A Scoping Review of Protective Factors that Contribute to Posttraumatic Wellbeing for Trauma-exposed Veterans and Military Service Members

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BACKGROUND

Military service members and veterans are at risk for negative mental health outcomes from trauma. Resilience, or healthy adaptation to trauma and stress, is prevalent. There is a need to synthesize the literature on military trauma resilience, which has grown over the past few decades. Study aims:

- 1. Describe the current state of the literature on protective factors and wellbeing outcomes for military service members and veterans, using the Resilience Portfolio Model
- 2. Identify specific protective factors, including interventions, that predict wellbeing outcomes
- 3. Clarify next steps in military resilience research

METHOD

PubMed and PsycINFO databases were searched using keywords about military/Veterans, PTSD Criterion A event exposure, posttraumatic stress, and wellbeing outcomes. For abstracts that met screening criteria, full texts were reviewed. Double-coding by two reviewers was used at both stages, with a third coder resolving conflicts. See Figure 1 for PRISMA diagram. Inclusion criteria:

- Empirical study
- Military/Veteran samsple
- PTSD criterion A event exposure
- More than 1 protective factor examined
- More than 1 wellbeing outcome examined

A Bibliometric Network Analysis (Figure 2) was used to visualize the topics covered.

RESULTS

- Quality of life, psychosocial functioning, and posttraumatic growth were the most commonly measured wellbeing outcomes. Social support and mindfulness were the most commonly examined protective factors.
- Across intervention types (CBT-based, third wave, complementary), some interventions were efficacious for wellbeing outcomes (mainly quality of life), but many had negligible or non-significant effects.
- Studies examining a range or protective factors tended to include a regulatory strength, meaning-making strength, and social support but generally omitted internal, interpersonal strengths.

Table 1. KEY FINDINGS

- 1. The myth persists that wellbeing is less important than symptom reduction in trauma care.
- 2. Most studies of military posttraumatic wellbeing are risk-focused, rather than strengths-focused or a balance of both.
- Across intervention studies, evidence is weak for effects of interventions on wellbeing. Daily practice and intensive interventions are most promising.
- 4. Broad measurement of adaptive coping has limited utility.
- The lack of consensus on a definition of resilience hinders the propulsion and quality of literature overall.
- 6. Promising regulatory strengths need further exploration.
- 7. Mechanisms and specific sources of meaning-making are understudied.
 8. Other than social support, interpersonal strengths and external
- resources are understudied for SMs/veterans.

 9. Few system-level interventions or external supports outside standard
- medical care/treatment as usual have been examined.
- 10. Even frequently-studied wellbeing outcomes were commonly paired with specific strengths, resulting in large literature gaps.
- Alongside the emphasis on risk and symptoms, the greatest limitation of the extant literature is inadequate measurement of trauma exposure.
- 2. Homogenous, U.S.-centric sampling limits this body of literature

Our scoping review found *most* types of trauma interventions have limited impact on quality of life for veterans and military service members

