Couples Therapy with Veterans with Combat-Related PTSD

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Abbreviations

- OIF = Operation Iraqi Freedom
- OEF = Operation Enduring Freedom
- PTSD = Post Traumatic Stress Disorder
Outline

- Common reintegration challenges for OEF/OIF families
- Effects of PTSD/trauma on relationships
- Specific interventions/tips for clinicians on working with these families

** Please see OEF/OIF resource list and professional bibliotherapy list **
Common Reintegration Challenges for Veterans and Families

1. Re-negotiating logistics, routines, and a creating new “normal”
2. Coping with strong emotions
3. Dealing with the transition from war zone to home and the aftermath of trauma
4. Addressing relationship issues
1. Re-negotiating logistics, routines, and a creating new “normal”

Employment
Parenting / discipline
Who takes out the trash?
Money management
Daily routine
2. Coping with strong emotions

Anger
Depression
Anxiety
Emotional withdrawal / isolation
Numb
Guilt
Anger

- Anger was sometimes the only acceptable emotion in the combat zone – hard to “turn it off” upon homecoming
- Anger may be misdirected at family members
- Elevated risk for domestic violence
Depression, Anxiety, and Guilt

- "I’m not the same person I was before"
  - Loss of role / identity / purpose
  - Loss of sense of belonging
  - Guilt for behavior while in combat
  - High rates of suicide

- Survivor guilt

- High rates of social anxiety, discomfort in crowds, general anxiety, panic attacks
Strong Emotions:

“The journey home marks the beginning of an internal war for the Marines. Give them the space they require to slowly turn the switch. The switch from violence to gentle. The switch from tension to relaxation. The switch from suspicion to trust. The switch from anger to peace. The switch from hate to love…”

LT. Col. Mark Smith, WISHTV
Feb 18, 2005

(Down Range to Iraq and Back by Cantrell & Dean)
3. Dealing with the transition from war zone to home and the aftermath of trauma

<table>
<thead>
<tr>
<th>WAR ZONE</th>
<th>HOME</th>
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<tbody>
<tr>
<td>Physically unsafe</td>
<td>Physically safe</td>
</tr>
<tr>
<td>Act, then think</td>
<td>Think, then act</td>
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<tr>
<td>Unpredictability</td>
<td>Predictability</td>
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<tr>
<td>Chain of command</td>
<td>Cooperation</td>
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<tr>
<td>Numb or control emotions</td>
<td>Express feelings</td>
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<tr>
<td>Avoid closeness</td>
<td>Create intimacy</td>
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James Monroe 2005
4. Addressing relationship issues resulting from the deployment and/or trauma

   Intimacy (emotional, physical, etc.)

   Communication

   Trust
Beyond the normal reintegration challenges, some percentage (15-30%) of returning troops go on to develop PTSD and other mental health difficulties (RAND, 2008)...and many more have symptoms of various disorders.
Why should we include families in treatment?

- From PDHA to PDHRA (3-6 months later): Concerns about interpersonal conflict increased 4-fold.

Walter Reed Army Institute of Research
Land Combat Study

VETERAN SELF-REPORT DATA:

Combat in Iraq was associated with:

- Decreased marital satisfaction
- Increased intent to divorce
- Increased domestic violence perpetration (esp at 12 month f/up)

Hoge, Castro, & Eaton (2006)
Conjoint treatment has been found to be effective with other disorders:

- depression (e.g., Beach, Fincham & Katz, 1996; Jacobson et al., 1991),
- substance abuse (O’Farrell & Fals-Stewart, 2006)
- schizophrenia (Pfammatter, Junghan & Brenner, 2006)
Couples/Family Services in the VA System


- VA healthcare facilities will provide marriage and family counseling
Impact of PTSD on relationships

- Vietnam PTSD veterans are 2x as likely as non-PTSD veterans to have been divorced and 3x times as likely to experience multiple divorces (Jordan et al., 1992).

- Relationship problems among PTSD veterans appear to be chronic, as suggested by research with WWII ex-prisoners-of-war (POWs) (Cook, Riggs, Thompson, Coyne & Sheikh, 2004).
Increased stress in the family (especially tension and hostility) can trigger the veteran’s PTSD symptoms.

