

National Center for PTSD Posttraumaric Stress Disorder



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Introduction

- The framework that informed the development of the Well-Being Inventory builds on prior conceptualizations of well-being, particularly those provided by the World Health Organization¹, Berglass and Harrell², and Gladis and colleagues³.
- This framework (depicted below), suggests that a comprehensive assessment of veterans' well-being requires a consideration of status, functioning, and satisfaction within the key life domains of vocation, finances, health and social relationships.

Domains							
Dimensions	Work	Finances	Health	Social Relationships			
Status	Work Involvement Educational Involvement	Financial Status	Mental/ Physical Health Status Access to healthcare	Partnered and Parenting Status Community involvement			
Functioning	Work functioning Educational functioning	Management of finances	Health Risk and Promotion Behaviors	Functioning in social relationships			
Satisfaction	Work Satisfaction Educational Satisfaction	Satisfaction with financial situation	Satisfaction with Mental/Physical Health Satisfaction with Health Care	Satisfaction with social relationships			

- Existing measures of well-being and related constructs (e.g., quality of life) are limited in a number of ways:
 - Many measures focus on the health domain, neglecting other important life domains that have been identified as relevant for defining well-being (e.g., employment).^{4, 5}
 - Most measures limit their assessment to a single dimension of well-being (most typically, functioning or satisfaction), and do not provide a comprehensive assessment o both objective and subjective aspects of well-being.
 - Many measures of well-being were developed for use with clinical samples and/or are intended to address the functional impact of health conditions and therefore are not broadly relevant to the larger population.
 - Few measures allow for separate scoring of different components of well-being, which limits their ability to pinpoint areas in which individuals would benefit from support.
 - Many well-being assessment tools aren't easily accessible because they are not in the public domain, require clinical administration, and/or involve complicated scoring alenzithms.

Method

The development of the Well-Being Inventory (WBI) was completed in four phases:

Phase 1: Instrument Development

- We reviewed the broader literature on the assessment of well-being and other related concepts to inform our conceptualization of key components of well-being.
- We operationalized these constructs via item development and adaptation from preexisting measures and revised items based on feedback from content and instrument development experts

Phase 2: Initial psychometric study (N=301 post-9/11 veterans)

- We examined initial item characteristics, as well as internal consistency reliability for all WBI Scales
- We revised, eliminated, and added new items based on these results

Phase 3: Second psychometric study (N=286 post-9/11 veterans)

- We examined item and scale characteristics for revised WBI scales
- We correlated WBI item sets with measures of related constructs to assess convergent validity

Measures included:

WHOQOL-BREF^{6,7}, a measure of overall well-being

- The Satisfaction with Life Scale⁸, a measure of overall life satisfaction
- We compared key subgroups to evaluate the discriminative validity of the WBI scales
- . Based on the results of psychometric testing, we made additional item revisions

Phase 4: Final validation study currently underway

Results

Table 1. Internal Consistency Reliabilities and Convergent Validity for WBI Scales

	Cronbach's Alpha		Correlations with other Validated Measures	
	Sample 1	Sample 2	WHOQOL-BREF (2 overall items)	Life Satisfaction
VOCATION				
In the labor force	-	-	.130*	.036
Employed full-time (of those in labor force)	-	-	.135	.114
Work Functioning	.72	.83	.254*	.371*
Work Satisfaction (paid work)	.85	.88	.491*	.626*
Work Satisfaction (unpaid work)	.86	.91	.601*	.607*
Full-time involvement in school or training	-	-	.114	.142*
Educational Functioning	.88	.89	054	.171
Educational Satisfaction	.77	.94	.404*	.547*
FINANCES				
Positive Financial Status	-	-	.504*	.573*
Financial Functioning	.70	.70	.471*	.464*
Financial Satisfaction	.90	.90	.620*	.623*
<u>HEALTH</u>				
Health Condition Status (one or more)	-	-	264*	152*
Health Functioning	.93	.80	.556*	.613*
Health Satisfaction	.81	.83	.777*	.700*
SOCIAL RELATIONSHIPS				
Intimate Partner Status		-	.128*	.272*
Intimate Relationship Functioning	.86	.86	.404*	.556*
Intimate Relationship Satisfaction	.92	.93	.450*	.627*
Parental Status (children under 18)		-	.051	084*
Parental Functioning (children under 18)	.87	.90	.359*	.592*
Parental Satisfaction (children under 18)	.93	.83	.423*	.483*
Community Involvement	-	-	.285*	.359*
Community Functioning	.50	.84	.342*	.455*
Community Satisfaction	.84	.81	.458*	.630*
Extended Relationship Functioning	.78	.83	.259*	.369*
Extended Relationship Satisfaction	.87	.82	.453*	.630*

