

Couples and PTSD

Presented by
National Center
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National
Center for
PTSD
Posttraumatic
Stress Disorder



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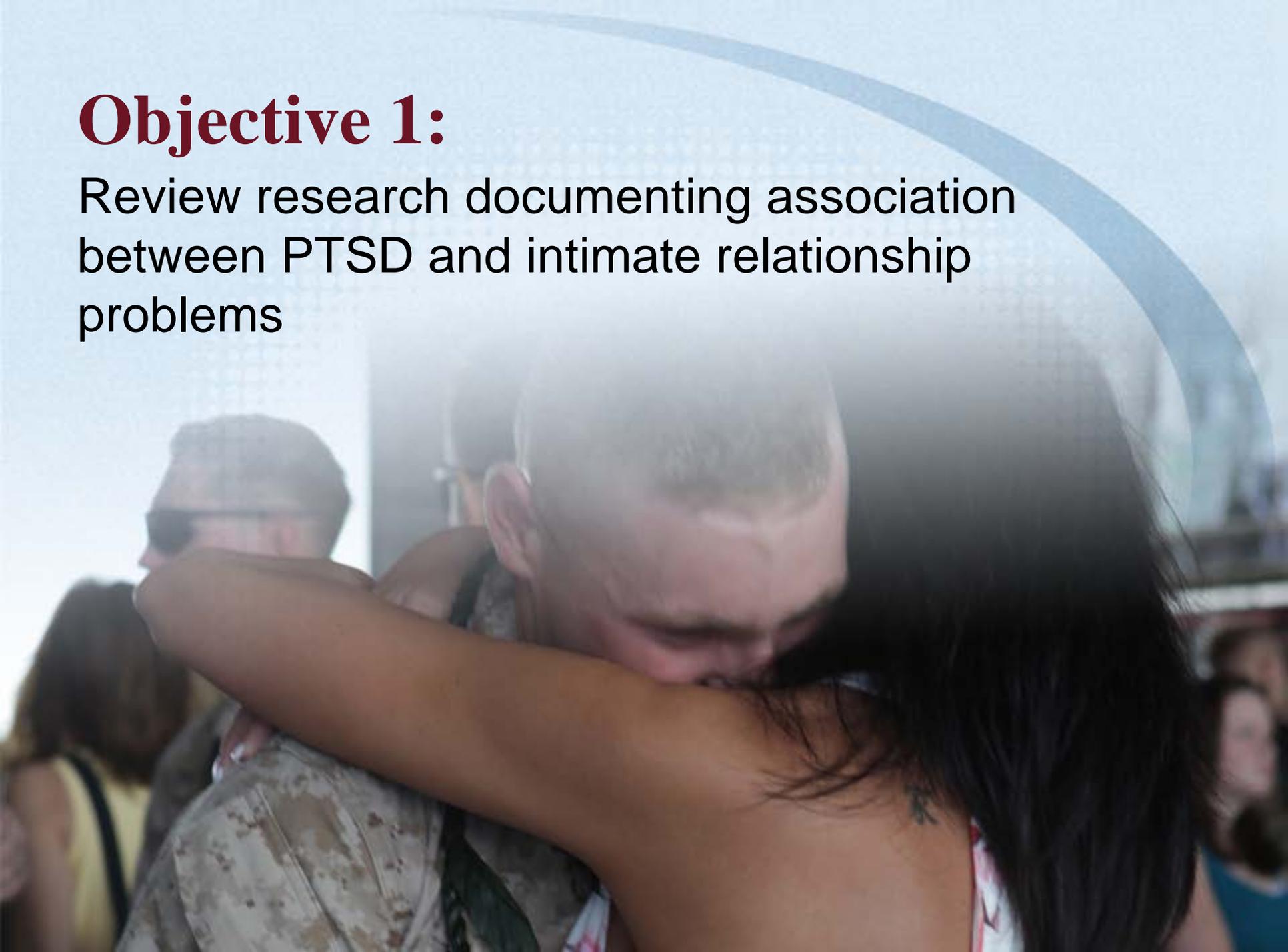
Affiliate, U.S. Veterans Affairs National Center for PTSD

Presentation Objectives

- 1.** Review research documenting association between PTSD and intimate relationship problems
- 2.** Discuss inclusion of partners in the assessment of PTSD and relationship functioning
- 3.** Review different methods of incorporating significant others in PTSD treatment

Objective 1:

Review research documenting association between PTSD and intimate relationship problems



Intimate Relationship Problems & PTSD

- ▶ Compared to couples in which neither partner has a mental health diagnosis, couples in which PTSD is present have:
 - 1.6 times greater odds of divorce (Kessler et al., 1998)
 - 3.8 times greater odds of marital distress (Whisman et al., 1999)
- ▶ Strength of associations on par with or stronger than other diagnoses

Natural Disasters

- ▶ Marriage protective for men; risk for women (e.g., Fullerton et al., 1999)
- ▶ Husbands' symptoms more strongly predictive of wives' symptoms than vice versa (Gleser et al., 1981)
- ▶ Husbands' and wives' world assumptions interact to predicts wives' PTSD symptoms (Monson et al., 2008)
- ▶ Women's dyadic functioning mediates association between their flood exposure and PTSD symptoms (Fredman et al., in press)

