in a better place without me.

I would be continuing to walk in the clouds, half alive and half dead. I was not living a full life. I was a shell of myself. I was not happy. I was acting happy. I am done acting.

My children wouldn't have a father. I was quite literally about to suck-start my pistol when the PATHH Guide's text came in. I wouldn't have a future and would leave people with a lot of questions and anger. So thank you for giving me a future.

## What do you believe will be your most significant challenge going forward after you leave today?

I'm not angry anymore. I left pain here and am able to let things go easily.

After building a baseline of practices without distractions, I fear that once distractions and daily life have a vote, I will revert back to my previous ways of life.

It won't be perfect, but I'm committed to this path. The most important thing I can do is stay true to what I've learned and make this change real.

I have the support and I have the processes for doing the right things. I just need to remember. Remember why I am a good man. Remember that I can take control of my emotions and use them for good.

The most challenging thing for me will be embracing positivity and gratitude while being a coach, not a critic.

## What support and resources do you believe would help you overcome these challenges?

“

To overcome the challenges I know are coming, I'll need a combination of accountability, connection, and continued growth. First and foremost, staying connected with my Warrior PATHH brothers is critical. Having a community that understands the language of struggle and healing — who I can be real with when things get heavy — will help keep me grounded and remind me I'm not alone.

”

I believe most will be my responsibility so I need to stay focused.

There's nothing like seeing your own community live these principles. That's the secret sauce for me. And something I want to keep investing in.

I need community. I need someone to be proud of me.

“

Life isn't hard, it's hard work. Warrior PATHH is hard work that pays off in such a profound way it can change the trajectory of your entire bloodline moving forward.

”

I would never be able to explain in words what this place has given me, but I hope everyone sees it in my actions. Not just talking about change but living it.

On the last day when I packed my bags, I felt as though I was missing something. That feeling where you left your phone, wallet or keys. But I had everything I needed — I was just walking out and leaving my burdens of shame and guilt behind.

I felt like I was drowning and my head was barely above the water. I was tired and panicking. Warrior PATHH helped me realize I just needed to get my feet underneath me, and I could stand with my head above the water.

## In what ways do you believe you will make the biggest positive impact on your family, community, and country going forward? In other words, how will you make the world a better place?

“

I have always lived in service to others. I have made impacts on my friends, family, and community. But I have done so while pouring from a nearly empty cup. I will continue to do what I usually do in service to the causes I believe in, but I will make sure I take care of myself first. If I can do that, I can make my efforts better, do more, and make a bigger impact. I WILL.

I will be a living example that there is light at the end of the tunnel, and the effort you put into it, is the outcome that you get, as well as you are not alone.

Regulated nervous systems, regulate nervous systems. I want to give back to the world what Warrior PATHH has given me. My hope is to plant seeds of growth within my reach.

On the last day when I packed my bags, I felt as though I was missing something. But I had everything I needed — I was just walking out and leaving my burdens of shame and guilt behind. I made the strongest connections that I have ever felt with a group of men who started the week as strangers.

Before I came here, I was posting TikToks called 'morning motivation', but stopped because I felt like a hypocrite giving advice to others while still suffering internally. Now, this will be part of my owning the morning, daily gratitude, with the hopes that it will motivate and help other people who were struggling like myself, veteran or civilian.

I am about to change the world with the things that I have learned here. I believe that these practices are essential to the wellbeing of my country and that if there was a way to enact these changes on a massive level, we could absolutely change the entire world.

Not to sound cliche but by changing the way I interact with my family, ending the transfer of traumas to the new generation, and allowing them the opportunity to interact with the world in a positive and productive way going forward in their lives.

”

## WARRIOR PATHH IN ACTION: CAMILLE'S STORY

Camille Effler never meant to make military history. She just kept saying yes to what felt right.

It started in veterinary school when a classmate mentioned a competitive Army scholarship. Camille wasn't from a traditional military background, though her grandmother had served in WWII, deploying to Italy and Africa as one of the few women in uniform at the time. Still, the idea of blending veterinary medicine, public service, and global impact struck a chord. She applied for the scholarship, not realizing how selective the program was. And she got it.

In 2010, she entered active duty. Within two years, she was embedded in an Afghan village with a Special Forces team, part of one of the earliest cohorts of the U.S. Army's Cultural Support Team (CST) program, an experimental initiative that placed elite women alongside male operators to engage directly with Afghan women and families. Camille was in the field, living among the community, helping to stabilize villages and bridge impossible cultural divides.

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**"IT WAS ONE OF THE MOST MEANINGFUL THINGS I'VE EVER DONE," SHE SAID. "I WASN'T THERE TO KICK IN DOORS. I WAS THERE TO LISTEN, TO HELP, TO BUILD."**

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That's been the through-line of Camille's entire career: a drive to find meaningful, people-centered work — even in roles not originally designed with that focus. After her CST deployment, she became the first active-duty veterinarian assigned to Naval Special Warfare Development Group, widely regarded as the most elite unit within the Navy SEALs and one of the top special operations forces in the U.S. military. She cared for military working dogs, flew in helicopters, trained in the jungle, and became a trusted presence in spaces few outside the teams ever see.

Then came Johns Hopkins. A master's degree in public health. Research into sustainable food systems. A global health leadership role at U.S. Indo-Pacific Command, where she became branch chief for the entire region. She built international partnerships. She traveled widely. She climbed, and climbed, and climbed — and then, finally, she paused.

Somewhere along the way, Camille realized the system she had worked so hard to navigate was starting to narrow. The military's new HR models made it harder to shape your own path. For years, she thrived in a more flexible environment that allowed her to stretch her skills and step into unique roles. But with that flexibility fading, she knew it was time. In 2023, she left active duty and joined the reserves.

By then, she'd already been through Warrior PATHH at the Boulder Crest Foundation.

She hadn't planned to go. A fellow CST veteran invited her, and she showed up thinking it was a casual retreat. I didn't even ask questions," Camille laughed. "I just signed up."

But what she found at Boulder Crest was far more than she expected. Warrior PATHH asked her not what she had achieved, but what she had ignored. What parts of herself had been silenced in the pursuit of excellence? What narratives had she accepted as truth?

