

Psychological Resilience in OEF-OIF Veterans: Application of a Novel Classification Approach and Examination of Demographic and Psychosocial Correlates

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RESEARCH HIGHLIGHTS:

- This study is among the first to examine the connection between resilience, combat-related stress and PTSD in veterans from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF).
- Veterans classified as resilient (i.e., high combat exposure, low combat-related PTSD symptoms) reported more social support, understanding from family and friends, self-perception of purpose and control and strong relational support compared to veterans classified as having PTSD (i.e., high combat exposure, high combat-related PTSD symptoms).
- Veterans with high combat-related trauma and PTSD severity had higher levels of depression and alcohol abuse and lower levels of overall social support.
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ABSTRACT:

“A growing number of studies have examined the prevalence and correlates of psychopathology in Veterans of Operations Enduring Freedom and Iraqi Freedom (OEF-OIF), but few have examined determinants of resilience in this population. This study employed a novel approach to classify psychological resilience in a cross-sectional sample of OEF-OIF veterans. A total of 272 predominantly older reserve/National Guard OEF-OIF veterans completed a mail survey that assessed combat exposure, psychopathology, psychosocial functioning and aspects of social support. Cluster analysis of scores on measures of combat exposure and PTSD symptoms revealed that a three-group solution best fit the data: Controls (low combat exposure, low PTSD symptoms); PTSD (high combat exposure, high PTSD symptoms); and Resilient (high combat exposure, low PTSD symptoms). Compared to the PTSD group, the Resilient group was more likely to be in a relationship and active duty; they also scored lower on a measure of psychosocial dysfunction, and higher on measures of psychological resilience and post-deployment social support. Logistic regression analysis revealed that being in a relationship, having fewer psychosocial difficulties and reporting greater perceptions of purpose/control and family support and understanding were significantly associated with resilient group membership. Results of this study demonstrate a novel approach to classifying psychological resilience and suggest that interventions to mitigate psychosocial difficulties, enhance perceptions of purpose and control and bolster family support and understanding may help promote resilience to combat-related PTSD in OEF-OIF veterans.”

Implications

FOR PRACTICE

Veterans from the Iraq/Afghanistan conflicts who are resilient to high combat-related trauma are less likely to develop PTSD and other related psychological issues after exposure to a traumatic event. Intervention programs, both before and after deployment, could be particularly useful in mitigating psychosocial difficulties including work and family relationships, and can play a key role in ensuring that military service members can transition smoothly back to civilian life. Such programs can also assist military service members in building resilience after traumatic events, enhancing cognitive and behavioral skills and developing a sense of purpose. Programs helping family members and friends of veterans to understand combat also greatly increase that veteran's resilience to trauma and reduce the likelihood of PTSD. Results of this study suggest that greater social support, particularly family support and understanding from others, is strongly linked to resilience in OEF-OIF veterans. These findings indicate the importance of clinicians and community counselors who work with veterans to strengthen their ability to sustain existing relationships and sources of support during times of need. These counselors may help to significantly increase veterans' resilience, which can protect against the development of PTSD and related disorders.

FOR POLICY

In order to address the issue of combat-related trauma, it may be best for policy makers to work directly with veterans who are community leaders and combat-trauma survivors. Veterans who are more resilient, those with strong social networks and/or those who have received counseling to work through combat trauma experiences may be best suited to facilitate the development of stronger coping mechanisms in veterans who have been more recently exposed to combat. These veterans may be a valuable resource in the development of programs and policies related to the treatment of the psychological consequences of combat-related trauma. Policy makers should also fund and support educational programming to increase the awareness of combat trauma, the importance of resilience and social support for veterans and the risks of PTSD associated with combat trauma.

FOR FUTURE RESEARCH

Because the sample was comprised of OEF-OIF veterans from Connecticut who were predominantly Reserve or National Guard members, the results may not be generalizable to the broader veteran population. Future studies should include a more diverse national sample that is more representative of this population and that includes both male and female veterans. Researchers should also utilize diagnostic measures of PTSD symptoms to confirm these findings, as this study relied solely on self-report measures. Future studies can use clinical evaluations and interviews to increase accuracy in reporting PTSD and related symptoms such as depression, as well as other relevant health measures. Researchers should also perform a longitudinal study to investigate changes in resiliency over time; how social support, resilience-related factors (e.g., self-efficacy), and PTSD symptoms are interrelated; and how other factors may impact resiliency. Finally, future studies should examine the effectiveness of programs designed to mitigate post-deployment psychosocial difficulties, and promote and enhance social support and resiliency in military service members.

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