Behavioral Goal-Setting for Veterans with Trauma Distress: A Qualitative Report of Goals and Outcomes in a Self-Guided Intervention

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Abstract

Goal-setting is a key component to psychotherapy; however, little is known about self-generated goals of veterans with trauma distress. In this study, we explored goals set by veterans within a positive psychology intervention. Qualitative data was collected in an online intervention study that targeted positive social processes by eliciting moral elevation—feeling inspired by others' virtuous actions. The sample included veterans who endorsed significant PTSD symptoms and moral injury distress. Participants completed 8 web-based, self-guided sessions that included setting their own goals and reporting on the outcomes in subsequent sessions using text responses. All qualitative data was coded using an inductive approach by study personnel. Separate raters reviewed all codes independently to identify themes. The most common themes of self-generated goals included prosocial behavior, enhancing family relationships, and self-improvement activities. Themes for successful outcome reactions included positive emotions and noticing a positive impact on others. Common themes for barriers included other responsibilities, interfering, negative emotions, lack of motivation, and personal limitations. Strategies to overcome barriers were also identified. These qualitative findings offer a novel contribution by providing greater context for behavioral goal pursuits among veterans with trauma distress. While many veterans noted positive reactions to completing goals, several identified significant challenges. Veterans also identified several strategies that may aid in the completion of future goals. Further examination of self-generated goals among veterans in mental health treatment is warranted, which might lead to improvements in the goal setting process of self-management programs and may contribute to better treatment outcomes.

Keywords: veterans, goals, self-guided intervention, web-based, moral elevation

Introduction

Given the high demand and utilization of mental health treatment among veterans, who are at increased risk for trauma exposure and psychological distress, it is important to understand how veterans engage with key facets of the treatment process. One central component that spans across a wide range of treatment modalities and orientations is goal setting. Establishing a behavioral goal that involves action on behalf of the patient can serve multiple purposes including regulating behavior, increasing motivation, and enhancing treatment progress (Austin & Vancouver, 1996; Hart, 1978; Locke & Latham, 2002). Providers also use goal setting to help identify the patient's treatment needs, expectations, and values, as well as enhance the therapeutic relationship (Jacob et al., 2022). Moreover, observable advancement toward treatment goals (or lack thereof) is important for treatment outcome monitoring (Hart, 1978). Understanding the process of goal setting and achievement is important for improving healthcare outcomes for veterans.

In mental health treatment, some goals are prescribed by a therapist or a manual and other goals are self-generated by the patient themselves. Notably, there are benefits and drawbacks to both approaches. Prescribed or assigned treatment goals may prioritize disease-specific outcomes (Tinetti et al., 2016) and when guided by a clinician, patients are less likely to set vague, unrealistic, or unattainable goals (Naik et al., 2011; Tinetti et al., 2019). Clinicians or treatments often use guidelines such as the SMART format to ensure goals are Specific, Measurable, Achievable, Realistic/Relevant, and Time-based, which are posited to increase likelihood of success (Doran, 1981; Rubin, 2002). However, it is possible that prescribed goals may not be the most prioritized or meaningful outcomes from the patient's perspective (Tinetti et al., 2019). Although self-generated goals are at risk for being more vague, irrelevant, and non-optimally

challenging (i.e., too easy or too hard; Gauggel et al., 2002; Watkins, 2011), there are several benefits as well. Specifically, self-determination theory (Ryan & Deci, 2017) posits the role of autonomous motivation is essential in behavioral health change. A large part of the power in self-generated goals stems from the feeling of volitional or value-congruent choice as opposed to externally dictated objectives (Koestner et al., 2002; Latham et al., 1988). For example, one study found that patients with the greatest treatment compliance related their goals to some sort of intrinsic motivation (Houston et al., 2016).