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**"I'VE ALWAYS BEEN A HIGH PERFORMER," SHE SAID. "BUT THAT CAME WITH PERFECTIONISM, ANXIETY, AND CONSTANT NEGATIVE SELF-TALK. I THOUGHT PERFECTIONISM HELPED ME SUCCEED. BUT WARRIOR PATHH SHOWED ME HOW MUCH IT WAS COSTING ME."**

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That week changed her life in quiet, surprising ways. She stopped biting her nails—a lifelong habit rooted in nervous energy. She began practicing transcendental meditation. She developed language for boundaries, and gave herself permission to advocate for what she needed. She learned to stop asking, "Am I doing enough?" and started asking, "Is this true to me?"

That clarity didn't just stay at Boulder Crest. It followed her to California, where she now lives with her husband and young son. Camille is currently pursuing a PhD at Stanford in the School of Sustainability, with a research focus on equitable food systems and women's roles in small-scale fisheries, especially in Indonesia. She plans to return there for fieldwork soon, balancing her research with motherhood and her continued service in the Army Reserve.

It's not easy. It never was. But she's doing it with eyes wide open, no longer trying to prove her worth through performance alone.

"I used to feel like I always had to prove myself — like I had to earn my place by saying yes to everything. After my experience at Boulder Crest, I'm learning to ask for what I need and to be okay with that. It's not about doing it all. It's about doing what's true to me."

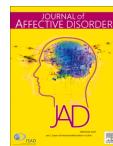
Camille Effler redefined what it meant to serve. She proved that authenticity can coexist with ambition, and that the most powerful leaders are the ones who refuse to disappear into the structure. And by sharing her own Warrior PATHH experience, Camille opened the door for others to consider their own journey toward Posttraumatic Growth (PTG). One of them was her fellow Army Reservist Jeremy Fletcher, who attended the program because of her influence, and now brings those lessons into his own healing and work. Once again, Camille wasn't just blazing her own path. She was lighting the way for others.

**She stayed true to herself. And in doing so, she showed others how to do the same.**

# JOURNAL ARTICLE ON WARRIOR PATHH: JOURNAL OF AFFECTIVE DISORDERS

OUTCOMES FROM A POSTTRAUMATIC GROWTH-  
ORIENTED PROGRAM AMONG VETERANS: A QUASI-  
EXPERIMENTAL RETROSPECTIVE STUDY

Skyla Renner-Wilms, Chris Corlett, Alex Hood,  
Katherine Scheffrahn, Richard Tedeschi,  
Bret Moore, Taryn Greene, Jeff Kinman, Gary Elkins



Research paper

Outcomes from a posttraumatic growth-oriented program among veterans:  
A quasi-experimental retrospective study



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ABSTRACT

**Objective:** The present study is a retrospective quasi-experimental study to evaluate the effectiveness of the Warrior PATHH (WP) program at improving posttraumatic growth (PTG) outcomes and reducing PTSD symptoms compared to a waitlist control among a sample of Veterans.

**Method:** Participants ( $n = 164$ ) were U.S. military Veterans with a history of trauma. Participants were either undergoing the Warrior PATHH program or a waitlist. Primary outcome measures were administered at baseline and at 90-day follow-up and consisted of the Posttraumatic Growth Inventory – Expanded (PTGI-X) and the Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5). Secondary outcome measures assessed psychosocial functioning and included measures of depression and anxiety symptoms, sleep, wellbeing, and social support.

**Results:** Significant differences were observed between groups on the PTGI-X ( $F(1, 205) = 23.667, p < .001$ , partial  $\eta^2 = 0.103$ ), and the PCL-5 ( $F(1, 205) = 262.460, p < .001$ , partial  $\eta^2 = 0.561$ ) with the WP group showing significant positive psychological change following a traumatic event as measured by the PTGI-X and decreased PTSD symptoms as measured by the PCL-5 compared to those in the waitlist condition. Those in the treatment arm also demonstrated gains to psychosocial functioning.

**Conclusions:** Consistent with previous research, participants in the Warrior PATHH program exhibited significant increases in PTG outcomes, decreased PTSD symptoms, and broad improvements to psychosocial functioning. These findings suggest it is an effective training program to foster PTG outcomes among Veterans. This study is unique as it is the first to compare the effects of WP programming with a sample of waitlisted Veterans.

Research on the Warrior PATHH program consistently demonstrates its effectiveness in promoting Posttraumatic Growth (PTG) and reducing symptoms of Posttraumatic Stress Disorder (PTSD), as well as related disorders, among U.S. military Veterans. A pilot study evaluating Warrior PATHH (WP) reported significant reductions in PTSD symptoms and negative affect among participants, along with notable increases in PTG and psychological flexibility for program participants (Moore et al., 2021). The study revealed a 65 % increase in PTG outcomes, a 61 % sustained reduction in depression, and a 54 % sustained reduction in anxiety. Two recent studies analyzed data from several hundred U.S. Veterans who completed the WP program, consistently finding more than a 60 % increase in PTG scores, a 49 %–59 % decrease in PTSD symptoms as measured by the PCL-5, and significant reductions in depression (61 %–67 %), and anxiety (48–54 %; Rhodes et al., 2024;

Kelley et al., 2025). In both studies these improvements were maintained over a multi-month follow-up period, underscoring the program's long-term effectiveness.

The PTG-based therapeutic framework, Expert Companionship, emphasizes the potential for positive psychological change in the aftermath of trauma rather than focusing solely on symptom reduction. For Veterans who experience high rates of posttraumatic stress and often face barriers to completing traditional treatments, PTG-based interventions represent a pathway to rediscovering meaning, purpose, and personal strength after trauma. While conventional trauma therapies, such as Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT), aim to alleviate distressing symptoms, they are subject to high dropout rates (Hembree et al., 2003; Imel et al., 2013; Watts et al., 2014), as well as substantial rates of nonresponse and under-response

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among participants. Although therapies such as CPT and PE can foster meaning-making and even posttraumatic growth, they may not fully engage the deeper existential or spiritual dimensions of recovery that some trauma survivors identify as central to their recovery (Hoffman et al., 2013).

PTG theory-driven programs, by contrast, encourage individuals to reframe their experiences, foster greater self-understanding, facilitate stronger relationships, and often result in a renewed appreciation for life. The PTG-based approach is especially valuable as it provides an avenue for hope, resilience, and growth, making it a promising complement to traditional therapies and a vital component in advancing trauma recovery strategies.

