



PTSD AND THE RESILIENCE TRIAD: LEVERAGING POST-TRAUMATIC GROWTH, MINDFULNESS, AND SOCIAL-SUPPORT FOR RECOVERY AND TRANSFORMATION

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Abstract

More than half of the general population experience one traumatic event or the other in their lifetime, with the most common being tragic accidents and life-threatening injuries, unexpected death of a loved one, witnessing someone seriously injured or killed and or being the victim of a crime. This position paper discusses the resilience triad which comprise post-traumatic growth, mindfulness and social support as a vital framework for promoting recovery and transformation in individuals with Post-Traumatic Stress Disorder (PTSD). By acknowledging their interconnectedness as a component that can adopt a holistic approach to PTSD recovery, leading to improved outcome and enhanced well-being. It explores the significance of each component, their intersections, and the implications for treatment approaches. By emphasizing resilience and growth, we can move beyond mere symptom reduction and support individuals in reclaiming their lives and rediscovering purpose and meaning.

Keywords: Post-traumatic growth (PTG), mindfulness, social-support, recovery, transformation.

INTRODUCTION

Misfortune is a part of the happenstance of human experience, it is indeed in the course of the moments of challenge that we as human, discover our greatest opportunities for growth and transformation. Post-Traumatic Stress Disorder (PTSD) is a devastating situation that upsets individuals who have experienced trauma. While traditional treatment approaches often focus on symptom reduction, it is essential to consider the role of resilience in promoting recovery and transformation. The Resilience Triad, consisting of post-traumatic growth, mindfulness, and social support (Alvarado-García, Soto-Vásquez, Infantes, Guzman et al., 2025), offers a comprehensive framework for achieving these outcomes (Dinmohammadi, Dadashi, Ahmadnia, Janani, Kharaghani, 2021). Post-traumatic growth, social support and training are factors that safeguard against the improvement of PTSD (Morganstein, Wynn & West, 2021). By promoting resilience, individuals can convert their trauma into a prospect for growth, regeneration, and post-traumatic growth, these are vital framework for fostering resilience and supporting significant recovery and transformation for individuals with PTSD. This paper explores the impact of the resilience triad on recovery from PTSD with a focus on leveraging post-traumatic growth, mindfulness, and social support to facilitate transformation and improve mental health.



The social support theory proposes that social connections and relationships is vital to our well-being, generally in challenging times. Social support include informational, emotional, and instrumental support (Shang et al., 2020). More than half of the general populace experience at least a traumatic event in their lifetime, commonly accidents and injuries, unexpected death of a loved one, witnessing somebody extremely hurt, killed and or being the actual victim of a violent crime (Morganstein, Wynn, & West, 2021). Recovery and transformation are the ultimate aims for individuals struggling with Post-Traumatic Stress Disorder (PTSD).

Literature Review

Adversity or misfortune is a part of human existence. These evolve into moments of challenge and discovery of our greatest opportunities for growth and transformation. Post-Traumatic Stress Disorder (PTSD) affects individuals who have experienced trauma, this have emotional impact and can be debilitating and traumatic. As much as this situation is debilitating and shattering, it is possible to emerge from the experience with a renewed strength and purpose. The Resilience Triad is a crucial component of PTSD recovery, and its integration into treatment approaches can lead to improved outcomes and enhanced well-being for individuals affected by trauma. Interventions to inhibit PTSD (Greene, Sznitman, Ateka, Prakash, Fried, and Gelkopf, 2022) in trauma-exposed persons are aimed at interfering with over association of the panic (Alvarado-García, Soto-Vásquez, Infantes, Guzman et al., 2025) and its associated memory while accelerating the gradual but total extinction of the memory. This interventions may be pharmacologic or behavioral and may be administered to all exposed persons who demonstrate high levels of acute distress.

The concept of resilience (resilience though, not alone in potency) was developed as a dynamic component in navigating adversity, permitting individuals to participate and acclimatize to challenging experiences. This triad has been shown to foster a deeper sense of purpose, meaning, and fulfillment in the face of adversity (Bonilla-Escobar, Fandiño-Losada, Martínez-Buitrago, et al., 2018). By leveraging the resilience triad, individuals can transform their lives and emerge stronger, wiser, and more compassionate.