Prescribed goals and self-generated goal setting are both key components to trauma-focused treatments used by veterans. For example, the fear hierarchy and in vivo exposure goals (i.e., assigned exercises) in prolonged exposure are designed with the benefits of early goal achievement in mind, such that lower level, more easily achievable exposures help build up patients' self-efficacy, treatment engagement, and motivation (Foa et al., 2007). The central goals of cognitive processing therapy are to identify and address stuck points via cognitive restructuring both inside and outside of session (Resick et al., 2017). Motivational interviewing—a patient-centered technique that fosters goal identification based on internal motivation—has also been incorporated in many forms of psychotherapy including trauma-focused treatment (Miller & Rollnick, 2013).

Although goal setting is ingrained in trauma-focused therapy, little is known about veterans' perspectives related to that process, particularly in cases when veterans are asked to develop their own goals. Specifically, there is limited research on the content or nature of goals that veterans may choose to set for themselves while pursuing trauma recovery, and subsequent reactions to successes or failures. Given the benefits of self-generated goals and considering that veterans have a unique perspective rooted in military culture, it is important to expand our

understanding of how veterans navigate this process. More information about what types of goals are important to veterans and exploring the positive and negative outcomes of those goals could have several important implications. Greater awareness of what veterans choose to pursue during trauma recovery could help inform future collaboration efforts with clinicians to boost treatment engagement and success. Notably, researchers have cited the misalignment of treatment goals as one driver of veteran drop-out in mental health treatment (Benakovic et al., 2023). A better understanding of veterans' perspectives could also enhance the development of novel interventions that aim to incorporate goal setting in trauma recovery such as web- or app-based therapies that are primarily self-guided (i.e., little to no therapist involvement). There is also a growing interest in brief, self-guided interventions given the ease of accessibility and dissemination (Morland et al., 2017); however, more research is needed before we can fully comprehend how veterans handle such approaches and how they experience the goal-setting process in trauma-focused treatment.

Current Study

During a pilot trial, we tested the feasibility and acceptability of a novel, self-guided positive psychology intervention that focused on eliciting moral elevation to target trauma distress in veterans (titled, MOVED). Moral elevation is an emotional state defined by feeling inspired or uplifted after witnessing other people perform remarkable acts of virtue (Haidt, 2003), which is associated with a wide range of benefits that may help facilitate trauma recovery (McGuire et al., 2019; Pohling & Diessner, 2016). One core component of this self-guided intervention was asking veterans to set and pursue a goal at each session (8 total) over 4 weeks. Veterans also provided qualitative responses at the beginning of subsequent sessions to describe whether they succeeded or failed to achieve their session-based goal. The purpose of this

qualitative analysis is to examine the types of goals veterans set in a self-guided intervention for trauma distress, and to explore the outcomes of goal pursuits including rates of success and failure for goals, unique reactions to successful goal attainment, identifiable barriers to goal success, and potential strategies for overcoming barriers.

Method

Participants

Post-9/11 veterans who were enrolled in Veteran Affairs Healthcare System were recruited to participate in this pilot trial. The target population for this moral elevation-based intervention included veterans with significant PTSD symptoms and moral injury distress (i.e., anger, guilt, shame, and spiritual/existential conflict after perpetrating or witnessing a morally transgressive act; Jinkerson, 2016; Litz et al., 2009). Participants were deemed eligible if they endorsed a total score of $\geq$33 on the PTSD Checklist for DSM-5 (Forkus et al., 2023; Weathers et al., 2013) and reported elevated levels of distress about a potentially morally injurious event as indicated by the Moral Injury Events Scale (Nash et al., 2013). Detailed information regarding rationale for the targeted population, full eligibility criteria, and the screening process can be found in the first article from this study that focused on feasibility and acceptability of the intervention (McGuire et al., 2023). A final sample of 24 veterans were enrolled and randomized into the intervention condition where participants completed goal-setting exercises and responses. Most participants were men (79.2%, M_{age} = 43.42) who identified as Black (43.5%), White (30.4%), and non-Hispanic (74.9%). All participants reported a history of combat exposure with most serving in the Army (87.0%) followed by Marine Corps (13.0%), and Air Force (8.7%).

