Thank you for joining us

- Thank you to our sponsors, APA Division 19 (Military Psychology) and Division 18 (Psychologists in Public Health, VA Section)

- There will be a Q&A at the end of the webinar

- Please write questions in the chat box

- We will try to monitor as best we can

Ryan.Hess@VA.gov
The opinions expressed in the webinar are solely those of the presenters and do not necessarily represent those of the VA, DoD, or any other agency or professional association.
Webinar Components

- REVIEW of the problem
- RESULTS of our study
- RECOMMENDATIONS for Tx
- RESOURCES for providers
Review of the Problem

- 23% of Iraq and Afghanistan veterans experience PTSD symptoms
  (Fulton et al., 2015)

- Depression is the second most common mental health condition among OEF/OIF/OND veterans
  (Esiobu, 2015)

- 22% to 40% of OEF/OIF/OND veterans screen positive for alcohol misuse
  (Calhoun, Elter, Jones, Kudler, & Straits-Troster, 2008; Hawkins, Lapham, Kivlahan, & Bradley, 2010)
Present Study

Description of variables:

- PTSD severity (IV)
- Depression severity (IV)
- Alcohol Use severity (DV)
- Relationship Satisfaction (Moderator)
- Age, length of relationship, discharge status, service in the Army (Covariates)

- Participants: 594 women, 303 men
Purpose of the Present Study:

- Fills a gap in the extant literature
- Better understand the deleterious effects of PTSD and its relationship to alcohol use
- Elucidate the potentially restorative significance of a satisfying relationship
Present Study

Hypotheses:

1. For those individuals experiencing PTSD symptoms and Depressive symptoms, those individuals with higher levels of relationship satisfaction will experience lower levels of alcohol use.

2. For those individuals experiencing PTSD symptoms and Depressive symptoms, those individuals with lower levels of relationship satisfaction will experience higher levels of alcohol use.

3. For both men and women who experience PTSD and Depression, relationship satisfaction will moderate alcohol use.
Key Takeaway

- There may be considerable benefit to including the romantic partner in psychotherapy.
- PTSD, SUD, and depression all impact the romantic relationship.
- Yet couples therapy is an under-utilized modality.
Attention to Cultural Issues

- Including the romantic partner may be a way of increasing cultural sensitivity
  - Another perspective is heard/considered
- Many cultures are collectivistic
  - For those individuals from collectivistic cultures, individual therapy can feel uncomfortable
- Military culture is certainly collectivistic
  - Focus is on the mission, teamwork is emphasized, caring for your unit/squad/platoon is prioritized (“service before self” and “selfless service”)
- Couples therapy may be a way to tap into that cooperative/collaborative mentality of the military
Potential Benefits to Couples Tx

- Including a romantic partner may decrease the service member/veteran’s anxiety
- Can focus on non-threatening issues first
  - Help-seeking
  - Setting appropriate boundaries
  - Self-care
  - Assertive communication
  - How to use timeouts
  - Active listening
  - Strengths-based approach (what is working well in the relationship)
Potential Benefits to Couples Tx

- Including a romantic partner offers the clinician the ability to view the patient’s interpersonal style in real time.

- Including a romantic partner offers the opportunity to provide psychoeducation.
  - Often, partners know very little about PTSD, SUD, or depression.
Weaving Couples Therapy into Tx

- Can be done before a trauma-informed approach
  - May serve to enhance motivation/readiness
- Can be utilized to address CC
  - CBT-SUD, EFT, Behavioral Couples Therapy for AUD, Cognitive Behavioral Conjoint Therapy for PTSD
- Can be used as an adjunct/supplement to individual Tx
- Can be part of after-care
  - After stabilization/symptom decrease
As seen through the lens of couples Tx