Literature Review

Resilience, post-traumatic growth, mindfulness, and social support are interconnected concepts that have been extensively explored in the literature. Harnessing these three elements, can support an individual to shift beyond just survival and shift towards cultivating recovery and healing. The convergence of these resilience triad therefore, creates a dynamic synergy, which, when combined, forms a potent recipe for unlocking human potential, fostering post-traumatic growth, and cultivating a deeper sense of purpose, meaning, and fulfillment. Resilience denotes the ability to bounce back from adversity, trauma, or stress. It is a vital component in navigating difficult experiences and has been linked to positive outcomes such as improved mental health and well-being (Yim, Lorenz, & Salkovskis, 2024). The whole essence of human existence is not about avoiding difficulties in life (which is definitely inevitable) but about confronting and overcoming them. Individuals who demonstrate resilience often possess skills such as adaptability, optimism, and social support networks.

Social support is a key protective factor in the psychological adjustment of individuals to traumatic events (Mitchell et al., 2022). It has been identified as a critical factor in resilience and PTG with an intricate supportive relationships that make available emotional, practical, and informational support. The trauma survivors experiences positive transformation following trauma (Goenjian, Steinberg, & Pynoos, 2022) and growth. This growth is referred to as Post-traumatic growth (PTG). This highlights the likelihood of individuals to experience PTG. In essence, PTG involves giving meaning, finding purpose, and achieving personal growth after adversity. Research has shown that PTG is associated with improved mental health outcomes, including reduced symptoms of PTSD and depression (Morganstein, Wynn, & West, 2021). By adopting PTG, individuals can go beyond survival and flourish when faced with adversity. Individuals who experienced PTG reported higher



levels of life satisfaction and psychological well-being compared to those who did not. While trauma and stress can have debilitating effects, the human essence can harness the power of interventions (Alvarado-García, Soto-Vásquez, Infantes, Guzman et al., 2025) to foster resilience and growth and as such, social support which is another significant factor that can bolster resilience.

These support system can help trauma survivors deal with, recuperate, and sustain psychological well-being. These can come from family, friends, and professionals. Poor social support is reported to be significantly associated with higher levels of psychiatric symptoms following circumstances like miscarriage. Research established that the quality and the quantity of social support received matter a lot when expecting PTG. Shang et al., (2020) stated that high quality, and high quantity of social support guarantees high levels of PTG while low quality and low quantity of extended social support result to low levels of PTG. Specific types of social support that an individual may experience include emotional support (listening support, comfort, and security), informational support (advice and guidance), esteem support (increasing the person's sense of competence), and tangible support (concrete assistance such as providing transportation allowance when needed or simply making available financial assistance).

Posttraumatic growth (PTG) refers to the positive changes in psychological aspects experienced by individuals in the process of struggling with negative life events and situations that are traumatic, not caused by the traumatic event itself, but through the individual's struggle with the traumatic event (Shang, Kaniasty, Cowlshaw, Wade, Ma, & Forbes, 2020). Overall, the literature suggests that the resilience triad (resilience, PTG, and mindfulness) can be leveraged to foster transformation and growth in the face of adversity. By cultivating resilience, PTG, and mindfulness, individuals can develop a deeper sense of purpose, meaning, and fulfillment in life. Post-traumatic growth (PTG) is a concept that highlights the potential for individuals to experience positive transformation following trauma (Shang, et al., 2020).

The practice of mindfulness practices have been shown to increase cognitive functioning and an antidote that improves ability to cultivate self-awareness and emotional intelligence, including attention and memory (Alvarado-García, Soto-Vásquez, Infantes, Guzman et al., 2025), and promote emotional regulation. Post-Traumatic Stress Disorder (PTSD) is an incapacitating mental health condition that is characterized by symptoms such as flashbacks, nightmares, and avoidance behaviors. It can significantly impact the quality of life of an individual. One of the principal benefits of mindfulness for PTSD is that it has the capacity to reduce symptoms (González-Martín, Aibar-Almazán, Rivas-Campo, et al., 2023). Studies have steadily revealed that mindfulness practices, such as meditation and reflection can decrease the incidence and intensity of PTSD indicators.