Building on PTG theoretical principles, the Boulder Crest Foundation developed an intensive training program to help trauma-affected military members, Veterans, and first responders transform their experiences into opportunities for posttraumatic growth. The foundation's flagship program, Warrior PATHH (Progressive and Alternative Training for Helping Heroes), addresses the psychological and emotional needs of these individuals. Going beyond traditional symptom-focused therapies, equipping participants with practices that help them to rediscover their purpose, strengthen relationships, and foster enduring personal growth.

### 1. Warrior PATHH program

Warrior PATHH begins with a seven-day, immersive in-person residential training program grounded in PTG theory and delivered by peer-based Expert Guides. Each day of the initiation involves full-day, structured educational and experiential activities focused on five key elements of PTG: psychoeducation about the impacts of trauma, mindfulness-based emotion regulation training, learning constructive self-disclosure, creating a life narrative beyond trauma, and applying lessons learned to become connected with a sense of purpose and service (Moore et al., 2021). Following the 7-day initiation, participants enter a 12-week structured training period conducted remotely. This phase includes ongoing virtual engagement with peer Guides via five scheduled team video conferences, daily skill-building content delivered through the myPATHH app, private peer messaging boards, and additional courses designed to reinforce lessons from the residential component. In the context of the present study, outcome measures collected at Day 90 correspond to the post-treatment (end-of-program) assessment rather than a delayed follow-up. Recognizing that social support is the most significant factor among 14 PTSD risk factors (Brewin et al., 2000), Warrior PATHH prioritizes relationship-building throughout both phases of the program.

A key advantage of Warrior PATHH is its approach to reducing the stigma and self-stigma often associated with PTSD for military members and first responders. Research indicates that stigma is a major barrier to mental health care among Veterans (Stecker et al., 2013). Consistent with findings from Bryan and Morrow (2011), who reported that warrior culture aligned framing of interventions as skill building and readiness training can reduce stigma and improve participation, Warrior PATHH presents itself as "training" rather than "treatment." This framing helps participants perceive the program as an opportunity to build skills and enhance readiness rather than as a remedy for a perceived problem. This approach may encourage engagement and reduce dropout rates.

While Warrior PATHH shares some conceptual overlap with evidence-based psychotherapies, it is intentionally designed as a skill-building training program rather than a therapeutic intervention. Given the stigma associated with traditional mental health treatments, its unique format may appeal to Veterans reluctant to engage in conventional therapies. To date, no studies have directly compared Warrior PATHH to evidence-based treatments, and its distinct approach warrants further examination. This study aimed to assess the effectiveness of Warrior PATHH by comparing it to a waitlist control group, providing a baseline for evaluating its impact and exploring its potential as an alternative pathway for addressing the impacts of trauma and fostering

PTG.

### 2. Study aims and hypotheses

The purpose of the present study was to compare outcomes between Veterans who participated in the Warrior PATHH program and those in a waitlist control group. Demographic data for all participants was collected, along with pre- and post-intervention outcome measures related to posttraumatic growth, posttraumatic stress, levels of depression, anxiety, and stress, mental wellbeing, self-efficacy, and sleep quality.

The study aimed to assess differences between the intervention and waitlist groups in several key areas. First, it sought to examine posttraumatic growth and posttraumatic stress symptoms at baseline (Day 1) and follow-up (Day 90). It was hypothesized that the intervention group would show a significantly greater increase in posttraumatic growth outcomes, as measured by the Posttraumatic Growth Inventory – Expanded (PTGI-X), and a significantly greater decrease in posttraumatic stress symptoms, as measured by the Posttraumatic Stress Disorder Checklist DSM-5 (PCL-5), compared to the waitlist group. Next, the study aimed to evaluate levels of depression, anxiety, and stress, expecting that the intervention group would demonstrate a significantly greater reduction in these levels from baseline to follow-up, as measured by the DASS-21, compared to the waitlist group.

Finally, it aimed to assess mental wellbeing in both groups. It was hypothesized that the intervention group would experience a significantly greater increase in mental wellbeing from baseline to follow-up, as measured by both the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) and Cantril Self-Anchoring Striving Scale (CSASS), compared to the waitlist group.

### 3. Methods

#### 3.1. Participants

The participants in this study were Veterans who completed an intervention based on Posttraumatic Growth theory called the Warrior PATHH program or were on the waitlist to receive the program. Participants were either self-referred or referred to the program by other Veterans, family members, or mental health clinicians who knew about the program. Participants did not receive any compensation for participation. The inclusion criteria for the study (e.g. to be placed on the waitlist for the WP program, and/or to attend WP) were 1) participants must be U.S. military Veterans and 2) participants had a previous history of trauma. The exclusion criteria were 1) the exclusion of individuals who had been diagnosed with any disorder that might require hospitalization, such as active substance abuse, psychosis, or active suicidality.

This study consisted of a retrospective data analysis using data collected from January 2021 to March 2024. Data were categorized into two groups: the Warrior PATHH 7-day program (intervention) or a waitlist control group. Participants in the treatment group were individuals who went through the intervention program during the data collection time frame. Participants completed baseline measures at day 1 of the program and completed follow-up measures at day 90, when the program ended. Participants in the control group were individuals who entered the waitlist for the program and remained on the waitlist for approximately 90 days. Participants in the waitlist control group completed baseline measures at day 1 of being on the waitlist and completed the endpoint measures when they left the waitlist, on approximately day 90.

#### 3.2. Measures

##### 3.2.1. Demographic measures

Participants were asked to self-report demographic information

including age, gender, branch of service, and rank.

### 3.2.2. Posttraumatic growth inventory – expanded (PTGI-X)

The Posttraumatic Growth Inventory – Expanded (PTGI-X) was used to assess the extent to which individuals experience positive psychological change across five domains of PTG following a traumatic event (Tedeschi et al., 2017). This 25-item self-report scale involves five subscales: perception of new possibilities, relating to others, personal strength, appreciation of life, and spiritual-existential change. Individual item responses are on a 6-point Likert scale ranging from "I did not experience this change" to "I experienced this change to a very great degree." There is reliability and validity evidence for this scale, with research showing good internal consistency ( $\alpha = 0.90$ ; Tedeschi et al., 2017) and good content validity (Shakespeare-Finch et al., 2013).

