

Abstract

A study was done to assess the relationship between group cohesion and treatment outcomes in group inpatient treatment of combat-related PTSD. Multiple studies of combat-related PTSD have shown modest treatment outcomes due to the complex interplay of many psychological factors. Significant amongst these are emotional isolation in combat veterans and a sense of being misunderstood or unique in their experiences. 10 participants were included in this study and assessed weekly from admission to discharge in a military specific inpatient unit. Patients received group therapy seven times a week over the course of four weeks. Weekly assessment of symptoms was done with the PTSD Checklist – Military Version (PCL-M), Outcome Rating Scale (ORS), and the California Psychotherapy Alliance Scale Group Version (CALPAS–G). CALPAS scores showed remarkable consistency in group cohesion across all subcategories with member understanding having the highest reported values. A paired samples t-test of pre and post ORS scores approached significance, suggesting a larger sample size may indicate a stronger relationship between group cohesion and improvement in quality of life. This suggests that group treatment of combat veterans is a highly valuable therapeutic model that caters to multiple needs of service-members, having the particular benefit of reducing the sense of isolation that often results from combat-related PTSD.

Introduction

According to Riddle, Smith, Smith, Corbeil, Engel, et al. (2007), posttraumatic stress disorder (PTSD) is the second most common clinical diagnosis in the military, occurring in 2.4% of the current population. PTSD is comprised of a complex constellation of symptoms. Multiple variables have been known to effect treatment outcomes, such as guilt, depression, anger, comorbid generalized anxiety disorder, and levels of alcohol use (Davidson et al, 1993; Forbes et al, 2008; Perconte & Griger, 1991; Tarrier et al, 2000). Combat related PTSD also correlates highly with psychosocial morbidity and significant functional impairment, resulting in social avoidance (Creamer et al, 2006).

The needs of the combat veteran community and the continuing conflicts in the Middle East will likely result in a greater demand for the group treatment of PTSD. According to research done by Crowe & Grenyer (2008), recovery reported by patients in group treatment settings appears to be associated more with the interpersonal/social functions of group therapy, rather than therapists or modalities of treatment. Most assessments in the treatment of combat-related PTSD focus on symptom severity. Group treatment has the unique opportunity to intercede on the level of emotional isolation and the sense of uniqueness of combat experience in fostering cohesion with common cohort members. This suggests that in addition to symptom severity, group cohesion may prove to be a valuable aspect of assessment and important therapeutic goal.

Methods

10 participants were included in this study and assessed weekly from admission to discharge in a military specific inpatient unit. Weekly assessment of symptoms was done with the PTSD Checklist – Military Version (PCL-M) a self-report measure of the DSM-IV symptoms of PTSD for military personnel, Outcome Rating Scale (ORS; Duncan & Miller, 2003), a self-report measure for 4 interpersonal domains, and the California Psychotherapy Alliance Scale – Group Version (CALPAS – G; Gaston & Marmar, 1994), a measure of group cohesion in treatment. The CALPAS-G that was modified from assessing group cohesion as the result of an individual session to assessing group cohesion at discharge as a result of the group therapeutic experience.

Appendix 1
Sample CALPAS-G Questions (Amended)

Instructions: Below is a list of questions that describe attitudes people might have about their group psychotherapy. Think about your experience in group therapy in this setting and decide the degree to which each question best describes your experience. Circle the number indicating your choice. Please answer each question.			Rating Scale 0 not at all 1 a little bit 2 somewhat 3 moderately 4 quite a bit 5 quite a lot 6 very much so
MUI	3. Did you feel accepted and respected by the group members for who you are?		0 1 2 3 4 5 6
PWC	4. How much did you hold back your feelings during this session?		0 1 2 3 4 5 6
WSC	5. Did you feel that you were working together with the group members, that you were joined in a struggle to overcome your problems?		0 1 2 3 4 5 6
PC	7. How much did you resent the time, cost, or other demands of your group therapy?		0 1 2 3 4 5 6

(CALPAS – G; Gaston & Marmar, 1994)

Results

Descriptive Statistics

All 10 participants were male, active duty military personnel, ages ranging 24 to 42 ($M=32.6$, $sd=6.1$), who were diagnosed with combat-related PTSD. 70% of participants were married, 20% single and 10% divorced. 80% of participants had a history of substance dependence.