Mindfulness also assist PTSD survivors to handle stress and anxiety which are common triggers for symptoms. By training individuals to focus on the present moment and letting go of troubling worries of the past or future,. Mindfulness can reduce feelings of being overwhelmed and increase feelings of tranquility. Furthermore to reduce symptoms, mindfulness improves emotional regulation, it is noteworthy to state that emotional dysregulation is a trademark symptom of PTSD, increase of self-awareness and self-acceptance. Mindfulness aids trauma recovery through processing and integrating traumatic memories. This according to Alvarado-García, Soto-Vásquez, Infantes, Guzman et al., 2025 can reduce the distressing effects of traumatic memories and promote a sense of closure and healing. More than a few mindfulness techniques are mainly operative for PTSD, as well as mindful breathing, body scan, and loving-kindness meditation. Mindful breathing has to do with focusing on the breathing to calm the mind and body, while body scan introduces awareness to physical sensations to the body to decrease pressure and agony. Loving-kindness meditation nurtures self-compassion and kindness thereby, plummeting self-criticism and shame.

Several safety measures and considerations to consider are firstly, therapists should be trauma-sensitive and adjust their technique to meet the individual's needs. Secondly, introduce gradual and gentle approach. Lastly, it should be introduced in conjunction with other evidence-based therapies,



like cognitive-behavioral therapy (CBT) and eye movement desensitization and reprocessing (EMDR). In inference, mindfulness is extremely operational complementary therapy for PTSD. Zhang, (2024) on intervention for trauma and induced emotional disorders stated that it reduces symptoms, enhances emotional regulation, and supports trauma recovery.

Suffice that, mindfulness is a highly effective complementary therapy for PTSD. Its benefits include reducing symptoms, enhancing emotional regulation, and supporting trauma recovery (Zhang, 2024). While there are several precautions and considerations to keep in mind, mindfulness can be a powerful tool in the treatment of PTSD. As research continues to emerge on the benefits of mindfulness for PTSD, it is likely that mindfulness will become an increasingly important component of PTSD treatment. In conclusion, the power of resilience, post-traumatic growth, and mindfulness-based interventions offers a beacon of hope for individuals navigating adversity. By fostering resilience, cultivating PTG individuals can transform and emerge resilient, more astute, and compassionate.

Post-traumatic stress disorder (PTSD)

PTSD, is a mental health condition that's caused when there is a temporal difficulty in adjusting and coping due to a distressing event (Ennis, Shorer, Shoval-Zuckerman, Freedman, et al., 2020). The individual may associate traumatic event with the terrifying imaginations of internal world when the survival of the self must have been threatened. An army officer who for instance, lost his close colleague during a war, may sustain both physical and emotional injuries. He may become traumatised and may attempt suicide (Lewis, Roberts, Andrew, Starling, & Bisson, 2020). Another example is a victim of accident, which maybe any form of vehicular mishap. The sound or smell of tar, blood and honking may trigger his memory and subsequently, subject th individual to a spasm of fear and trembling. As the mind lack the capacity to sort out incoming signals, so that, if the feared sound, sight and smell, is re-experienced, the mind responds with an immediate flood of anxiety (Morganstein, Wynn, & West, 2021). There is the emotionally link to the sound of a knock-out or blast to the gun cognitively as coming from an old rickety vehicle passing by or caused by children fooling around, the individual experiences what is known as flashbacks. The soldier or the accident victim will require counselling procedures and reprogramming strategies during therapeutic sessions. Another important aspect to understand is the occurrence of the compulsion to repeat the event, either in a directly recognisable form, or symbolically. This repetition is, at the very least, a sign that something is stuck, a fixation point and has not been worked through, not digested by the mind. In this case, the individual has somatised the emotional pain into severe physical pain, and numbness on one side of the body.