### 3.2.3. Posttraumatic stress disorder checklist DSM-5 (PC-5)

The Posttraumatic Stress Disorder Checklist DSM-5 (PCL-5) was used to assess symptoms of PTSD. The PCL-5 is a 20-item self-report scale with individual item responses on a 5-point frequency scale ranging from "not at all" to "extremely." There is reliability and validity evidence for this scale, with research showing good construct validity ( $\alpha = 0.92$ ) and test-retest reliability ( $r = 0.57$ ) has been observed in Veteran samples (Bovin et al., 2015; Dutra et al., 2019).

### 3.2.4. Depression, anxiety, and stress scale (DASS-21)

The Depression, Anxiety, and Stress Scale (DASS-21) measured the presence and degree of depression, anxiety, and stress-related symptoms (Antony et al., 1998). The DASS-21 is a 20-item self-report measure with individual item responses being a 4-point frequency scale ranging from "never" to "almost always." In addition to providing a composite measure of general psychological distress, the DASS-21 enables the derivation of three distinct subscale scores corresponding to depression, anxiety, and stress, respectively. There is reliability and validity evidence for this scale, with research showing discriminant and convergent validity in clinical samples (Brown et al., 1997) and good test-retest reliability ( $\alpha = 0.86-0.90$ ; Gloster et al., 2008).

### 3.2.5. General self-efficacy scale (GSE)

The General Self-Efficacy Scale (GSE) measured the strength of an individual's ability to respond to new or difficult situations and dealing with obstacles (Schwarzer and Jerusalem, 1995). The GSE is a 10-item self-report scale, with individual item responses rated on a 4-point Likert scale ranging from "not at all true at all" (1) to "exactly true" (4). There is reliability and validity evidence for this scale being used with samples from 23 nations, with research showing good internal consistency ( $\alpha = 0.75-0.90$ ; APA PsycTests Database, 2019).

### 3.2.6. Warwick-Edinburgh mental wellbeing scales (WEMWBS)

The Warwick-Edinburgh Mental Wellbeing Scales (WEMWBS) measured clinically meaningful changes in mental wellbeing in adults (Tennant et al., 2007). The WEMWBS consists of 14 items where participants respond to positively worded statements about aspects of mental wellbeing. Responses are on a 5-point Likert scale ranging from "none of the time" to "all of the time." There is reliability and validity evidence for this scale being used with an adult clinical sample, with research showing good internal consistency ( $\alpha = 0.89$ ) and good test-retest reliability ( $r = 0.83$ ; Bass et al., 2016).

### 3.2.7. Cantril self-anchoring striving scale (CSASS)

The **Centril Self-Anchoring Striving Scale (CSASS)**, commonly referred to as the **Centril Ladder**, was used to measure individual well-being and life satisfaction (Centril, 1965). The Centril Ladder is a 2-item visual scale, where a picture of a ladder is presented, with the rungs numbered from 0 (worst life satisfaction) to 10 (best life satisfaction). The first item asks about the present life satisfaction and the second item asks about what the individual anticipates in five years. There is

evidence to demonstrate that the scale has validity in a sample of individuals with PTSD (Mohammed and Warner, 2024).

### 3.2.8. Insomnia severity index (ISI)

The *Insomnia Severity Index* (ISI; Bastien et al., 2001) is a 7-item self-report measure using the criteria of the DSM-IV and the International Classification of Sleep Disorders criteria to assess for insomnia over the past two weeks. Item responses are on a 5-point Likert scale ranging from "none" to "very severe." High reliability and validity have been shown for the ISI in both clinical ( $\alpha = 0.91$ ) and community ( $\alpha = 0.90$ ) samples (Morin et al., 2011).

## 4. Results

Participants were 164 United States combat Veterans ( $n = 164$ , male = 128, female = 36). The study featured two groups. One group who completed the Warrior PATHH training program between May 2022 and March 2024 ( $n = 84$ ). The other set of participants was in a waitlist control group for the same program between January 2021 and December 2023 ( $n = 80$ ). The most common U.S. military branch of service represented was the Army (82), the second most frequently represented group was the Marine Corps (26). The gender ratio in the current sample is roughly equivalent to the general military population. This study featured 22 % women while a 2023 Department of Defense tally reported that women make up about 19.3 % of military members. Participants from the Army were over-represented in this sample (50 %) compared to 35.3 % in the general military population. Marines were faithfully represented while members of the Air Force and Navy were under-represented by approximately 13.2 % and 10.6 % respectively (Department of Defense, 2023). Frequencies of all participant demographic variables can be found in Table 1.

All participants provided complete data at baseline and follow-up and were included in all analyses examining post-intervention changes, except for the GSE and the WEMWBS. A little more than half of participants completed those measures ( $n = 87$ , intervention = 49, control = 39).

Participants in the intervention group recorded data immediately prior to beginning the program and approximately 90 days after. The average time between datapoints for the intervention group was 94.32 days. Participants in the waitlist control group recorded data after being

**Table 1**  
Participant Demographics

	Intervention	Waitlist	Total
Gender			
Male	59	69	128
Female	25	11	36
Total	84	80	164
Age			
Male	45.14	45.81	45.5
Female	46.21	43.91	45.49
Total	45.45	45.55	45.5
Branch of service			
Army	46	36	82
Army National Guard	5	1	6
Air Force	7	13	20
CIA Special Activities	0	1	1
Coast Guard	2	1	3
Marine Corps	11	15	26
Navy	12	13	25
Royal Canadian Air Force	1	0	1
Total	84	80	164
Military Rank			
E1-E4	14	16	30
E5-E6	29	27	56
E7 or above	13	20	33
Officer/Warrant Officer	17	12	29
Not specified	11	5	16
Total	84	80	164

initially accepted into the program and immediately before beginning the program. The average time between datapoints for the control group was 73.67 days. It is important to note that this difference in time between assessments may have accounted for some of the improvement seen by the intervention group. It is also worth mentioning that demographic or contextual differences may have played a role in the recorded outcome improvements. For example, participants with more pronounced PTSD symptoms may have been avoidant and thus delayed scheduling the treatment program. As well, the COVID pandemic may have impacted some individuals' willingness or ability to take part in the program.

Treatment and control group baseline scores on all outcome measures were compared using two-sided, independent samples *t*-tests. Only the subscale Spiritual-Existential Change on the PTGI-X differed significantly such that the treatment group scored lower than the control group ( $t(162) = -2.36, p = .019$ ). This suggests that there was little difference between the groups in growth, symptomatology, or general wellbeing prior to the study. Demographic variables were not analyzed in this at baseline.