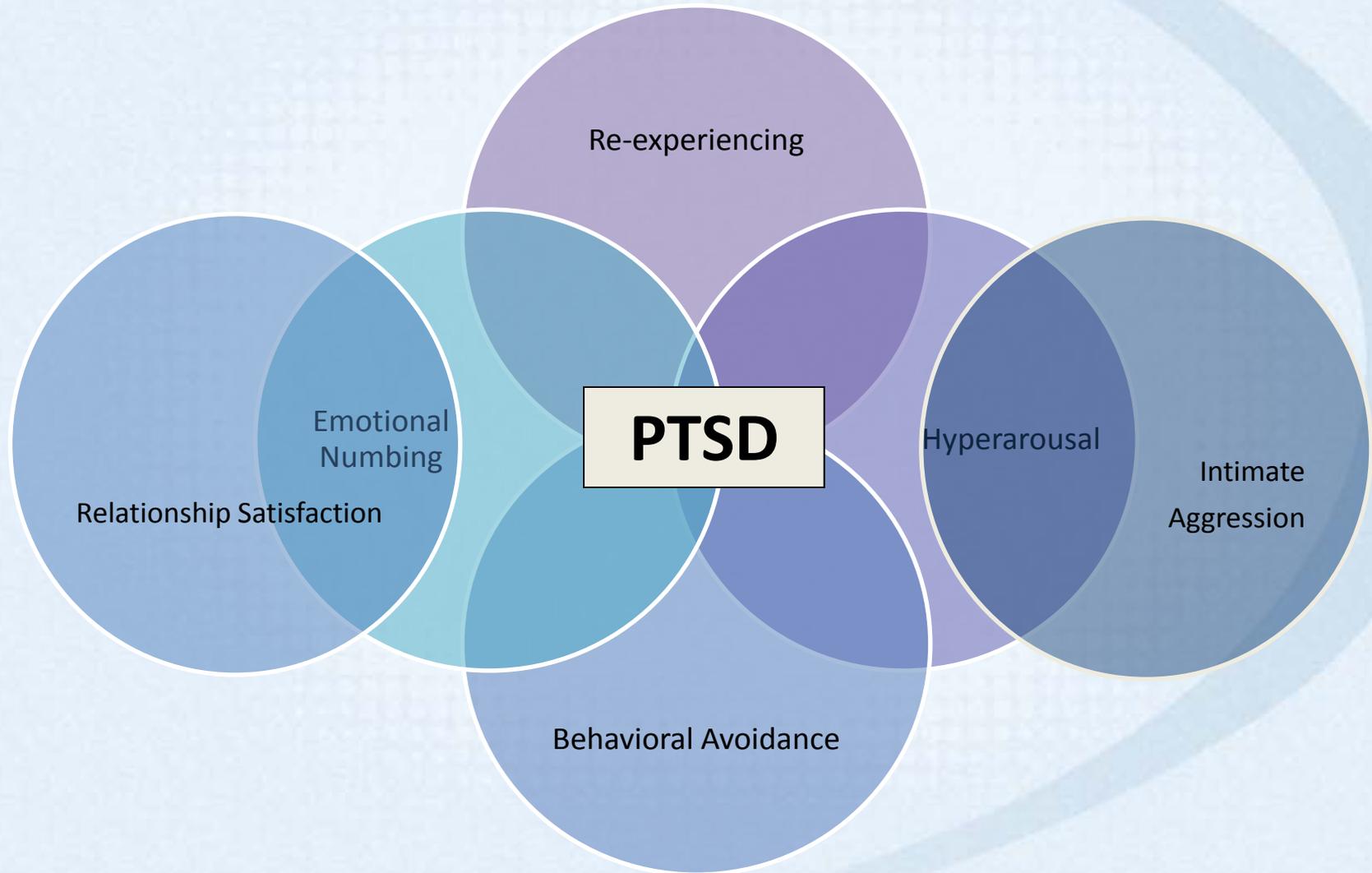


Combat Veterans from Prior Eras

▶ PTSD vs. trauma-exposed/no PTSD

- More divorce
- More intimate relationship discord
- Less self-disclosure and intimacy
- Less parenting satisfaction
- More domestic aggression
(e.g., National Vietnam Veterans Readjustment Survey)
 - 33% PTSD vs. 15% No PTSD in past year
 - 4.86 PTSD vs. 1.32 No PTSD average acts in past year

Combat Veterans from Prior Eras



Iraq/Afghanistan Veterans

- ▶ Follow-up assessment to Land Combat Study (Hoge et al. 2004)
 - Fourfold increase in interpersonal relationship problems (Milliken et al., 2007)
 - Higher than the increase in individual psychopathology symptoms (Hoge et al. 2006)
 - Call for increased family services (Milliken et al., 2007)