Fixation theory, also known as the "fixation hypothesis," is a psychological concept that attempts to explain the underlying mechanisms of post-traumatic stress disorder (PTSD). According to Sigmund Freud, fixation theory, is applicable when an individual experiences a traumatic event and their normal coping mechanisms subsequently become overwhelmed. At this point, they become fixated on the traumatic memory. This fixation hinders the processing and integrating of the traumatic experience into their own narrative, thereby causing development of PTSD symptoms. The traumatic memory becomes frozen or stuck in time, and the victim or survivor as the case may be, relives the traumatic occurrence through disturbing memories, flashbacks, hallucinations and nightmares. The fixation can also bring about avoidance behaviors. As the person avoids triggers that remind them of the traumatic event. Fixation theory has implications for the treatment of PTSD, suggesting that therapies that help individuals process and integrate traumatic memories, such as cognitive-behavioral therapy (CBT) and eye movement desensitization and reprocessing (EMDR), may be effective in reducing PTSD symptoms. Griffin, Purcell, Burkman, et al., (2019) on moral injury, submit that the victim may tend to experience survivor guilt (such as I should have died to save my pal). This will lead to hyper-reactive reaction to stimuli with recurrent nightmares of terrible events that interfere with their sleep. They may compulsively relive the traumatic experience daily in flashbacks,



experience recurrent nightmares, entertain negative thoughts about self thereby pushing the victim into suicide tendencies.

Technology is beginning to enhance our understanding of genetic factors and biomarkers to more effectively target interventions. Although psychotherapy and pharmacotherapy options exist, they have limitations in their efficacy and tolerability, creating a strong need for newer and novel therapeutic interventions. Counsellors play significant role as the major response agents in the treatment of PTSD (Dinmohammadi, Dadashi, Ahmadnia, Janani & Kharaghani, 2021). Not all PTSD patients respond adequately to preliminary treatment, some show treatment-resistance in diverse degrees. Individual treatment differ from patient-to-patient, therefore, counsellors attempt to select appropriate psychological therapies (Lewis, Roberts, Andrew et al., (2020) or treatment for recovery from trauma.

The following are few examples of symptoms of PTSD:

- **Difficulty Concentrating:** the victim struggles to readjust at work, home and school. The constant state of anxiety will take away the ability to concentrate
- **Memory Loss:** Memory loss happens as a natural defence mechanism.
- **Avoidance of the Reminders of the Event:** The victim would probably avoid everything and everywhere that can jolt the memory. If it occurred for instance in a swimming training session, he would avoid swimming.
- **Nightmares:** The soldier who survived the war will regularly deal with nightmares and vivid, disturbing dreams.
- **Reduced Interest in Favourite Activities:** The mood changes make it difficult to enjoy once-loved activities, as they feel unmotivated and uninterested in work and hobbies.
- **Self-Isolation and Feeling Distant:** People with PTSD may have a hard time being around people for a few different reasons. These include potential triggers, as well as an inability to relate to friends.
- **Anger and Irritability:** The brain goes to fight or flight state, at the least opportunity, strong emotions like anger, general irritability manifests without provocation. This said to be a state of hyper-arousal.
- **Hyper-vigilance:** a state of increased alertness, always ready for any other threats. This draining and distressing alert state is considered the most upsetting of all the symptoms of PTSD (Goenjian, Steinberg, & Pynoos 2022).
- **Intrusive Thoughts:** while going about daily activity, the victim may suddenly be faced with unwanted, upsetting memories.
- **Difficulty Feeling Positive Emotions:** anger, sadness and guilt are the emotions primarily associated with PTSD dampens ability to regulate positive emotions.
- **Insomnia:** It is difficult to let their guard down especially, for the hyper-vigilant trauma sufferers. Additionally, the nightmares they may face at bedtime can make sleep an unattractive proposition.
- **Vivid Flashbacks:** flashbacks may feel intense as though the traumatic event is happening all over again in the present thereby causing panic and sudden, aggressive response. They may be triggered by something as subtle as someone's cologne or a certain tone of voice.
- **Avoiding People, Places and Things Related to the Event:** Many trauma sufferers become withdrawn, they avoid people, places and things connected to the event. Self-blame is not uncommon, they also blame others associated with the event.
- **Risky Behaviours:** Risky behaviours like drug abuse, alcoholism, unsafe sex, high-adrenaline activities and behavioural addictions like gambling and shopping.



- **Exaggerated Startle Response:** A key aspect of hyper-vigilance is an exaggerated startle response, the constant feeling of being on guard as a small noise may cause the soldier to become jumpy.