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<th>Depression</th>
<th>PTSD</th>
<th>SUD</th>
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<td>When one member of a romantic relationship is depressed, there can be the tendency for the other partner to become depressed (negative feedback loop)</td>
<td>A hallmark feature of PTSD is avoidance. This avoidance can certainly manifest in and cause damage to the romantic relationship.</td>
<td>SUD can be an attempt to isolate/numb/forget. Often conceptualized as a form of avoidance</td>
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| It has been suggested that depression is a form of excessive self-focus (Ruminate on personal guilt, shame, dislike, perceived failures, etc.) | Some theoretical orientations (e.g., EFT) encourage approach behaviors | Almost all treatments for SUD emphasize the importance of social support (e.g., AA/NA, CBT-SUD, MI, Celebrate Recovery, etc.)
Seeking this social support can begin with coming to the romantic partner honestly and in a state of vulnerability |
| It has been recommended that one remedy for the excessive self-focus that can perpetuate depression is to have the individual focus on someone else (e.g., romantic partner) and learn to cultivate sympathy/empathy | Learning to approach the romantic partner can be used as scaffolding to encourage the service member/veteran to approach other avoided issues. This may serve to ameliorate the PTSD. | CBT-SUD encourages the utilization of a “Supportive Significant Other” which can be a romantic partner and can be anyone that cares for the veteran and strengthens their recovery |
Additional Benefits

- With the recent increased utilization of telehealth, it may be easier to access the service member/veteran’s romantic partner (less work for them to come in for the therapy session)

- This may be a way for us to expand our care for our patients. In certain VA settings, veterans have been referred for couples therapy in the community because their VA did not offer couples therapy or the wait for care was too great
Potential Barriers to Couples Tx

- Certainly there are contraindications (e.g., domestic violence)
  - There may be times when it is clinically indicated to focus on PTSD/SUD/depression in an individual format

- Many providers are wary of doing dyadic therapy
  - May fear becoming “the couples therapist”
  - May feel unqualified

- Indeed, VA offers comparatively few trainings for couples therapy
Resources

- Couples Coach app (available for Mac and Android devices)
  - Couples Coach was made by the mobile mental health team of the National Center for PTSD, Dissemination & Training Division
- EFT webinar available at http://va-eerc-ees.adobeconnect.com/pd6wqs72p0p2/
- VA EFT listserv
  - Email Jerika.Norona@va.gov
- Caregiver Support Program (available at many VA hospitals)
- Warrior to Soul Mate (W2SM) retreat
- VA-sponsored trainings for Integrative Behavioral Couples Therapy, CBT-SUD, Cognitive Behavioral Couples Therapy for PTSD
- Family Services SharePoint Site for VA clinicians
Sample and Method

- Study designed to assess relationship satisfaction and function
- Partnered men and women recruited through social media
- Surveys were similar but not identical and collected about 18 months apart.
- Measures were completed online, anonymously
- Study funded by Division 19 – Society for Military Psychology
Measures

- Demographic Inventory
- AUDIT-C
  - Score range 0-12
    - Women: Scores 3+ = positive screen for problematic use
    - Men: Scores 4+ = positive screen for problematic use
- Couples’ Satisfaction Index-4
  - Score range: 0-21
    - Scores < 13.5 = distressed relationship
- PTSD Checklist-5
  - Score range: 0-80
    - Scores ≥ 31 = probable PTSD diagnosis
- Patient Health Questionnaire-9 (depression)
  - Score range: 0-27
    - Scores ≥ 5 mild depression or worse
Analytic Plan

- Mens' and womens' data analyzed separately
- Analyses covaried for relationship duration, marital status (partnered vs married), and Army service
- 2-part hurdle models using regression with interactions were used
  - Part I: No alcohol use vs some (binary)
  - Part II: Any alcohol use among those who drink (linear)
- Depression and PTSD analyzed separately
  - Posthoc analyses examined a priori selected PTSD symptom clusters found in Anhedonia Model
- Interaction terms examined relationship satisfaction at the mean and +/- SD
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DSM-5 Model of PTSD

- Re-experiencing
- Avoidance
- NACM
- Alterations in Arousal/Activity

PTSD
Anhedonia Model of PTSD

- Re-experiencing
- Avoidance
- NACM
- Anhedonia
- Dysphoric Arousal
- Anxious Arousal

Blais, Geiser, & Cruz, 2018
J of Affective Disorders
Blais, 2020 (under review)
Anhedonia Model of PTSD

- Re-experiencing
- Avoidance
- NACM
- Anhedonia
- Dysphoric Arousal
- Anxious Arousal