Iraq/Afghanistan Veterans

Role of wives' attributions

- 49 male Soldiers from National Guard unit deployed to Iraq for 12 months
- Wives and Soldiers completed questionnaires three months post-deployment
- Wives reported greatest individual distress when they perceived substantial problems in Soldier, but Soldiers failed to recognize such problems
- Wives' marital satisfaction dependent on interaction of wives' attributions about combat exposure and husbands' PTSD symptoms



Veterans' Desire for Family Inclusion in PTSD Treatment

▶ Veteran Interest in Family Involvement in PTSD Treatment (Batten et al., 2009)

- 86% viewed PTSD as a source of family stress
- 79% desired greater family involvement in treatment
- 66% requested communication tips



Objective 2:

Discuss inclusion of partners in the assessment of PTSD and relationship functioning



Reasons to Include Significant Others

10. All traumatization occurs in an interpersonal context
9. Social support is one of the most robust protective factors after traumatization (Brewin et al., 2000)
8. Significant others have caregiver burden and mental health problems related to PTSD (Calhoun et al., 2000)
7. Treatment-seeking around functional problems
6. Overcoming stigma of presenting for mental health treatment

Reasons to Include Significant Others

5. Drop-out and non-/partial response to existing evidence-based therapies (Bradley et al., 2005; Hembree et al., 2003)
4. Existing therapies don't improve intimate relationship functioning (Monson et al., 2006; Galovski et al., 2005)
3. Negative family environment associated with worse outcome in individual treatment (e.g., Tarrier et al., 1999)
2. Loved ones as motivators for change and proponents of therapy
1. "Three for one" results: Improved PTSD symptoms, relationship functioning, and partner functioning (e.g., Glynn et al., 1999; Monson et al., 2004, 2005, 2009)

Assessment

- ▶ PTSD
- ▶ Comorbid conditions
 - Substance use disorders
 - Dissociation
- ▶ Relationship
 - Satisfaction in areas of conflict
 - Violence and safety
 - Intimacy and emotional expression
 - Sexual functioning
- ▶ Partner screen
- ▶ Communications sample



New VA Developments

- ▶ PL 110-387 Veterans' Mental Health and Other Care Improvement Act of 2008
 - Sec 301 amends 38 USC 1782
 - Adds marriage, family counseling for family members of all VA-eligible Veterans
 - Rescinds prior stipulation that limited services for non-service connected treatment
 - Provides for hiring of marriage and family therapists
 - Informational letter going out soon to VAMCs

← U.S. VA Continuum of Family Services →

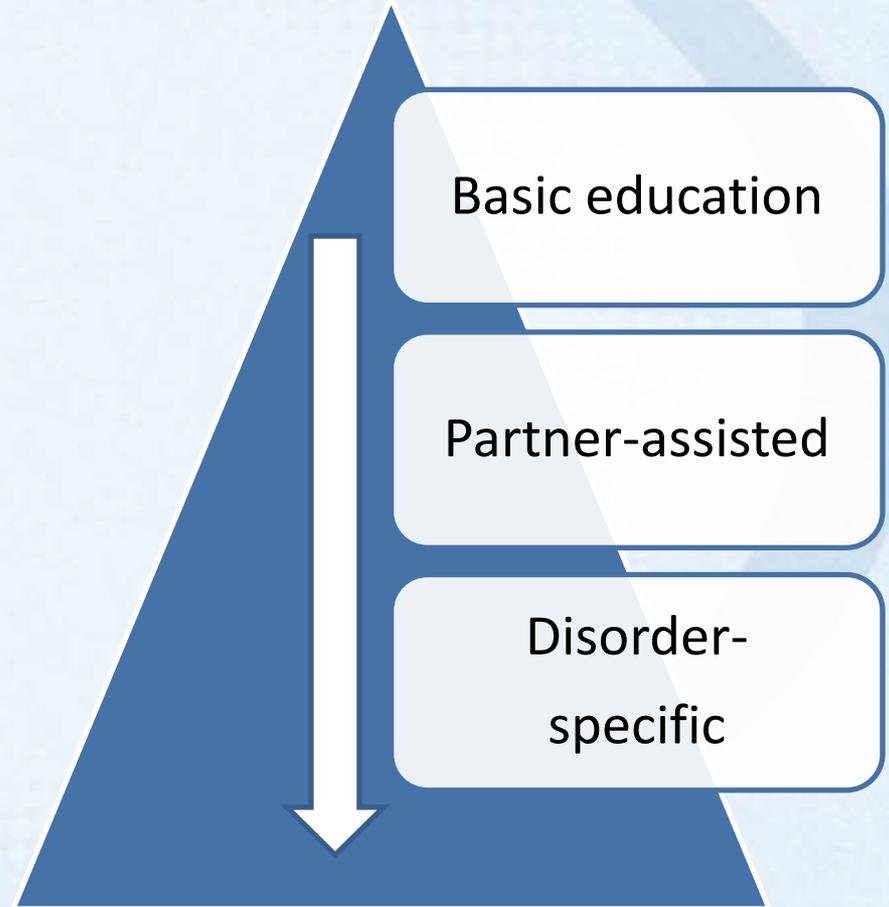
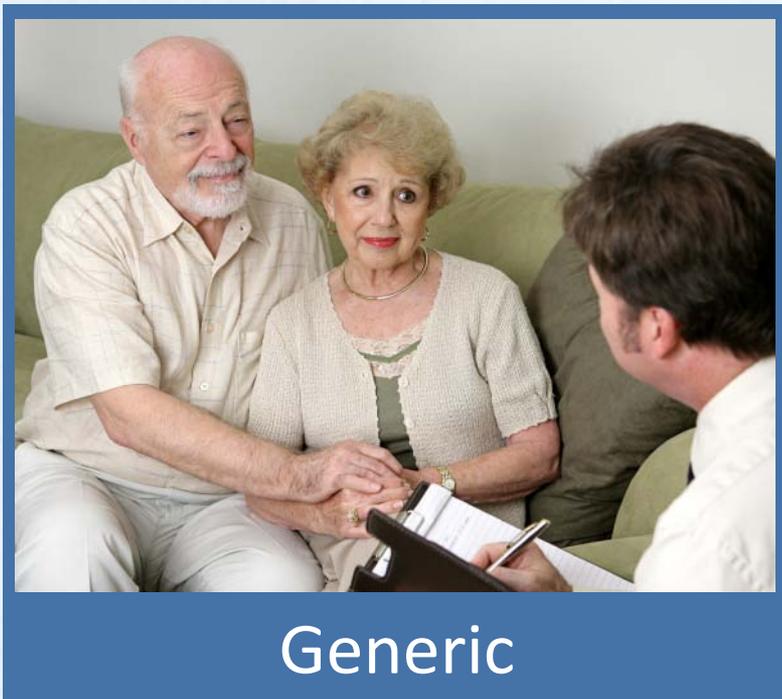