Counseling Implications for Counselling Therapists PTSD Survivors: Establishing Trust and Safety

1. Create a safe environment so that the survivor feels comfortable and secure in the counseling setting.
2. Establish trust and build rapport with the survivor while maintaining confidentiality to foster trust.

Assessment and Diagnosis

1. Comprehensive assessment needs to be conducted thoroughly for assessment that will help in the identification of PTSD symptoms, trauma history, and other mental health issues.
2. Accurate diagnosis that ensures correct diagnosis of PTSD, are made while ruling out conditions that may imitate PTSD symptoms.

Counseling Approaches

1. Trauma-focused cognitive-behavioral therapy (TF-CBT) is an evidence-based approach that support survivors to process traumatic memories and rearrange negative judgments.
2. Eye movement desensitization and reprocessing (EMDR): A therapy that helps survivors reprocess traumatic memories and reduce symptoms.
3. Dialectical behavior therapy (DBT) is the approach that assist survivors to manage their emotions, endure distress, and develop relationships.

Key Counseling Strategies

1. Grounding techniques is an approach to assist survivors in the management of dissociation and flashbacks by training them in the existing moment.
2. Emotional regulation allows survivors to develop skills that can help them to manage emotions, decrease anxiety, and increase positive mood.
3. Cognitive restructuring Help them to challenge and reorganize negative beliefs and thoughts that are associated to the trauma.
4. Self-care and relaxation techniques is a means of helping survivors to engage in activities, like exercise, meditation, or yoga, to lessen stress and increase general well-being.

Exceptional Considerations

1. The counselling specialist must consider cultural sensitivity of the situation vis- a- vis the cultural background of the survivor and adjust counseling techniques consequently.
2. Complex trauma prepared to address complex trauma issues, such as multiple traumas, abuse, or neglect.
3. Co-occurring conditions address co-occurring mental health conditions, such as depression, anxiety, or substance abuse.
4. Family and social support from the family members or social support networks in the counseling process that are situation appropriate should be applied.

Ongoing Support and Follow-Up

1. Schedule regular counseling sessions to observe the progress of the survivor and offer on-going support.
2. Schedule follow-up appointments to ensure the survivor is continuing to progress and address any concerns.



3. Make available referrals to supplementary resources, such as support groups or community services, as desired.

Multiple treatment that counsellors can use abound, few of these includes the following.

Cognitive Behavioural Therapy (CBT)

Cognitive behavioural therapy is one of the most effective types of counselling for PTSD. It is concerned with the way our beliefs shape our interpretation of events or experiences (Wild, Warnock-Parkes, Murray, Kerr, Thew, Grey, et al., (2020). In cognitive-behavioural therapy, a counsellor helps individuals to understand and change how they think about their trauma and its aftermath. The end goal is to help patients understand how their thoughts about trauma make symptoms of PTSD worse, and help them to identify toxic thoughts and feelings about the situation. Cognitive-behavioural therapy also helps individuals cope with feelings such as anger, guilt, and fear.

Cognitive Processing Therapy

The vast majority of treatments that have been through Randomized Controlled Trials (RCT). These are in the general group of psychosocial therapies called cognitive behavioural therapy. They include exposure therapies, stress inoculation training or anxiety-management programs, and cognitive therapies. Many treatment programs combine components of each of those general treatment groups. The CBT has become an overarching concept that includes variants of exposure therapy, stress inoculation training, cognitive therapies, and their combinations (Zaccari, Higgins, Haywood, Patel et al., 2023). The American Psychological Association, states that Cognitive Processing Therapy focuses on the faulty belief systems (symptoms) and thinking processes that drive posttraumatic stress disorder symptoms. Thereby breaking the emotional hold/influence that the event has over the daily life experiences of the soldier.

Trauma-Focused Cognitive-Behavioural Therapy

This Therapy takes a confrontational approach to neutralising the effects of a past trauma. This technique slowly but surely exposes the individual to anything that reminds him or her of the trauma. Various research findings indicate that trauma-focused psychological treatments for PTSD are effective (Lewis, Roberts, Andrew, Starling, & Bisson, 2020). This includes feelings, thoughts and situations. In the course of treatment, the victim learns to substitute thoughts and emotions related with PTSD symptoms with a more stable perception on the point where past trauma presently rests in their life. Memory plays an important role in the cognitive coping of the persons with PTSD.