Blais, Geiser, & Cruz, 2018
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Blais, 2020 (under review)
Distress Levels and Drinking - Women
N = 594

Nondrinkers (n = 116; 20%)
- PCL5 = 30.33
  - threshold of + screen
- PHQ9 = 11.34
  - Moderate depression
- CSI4 = 12.96
  - distressed

Drinkers (n = 487; 80%)
- PCL5 = 24.00
  - + screen
- PHQ9 = 9.87
  - Mild-moderate depression
- CSI4 = 14.89
  - nondistressed
- AUDITC = 3.2
  - + screen
Distress Levels and Drinking - Men
N = 303

Nondrinkers (n = 61; 20%)
- PCL5 = 23.19
  - Screen
- PHQ9 = 8.10
  - Mild depression
- CSI4 = 13.42
  - Distressed

Drinkers (n = 242; 80%)
- PCL5 = 23.74
  - Screen
- PHQ9 = 9.76
  - Mild-moderate depression
- CSI4 = 13.26
  - Distressed
- AUDITC = 3.3
  - Screen
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Alcohol Use, PTSD, and Relationship Satisfaction

- Women

At low levels of relationship satisfaction, higher PTSD symptoms are associated with higher alcohol use.
Alcohol Use, NACM, and Relationship Satisfaction - Women

At low levels of relationship satisfaction, higher NACM symptoms are associated with higher alcohol use.
Alcohol Use, Dysphoric Arousal, and Relationship Satisfaction - Women

At low and medium levels of relationship satisfaction, higher dysphoric arousal symptoms are associated with higher alcohol use.
At low and medium levels of relationship satisfaction, higher depressive symptoms are associated with higher alcohol use.
Implications

- Among women, relationship satisfaction is related to the depressive components of PTSD and depression and alcohol use
  - Particularly at low and average levels of relationship satisfaction
- Understanding why women are using alcohol when experiencing higher depression and lower relationship satisfaction is key – and understudied
- Much of what we understand about relationship satisfaction is usually subscribed to men veterans – we need to know more about women’s experiences
Interaction Between PTSD & SUD & Relationship Satisfaction

- Avoidance symptoms (Criteria C) of PTSD
  - Avoidance & Substance Use Disorders
  - Avoidance & Relationship Satisfaction

PTSD Intrusions/Triggers

Avoidant Behaviors
- Avoidant Behaviors (alcohol use, conflict, distance)

Possible Reinforcing Behaviors from Partner
- Relationship Effects (lack of shared activities, positive interactions)
Interaction Between PTSD & SUD & Relationship Satisfaction

- Hyperarousal symptoms (Criteria E)
  - Hyperarousal & Substance Use Disorders
  - Hyperarousal & Relationship Satisfaction

Possible Reinforcing Behaviors from Partner

- Relationship Effects (deficits in communication (conflict management))
- PTSD Intrusions/Triggers
- Hyperarousal (anger, irritability, insomnia)
- Self-Medicating Behavior (substance use)
Interaction Between PTSD & SUD & Relationship Satisfaction

- Negative Alterations in Mood & Cognition (Criteria D)
  - Negative symptoms & Substance Use Disorders
  - Negative symptoms & Relationship Satisfaction

PTSD Intrusions/Triggers

Possible Reinforcing Behaviors from Partner

Negative Alterations in Mood/Thoughts (depression, anhedonia)

Relationship Effects (lack of shared activities, positive interactions, shared emotions)

Self-Medicating & Numbing (substance use, distancing)
VA/DoD Clinical Practice Guidelines & Treatment for PTSD/SUD

- Evidence-Based Psychotherapies in the VA/DoD & Couples/Family Therapy
- VA/DoD CBG's and recommendations for PTSD
  - Link to 2017 Guideline: [VA/DoD Clinical Practice Guidelines for PTSD](#)
- VA/DoD CBG's and recommendations for SUD
  - Link to 2015 Guideline: [VA/DoD Clinical Practice Guidelines for SUD](#)
- Current Emphasis on Concurrent Treatment of PTSD and Substance Use Disorders
  - Integrated Model versus Sequential Model
Considerations for Conjoint Therapy for PTSD for PTSD/SUD