High levels of expressed emotion (EE) in the family have been shown to impede improvement in people with PTSD

Solomon, Mikulincer, Fried & Wosner, 1987; Tarrier, Sommerfield & Pilgrim, 1999)
High levels of social support have been associated with decreased intensity of PTSD symptoms at two and three years post-combat. Longitudinally, increased social withdrawal has been associated with increased PTSD intensity, and increased social contact was associated with decreased severity of symptoms (Solomon, Mikulincer & Avitzuer, 1988).
What About the Partners?

- Partners of PTSD veterans (in comparison to partners of veterans w/o PTSD) report:
  - Lower relationship satisfaction (Jordan et al., 1992)
  - Poorer psychological adjustment (Calhoun, Beckham & Bosworth, 2002)

- They also experience:
  - High levels of caregiver burden (Beckham, Lytel & Feldman, 1996)
A phone survey of 89 significant others of combat-related PTSD veterans (Manguno-Mire et al., 2004) found that the average Global Severity Index (GSI) of the Brief Symptom Inventory-18 (BSI-18, Derogatis, 1993) exceeded the 90th percentile.

Over ¾ of partners rated getting couples/family therapy as very important in coping with the stress of PTSD in the family (Sherman et al., 2004).
SO....

- Treatment aimed at the interpersonal context does the “double duty” of addressing the PTSD symptoms within the context of strengthening the family’s cohesiveness and supportiveness (Johnson, 2002), and dealing with family problems that arise as a result of PTSD.
Existing Literature on Couples Therapy for PTSD


- “...literature on couple & family therapies with trauma survivors is severely lacking”

- In general, couples therapy should focus on improving communication & reducing conflict among family members

- Couples therapy should NOT be the primary form of treatment for PTSD – rather, it can be concurrent with or follow EVT for PTSD
Existing Programs – See Professional Bibliotherapy:

- CBCT: Cognitive-Behavioral Conjoint Treatment for PTSD
  Candice M. Monson et al.

15 weekly 75-minute CBT sessions are provided to individual couples
Behavioral Family Therapy

Glynn et al, 1999: Only RCT for couple treatment for PTSD but no significant differences between 2 groups

- Exposure
- Exposure + BFT
- EFT: Emotionally Focused Couple Therapy with Trauma
  Susan M Johnson, Ph.D.
- Attachment framework for promoting strong bonds between couples
- Johnson has applied the approach to trauma survivors – but no published controlled studies of EFT with trauma survivors
Framework for Conceptualizing Couples Therapy

- Help couples move beyond a focus on the veteran’s diagnosis as an explanation and/or rationalization for behavior.
- Addresses both parties’ experiences and needs, and challenges couples to make positive, sustainable changes to create more balanced, interdependent relationships.
Contraindications

- Substance abuse
- Interpersonal violence
- Imminent danger to self/others
Diagnosis of PTSD: Re-Experiencing

- May experience intrusive thoughts of the event
- May have distressing dreams or nightmares of the event
- May feel very uncomfortable when confronted with a reminder of the event
- May act or feel as if the traumatic event were recurring ("flashback")
Consequences for the relationship

- Partners who witness these unpredictable, uncontrollable acts often feel confused, afraid and helpless
- Due to bad dreams, couples may sleep in separate beds/rooms
- Partners assume more occupational, financial and household responsibilities
Implications for treatment

Mental health professionals may choose to:

- Assist the veteran in educating his partner about re-experiencing symptoms
Assist the veteran in teaching his partner how to support him during episodes.

Teach the couple a debriefing process to help de-escalate the situation and to promote learning from the episode.
Help the couple in coping with upsetting reminders of the trauma that may trigger re-experiencing symptoms
PTSD: Avoidance

**AVOID** certain triggers or reminders of the trauma and may experience **EMOTIONAL NUMBING** (and/or distance themselves from others).

They may try to avoid:

- activities
- places
- thoughts
- people
Veterans with PTSD often have:

- Problems expressing caring
- Low levels of self-disclosure and emotional expressiveness
- Problems with sexual disinterest
- Ineffective interpersonal problem-solving skills
- Difficulties with trust

Consequences for the relationship

- Both partners often become quite socially isolated.
- Relationships are often marked by considerable emotional distance.
- Couple rarely engages in joint enjoyable activities.
Implications for treatment

Therapists may intervene with couples by:

- Engaging the couple in assessing their readiness and commitment to the difficult work involved in strengthening their emotional bond
Empowering the couple to risk trust and openness with each other (if they commit to building intimacy in their relationship).