Conclusions

Frightful events like the death of family member or a colleague as the case may be, is an intrusion into the reality of the world of a person who has been to war or experienced the loss of a loved one or a part of the body. People of all ages can experience post-traumatic stress disorder nevertheless with effective treatment, over time there could be improved function. Fortunately, there is a wide range of treatment interventions. However, any treatment approach, should best go with the type of interventions that best address the specific needs, especially anxiety. The conclusion of this study help people ensure healthy lifestyles, promote the well-being of people of all ages, and contribute to the global goals of the 2030 Agenda for Sustainable Development

Suggestions

The counselling procedure is proposed as a positive exercise, to facilitate communication, and to support the victim to handle issues connected to performance. It provides an opportunity to discuss, and resolve, problems or concerns relating to performance. Counselling therapists should suggest ways for clients to deal with situations in a way that promotes self- efficacy and emotional intelligence since the therapist's role is to guide clients in an accepting way, helping them to see the beauty within themselves.



Ethics and Conflict of Interest

The authors of the study acted in accordance with ethical rules in all processes of the research. There are no individuals or financial relationships that could be perceived as potential conflicts of interest related to this study. Authors declare that they acted in accordance with ethical rules in all processes of the research, and there is no conflict of interest between the authors of this work.

Author Contribution

All authors contributed equally to the research.

Data availability

The data that support the findings of this study are available on request from the corresponding author.

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REFERENCES

- Alvarado-García PAA, Soto-Vásquez MR, Infantes Gomez FM, Guzman Rodriguez NM and Castro-Paniagua WG (2025) Effect of a mindfulness program on stress, anxiety, depression, sleep quality, social support, and life satisfaction: a quasi-experimental study in college students. *Front. Psychol.* 16:1508934. doi: 10.3389/fpsyg.2025.1508934
- Ehlers, A., Wiedemann, M., Murray, M., Esther Beierl E. & Clark, D.M. (2021) Processes of change in trauma-focused CBT, *European Journal of Psychotraumatology*, 12:sup1, 1866421, DOI: 10.1080/20008198.2020.1866421 To link to this article: <https://doi.org/10.1080/20008198.2020.1866421>
- Bonilla-Escobar F. J., Fandiño-Losada A., Martínez-Buitrago D. M., Santaella-Tenorio J., Tobón-García D., Muñoz-Morales E. J., Escobar-Roldán I. D., Babcock L., Duarte-Davidson E., Bass J. K., Murray L. K., Dorsey S., Gutierrez-Martinez M. I., Bolton P. (2018). A randomized controlled trial of a transdiagnostic cognitive-behavioral intervention for Afro-descendants' survivors of systemic violence in Colombia. *PLOS One*, 13(12), e0208483. <https://doi.org/10.1371/journal.pone.0208483>
- Brown, L. A., Belli, G. M., Asnaani, A., & Foa, E. B. (2018). A review of the role of negative cognitions about oneself, others, and the world in the treatment of PTSD. *Cognitive Therapy and Research*, 43(143–173). doi:10.1007/s10608-018-9938-1
- Calhoun, L. G., & Tedeschi, R. G. (2014). *Facilitating posttraumatic growth: A clinician's guide*. Routledge.
- Castro-Paniagua WG (2025) Effect of a mindfulness program on stress, anxiety, depression, sleep quality, social support, and life satisfaction: a quasi-experimental study in college students. *Front. Psychol.* 16:1508934. doi: 10.3389/fpsyg.2025.1508934
- Dinmohammadi S., Dadashi M., Ahmadnia E., Janani & Kharaghani R. (2021). The effect of solution-focused counseling on violence rate and quality of life of pregnant women at risk of domestic violence: A randomized controlled trial. *BMC Pregnancy and Childbirth*, 21(1), 221. <https://doi.org/10.1186/s12884-021-03674-z>
- Ennis N., Shorer S., Shoval-Zuckerman Y., Freedman S., Monson C. M & Dekel R. (2020). Treating posttraumatic stress disorder across cultures: A systematic review of cultural adaptations of trauma-focused cognitive behavioral therapies. *Journal of Clinical Psychology*, 76(4), 587–611. <https://doi.org/10.1002/jclp.22909>
- Goenjian A, Steinberg A, & Pynoos R. (2022). Long-Term Course of PTSD and Depression Among Adults, Mediating and Moderating Factors in Recovery, and Current Trends for Treatment. In: Goenjian A, Steinberg A, Pynoos R, eds. *Lessons Learned in Disaster Mental Health: The Earthquake in Armenia and Beyond*. Cambridge University Press;:111-136.
- Goenjian A, Steinberg A, & Pynoos R., (2022) Long-Term Course of PTSD and Depression Among Adults, Mediating and Moderating Factors in Recovery, and Current Trends for Treatment. In: Goenjian A, Steinberg A, Pynoos R, eds. *Lessons Learned in Disaster Mental Health: The Earthquake in Armenia and Beyond*. Cambridge University Press;:111-136.
- Griffin, BJ, Purcell, N, Burkman, K, et al. (2019) Moral injury: an integrative review. *Journal of Traumatic Stress*, 32: 350–62. [Cross Ref Google Scholar](https://doi.org/10.1002/jts.22909)
- Kaysen D., Stappenbeck C. A., Carroll H., Fukunaga R., Robinette K., Dworkin E. R., Murray S. M., Tol W. A., Annan J., Bolton P & Bass J. (2020). Impact of setting insecurity on Cognitive Processing Therapy implementation and



