Received: 1 May 2024 | Revised: 25 June 2024 | Accepted: 26 June 2024

DOI: 10.1002/jts.23091

ISTSS International Society for Traumatic Stress Studies WILEY

BRIEF REPORT

"It made me feel more alive": A qualitative analysis of quality of life improvements following completion of trauma-focused therapy for posttraumatic stress disorder

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Funding information
U.S. Department of Veterans Affairs, Grant/Award Number: IIR 14-030

Abstract

Posttraumatic stress disorder (PTSD) is associated with poor quality of life. Although randomized clinical trial data show improvements in quality of life following trauma-focused therapies (TFTs), including prolonged exposure therapy (PE) and cognitive processing therapy (CPT), less is known about how these improvements are experienced from the trauma survivor's perspective. A national sample of 60 veterans who recently completed TFT as part of routine care at U.S. Department of Veterans Affairs facilities participated in semistructured qualitative interviews during which the impact of treatment on quality of life was explored. Following a mixed deductive/inductive approach, six interrelated themes describing changes in quality of life emerged: full participation in social activities, greater emotional intimacy in relationships, improvements in parenting, expanded engagement in hobbies and community, increased occupational commitment and confidence, and more joy in life. The data highlight the positive impact of treatment on quality of life and provide depth to quantitative findings demonstrating improvements in quality of life following TFT.

Posttraumatic stress disorder (PTSD) can negatively impact a person's quality of life (QoL) and well-being (Kehle et al., 2011; Schnurr et al., 2009; Williamson et al., 2023). A large body of research supports the short- and long-term efficacy of evidence-based treatments for PTSD (Cusack et al., 2016; Kline et al., 2018; Watts et al., 2013), including prolonged exposure therapy (PE; Foa et al., 2019) and cognitive processing therapy (CPT; Resick et al., 2017). PE and CPT have been shown to result in clinically meaningful improvements in symptoms across populations and trauma types (McLean et al., 2022; Powers et al., 2010; Watts et al., 2013). Consequently, PE and CPT have been the focus of a system-wide dissemination and implementation effort within the U.S. Veterans Health Administration (VHA; Karlin & Cross, 2014), and current Department of Veterans Affairs (VA) policy mandates that these treatments be made available to all veterans with a diagnosis of PTSD (U.S. Department of Veterans Affairs, 2012).

A growing body of research consistently shows improvements in quantitative measures of QoL following PE and CPT (e.g., Holliday et al., 2015; Peterson et al., 2023; Schnurr et al., 2007, 2022; Schnurr & Lunney, 2012). Although such measures are essential for evaluating effectiveness, they are limited in their ability to fully capture meaningful improvements and changes in patients' lives resulting from treatment. Qualitative research may provide a useful method for investigating patients' responses to treatment and developing a deeper understanding of their impact on QoL. It can also help identify promising targets for improving treatment and treatment delivery to further increase the effectiveness and implementation of trauma-focused therapies.

To date, only one qualitative study of which we are aware has reported patients' self-perceived changes resulting from evidence-based treatment for PTSD. Hundt and colleagues (2017) interviewed veterans ($N = 23$) about their experiences in PE or CPT in a Texas VA PTSD clinic and found that most respondents found PE or CPT to be helpful. More specifically, the authors noted reductions in PTSD symptoms and improvements in a variety of life domains (e.g., romantic relationships, occupational functioning) and participants' general outlook on life. However, the study centered on perspectives of treatment broadly rather than the impact of treatment on QoL, per se, and details regarding the types of improvements participants experienced were not presented. Thus, to build on these findings and construct a nuanced understanding of veterans' improvements in QoL following trauma-focused therapy, we analyzed data from semistructured interviews conducted with a national sample of veterans who recently completed PE or CPT in VA routine care. Although quantitative measures of QoL provide information about broad changes across general domains, these data shed light on specific improvements that veterans experienced following treatment completion.