#### 4.1. Post-intervention group comparison in growth domains

ANCOVAs were utilized to determine the effect of the Boulder Crest Warrior PATHH program and a waitlist control trial on the post-traumatic growth outcome measure (PTGI-X) and its subscales. Adjusted means are presented, and PTGI-X scores were greater in the intervention group ( $M = 2.68$ ,  $SE = 0.122$ ) than the control group ( $M = 2.02$ ,  $SE = 0.125$ ). After adjustment for pre-intervention posttraumatic growth scores, there was a statistically significant difference in post-intervention scores between interventions ( $F(1, 161) = 14.08$ ,  $p < .001$ , partial  $\eta^2 = 0.080$ ). Post hoc analysis was performed with a Bonferroni adjustment. Post-intervention posttraumatic growth scores were statistically significantly higher in the intervention group versus the control group ( $M_{diff} = 0.656$ , 95 % CI [0.311, 1.002],  $p < .001$ ). Additionally, intervention group participant scores showed a 113.55 % increase in PTGI-X scores, while participants in the waitlist control group only saw an increase of 23.26 %. To determine effect size, group membership was dummy coded 0 for "Control" and 1 for "Intervention," and all other variables were z-scores. Thus, all effects can be interpreted like *d*-statistics indicating magnitude of difference in standard deviation units. A medium effect size was found for total PTGI-X scores (0.51,  $p < .001$ ).

Results from the ANCOVAs for scores on each subscale of the PTGI-X indicate a significant difference between the intervention group and control for New Possibilities ( $M = 13.83, SE = 0.7; M = 10.31, SE = 0.72; F(1, 161) = 12.35, p < .001$ , partial  $\eta^2 = 0.07$ ;  $M_{diff} = 3.52, 95\% \text{ CI } [1.54, 5.5], p < .001$ ); Personal Strength ( $M = 12.03, SE = 0.57; M = 9.32, SE = 0.59; F(1, 161) = 10.94, p = .001$ , partial  $\eta^2 = 0.06$ ;  $M_{diff} = 2.71, 95\% \text{ CI } [1.09, 4.33], p = .001$ ); Relating to Others ( $M = 17.98, SE = 0.99; M = 12.2, SE = 1.01; F(1, 161) = 16.73, p < .001$ , partial  $\eta^2 = 0.09$ ;  $M_{diff} = 5.78, 95\% \text{ CI } [2.99, 8.58], p < .001$ ); and Spiritual-Existential Change ( $M = 14.83, SE = 0.93; M = 12, SE = 0.96; F(1, 161) = 4.41, p = .037$ , partial  $\eta^2 = 0.03$ ;  $M_{diff} = 2.83, 95\% \text{ CI } [0.17, 5.5], p = .037$ ). Though intervention scores for the Appreciation of Life subscale were 35.82 % higher at follow-up and control group scores were only 25.43 % higher, the results of the ANCOVA were not significant ( $M = 8.82, SE = 0.4; M = 8.38, SE = 0.41; F(1, 161) = 0.6, p = .439$ , partial  $\eta^2 = 0.004$ ). Medium effect sizes were found for Personal Strength (0.53,  $p < .001$ ) and Spiritual-Existential Change (0.53,  $p < .001$ ). Small effect sizes were found for New Possibilities (0.48,  $p < .001$ ), Relating to Others (0.37,  $p < .001$ ), and Appreciation of Life (0.47,  $p < .001$ ).

#### 4.2. Post-intervention group comparison in symptomatology domains

ANCOVAs were utilized to determine the effect of the Boulder Crest

Warrior PATHH program and a waitlist control trial on symptomatology-related outcome measure (PCL-5, DASS, ISI). The adjusted means of PCL-5 scores were lower in the intervention group ( $M = 18.77$ ,  $SE = 1.21$ ) than the control group ( $M = 45.29$ ,  $SE = 1.24$ ). After adjustment for pre-intervention PCL-5 scores, there was a statistically significant difference in post-intervention scores between interventions ( $F(1, 161) = 235.39$ ,  $p < .001$ , partial  $\eta^2 = 0.59$ ). Post hoc analysis was performed with a Bonferroni adjustment. Post-intervention post-traumatic growth scores were statistically significantly higher in the intervention group versus the control group ( $M_{diff} = -26.53$ ,  $95\% CI [-29.94, -23.11]$ ,  $p < .001$ ). Additionally, intervention group participant scores showed a 56.38% decrease in PCL-5 scores, while participants in the waitlist control group saw an increase of 12.22%. A medium effect size was found for PCL-5 scores (0.52,  $p < .001$ ).

In determining clinical significance, 69 participants in the treatment group reported PCL-5 scores of 31 or greater before the program, indicating probable PTSD (National Center for PTSD, 2025). Only 14 participants reported scores of 31 or greater 90 days after the program. This compares to 64 participants at baseline and 69 participants at the end of their time on the waitlist in the control group. When utilizing the higher end of clinical change cut-off scores suggested by the National Center for PTSD, change scores of 10 or greater represent treatment response, and change scores of 20 or greater represent clinically significant change (National Center for PTSD, 2025). 70 participants in the treatment group reported a score at follow-up indicating treatment response and 54 reported scores suggestive of clinical significance. This is compared to 9 and 1 in the control group, respectively. The average PCL-5 change score was 25.01 for the treatment group and – 0.64 for the control group.

Significant differences in post-intervention scores between groups were also found for all subscales of the DASS. Anxiety subscale scores were reduced by 54.22 % in the intervention group ( $6.7, SE = 0.72$ ) and increased by 40.44 % in the control group ( $M = 16.86, SE = 0.74$ ;  $F(1, 161) = 95.55, p < .001$ , partial  $\eta^2 = 0.37$ ;  $M_{diff} = -10.16, 95\% \text{ CI } [-12.21, -8.11], p < .001$ ). Depression subscale scores were reduced by 57.31 % in the intervention group ( $M = 7.98, SE = 0.77$ ) and increased by 22.78 % in the control group ( $M = 21.15, SE = 0.79$ ;  $F(1, 161) = 143.53, p < .001$ , partial  $\eta^2 = 0.47$ ;  $M_{diff} = -13.17, 95\% \text{ CI } [-15.35, -11], p < .001$ ). Stress subscale scores were reduced by 52.92 % in the intervention group ( $M = 10.24, SE = 0.68$ ) and increased by 11.32 % in the control group ( $M = 22.65, SE = 0.7; F(1, 161) = 187.57, p < .001$ , partial  $\eta^2 = 0.54$ ;  $M_{diff} = -13.41, 95\% \text{ CI } [-15.34, -11.47], p < .001$ ). Medium effect sizes were found for the anxiety subscale (0.7,  $p < .001$ ), the depression subscale (0.68,  $p < .001$ ), and the stress subscale (0.6,  $p < .001$ ).