- outcomes in eastern Democratic Republic of the Congo. *European Journal of Psychotraumatology*, 11(1), 1735162. <https://doi.org/10.1080/20008198.2020.1735162>
- Lewis, C., Roberts, N. P., Andrew, M., Starling, E., & Bisson, J. I. (2020). Psychological therapies for post-traumatic stress disorder in adults: Systematic review and meta-analysis. *European Journal of Psychotraumatology*, 11(1). <https://doi.org/10.1080/20008198.2020.1729633>
- Morganstein JC, Wynn GH, & West JC.(2021). Post-traumatic stress disorder: update on diagnosis and treatment. *BJPsych Advances*. Special Issue; 27(3), 184-186. doi:10.1192/bja.2021.13 DOI: <https://doi.org/10.1192/bja.2021.13>
- Shang, F., Kaniasty, K., Cowlishaw, S., Wade, D. Ma, H., & Forbes, D. (2020). The impact of received social support on posttraumatic growth after disaster: The importance of both support quality and quantity. *Psychological Trauma: Theory, Research, Practice, and Policy*, Advance onlinepublication. <https://doi.org/10.1037/tra0000541>
- Thweatt, C. (2021). "The Relationship Between Posttraumatic Growth, Social Support, and Rurality" Electronic Theses and Dissertations. 2214. <https://digitalcommons.georgiasouthern.edu/etd/2214>
- van den End, A., Beekman, A. T. F., Dekker, J., & Thomaes, K. (2023). Self-rated personality disorder symptoms do not predict treatment outcome for posttraumatic stress disorder in routine clinical care. *Clinical Psychology & Psychotherapy*, 30(6), 1338- 1348. PTSDpubs ID: 1627607
- Wild, J., Warnock-Parkes, E., Murray, H., Kerr, A., Thew, G., Grey, N., Ehlers, A. (2020). Treating posttraumatic stress disorder remotely with cognitive therapy for PTSD. *European Journal of Psychotraumatology*, 11(1). <https://doi.org/10.1080/20008198.2020.1785818>
- Yim, S. H., Lorenz, H., & Salkovskis, P. (2024). The effectiveness and feasibility of psychological interventions for populations under ongoing threat: A systematic review. *Trauma Violence & Abuse*, 25(1), 577-592. PTSD pubs ID: 162767.
- Zaccari, B., Higgins, M., Haywood, T. N., Patel, M., Emerson, D., Hubbard, K., . . . Kelly, U. A. (2023). Yoga vs cognitive processing therapy for military sexual trauma-related posttraumatic stress disorder: A randomized clinical trial. *JAMA Network Open*, 6(12), Article e2344862. PTSDpubs ID: 1628179