METHOD

Participants and procedure

Participants were 60 veterans who had recently completed PE or CPT in routine clinical care at VA clinics nationwide (PE: $n = 30$, CPT: $n = 30$), defined as attending a minimum of 10 PE sessions or 12 CPT sessions in addition to having a "final session" note. Veterans were identified from VA administrative data using a stratified (i.e., service era, type of therapy, and gender) purposive sampling strategy, which captures the major variations within the population while identifying common cores within subgroups of interest (Patton, 2015). Women were oversampled relative to their representation in VA PTSD clinics; veterans were purposively selected to reflect the racial diversity present in VA PTSD clinics nationwide. A subset of veterans who had recently completed PE or CPT and were within the purposive sampling strategy were randomly selected to receive a letter inviting them to participate in a 90-min recorded telephone interview to discuss their PE or CPT experience for which they would be paid $75 (USD) for their time. Interviews, which were conducted within 3 months of treatment completion, assessed treatment experiences, social influences on treatment participation, beliefs about treatment and PTSD, symptoms and functioning, logistical barriers to treatment, and engagement behaviors. Interviewers held doctoral- or masters-level degrees in clinical or counseling psychology. Additional details regarding the study sample selection and procedures are published elsewhere (Kehle-Forbes, Ackland, et al., 2022). The Institutional Review Board of the Minneapolis VA Healthcare System approved all study procedures. All participants who engaged in the qualitative interviews provided verbal informed consent prior to study participation; the requirement for written documentation of informed consent was waived.

Data analysis

Interviews were audio-recorded and transcribed verbatim. NVivo 10 software was used for data management and to facilitate the coding process, which used a mixed deduc-

tive/inductive approach. Initial coding was guided by the primary study's conceptual model, which was rooted in social cognitive theory (Bandura, 2004) and the theory of planned behavior (Ajzen, 1985). Top-level codes were applied to six transcripts by all seven members of the coding team; after the initial coding of each transcript, the team met to refine codes and their definitions, identify exemplar quotes, and identify text segments that codes were not intended to capture. After top-level codes were fully developed, they were applied to the remaining transcripts. Second-level codes were then deductively identified by pairs of coders. Coders began by jointly reading transcript segments to establish the full codebook before independently coding transcripts and comparing codes to prevent drift and resolve discrepancies. The following second-level codes were used for this analysis: *symptom or functioning change resulting from treatment*, *consequences of symptom change*, and *engagement in life*.

RESULTS

Approximately 83% of invited treatment completers participated in an interview. Two thirds (66.7%) of the sample reported their gender as male and 33.3% as female. A majority of participants (66.7%) self-identified as White, 23.3% identified as Black, and 6.7% reported a different racial identity; 13.3% of the sample identified as Hispanic. Half of the sample were veterans of recent conflicts in support of operations in Iraq and Afghanistan, one third were Vietnam-era veterans, and the remainder were from the post–Vietnam era. Six themes emerged from participants' descriptions of the impact of the completion of PE (n = 30) or CPT (individual CPT: n = 16, group CPT: n = 14) on their daily lives beyond PTSD symptom improvement. Most participants experienced improvements in QoL following treatment, all of which fell into the following interrelated themes: full participation in social activities, greater emotional intimacy in relationships, improvements in parenting, expanded engagement in hobbies and community, increased occupational commitment and confidence, and more joy in life. Many participants reported improvements in more than one domain, most often in two areas. These themes mapped onto two of the three QoL domains identified by Gladis et al. (1999): functioning (role performance) and satisfaction (well-being). No identified themes mapped onto the third domain of social–material conditions (e.g., financial status, living conditions). Though it was not a focus of this manuscript, a very small minority of participants reported worsened familial functioning during treatment; one veteran indicated that worsening persisted beyond treatment completion. Table 1 presents representative quotes for each of the themes, further described here.