Procedures

In the treatment condition, veterans completed three core components of MOVED: (1) an elevation eliciting exercise, (2) a reflection exercise, and (3) a goal setting activity. The elevation exercise was intended to elicit a moral elevation response by presenting participants with a moral exemplar in the form of short video clips of virtuous behavior (Sessions 1-4) or a recall activity when veterans were asked to describe a virtuous act they witnessed in their own life (Sessions 5-8). Following the elevation elicitation, participants completed a brief reflection exercise when they were asked to journal about their responses to the elevation exercise.

Lastly, they were asked to set a behavioral goal to complete in the next few days before the subsequent session. The goals for sessions one and two were predetermined to provide initial scaffolding for goal setting, to facilitate early indications of self-efficacy, and encourage social engagement. The predetermined goal for Session 1 was "*Tell another person about the video you just watched and describe what happened in the video*." Session 2 expanded on that goal to also include *"…tell someone what stood out to you the most about the video and share how the video made you feel or react.*" All other sessions asked the participant to generate their own goal using the following prompt: "*Please identify a specific goal or action that (1) you feel motivated to do after thinking about the [elevation exercise]; (2) is related to something important to you or aligns with your personal values; and (3) that could be realistically completed before the next session.*" After typing their goal into an open text response, all participants were asked to review the SMART goal setting structure to verify their self-generated goal was Specific, Measurable, Attainable, Relevant, and Time-based. Participants were encouraged to go back and edit their goal if they could not verify that it met all SMART criteria. Sessions 2-8 started with a check in about the participant's progress toward their goal set in the previous session.

Qualitative Data Collection

Qualitative data was collected through four open text responses embedded in the intervention. First, we evaluated the text responses that represented the goal set by veterans for Sessions 3-8 (Sessions 1 and 2 included predetermined goals that were provided by the intervention). For Sessions 2-8, participants started by indicating whether they accomplished the previous session's goal. If they reported successfully meeting the goal, they were asked to complete an open text response with the following instructions: "*Describe your experience completing that goal. What happened? How did the other person respond? What was your reaction to completing the goal?*" If veterans reported they were unable to meet last session's goal, they were asked to complete an open text response with the following instructions: "*Take a second to think about what might have got in the way of completing that goal, and briefly describe 1 or 2 barriers in this particular instance, so that you can be on the lookout for similar barriers in the future*." Next, after identifying barriers to goal completion, Veterans were prompted to identify one potential solution that could be used in the future, by responding to the following instructions with another open text response: "*With those barriers in mind, name 1 thing you could have done differently to increase the likelihood of completing that goal. You can use this information for future goal setting to give yourself a better chance at success!*" No check-in data was available for goals set in Session 8 (i.e., post-treatment).

Data Analysis

Qualitative analysis occurred over two phases. In Phase I, each response across all four prompts were coded by two trained study staff using an inductive approach, which involved identifying codes based on responses. Coders reviewed each text response and either added a newly identified code to a shared codebook or applied an existing code generated from earlier responses, when applicable. The two coders worked together on the first 15% of responses

within each prompt to establish initial consensus on the inductive approach, then applied codes separately to all remaining responses. As a result, each response was labeled with two codes—one from each coder. The last author identified discrepancies between codes, which were then discussed between coders until a single code was mutually agreed upon.

Following the initial coding procedure, Phase 2 used a similar inductive approach to identify themes across coded responses identified in Phase 1. Emergent themes were identified based on the codes provided. The first author and an independent rater identified themes separately after reviewing initial codes, and then applied themes to each coded response such that each response was labeled with two themes—one from each rater. After all codes were labeled with a theme, the raters discussed the themes with the last author and consolidated themes when needed, identified and resolved discrepancies in applied themes across codes, then reapplied all themes to each code as indicated by consensus. The final product was a series of identified themes and their frequency of use across all four qualitative responses. Specific links between goals, success rates, and the subsequent outcome is also presented in Figure 1.