Significant differences in post-intervention scores were also found for the truncated ISI. The intervention group ( $M = 3.77$ ,  $SE = 0.22$ ) saw a decrease in scores of 35.28 %, and the control group saw an increase of 2.87 % in scores ( $M = 6.49$ ,  $SE = 0.23$ ;  $F(1, 161) = 73.28$ ,  $p < .001$ , partial  $\eta^2 = 0.31$ ;  $M_{diff} = -2.73$ , 95 % CI [-3.36, -2.11],  $p < .001$ ). A medium effect size was found ( $0.71$ ,  $p < .001$ ).

#### 4.3. Post-intervention group comparison in general wellbeing domains

The results of the ANCOVA tests showed significant differences in post-intervention scores between interventions for the GSE, WEMWBS, and the average of pre-intervention and post-intervention Cantril Ladder scores. The intervention group ( $M = 32.63$ ,  $SE = 0.64$ ) showed a 23.41 % increase in GSE scores, and the control group reported an increase of 5.45 % in GSE scores ( $M = 29.03$ ,  $SE = 0.72$ ;  $F(1, 84) = 13.95$ ,  $p < .001$ , partial  $\eta^2 = 0.14$ ;  $M_{\text{diff}} = 3.6$ , 95 % CI [1.68, 5.52],  $p < .001$ ). There was a medium effect size ( $0.56$ ,  $p < .001$ ).

Intervention group ( $M = 49.36, SE = 1.18$ ) WEMWBS scores increased by 47.86 %, and control group scores ( $M = 37.43, SE = 1.34$ ) showed a 5.75 % increase ( $F(1, 84) = 44.81, p < .001$ , partial  $\eta^2 = 0.35$ ;  $M_{\text{diff}} = 11.93, 95\% \text{ CI } [8.39, 15.48]$ ,  $p < .001$ ). A medium effect size was found ( $0.5, p < .001$ ). Intervention group ( $M = 7.95, SE = 0.13$ ) average

Cantril Ladder scores increased by 57.33 %, and the control group ( $M = 6.06$ ,  $SE = 0.14$ ) reported an 8.35 % increase ( $F(1, 161) = 96.68$ ,  $p < .001$ , partial  $\eta^2 = 0.38$ ;  $M_{diff} = 1.89$ , 95 % CI [1.51, 2.27],  $p < .001$ ). A medium effect size was found ( $0.61$ ,  $p < .001$ ).

## 5. Discussion

This study examined the Warrior PATHH program as an intervention compared to a waitlist control group. Consistent with our hypotheses, the results demonstrate that participants who underwent the program had better outcomes in posttraumatic growth, PTSD, depression, anxiety, stress, self-efficacy, and wellbeing than the waitlist control group. These results indicate that the Warrior PATHH program is a promising intervention and one that warrants further research. Given these findings, the program may have value as a complementary option in both VA and community-based settings, particularly for Veterans who have not engaged with or responded fully to conventional evidence-based PTSD treatments.

This study found that participants demonstrated substantial improvements across all posttraumatic growth-related outcomes immediately following the intervention. Participants who completed the intervention exhibited a 113.55 % increase in Posttraumatic Growth Inventory (PTGI-X) scores from baseline to post-intervention, indicating a significant enhancement in their perceptions of growth across four out of five key PTGI-X domains (new possibilities, personal strength, relating to others, and spiritual/existential change). Comparatively, the waitlist control condition did not experience the same positive outcomes, with a 23.26 % increase in PTGI-X scores. Additionally, though the program was not explicitly focused on PTSD treatment, it is noteworthy that participants reported significant reductions in PTSD symptom scores across the five symptom domains measured by the PCL-5. Consistent with our hypothesis, these results suggest that participation in the Warrior PATHH program may lead to meaningful increases in PTG outcomes as well as improvements across PTSD symptom clusters.

Participants who completed the program saw a statistically significant reduction in anxiety, depression, and stress scores, as measured by the DASS-21. All three DASS domains (anxiety, depression, and stress) demonstrated a reduction that was both statistically significant and clinically meaningful (e.g., a 50 % change in reported symptoms) for program completers. These findings suggest that the Warrior PATHH program is a clinically beneficial intervention for decreasing anxiety, stress, and depression symptoms following a traumatic experience.

Other notable outcomes for the present study include participants' scores on measures of sleep, self-efficacy, wellbeing, and life satisfaction. Participants in the intervention group had statistically significant reductions in sleep disturbance symptoms, as measured by the ISI, compared to the waitlist control group. Participants in the intervention group experienced a 35.28 % average reduction in sleep disturbance symptoms from baseline to follow-up while the control group experienced a 2.87 % average increase in sleep disturbance symptoms. The present study also found statistically significant increases in self-efficacy scores, as measured by the GSE, and a statistically significant increase in wellbeing and life satisfaction scores, as measured by the WEMWBS and the Cantril Ladder, among participants who completed the program compared to the waitlist control group.

These findings align closely with prior research on PTG programs. A previous study, which examined participant outcomes following completion of the Warrior PATHH program, reported significant improvements following similar interventions, with participants showing a 54 % increase in PTGI-X scores (Rhodes et al., 2024). Additionally, the present results also agree with the findings of Moore et al. (2021), which found a 65 % increase in PTG scores among graduates of the Warrior PATHH program. Participants who underwent the program in the study by Rhodes et al. (2024) also saw statistically and clinically significant reductions in anxiety, stress, and depression scores as measured with the DASS in a manner broadly consistent with the present findings. Finally,

the findings of the present study vis-à-vis improvements to participants' sleep quality are consistent with Rhodes et al. (2024) who found that that sleep disturbances, as measured by the ISI, decreased by 36 %. The findings of the present trial therefore serve as an important replication and elaboration of prior results.