*p<.05; higher scores on functioning scales imply better functioning

(n=141) M(SD) (n=145 M/% VOCATION In the labor force 69% 79% 4.08* Working full-time (of those in labor force) 84% 82% .13 Pursuing full-time education or training 10% 9% .02 Work Functioning 13.18 13.78 -2.30* Work Satisfaction (paid work) 22.06 23.27 -1.53 Work Satisfaction (unpaid work 14.66 15.00 -.24 Educational Functioning 13.76 12 04 1.46 Educational Satisfaction 10.43 12.59 -2.39 FINANCES 3.17 3.41 -2.21 Financial status Financial Functioning 33.45 34.69 -1.70 12.61 14.26 -2.81 Financial Satisfaction HEALTH Health Condition Status (one or more) 80% 63% 10.03* Health Functioning 44.88 47.38 -3.18 Health Satisfaction 9.75 11.60 -5 28 SOCIAL RELATIONSHIPS Intimate Partner Status 86% 78% 2 34 Intimate Relationship Functioning 21.99 23.09 -1.66 22.57 23.33 -.95 76% 70% Parental status (children under 18) 17.66 Parental Functioning (children under 18) 18.22 -1.00 13.40 Parental Satisfaction (children under 18) 12.89 -1.25 12.57 13.39 -2.49 Community involvement 10.15 10.47 - 62 Community Functioning 11.44 11.56 Community Satisfaction 7.51 7.86 -1.43 Friend/family Functioning 11.04 11.57 -1.51 Friend/family Satisfaction 7.21 7.80 -2.41*

Discussion

- Preliminary psychometric analyses suggest that the Well-Being Inventory is a reliable and valid
 measurement tool that can be used to provide a comprehensive assessment of well-being.
 - Internal consistency reliabilities (alphas) for WBI scales ranged from .80-.94
 - Correlations with previously validated measures of similar constructs (i.e., WHOQOL-BREF and Satisfaction with Life Scale) support the convergent validity of the WBI Correlations with WHOQOL-BREF Status: average r=.21; Functioning: average r=.34;
 - Satisfaction: average r=.52
 Correlations with Life Satisfaction Status: average r=.23; Functioning: average r=.45;
 - Satisfaction: average *r*=.45
 - As expected, individuals with trauma histories reported reduced well-being on a number of WBI scales compared to those without a history of trauma exposure

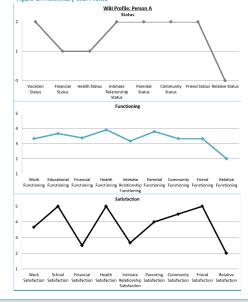
· Advantages of the Well-Being Inventory:

- Provides a single, comprehensive source of complementary scales that assess well-being across life domains and that allows for a multidimensional evaluation of different aspects of well-being
- Researchers may either administer the full inventory or individual scales that best meet their specific needs
- Individual scales take only a few minutes to complete; the full inventory takes approximately 20 minutes
- Developed in the public domain and therefore widely accessible
- · Applicable to a broad range of individuals, including those with and without disabilities
- Assesses both positive and negative aspects of well-being

Future Directions

Development of a Well-Being profile (see Figure 1 for example) that may be used by community navigators to identify areas of reduced well-being and inform referrals to relevant programs and services. Development is currently underway.





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