Results

Types of Goals Set and Success Rates

Excluding the predetermined goals that were provided for Sessions 1 and 2, the most common themes for self-generated goals included pursuits related to prosocial behavior, enhancing family relationships, other task completion, and self-improvement. When examining the successes of goal pursuits, the initial predetermined goal of talking about the moral elevation video had a high rate of success across veterans (82.5% successful), which represented the most accomplished goal across the entire sample. Among the self-determined goals, the following goals had a higher success rate than failure rate, although there are notable differences in the

frequency of these goals (see Table 1): practice positive thinking (80.0%), enhance family relationships (78.6%), practice emotion regulation (75.0%), practice gratitude (66.7%), social connectedness (60.0%), prosocial behavior (57.7%), and other task completion (53.9%). The only goals with a success rate $\leq$ 50% were increase motivation (50.0%) and self-improvement (46.2%).

Table 1. Identified themes for session goals and rates of success.

Themes	Total Responses	Number of Goals Succeeded (%)
Predetermined Goal (Sessions 1 & 2)		
Talk about video	40	33 (82.5%)
Self-generated Goal (Sessions 3-8)		
Prosocial behavior	26	15 (57.7%)
Enhance family relationships	14	11 (78.6%)
Other task completion	13	7 (53.9%)
Self-improvement	13	6 (46.2%)
Practice positive thinking	5	4 (80.0%)
Social connectedness	5	3 (60.0%)
Increase motivation	4	2 (50.0%)
Practice emotion regulation	4	3 (75.0%)
Practice gratitude	3	2 (66.7%)

Reactions to Goal Success

For veterans who accomplished their goal, the most common themes identified in reactions across all sessions included experiencing a positive emotion (22.9%), noticing a positive impact on others (13.1%), and noticing others' reactions in general (11.1%). Other positive, but less frequent reactions included demonstrating perseverance, receiving positive feedback, increased social engagement, self-awareness, recognizing virtue in others, emotion regulation, and empathy. Notably, some veterans reported no observed or recognizable reaction to accomplishing their goal (9.8%) and some reported experiencing a negative emotion (5.9%) or negative reminder (2.0%).

Table 2. Identified themes for reactions to successful goal attainment.

Themes	All Goals (S1-S7) *n* (%)	Predetermined Goals (S1 & S2) *n* (%)	Self-Generated Goals (S3-S7) *n* (%)
Positive emotion	35 (22.9%)	13 (22.0%)	22 (23.4%)
Noticed positive impact on others	20 (13.1%)	3 (5.1%)	17 (18.1%)
Noticed others' reactions	17 (11.1%)	14 (23.7%)	3 (3.2%)
None	15 (9.8%)	3 (5.1%)	12 (12.8%)
Negative emotion	9 (5.9%)	7 (11.9%)	2 (2.1%)
Demonstrated perseverance	8 (5.2%)	1 (1.7%)	7 (7.5%)
Acknowledged benefits	7 (4.6%)	0 (0.0%)	7 (7.5%)
Increased conversation	7 (4.6%)	5 (8.5%)	2 (2.1%)
Received positive feedback	7 (4.6%)	3 (5.1%)	4 (4.3%)
Increased social engagement	5 (3.3%)	1 (1.7%)	4 (4.3%)
Self-awareness	5 (3.3%)	1 (1.7%)	4 (4.3%)
Recognized virtue in others	4 (2.6%)	4 (6.8%)	0 (0.0%)
Lack of reaction	3 (2.0%)	2 (3.4%)	1 (1.1%)
Negative reminder	3 (2.0%)	2 (3.4%)	1 (1.1%)
Perceived positive outcome	3 (2.0%)	0 (0.0%)	3 (3.2%)
Tried to regulate emotions	3 (2.0%)	0 (0.0%)	3 (3.2%)
Empathy	2 (1.3%)	0 (0.0%)	2 (2.1%)

Note. S = Session.