Changes in functioning

Full participation in social activities

Many participants reported increased participation in social activities with their families. Veterans reported spending more time and more fully engaging in family activities with spouses, children, and extended families. Several veterans noted spending more quality time with their spouses; one veteran joked, "I'm doing the quintessential date night where actually you go somewhere with your wife and talk to her. Kind of different. I'm being facetious, but that's true. We take time now." Veterans also described that while they had participated in social activities prior to treatment, they were more fully engaged in these activities posttreatment. For example, one participant stated, "I don't sit there and zone out while people are talking as much. I can enjoy conversations with people and groups of people, like if we go out at night." As this quote also demonstrates, veterans' expanded social activities spread beyond their immediate family to extended families and communities more broadly. For example, one veteran described that before treatment, he would attend church services but would sit in the back and leave immediately. After treatment, he sat in the middle and stayed afterward to mingle with other congregants.

Greater emotional intimacy in relationships

Many veterans noted that in addition to interacting more with others, they were experiencing more depth and emotional intimacy in their relationships. Participants reported that they were able to share some of their traumatic experiences with others following treatment, which deepened their relationships. As one veteran stated, "I can talk to other people, like my neighbor who is my best friend, I can talk to him a little about what went on. And I've never done that with anybody before." Several participants also reported being able to better describe their symptoms and emotions to loved ones, which enhanced their relationships. For example, one participant noted, "I can tell people what I'm going through now. Before I wouldn't tell them nothing, now I tell them why I do certain things." This veteran went on to describe how this had deepened understanding and authenticity in life-long relationships.

Improvements in parenting

Veterans described perceived improvements in their parental functioning. At the center of many of these

TABLE 1 Summary of qualitative themes and exemplar quotes

Theme	Exemplar Quotes
Full participation in social activities	"I used to isolate myself a whole lot. I didn't want to be bothered. I didn't want to interact with a lot of people, but now I'm interacting with my family again. I have a den way in the back of the house where I would isolate myself. But I've come out of that. I'm back up in the front of the house with my family, with my wife and kids, talking with them and stuff."
	"I was able to, like, make calls to relatives and people that I hadn't talked to in years because I thought they're going to judge me on what I did when I was in the military regardless of what they knew or didn't know. I was able to start making contact with people again."
Greater emotional intimacy in relationships	"I'm happy because I'm starting to get back with my family that I had avoided for decades. I'm talking to my sisters, my brothers. I visited my sisters and talked to them about it. They knew something was wrong with me. I always worked. That's all they remembered me by in the last 40 years, was I was always working. Now they know why."
	"I've been letting my wife in.…This time I had a flashback, I told her about it and we worked through it together, and that helped my relationship because then she felt more comfortable with me because I let her in into my touchy, low moment and it helped me feel more connected to her because I realized that she was there for me. So this program, it helped my marriage, too."
Improvements in parenting	"This summer I took my kids to the waterpark. And I sat like…when we went into the wading part, I sat in the water with my kids, and we were playing. I wasn't worried about getting jumped or anybody hurting me or hurting them."
	"I'm a little bit calmer, more understanding with my kids without losing my cool. I'm a little more patient. It strengthened my relationship with my husband and my children."
Increased occupational commitment and confidence	"I assert myself [at work] a lot better. It still feels weird, and it still feels upsetting, but I don't have anything to lose by asking for what I need. PE has helped me a lot with my esteem."
	"It's just made me more productive. I've been more successful at school and work lately."
Expanded engagement in hobbies and community	"I'm back to playing with my kids. I'm back to truly laughing. I'm back with cooking food occasionally and grilling out, getting ready for hunting season, volunteered coaching for my son's baseball team. You know, I got to enjoy baseball again."
More joy in life	"Just the same way that everything kind of snowballed downhill, it's kind of been an exponentially good few months here lately. The confidence that I got from the therapy applies to everything. [I have] a better outlook on life in general, and I don't feel like I'm being beaten anymore. Kind of the opposite—I feel like I have beaten my PTSD."
	"It made me feel more alive. I was like, 'Oh my god, I can do this.' I was like, 'I haven't done some of these things in like 10 years. This is awesome.'"