Objective 3:

Review different methods of incorporating significant others in PTSD treatment



Types of Conjoint Therapies for PTSD



Generic Interventions



Evidence-Based Couple Interventions

- ▶ Behavioral Couple Therapy (Jacobson & Margolin, 1979)
- ▶ Cognitive Behavioral Couple Therapy (Baucom & Epstein, 2002)
 - Integrative Behavioral Couple Therapy (Jacobson & Christensen, 1996)
- ▶ Emotion Focused Couple Therapy (EFT; Greenberg & Johnson, 1988)
- ▶ Insight Oriented Couple Therapy (IOCT; Snyder & Wills, 1989)

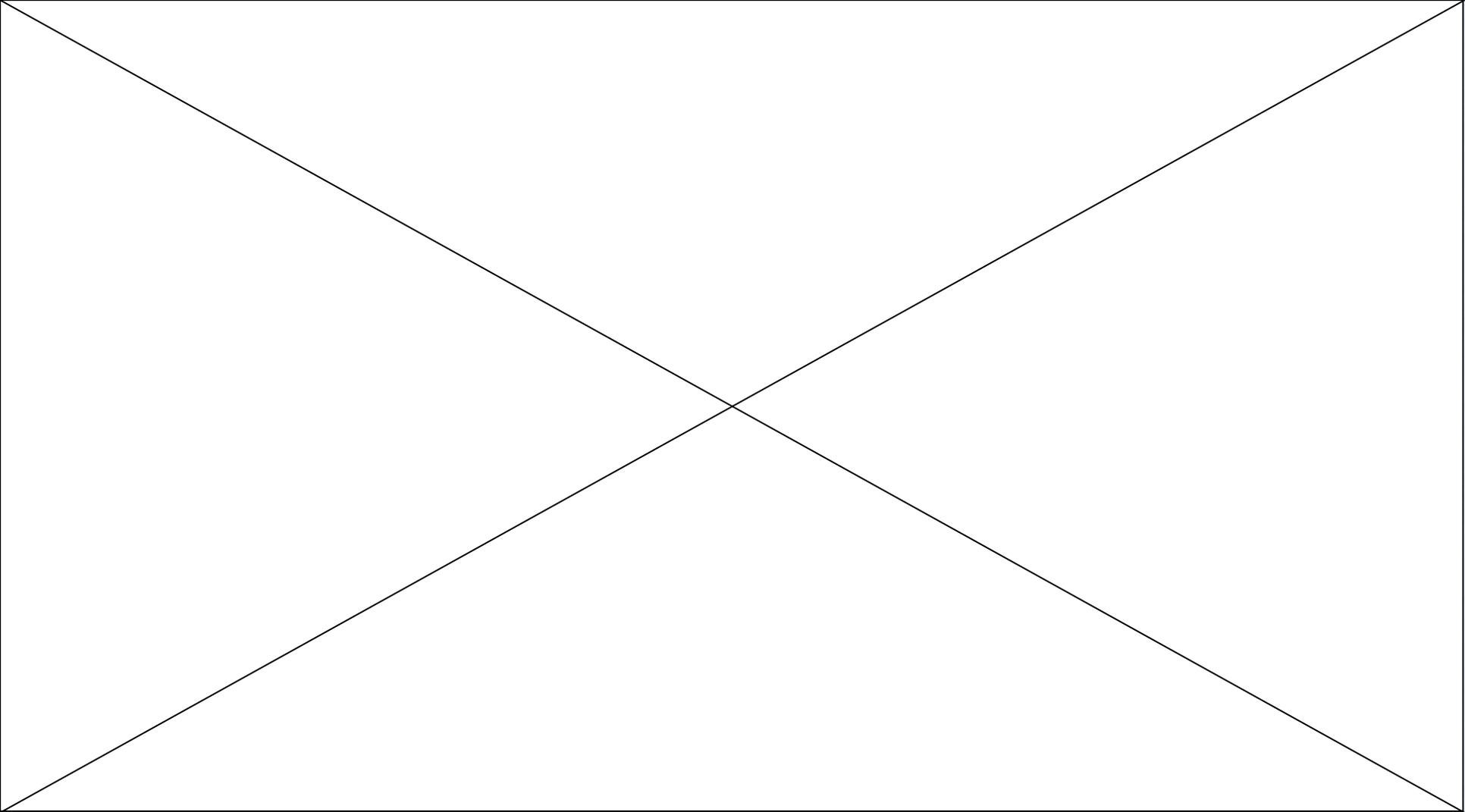
Adjunctive Behavioral Family Therapy (BFT)