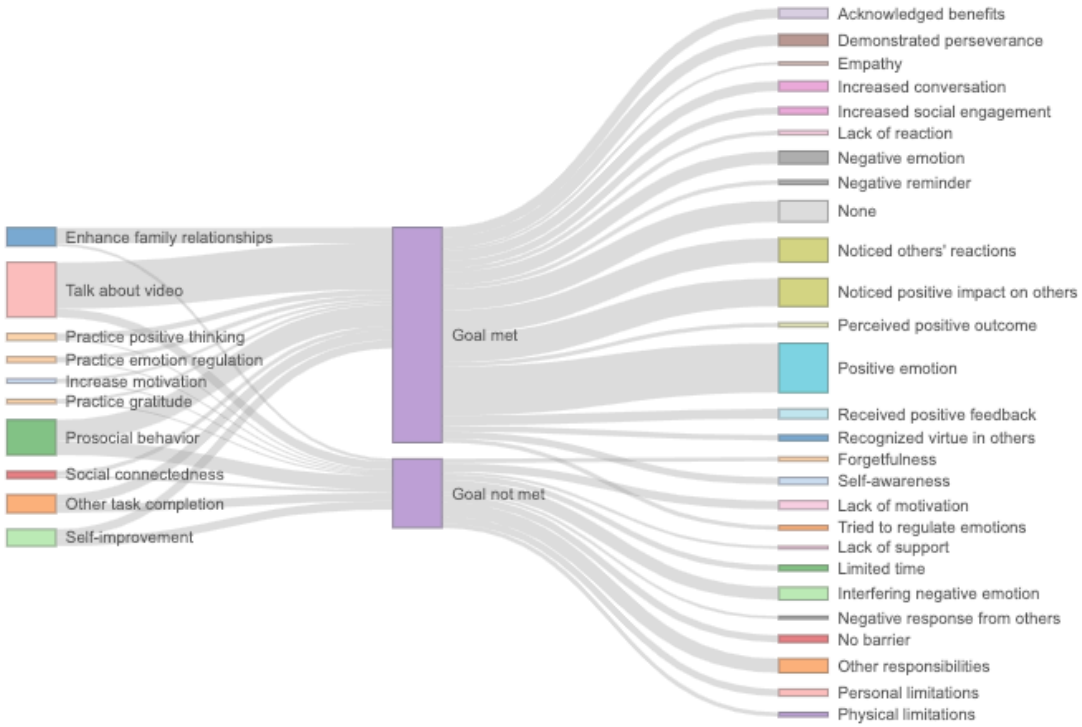

Figure 1. Sankey diagram that highlights themes for goal set (left side), with lines leading to whether goals were met or not met (middle), followed by lines leading to reactions to goals that are met (right side, top half) and barriers to goals that were not met (right side, bottom half). Greater thickness of colored boxes and gray lines represent greater frequency of each outcome and path.

Barriers to Goal Completion

For veterans who failed to accomplish their goal, the most common themes identified for barriers to goal success included other responsibilities (20.4%), interfering negative emotion (18.4%), lack of motivation (12.2%), and personal limitations (10.2%). Many veterans also noted there was no barrier to goal success (10.2%) and they just failed to complete it. Notably, most of these responses are accounted for in response to self-generated goals from Sessions 3-7 (see Table 3). When asked to describe strategies that veterans could use to overcome their listed barrier(s) in the future, most veterans noted the barrier was unavoidable (16.4%), followed by seeking more support (10.9%). Other strategy themes included planning ahead, prioritizing the goal, enhancing motivation, improving time management, practicing perseverance, and regulating negative emotions (see Table 4).

Table 3. Identified themes for barriers that reportedly prevented or interfered with goal success.