Note: PE = prolonged exposure therapy; PTSD = posttraumatic stress disorder.

improvements were reductions in anger or an improved ability to manage anger when it occurred. One participant stated, "I am more patient with my kids. My temper isn't as explosive." A second veteran noted:

> I'm back to playing with my kids. I'm living life. I'm laughing with my kids. I'm going outside and playing with my kids, sports, video games, whatever it was. I'm not yelling as often, I'm not angry as often, my fuse is longer.

This quotation also highlights another way in which veterans reported improvement in functioning: They noted more quality time spent with their children. This included more participation in daily activities and better communication. One participant said, "I think that helped my relationship with my daughter quite a bit. I was just able to stay more engaged in conversations more frequently."

Increased occupational commitment and confidence

Several veterans noted positive changes in their performance at work or school. Some of those changes were the result of increased confidence and self-efficacy. As one participant described:

> I think it helped me a lot with my professional relationships because a lot of times, I used humor to avoid serious situations…[therapy] helped me be more, I don't want to say serious.…The effort involved to have a legitimate conversation about a topic at hand, that has definitely improved. That helped me professionally.

Other veterans noted an increased ability to engage in work and school due to reduced symptoms. One veteran

reported, "I'm able to get up and go to work…more than I was before I started the therapy, a lot more than when I started the therapy."

Changes in satisfaction and well-being

Expanded engagement in hobbies and community

Participants noted increased participation in recreational activities, hobbies, and their communities. For most participants, this translated to having more enjoyment in their day-to-day lives. As one female veteran described:

> I went to a festival that I had been going to for a few years. But whenever I'd go, I really didn't have that much fun because I was always focusing on the people and the men…and not wanting to be noticed. I'd be there but really didn't enjoy it. And this time, I was able to go to this festival and get involved at looking at the arts and crafts and was able to focus on that and not the men around me. And I actually had a nice time.

A smaller number of veterans also described engaging in new activities that increased meaning in their lives. One veteran noted, "After I started therapy, I started leaving my house, talking to people, just communicating within the community. I ended up joining the volunteer fire department. So that kind of gave me a sense of belonging again." Other veterans reported increased meaning through helping other veterans access PTSD treatment.

More joy in life

As evident in the quotes presented in other themes, veterans broadly reported experiencing more joy and happiness in their day-to-day lives. Often, this was tied to increased satisfaction across important areas of functioning, as demonstrated in the following quote:

> I feel like it has definitely helped my relationship with my wife and my kid at home and at work. This trauma guilt, this weight, this trauma weight has definitely lessened off my shoulders, which has made life a lot more enjoyable, and I can definitely see the benefits at home and at work, and in my day-to-day life.

Veterans also reported an overall increase in positive emotions and happiness. As one veteran said, "I even find that I laugh a little bit more."

DISCUSSION

This qualitative study of a national sample of veterans supports prior quantitative findings demonstrating improved QoL following PE and CPT. Veterans described increased satisfaction and well-being, including fulfillment and enjoyment in life and profound improvements in multiple domains of functioning, such as relationships, parenting, and work. Veterans did not describe improvements in the third domain of QoL, social–material conditions; this may be because interviews were conducted shortly after treatment completion, and changes in this domain may take longer to materialize. The long-term impact of PE and CPT on factors such as employment and housing stability should be explored in future research.

