BACKGROUND
Research around transition to civilian life indicates that for a small number of people, leaving the Armed Forces may be a challenge to well-being [Ahern et al 2015; Cooper et al 2016]. It is important to evaluate research evidence on the effectiveness of interventions to protect well-being given a small number do experience difficulties, and also in order to inform decisions about allocation of resources and which interventions it may/ may not be important to develop or fund.

METHODS
A systematic review was conducted in 2017 on the effectiveness of well-being interventions for Armed Forces personnel transitioning back to civilian life.

RESULTS
Twelve research articles evaluating the effectiveness of interventions to protect well-being were included in the review. The studies were all conducted in the USA and the interventions included expressive writing, ways to manage arousal levels, negative emotions and intrusive thoughts, relaxation, resilience and ways to promote connection in relationships. The interventions are described in the following pages.
Expressive writing

Two randomized controlled trials (RCTs) evaluated the effectiveness of expressive writing about feelings around the challenges of reintegrating back into civilian life.

In the first study (N=1292) participants were recruited from a register of USA Iraq and Afghanistan veterans. The intervention was to write online for twenty minutes a day during a ten day period. Writing was associated with significant reductions in negative emotions, physical symptoms and distress, and some effects were maintained six months later [Sayer et al 2015].

In the second study participants were soldiers and their spouse reuniting post-deployment (N=102 couples). The intervention comprised expressive writing about emotions surrounding the transition home. Writing was on paper for three x fifteen minute sessions. The intervention had a positive effect on marital satisfaction. Effects were greatest for those couples with a soldier reporting higher combat exposure [Baddeley & Pennebaker 2011].

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Interventions to support reintegration and relationships

Life Guard was a mandatory two-hour long intervention for resilience and reintegration and was evaluated with National Guard soldiers recently deployed (within 3-9 months). The intervention was associated with reductions in symptoms of depression, anxiety and PTSD and improved marital satisfaction [Blevins et al 2011].

Mission Reconnect is an intervention to promote well-being and connection in relationships. The intervention is self-directed and multi-media and techniques included relaxation and massage. Veterans and their partners (N=43 couples) reported improvements in self-compassion, and reductions in stress, pain, tension and worry after the intervention. In addition symptoms of PTSD and depression were reduced with effects maintained two months later [Collinge et al 2012].

In a follow up study Mission Reconnect was evaluated via randomized controlled trial. Acceptability was good and benefits of the intervention were maintained up to 4 months later [Kahn et al 2016].

Interventions for managing negative emotions

An intervention aimed at reducing arousal levels and irritability was evaluated in a randomized controlled trial. Participants in the study were USA veterans of Iraq and Afghanistan (N=23) who were self-reporting difficulties. The intervention was delivered individually over 12 weeks and included cognitive behavioural techniques and relaxation. Significant beneficial effects were demonstrated including on relationships, and with some effects maintained three months later [Shea et al 2013].

Strength at Home Friends and Families was delivered to groups of veterans and their partners (N=70) and was led by a clinician for ten x weekly two-hour sessions. Participation was associated with significant beneficial effects on relationships, and reduced symptoms of depression and PTSD. Improvements occurred for veterans and their partners, and most effects were maintained three months later [Hayes et al 2015].

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Interventions for Resilience

Moving Forward focussed on regulating negative emotions and managing arousal levels. Veterans (N=479) experiencing challenges reintegrating into civilian life reported reductions in symptoms of depression and distress, and improvements in problem-solving and resilience. In addition acceptability of the intervention was good [Tenhula et al 2014].

Vets Prevail consisted of six short taught sessions on coping techniques (e.g. problem-solving) plus peer support. Veterans (N=50) expressing symptoms of distress reported reductions in symptoms of depression and PTSD three months after the intervention [Van Voorhees et al 2012].

Master Resilience Training focussed on developing competencies including connection, optimism, self-awareness, and character strength. Participants (National Guard) reported benefits from the intervention and 90% described using the skills in military and civilian life [Griffith & West 2013].

Sylvia et al. [2015] evaluated a resilience program (Resilient Warrior) with 15 post 9-11 veterans recruited through adverts and social media. Although a measure of resilience did not indicate significant change after the intervention, symptoms of depression and stress were reduced and acceptability of the intervention was good.

Intrusive thoughts

An 60-minute intervention called RESET for managing intrusive thoughts by accepting them was evaluated in a randomized controlled trial. Participants were soldiers (N=1524) recently returned from deployment and recruited via adverts. The intervention had some small beneficial effects on reducing distress and intrusive thoughts [Shipherd et al 2016].
SUMMARY

Few studies met criteria for inclusion in the review.

The well-being interventions demonstrated some potential to improve indicators of well-being in soldiers and veterans adjusting to civilian life. Most of the participants in the studies reviewed had already left the Armed Forces.

Although the well-being interventions were aimed at prevention of mental health conditions many participants in the studies reviewed were reporting difficulties or had symptoms of reduced mental health at baseline, and were either recruited via clinical services and/or were seeking support.

There was much variation across the studies in terms of design, the characteristics of participants and the interventions evaluated. This means it should not be assumed the interventions would be effective in other circumstances and this would require further evaluation.

FUTURE RESEARCH

Suggested future research areas include exploration of conceptualisations of well-being and acceptability of preventative interventions.


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REFERENCES


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