	All Goals (S1-S7)	**Predetermined Goals (S1 & S2)**	**Self-Generated Goals (S3-S7)**
Themes	***n* (%)**	***n* (%)**	***n* (%)**
Other responsibilities	10 (20.4%)	1 (12.5%)	9 (22.0%)
Interfering negative emotion	9 (18.4%)	0 (0.0%)	9 (22.0%)
Lack of motivation	6 (12.2%)	0 (0.0%)	6 (14.6%)
No barrier	5 (10.2%)	4 (50.0%)	1 (2.4%)
Personal limitations	5 (10.2%)	0 (0.0%)	5 (12.2%)
Limited time	4 (8.2%)	0 (0.0%)	4 (9.8%)
Forgetfulness	3 (6.1%)	3 (37.5%)	0 (0.0%)
Physical limitations	3 (6.1%)	0 (0.0%)	3 (7.3%)
Lack of support	2 (4.1%)	0 (0.0%)	2 (4.9%)
Negative response from others	2 (4.1%)	0 (0.0%)	2 (4.9%)

Note. S = Session.

Table 4. Identified themes for strategies to overcome barriers that interfered with goal success.

	All Goals (S1-S7)	**Predetermined Goals (S1 & S2)**	**Self-Generated Goals (S3-S7)**
Themes	***n* (%)**	***n* (%)**	***n* (%)**
Unavoidable	9 (16.4%)	0 (0.0%)	9 (19.6%)
Seek more support	6 (10.9%)	2 (22.2%)	4 (8.7%)
Plan ahead	5 (9.1%)	0 (0.0%)	5 (10.9%)

Prioritize goal	5 (9.1%)	0 (0.0%)	5 (10.9%)
Enhance motivation	4 (7.3%)	0 (0.0%)	4 (8.7%)
Improve time management	4 (7.3%)	0 (0.0%)	4 (8.7%)
None	4 (7.3%)	2 (22.2%)	2 (4.4%)
Practice perseverance	4 (7.3%)	1 (11.1%)	3 (6.5%)
Regulate negative emotions	4 (7.3%)	0 (0.0%)	4 (8.7%)
Improve communication	3 (5.5%)	0 (0.0%)	3 (6.5%)
Use reminder	3 (5.5%)	3 (33.3%)	0 (0.0%)
More effort	2 (3.6%)	1 (11.1%)	1 (2.2%)

Note. S = Session.

Discussion

The purpose of this qualitative analysis was to explore the goals that veterans set in a self-guided intervention for trauma distress, and to examine outcomes of those goal pursuits. Results highlighted emergent themes of predetermined goals, rates of success and failure for each theme, unique reactions to successful goal attainment, identifiable barriers to goal success, and potential strategies for overcoming those barriers.

Goals

Among the self-generated goals, emergent themes highlight that many veterans chose to incorporate an interpersonal component into their session goal. For example, the most common self-generated goal was prosocial behavior—performing an act that benefits another person—along with goals to enhance family relationships and social connection. The high frequency of prosocial goals is likely attributable, in part, to the intervention's design to elicit experiences of moral elevation (i.e., feeling inspired or uplifted by others' virtuous actions; Haidt, 2003), which has been shown to trigger both motivations and enactment of prosocial behavior (Thomson & Siegel, 2013). However, it should be noted these prosocial goals were generated by the veterans themselves and were not assigned or suggested in the goal setting exercise of this intervention. These findings reflect consistency with moral elevation theory among veterans, but they could also point to prosocial behavior as a domain of high intrinsic value for this population. The

interpersonal component that bridges prosocial behavior and other social-oriented goals also suggests veterans seem to care about boosting social functioning. These themes could point to common paths of social recovery that may be of interest to other veterans seeking trauma-focused treatment.

Beyond the interpersonal focus, most of the self-generated themes could be described as recovery-oriented or involving psychosocial growth (e.g., self-improvement, practice positive thinking, practice gratitude) rather than emphasizing the remediation of stress or trauma-related symptoms. Broadly speaking, mental health treatment is based on the disease model that focuses on symptom reduction, which could lead clinicians or therapies to overlook pursuits for enhancing positive characteristics and experiences for patients (van Os et al., 2019). These themes, driven by goals independently set by veterans, suggest psychosocial growth is also important to veterans seeking trauma care and should be considered in future collaboration efforts between clinicians and veterans.