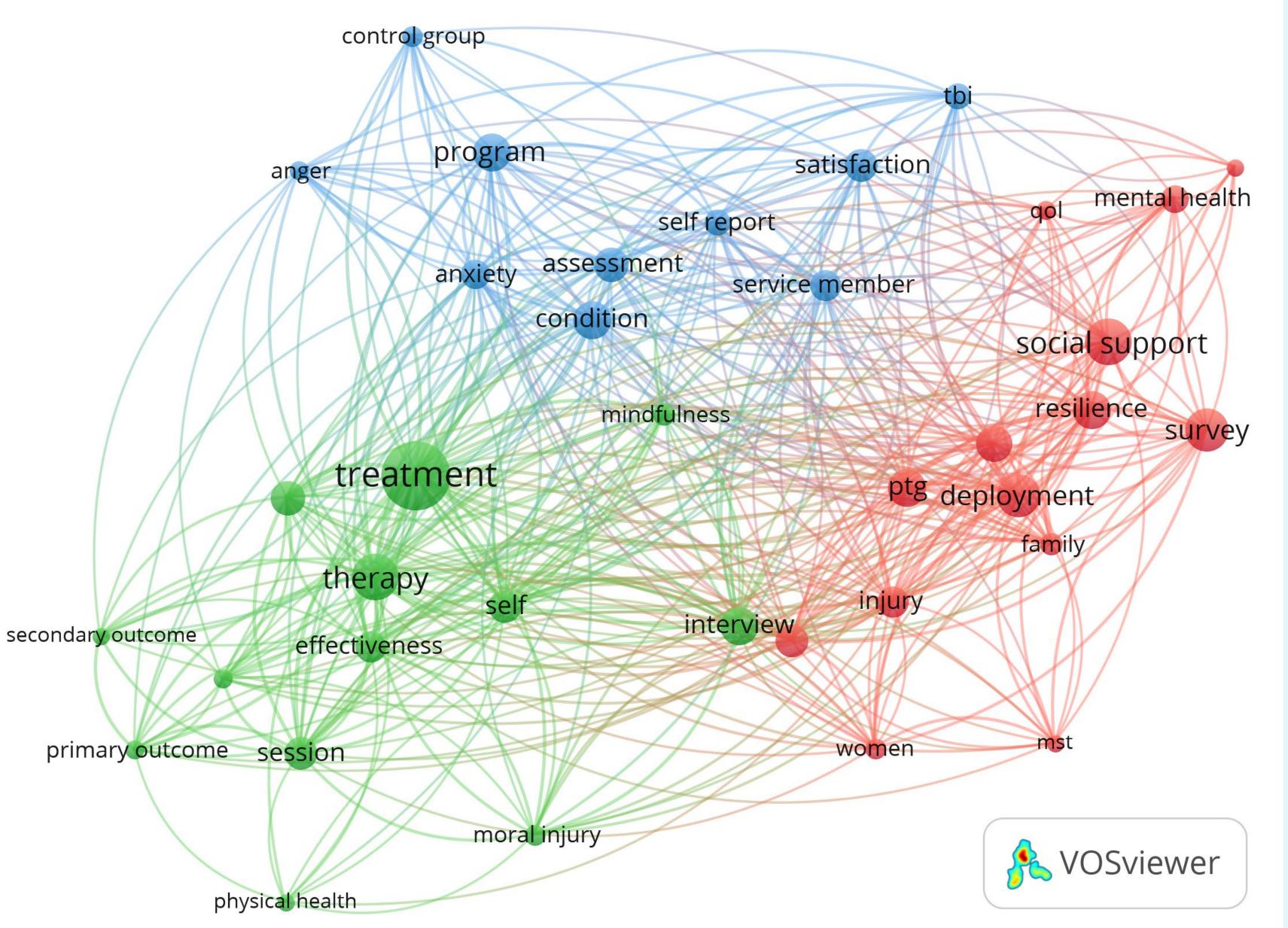


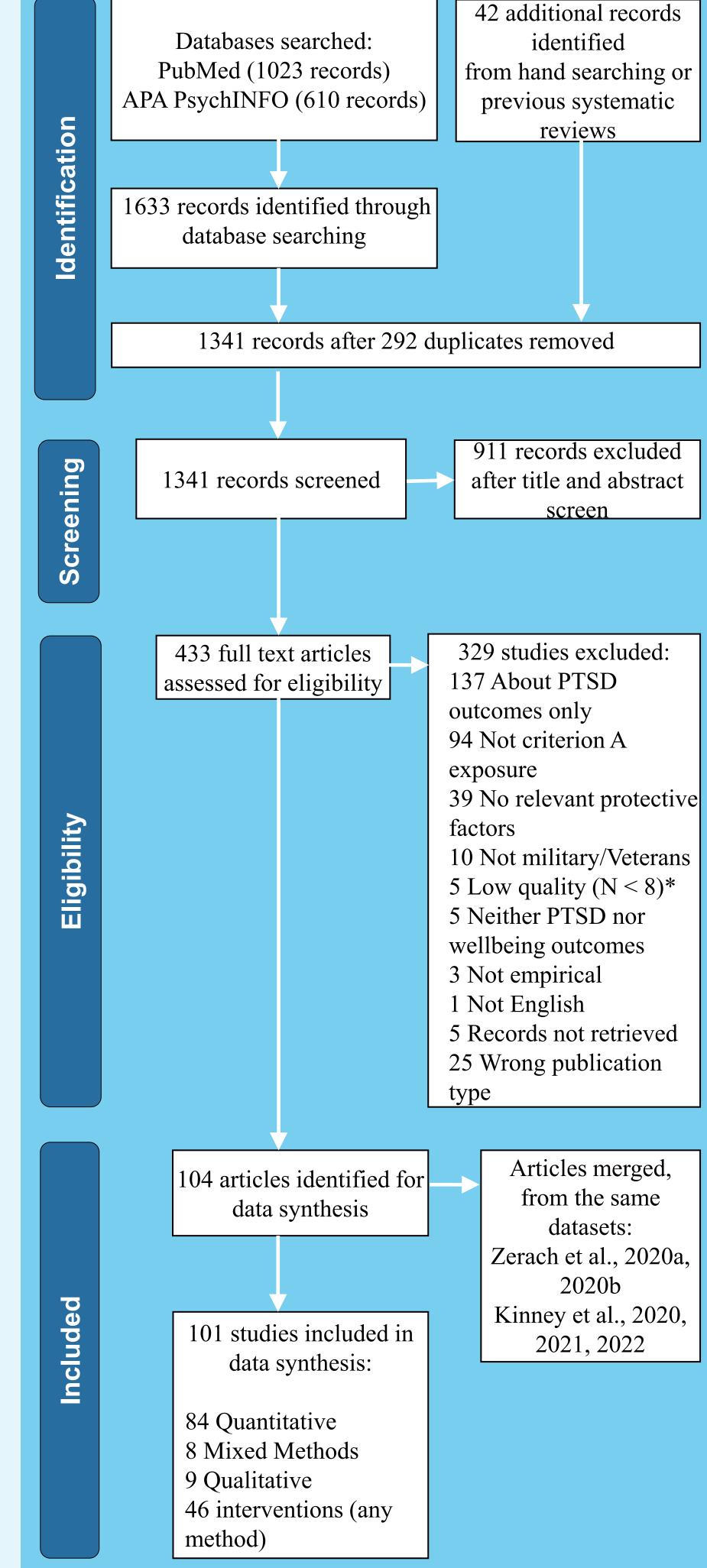
Figure 2. *Network map of keywords in the titles/abstracts of 101 reviewed studies.*Abbreviation notes: mst, Military Sexual Trauma. ptg, Posttraumatic Growth. qol, Quality of Life. tbi, Traumatic Brain Injury.



For references, details, and a copy of the poster, contact bhampton@go.olemiss.edu



Figure 1. PRISMA Diagram



Note. * Indicates studies with N < 8 are part of this count.

	Table 2. IMPLICATIONS		
	Policy Implications	 Focusing attention on systemic barriers to intensive intervention, such as billing and scheduling policies Collecting wellbeing outcomes with the most evidence routinely and using them alongside problem-focused outcomes 	
	Practice Implications	 Intensive and daily practice interventions are most promising for quality of life Assess and harness whole portfolio of strengths, with the patient 	
		 Consensus is needed in defining psychological resilience 	

be developed

Research

Implications

Interventions fostering optimism, executive

functioning, and social connectedness should

Interpersonal effectiveness and making sense

Studies measuring PTSD symptoms should

of trauma should be studied more

also measure trauma exposure