- Basic communication skill training
- Interventions based on Dr. John Gottman’s work of helping couples respond to bids for emotional connection by “turning toward” each other rather than turning away or against (Gottman & Silver, 1999).
– Interventions based on Dr. Susan Johnson’s emotionally focused therapy (EFT) (Johnson, 2002), which draws upon an attachment-based paradigm of using your partner as a “secure base” in navigating the challenges and traumas in life.
Empowering the couple to negotiate how much of the trauma is shared in the relationship

Encouraging the pursuit of enjoyable activities (both individually and as a couple) due to the social isolation that commonly results from the avoidance
Diagnosis of PTSD: Increased Arousal

- May be irritable and/or have angry outbursts
- May experience insomnia (problems falling or staying asleep)
- May be hypervigilant
- May have difficulty concentrating
- May startle easily and excessively
Consequences for the relationship

- Chronic state of heightened arousal adds tension and stress to relationship. Partners may also “walk on eggshells” due to fear of upsetting the veteran.

- Displays of anger are linked to decreased motivation in others to offer support (Lane & Hobfoll, 1992).
Increased risk for perpetrating domestic violence among veterans with PTSD

- Study of Vietnam combat veterans and their partners:
  - 42% of the men had engaged in physical aggression against their partners in past year
  - 92% had been verbally aggressive
  - 100% had used psychological aggression.

- Among PTSD couples seeking marital therapy, the rates of veteran to partner physical violence are even higher

  Jordan et al., 1992; Byrne & Riggs, 1996; Sherman et al., 2004
Implications for treatment

Therapists may choose to:

- Educate the couple about anxiety management strategies and sleep hygiene tips.

- Assist the couple in giving feedback about their needs and setting limits on emotional involvement.
- Assess for domestic violence in every couple. Learn your community resources for both parties.

- Assist the couple in coping effectively with irritability and/or expressions of anger.

- Teach conflict disengagement strategies.
Opportunities for Personal and Relationship Growth
OPPORTUNITIES for Personal Growth:

Learn how to cope with emotions
Become aware of inner strength & courage
Have opportunity for spiritual growth
Build empathy for other people
Gain opportunity to help others
Recognize the fragility of life
Experience gratitude for opportunity for a “fresh start”
“When I got home, the sky was brighter, I paid attention to the texture of sidewalks. It was like being in a movie...everything is a gift”

- Geology professor, Sally Walker, survived airline crash that killed 83 people
OPPORTUNITIES for Relationship Growth:

Chance to learn more about your partner
Reminder of importance of expressing appreciation and love for family members and friends
Opportunity to strengthen the relationship and build intimacy
Working through these issues can help family navigate future challenges
“After my first cancer, even the smallest joys in life took on special meaning – watching a beautiful sunset, a hug from my child, a laugh with Dorothy. That feeling has not diminished in me. After my 2\textsuperscript{nd} and 3\textsuperscript{rd} cancers, the simple joys of life are everywhere and are boundless, as I cherish my family and friends and comp template the rest of my life, a life I certainly do not take for granted.”

Have you noticed any positive changes in YOURSELF since the trauma? If so, what have you seen?

Have you noticed any positive changes in YOUR PARTNER since the trauma? If so, what have you seen?

Have you noticed any positive changes in YOUR RELATIONSHIP since the trauma? If so, what have you seen?

Have you SHARED this with your partner? (He/she would probably really like hearing that from you!)
A Family-Education Resource for Trauma: SAFE Program

- Support And Family Education (SAFE) Program

  www.ouhsc.edu/safeprogram

  18-session family education curriculum for adults who care about someone living with a mental illness or PTSD

  - created for the VA population

  - includes focus on PTSD
Sample Sessions:

- What can I do when my family member is depressed?
- What can I do when my family member is angry or violent?
- Communication tips with family members
- Limit setting and boundaries with family members
- How can I take care of myself as a caregiver?
- What to do when your help is turned away
- Do's and Don'ts in helping your family member
- PTSD and its impact on the family
First Lady, Ms. Michelle Obama
March 3, 2009

“…service doesn't end with the person wearing the uniform. You all know that…Military families have done their duty and we, as a grateful nation, must do ours. We must do everything in our power to honor them by supporting them, not just by words but by deeds”

Women in Military Service for America Memorial Center at Arlington National Cemetery
Questions and Reactions?

Thank you for inviting me to join you today.