Regarding success rates for goal completion, the prescribed goal for Session 1 and 2 had the highest success rate (82.5%), which indicates that a simple goal of talking to other people about a moral exemplar video was feasible, and perhaps easiest to achieve for this veteran sample. The success rate for the self-generated goals ranged from 46-80%. When considering the common interpersonal-based goals, enhancing family relationships had a high success rate (78.6%) but enacting prosocial behavior was noticeably more difficult (57.7%); thus, additional scaffolding or guidance may be needed to increase the likelihood that veterans suffering from significant distress are able to accomplish prosocial goals. Last, although we are not able to determine whether accomplishments of family-related goals were directly related to treatment outcomes, these qualitative findings highlight that goals to engage in behavior that might

improve family relationships was largely feasible for this sample. Future work should consider examining if and how these feasible relational goals can translate to meaningful change in social functioning.

Reactions to Successful Goal Completion

Among the veterans who were able to accomplish their goals, emerging themes regarding their reactions included mostly positive responses with experiencing positive emotions and noticing a positive impact on others as the most common reactions. The prescribed goal of having veterans tell another person about a moral exemplar video was linked with greater occurrences of noticing others' reaction more broadly, whereas noticing the *positive impact of their actions* on others was much more common after self-generated goals. This has potential to be particularly salient for veterans pursuing trauma recovery who want to boost social functioning or improve relationships. Additionally, noticing one's capacity to positively impact others may be useful to counter negative self-evaluative emotions (e.g., shame, guilt) and strong negative beliefs about the self—debilitating symptoms associated with both PTSD and moral injury (Litz, 2023; Litz et al., 2024). Experiencing positive emotions such as feeling happy, inspired, and proud after goal completion is also important for this population given tendencies to numb or dampen positive emotions (Kashdan et al., 2007; Presseau et al., 2019). Together, these findings highlight the potential benefits of goal completion in a self-guided positive psychology intervention. Future research should expand on these results to clarify if these themes generalize to other self-guided interventions and further examine differences in reactions to self-generated versus prescribed session goals.

It is also important to note that for some, goal completion involved negative emotions, especially for the prescribed goals. Select veterans also noted experiencing a negative reminder

and several reported experiencing no reaction at all. Unfortunately, these responses are consistent with symptoms of PTSD (i.e., re-experiencing, negative cognitions and emotions; American Psychiatric Association [APA], 2022). Although they represent a small portion of the total reactions, this finding demonstrates how PTSD symptoms could present even in the context of successful goal attainment. For some, this could potentially hinder treatment progress, whereas others may experience negative reactions to goal attainment in the early phases of a given treatment, but progress to other positive responses and growth with continued engagement. Future research should explore who is most likely to report these negative reactions to achieving goals, when it is most likely to occur, and how that process may relate to differential prognosis or trajectories in trauma recovery.

Barriers to Goal Completion and Potential Solutions

Veterans who were unable to complete their goal identified barriers including other responsibilities, negative emotions, lack of motivation, and personal limitations as some of the most common. Several barriers indicate that sometimes, goals were not perceived as highly important or prioritized as other tasks and commitments in daily life (i.e., other responsibilities, lack of motivation, limited time). This type of barrier could point to real dilemmas for veterans seeking care while also managing full-time responsibilities such as work, education, or parenting—well-established barriers to treatment engagement in previous studies (Hundt et al., 2020; Sciarrino et al., 2021). These findings further highlight the importance of providing treatment options that are accessible and flexible for all veterans. Alternatively, these barriers could be a product of poor planning at the goal setting stage in the form of overestimating the attainability or relevancy (personal importance) of a potential self-generated goal. Collaborative

goal setting with a therapist, as demonstrated in approaches like motivational interviewing, could potentially help reduce some of these issues when they occur at the goal setting stage.