### 5.1. Limitations

This study is limited by the lack of an active control group, as a waitlist control was used instead. Furthermore, participants were not randomly assigned to study groups. Future studies should improve upon the present design by random group allocation and the use of an active control condition. Although the waitlist control design provided valuable insights, it introduced a timing discrepancy, with waitlist participants receiving the intervention after a shorter duration than the time between data points for the treatment group. Future research may incorporate a time-matched control condition to ensure more comparable timelines between groups. The sample size, while adequate for the current analysis, may limit the generalizability of the findings. Future studies with larger sample sizes could provide more robust results and increase the statistical power to detect meaningful differences. While the present study reported effect sizes at the post-intervention assessment, it did not calculate or report effect sizes at baseline. Including baseline effect sizes in future work would help to clarify the magnitude of any initial differences between groups and contextualize post-intervention changes more fully. The present study was also limited in its ability to provide evidence about the program's effect on sleep quality due to a lack of physiological measures to assess sleep outcomes. Further, the study broadly relied on self-report data for PTG, PTSD symptoms, and other psychological outcomes. Future research should utilize objective sleep measures and a variety of self- and other report measures to ensure a more accurate picture of the program's effects.

## 6. Conclusion

Based on the findings of this study, the Warrior PATHH program shows promise as an effective PTSD intervention. When compared to a waitlist control, individuals who underwent the program showed significantly better outcomes in posttraumatic growth, PTSD symptomatology, depression, anxiety, stress, self-efficacy, and wellbeing. This study indicates that the program holds promise as an intervention for Veterans who experience PTSD symptoms. Future research can further examine the potential outcomes of those who undergo the Warrior PATHH program.

### CRediT authorship contribution statement

**Skyla Renner-Wilms:** Writing – review & editing, Writing – original draft, Investigation, Conceptualization. **Chris Corlett:** Writing – review & editing, Writing – original draft, Formal analysis, Data curation. **Alex Hood:** Writing – review & editing, Writing – original draft, Conceptualization. **Katherine Scheffrahn:** Writing – review & editing, Writing – original draft, Methodology, Conceptualization. **Richard Tedeschi:** Writing – review & editing, Supervision, Investigation. **Bret Moore:** Writing – review & editing, Supervision, Investigation. **Taryn Greene:** Writing – review & editing, Supervision, Investigation. **Jeff Kinman:** Project administration, Investigation, Data curation. **Gary Elkins:** Writing – review & editing, Supervision, Investigation, Conceptualization.

### Ethics statement

This study was determined to be exempt from IRB review (Baylor University, IRB Reference #: 2284725). The participants provided their written informed consent to participate in this study.

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The author(s) declare that no financial support was received for the research, authorship, and/or publication of this article.

### Declaration of competing interest

TG, RT, BM, and GE receive payment for consulting services through the Boulder Crest Institute for Posttraumatic Growth. The remaining

authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

### Acknowledgments

We are grateful to all the participants in the Warrior PATHH (WP) program and their Expert Guides.

### Appendix A

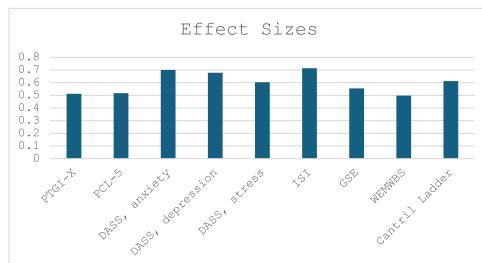


Fig. 1.

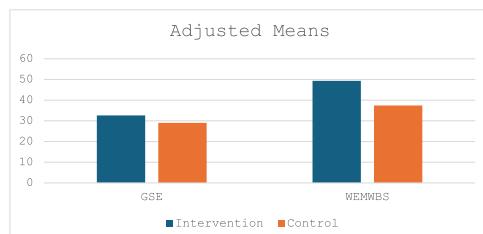


Fig. 2.

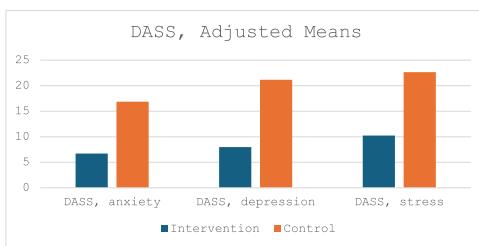


Fig. 3.

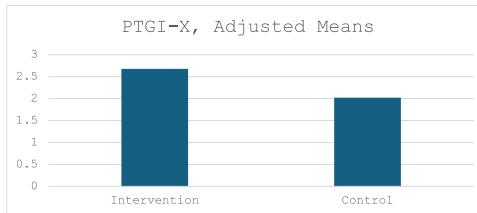


Fig. 4.

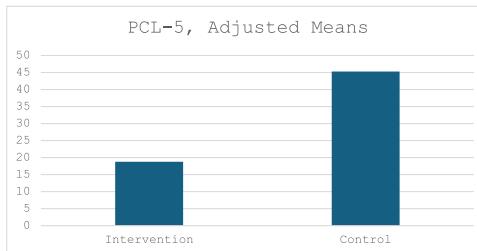


Fig. 5.

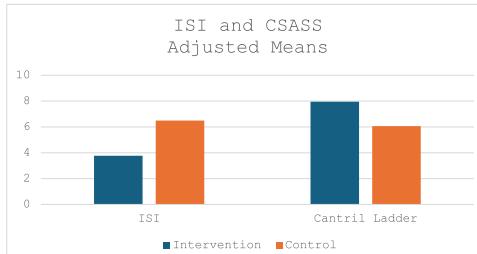


Fig. 6.

## Data availability

The data that support the findings of this study are not readily available because of concerns for confidentiality. Requests to access the datasets should be directed to the corresponding author, TG.

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## BOULDER CREST FOUNDATION SCIENTIFIC ADVISORY PANEL

The development and evolution of all aspects of Warrior PATHH is supported by the Boulder Crest Foundation Scientific Advisory Panel. The Panel includes luminaries from across the field of psychology.



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**Taryn Greene, Ph.D.**  
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**Jane Shakespeare-Finch, Ph.D.**



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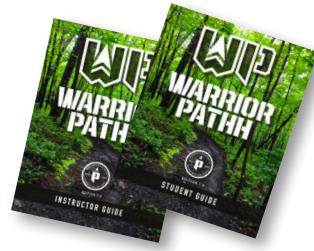
**Judah Viola, Ph.D.**

# WHAT'S NEXT

2026 represents the twelfth year of Warrior PATHH delivery, and our commitment to continuous improvement and research is as steadfast as ever. To that end, we have identified seven actions in 2026:

## IMPLEMENT 8.0 EDITION OF WARRIOR PATHH CURRICULUM

Based on feedback from our students and instructors, we have made significant changes to enhance the curriculum for 2025, in the form of edition 8.0.