- ▶ Exposure v. Exposure + BFT v. Wait List
 - 18 sessions Directed Exposure Therapy
 - 16 subsequent sessions of BFT
- ▶ Both active treatment groups
 - Reduction in positive PTSD symptoms
 - Gains maintained at six-month follow-up
- ▶ Exposure + BFT no better than Exposure alone
 - Some gains in social functioning and social problem solving in completers
 - Improved social problem solving in completers

Paraphrasing Skills



Paraphrasing Skills



Education Interventions

S.A.F.E. Program



S.A.F.E.: Support And Family Education, Mental Health Facts for Families

- Series of ongoing, free, confidential workshops for families/friends of individuals living with PTSD and/or serious mental illness
- Each of the 18 sessions has a specific topic
 - What causes mental illness?
 - How can I take care of myself as caregiver?
 - What can I do when he/she is angry or violent?
 - Schizophrenia and its impact on the family
 - PTSD and its impact on the family
- Rolling admissions
- Time for group discussion, support, and to ask psychiatrist about medications

Partner-Assisted Intervention

Strategic Approach Therapy



Strategic Approach Therapy

(Sautter et al., 2009)

- 10-session manualized behavioral couple therapy
- Targets avoidance and numbing symptoms
 - Partner-based anxiety-reduction interventions
 - Behavioral exchange techniques
 - Stress inoculation training to increase exposure to anxiety-producing situations and positive emotional experiences

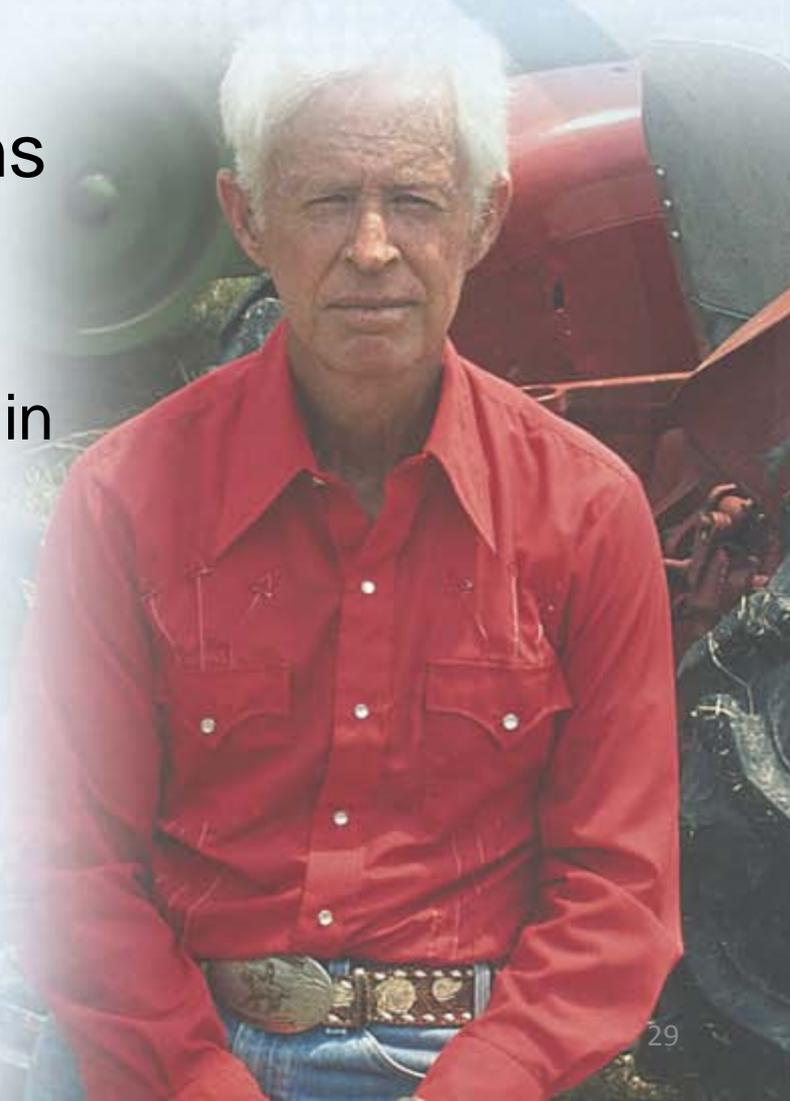
(Kilpatrick et al., 1982)