Other themes identified for barriers could also be attributed to ongoing trauma-related distress such as interfering negative emotions, lack of motivation, and forgetfulness. PTSD and moral injury are associated with recurrent emotional experiences of sadness, fear, hostility, guilt, and shame (APA, 2022; Jinkerson, 2016; Litz et al., 2018), which could easily impair a veteran's ability to complete any task or goal. For veterans who are more likely to be impaired by trauma distress, or who are at risk of experiencing negative emotions during initial attempts to engage in recovery-oriented activities, additional planning may be required to circumvent some of these potential barriers.

When asked to consider possible strategies to overcome the identified barriers, results from thematic analysis suggest veterans generated a wide range of potential solutions. First, this finding highlights that many veterans can problem solve on their own in a self-guided intervention and generate viable solutions such as seeking support, improving time management or planning ahead, and using reminders. Additional research is needed to determine whether veterans can enact these solutions in a self-guided intervention to reduce the potential impact of barriers in the future. More research is also needed to explore whether specific strategies are more helpful than others given the unique struggles of this specific population. Nevertheless, the most common response to this prompt was that the barrier was perceived as unavoidable. It is unclear how much that response can be explained by perception rather than specific barriers that are practically insurmountable. For example, issues with other responsibilities and commitments could be unavoidable, but opportunities may still be available to adapt other aspects of one's life to make room for realistic goals. Beliefs that barriers are unavoidable could also be impacted by

trauma distress given that specific PTSD symptom clusters have been theorized to negatively impact self-efficacy beliefs and motivation (APA, 2022). If underlying symptoms are driving difficulties with goal pursuits and overcoming barriers to goal attainment, perhaps more scaffolding and support is needed from a therapist in those cases to increase the chance for success, at least in the early phases of treatment.

Limitations

There are several limitations to the findings from this qualitative analysis; namely, results are limited to a select sample of veterans completing a specific positive psychology-based, self-guided intervention. Although the sample size was sufficient for thematic analysis, and we were able to maximize the data available by examining responses across 8 sessions, it is unclear how these results from a pilot trial will generalize to other veterans pursuing trauma recovery. Notably, the pilot trial targeted veterans with probable PTSD and significant moral injury-related distress; thus, it is unknown if experiences for this specific subsample of veterans would translate to other veterans without moral injury or significant PTSD symptoms. Additionally, it is unclear how the positive psychology features of the intervention could have influenced both goal types and responses to goal pursuits—especially since positive psychology approaches include a focus on psychosocial growth, which is less explicit in traditional trauma-focused treatments. Thus, more work is needed to determine if the emergent themes from this intervention would also be present in other, more well-established treatments such as evidence-based practices. Lastly, these findings highlight experiences with goal setting and pursuits for a self-guided intervention, which is a strength insofar as it highlights how veterans approach these processes independently. However, most veterans seeking mental health care do so in more traditional contexts with the assistance of a therapist. More research is needed in this area to determine if the types of self-

generated goals and outcomes to goal pursuits generalize to experiences of veterans setting treatment goals with the assistance of a trained therapist.

Conclusion

These qualitative findings offer a novel contribution by providing greater context for the goal setting process among veterans suffering from trauma distress. Results showcased a range of targets for session goals that represent points of interest for this treatment-seeking veteran sample. While those who were able to complete their goals noted various positive reactions, several veterans identified significant challenges that interfered with their ability to achieve session goals. Veterans were also able to identify several strategies that may aid in the completion of future goals. Further examination of self-generated goals among veterans and their implementation in the context of mental health treatment is warranted, which might lead to improvements in the goal setting process of self-guided programs and may contribute to better treatment outcomes, overall.

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Clinical Trial Registration

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Conflict of Interest Statement

The authors report no potential conflict of interest.

CRediT Author Statement

Joanna Fagan: Formal analysis, Writing-Original Draft, Writing-Review & Editing

Lindsay Lange: Writing-Original Draft, Writing-Review & Editing

Adam McGuire: Conceptualization, Methodology, Formal analysis, Resources, Data curation, Writing-Original Draft, Writing-Review & Editing, Visualization, Funding acquisition

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