## ENHANCE myPATHH CONTENT

The myPATHH app continues to be an incredible success since we rolled it out with the 5.0 curriculum. Student and Alumni engagement levels continue to be strong in both the community and learning areas of the app. 2026 will see a revamp of our post-Initiation curriculum, to include new modules and regular emails.

## CONTINUE RESEARCH COLLABORATION WITH BAYLOR

In 2022, Boulder Crest began collaborating with Dr. Gary Elkins of Baylor University, to provide anonymized data from Warrior PATHH participants for study and investigation. This work, which will continue in 2026, has been the subject of multiple journal articles, and made major contributions to the field of PTSD-related programs for the military and first responder communities.



## CONTINUE GROWING THE CAPACITY OF THE NETWORK

Warrior PATHH continues to experience substantial growth in the number of applications, the result of students spreading the word about their transformative experiences. To keep pace with growing demand, our partners have continued to increase the number of programs they will deliver and students they will serve this year. This expansion is made possible by support from the Avalon Action Alliance. As a result, we anticipate growing the number of students served from 1,200 in 2025 to nearly 1,500 in 2026.

**AVALON**  
ACTION ALLIANCE

## **CONTINUE IMPLEMENTATION OF STAFF SERGEANT FOX SUICIDE PREVENTION GRANT FROM THE DEPARTMENT OF VETERANS AFFAIRS**

In 2022, the Department of Veterans Affairs established the Staff Sergeant Fox Suicide Prevention Grant Program, focused on providing resources for community-based suicide prevention efforts. Two Warrior PATHH delivery organizations — Boulder Crest Foundation and Permission to Start Dreaming Foundation — received grants through this program and are in the fourth year of implementing the grant. We are hopeful that this critical program is extended and expanded in 2026, and could support the delivery of Warrior PATHH across all of our partner organizations.

## **VALIDATING PTG AS A PROTECTIVE FACTOR AGAINST SUICIDE**

In 2026, we are launching an intensive research initiative to explore the relationship between Posttraumatic Growth and suicide prevention. By analyzing Warrior PATHH data collected since January 2021, we are overlaying a model that positions PTG not just as a result of healing, but as a critical protective factor against suicidality. This study aims to provide clear, empirical evidence of how our curriculum actively reduces suicidal ideation by replacing despair with a sense of purpose and belonging.

## **MEASURE AND CULTIVATE VICARIOUS POSTTRAUMATIC GROWTH**

In 2026, we are officially launching a nationwide initiative to study and support the Vicarious PTG experienced by our Warrior PATHH Guides. This research explores the profound reality that growth does not stop after graduation; it continues as our Guides lead others through the fire. By collecting quantitative data via a seven-point assessment post-program and integrating qualitative insights from our Senior and Master Guide Academies, we aim to map how the act of service reinforces a Guide's own transformation.

“

THIS WEEK HAS BEEN ONE OF THE MOST PROFOUND AND TRANSFORMATIVE EXPERIENCES OF MY LIFE. FOR THE FIRST TIME IN YEARS — MAYBE EVER — I ALLOWED MYSELF TO SLOW DOWN, FEEL DEEPLY, AND BE FULLY PRESENT WITH MY STORY, MY PAIN, AND MY TRUTH. THE WARRIOR PATHH PROGRAM CREATED A SPACE WHERE I COULD FINALLY DROP THE ARMOR I’VE BEEN WEARING FOR SO LONG AND START FACING THE BATTLES WITHIN.

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OVER THE PAST SEVEN DAYS, I’VE RECONNECTED WITH EMOTIONS I HAD BURIED — GRIEF, LOVE, ANGER, PRIDE — AND LEARNED THAT THOSE FEELINGS DON’T MAKE ME WEAK; THEY MAKE ME HUMAN. I’VE BEGUN TO RELEASE THE SHAME AND GUILT THAT HAVE WEIGHED ME DOWN, AND I’M WALKING AWAY WITH A RENEWED SENSE OF PURPOSE, CLARITY, AND PEACE.

MOST IMPORTANTLY, I NO LONGER FEEL ALONE. I’VE BUILT BONDS WITH A GROUP OF MEN WHO HAVE SEEN ME AT MY MOST VULNERABLE AND ACCEPTED ME WITHOUT JUDGMENT. THAT BROTHERHOOD, THAT UNCONDITIONAL SUPPORT, HAS REMINDED ME THAT I’M NOT BROKEN — I’M HEALING.

I CAME HERE CARRYING THE WEIGHT OF WAR, LOSS, ADDICTION, AND REGRET. I’M LEAVING WITH HOPE, TOOLS FOR CONTINUED GROWTH, AND A DEEP BELIEF THAT I HAVE THE POWER TO TRANSFORM MY PAIN INTO PURPOSE. I AM NOT THE SAME MAN WHO SHOWED UP A WEEK AGO — AND I NEVER WILL BE AGAIN.

— WARRIOR PATHH GRADUATE

**“THERE IS NOTHING NOBLE IN BEING SUPERIOR TO YOUR FELLOW MAN;  
TRUE NOBILITY IS BEING SUPERIOR TO YOUR FORMER SELF.”**  
— ERNEST HEMINGWAY

Warrior PATHH is the nation's first-ever program designed to cultivate and facilitate Posttraumatic Growth in combat veterans and first responders, and train these remarkable men and women to transform times of deep struggle into profound strength and lifelong growth. Over the course of 3 months, beginning with a week of immersive and intensive training, students are able to make peace with their past, learn to live in the present, and begin planning for a great future – full of passion, purpose, and service – here at home.

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*“Warrior PATHH proceeds through the intervention steps described by Tedeschi and McNally (2011), and Calhoun and Tedeschi (2013), to facilitate Posttraumatic Growth. These steps derive from the model of the Posttraumatic Growth process that is well-validated in research studies of military service members and other trauma survivors.”*

*– Dr. Richard Tedeschi, Psychologist and Co-Founder of Posttraumatic Growth*

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*“Words cannot describe the effect and internal shift inside. I am, for the first time in my life, not at war within. The peace and calm feeling is foreign to me entirely, but wonderful. Here, you have discovered how to give a person their soul back.”*

*– Warrior PATHH Graduate*