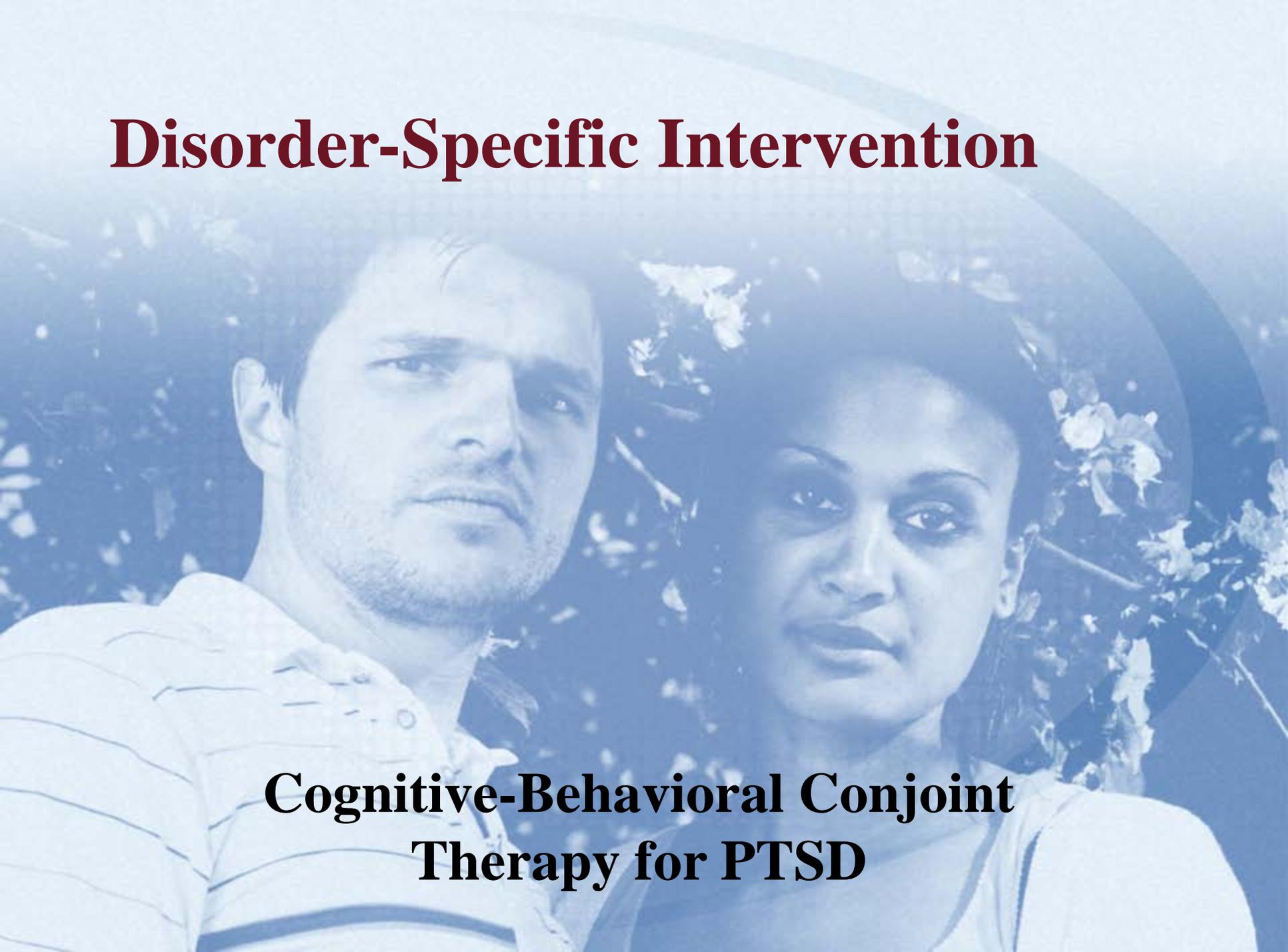
Strategic Approach Therapy

(Sautter et al., 2009)

- ▶ Outcomes in six male Vietnam-era combat Veterans
 - Significant improvements in avoidance and numbing
 - Non-significant improvements in hyperarousal and re-experiencing
 - Relationship satisfaction improvements unknown



Disorder-Specific Intervention

A blue-tinted photograph of a man and a woman looking forward. The man is on the left, wearing a striped polo shirt. The woman is on the right, wearing a light-colored top. A large, faint circular graphic is visible in the background.