➢ “Cognitive-Behavioral Conjoint Therapy for PTSD: Harnessing the Healing Power of Relationships” by Candice Monson & Steffany Fredman

➢ Current National Training program available in the VA system
  ➢ [CBCT for PTSD SharePoint](#)

➢ From a strict protocol perspective, it does allow for treatment of individuals with PTSD as well as “substance abuse” (individuals with more severe SUD are “generally not recommended”)

Considerations for Behavioral Couples Therapy for SUD for PTSD/SUD

- "Behavioral Couples Therapy for Alcoholism and Drug Abuse" by Timothy J. O'Farrell and William Fals-Stewart
- Currently no active National Trainings in BCT for SUD in the VA
  - BCT-SUD Share Point
  - List of Trained Providers in VA [here](#)
- Although not directly developed for PTSD, emerging evidence that it may helpful in addressing PTSD symptoms in addition to treating SUD symptoms
Shared-Decision Making & Couples Interventions to address PTSD/SUD

- Consider incorporating relationship satisfaction assessments or probing for functional aspect of PTSD/SUD symptoms integrated into dyadic relationship prior to treatment selection
  - Potentially special consideration for women, individuals with history of sexual trauma (MST)
- Possible Resources
  - Within VA system, your facility’s Local Evidence-Based Psychotherapy Coordinators (LEBPCs) can help facilitate referrals for CBCT and BCT.
  - Also within VA system, your facility’s PTSD/SUD specialist can be a resource
- Couples Therapy Approaches beyond the Clinical Practice Guidelines & VA Evidence-Based Psychotherapy Model for PTSD and SUD
Emotionally Focused Couples Therapy: An Additional Approach

- Good news...
  - Couple therapy is effective
    - 70% of couples receiving treatment benefit
    - In meta-analyses of couple therapy, treatment effects are similar to individual treatment ($d = .60 - .80$)
  - Couple therapy is effective for “individual” disorders
    - Powers et al. (2008) meta-analysis of behavioral couples therapy for treating alcohol-related issues
    - Couples' interventions are well-established for treating depression
    - Couples' interventions are effective at assisting partners coping in the face of trauma
Emotionally Focused Couples Therapy (EFT)

- Initially developed by Susan Johnson & Les Greenberg
  - Most recent treatment manual (Johnson, 2020)
- Draws upon systems theory, attachment science, and the power role that affect plays in shaping our sense of self and other.
- Robust line of research ($d = .93$; Lee et al., 2020)
- EFT has been studied beyond general relational distress to examine how “individual symptomology” is treated within a relational context and frame, including veterans suffering from depression and PTSD symptoms (Weissman et al., 2017).
“Since affect dysregulation is the primary experience of those coping with the echoes of battle, providing treatment that can address the emotional climate within and between a service member and their partner makes sense...”
Stage 1: Cycle De-Escalation

Goal: The couple will gain a “meta” perspective of their negative interactional pattern. Concerns related to SUD, or the ways affect dysregulation manifests itself are placed within the context of a relational frame.
Tracking the Pattern of Interaction

Partner

Behavior

Perceptions/Attributions

Secondary Emotion

Primary Emotion

Unmet Attachment Needs

Partner

Behavior

Perceptions/Attributions

Secondary Emotion

Primary Emotion

Unmet Attachment Needs
Stages of Change Within EFT

- **Stage 1: Cycle De-Escalation**
  - Goal: The couple will gain a “meta” perspective of their negative interactional pattern. Concerns related to SUD, or the ways affect dysregulation manifests itself are placed within the context of a relational frame.

- **Stage 2: Restructuring Interaction**
  - Goal: Expand attachment-related emotions and needs
  - Goal: Share these needs with their partner
  - Goal: Promote acceptance and support between partners

- **Stage 3: Consolidation and Integration**
  - Goal: establish new patterns that promote ARE – accessibility, responsiveness, and engagement
EFT with Service Members

- In a securely attached relationship, partners have the potential to act as protective factors against the complex stress that comes with the duties our service members carry out.
References


References