The improvements in QoL that veterans in this sample described may be useful for clinicians as they present PE and CPT as treatment options for patients. In addition to seeking to reduce core symptoms of PTSD (e.g., nightmares), veterans often identify goals related to improving overall QoL (Rosen et al., 2013). Engaging patients in shared decision-making (Hessinger et al., 2018) and tying the potential benefits of treatment explicitly to patient goals, including QoL, may be useful strategies for optimizing engagement in trauma-focused therapy. This paper provides concrete examples of how PE and CPT can improve QoL that clinicians can incorporate into shared decision-making. Indeed, communicating the effectiveness of PE and CPT by highlighting the specific impacts of treatment on veteran functioning may be more impactful than making global statements about reducing symptoms (Kehle-Forbes, Gerould, et al., 2022).

The veterans' descriptions also demonstrate the complex interplay between symptom change and QoL; many improvements described were related to decreases in symptoms (e.g., increased involvement in activities reflecting reduced avoidance and anhedonia) or decreases in overall distress. Interestingly, the veterans' quotes suggest that these improvements in QoL could, in turn, serve to maintain symptom improvements. Increased engagement in meaningful activities and relationships may help prevent a return to avoidance behaviors and provide additional opportunities to modify trauma-related beliefs. Whether such QoL improvements facilitate the long-term maintenance of gains in PE and CPT should be quantitatively examined in future studies. Finally, the interrelated themes also point to improvements in self-efficacy across domains of functioning, which has been identified as an

important target for individuals with residual treatment needs post-TFT (Baier et al., 2023). Participation in activities that continue to build veterans' confidence following treatment may help ensure patients realize the full benefits of treatment.

Finally, the findings reinforce the importance of routinely assessing the impact of treatments on QoL. Given the role of QoL improvements in veterans' experiences with treatment, this construct should be routinely measured in PTSD treatment outcome research. Although QoL is often seen as a difficult construct to assess (e.g., Benfer & Litz, 2023), the PTSD-specific Inventory of Psychosocial Functioning (Bovin et al., 2018) assesses the range of functional improvements identified in this study, although, notably, it does not include items related to satisfaction or well-being. Clinicians may also consider integrating measures of QoL into their measurement-based practice during the delivery of PE and CPT; due to the broadness and the length of many available QoL measures, Benfer and Litz (2023) recommend an idiographic approach in which providers routinely assess aspects of QoL that are salient to the patient. In addition to more fully understanding an individual patient's treatment benefits, this method may allow for greater personalization of PE and CPT and, in turn, facilitate more holistic outcomes (Galovski et al., 2024).

The findings of this study must be considered with respect to several limitations. All participants completed PE or CPT and, thus, the reflections captured in this study may not reflect all veterans' perspectives, particularly those who discontinued treatment before completion. Additionally, because participants received care within the VA, the findings may not reflect the experience of nonveteran samples or non-VA settings; however, evidence from studies that have included civilian participants highlights improvements in QoL on self-report measures (Bosch et al., 2020; Le et al., 2018), suggesting the benefits for patients who complete TFT may be similar across populations and treatment settings. Despite these limitations, our results highlight the positive impact of PE and CPT on veterans' lives and provide rich examples of these improvements that can be useful in describing the potential benefits of treatment to patients and guide the selection of quantitative measures in both outcomes research and measurement-based care delivery.

OPEN PRACTICES STATEMENT

The data that support the findings of this study are available from the corresponding author at shannon.kehle-forbes@va.gov upon reasonable request and after completion of all related requirements of the U.S. Department of Veterans Affairs.

AUTHOR NOTE

This material is based upon work supported by a grant from the U.S. Department of Veterans Affairs (VA) Health Services Research & Development (IIR14-030).

The views expressed in this article are those of the authors and do not necessarily reflect the position or policy of the VA or the U.S. Government.

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How to cite this article: Kehle-Forbes, S. M., Baier, A. L., Ackland, P. E., Spoont, M., Polusny, M. A., Schnurr, P. P., Galovski, T., & Meis, L. (2025). "It made me feel more alive": A qualitative analysis of quality of life improvements following completion of trauma-focused therapy for posttraumatic stress disorder. *Journal of Traumatic Stress*, *38*, 158–164. https://doi.org/10.1002/jts.23091