**Cognitive-Behavioral Conjoint
Therapy for PTSD**

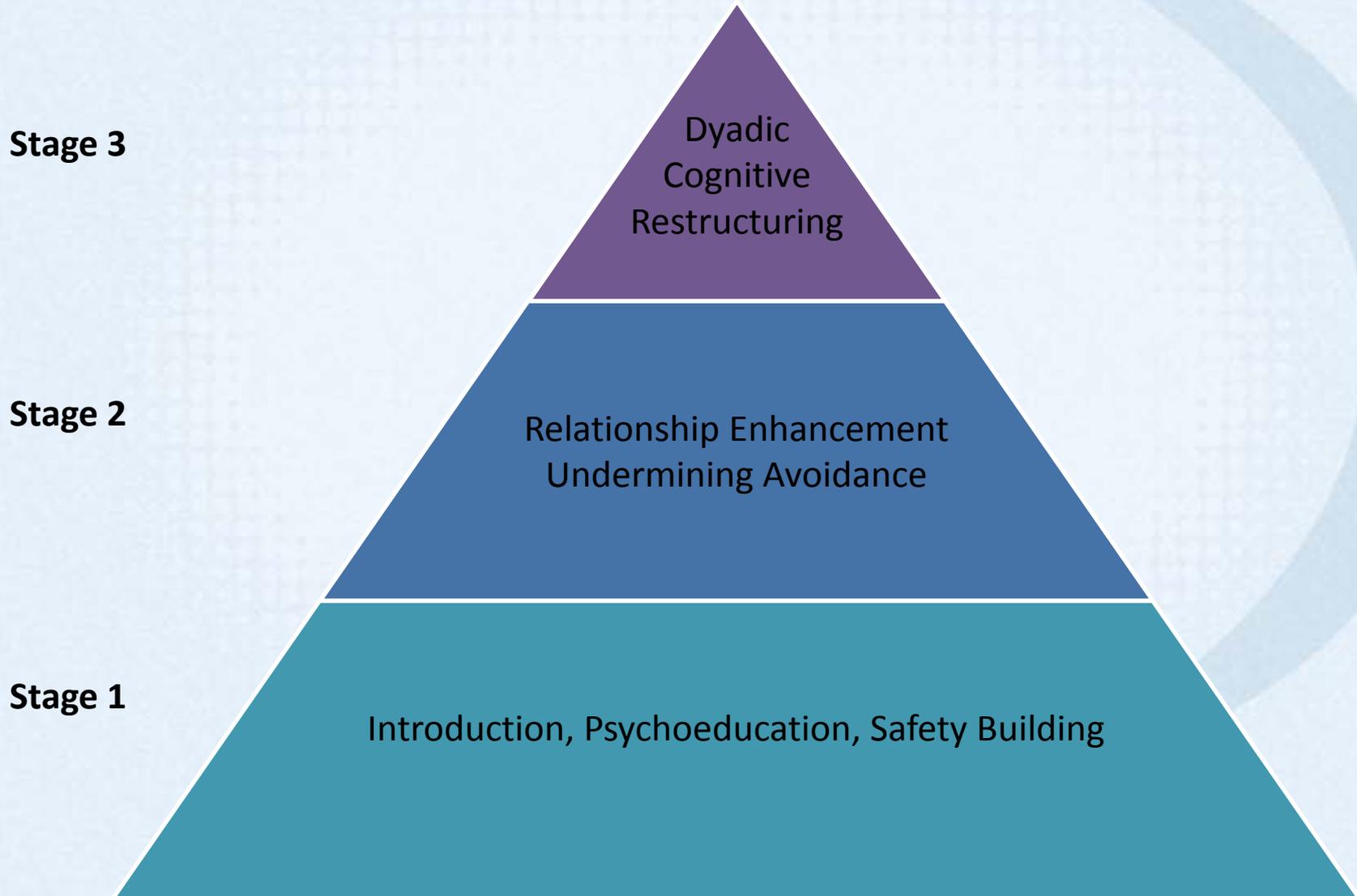
Overview of CBCT for PTSD

- ▶ First-line treatment for PTSD with additional goal of enhancing close relationships
- ▶ Trauma-focused, but not imaginal exposure based
- ▶ Systemic orientation (the couple is the client)
 - Examine interactions between the couple
 - Externalize the disorder
 - Focus on how cognitions, emotions, and behaviors either improve or exacerbate PTSD symptoms

Overview of CBCT for PTSD

- ▶ 15 sessions, manualized
- ▶ 1.25-hour sessions (but can be flexible)
- ▶ Applied with non-romantic dyads
- ▶ Applied with multi-dyad groups
- ▶ Applied via tele-health

PTSD Stages of Treatment



Session Overview

RESUMÉ

- ▶ Stage 1: **R**ationale and **E**ducation about PTSD and Relationships
 - Session 1 Introduction to Treatment
 - Session 2 Safety Building
- ▶ Stage 2: **S**atisfaction Enhancement and **U**ndermining Avoidance
 - Session 3 Listening and Approaching
 - Session 4 Sharing Thoughts and Feelings – Emphasis on Feelings
 - Session 5 Sharing Thoughts and Feelings – Emphasis on Thoughts
 - Session 6 Getting U.N.S.T.U.C.K.
 - Session 7 Problem Solving

Living

Session Overview

RESUMÉ

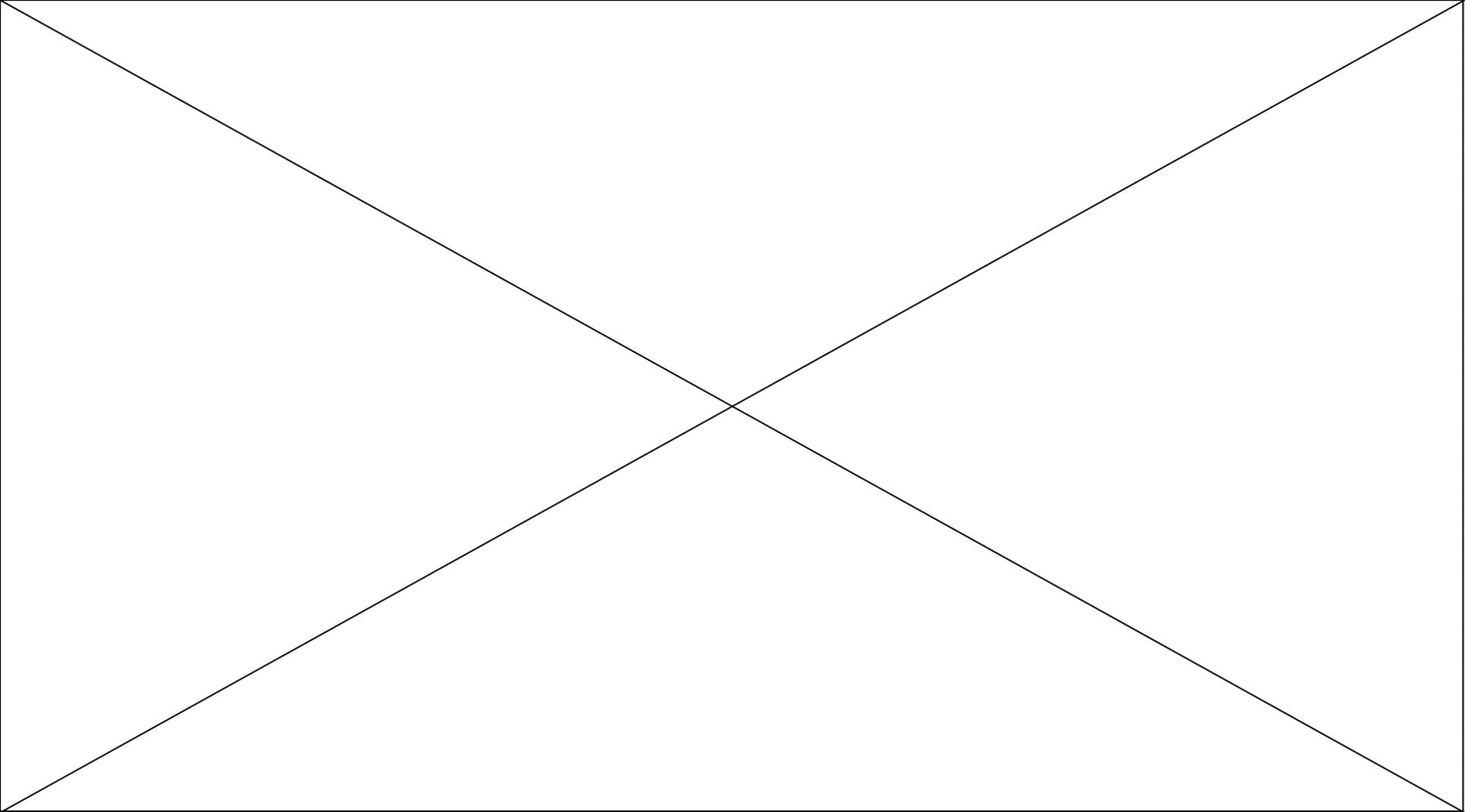
- ▶ Stage 3: **M**aking Meaning of the Trauma(s) and **E**nd of Therapy
 - Session 8 Acceptance
 - Session 9 Blame
 - Session 10 Trust Issues
 - Session 11 Power and Control Issues
 - Session 12 Emotional Closeness
 - Session 13 Physical Intimacy
 - Session 14 Post-Traumatic Growth
 - Session 15 Review and Reinforcement of Treatment Gains

Living

In-Vivo Exposure



In-Vivo Exposure



Overview of CBCT for PTSD

Outcomes

- ▶ PTSD and co-morbid conditions
 - Significant and large treatment effects, consistent with individual therapy trials
 - Significant and large improvements in self-reported depression, general anxiety, and social functioning
- ▶ Intimate relationship adjustment
 - Significant and large improvements in partners' relationship satisfaction, with effects similar or greater than those found in couple therapy trials
- ▶ Partner Functioning
 - Significant and large improvements in general anxiety, social functioning, and PTSD symptoms (as applicable) in Veteran sample
 - Currently analyzing partner results from community sample

Summary

- ▶ PTSD is an individual condition that has interpersonal effects
- ▶ Loved ones can be vital in assessment and treatment planning
- ▶ Include loved ones in treatment to improve relationship
 - Decrease ambient stress
 - Improve effects of treatment for the individual