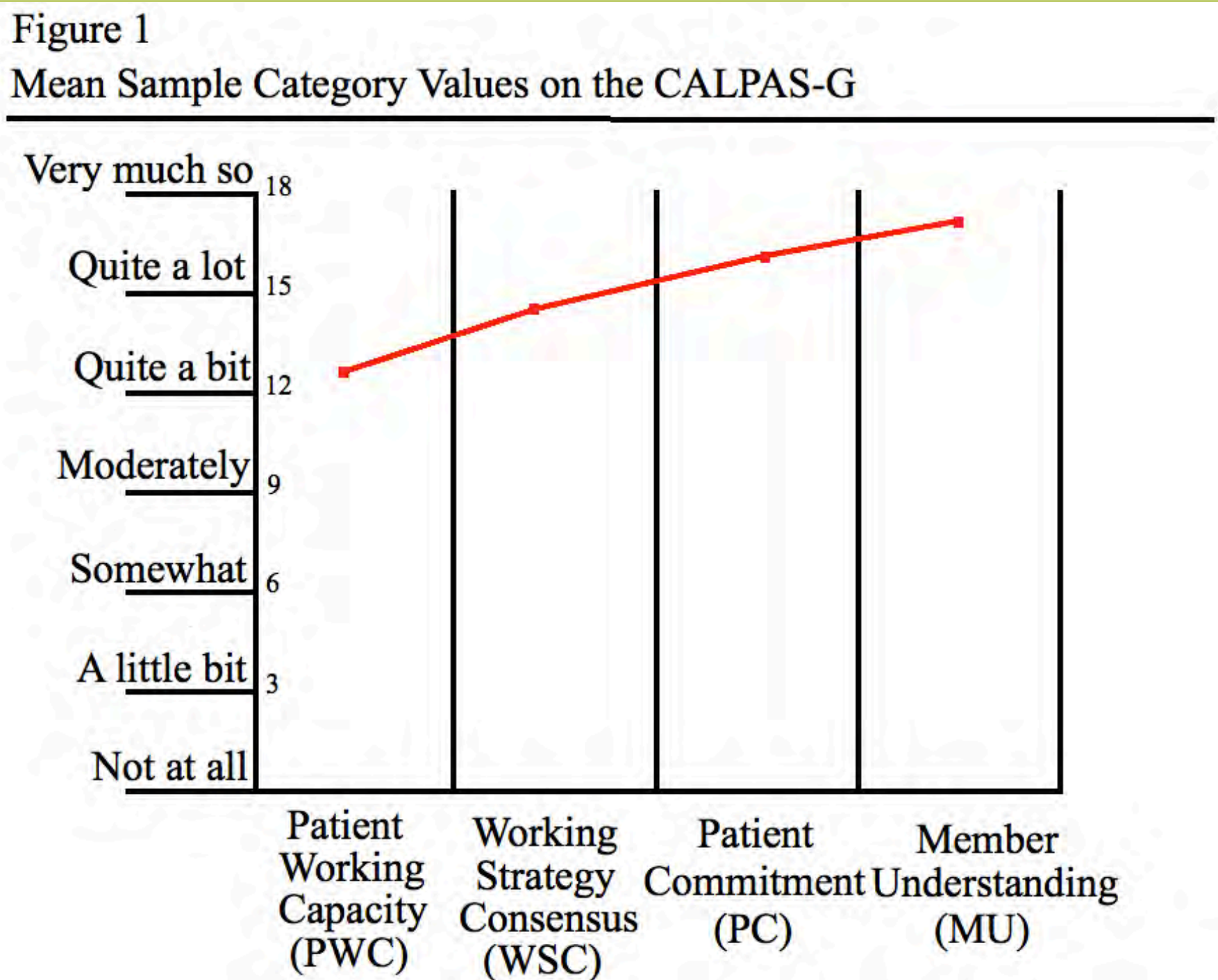
Group Cohesion

CALPAS scores showed remarkable consistency in group cohesion across all subcategories (subcategory maximum cohesion value=18), with member understanding having the highest reported values. (Patient Working Capacity $M=12.8$, $sd=2.9$; Working Strategy Consensus $M=14.8$, $sd=2.3$; Patient Commitment $M=16.2$, $sd=2.9$; Member Understanding $M=17.1$, $sd=2.7$). A paired samples t-test of pre and post ORS scores approached significance.

Table 1

Table 1 Mean Sample Report of Subcategories of Group Cohesion			
Group Cohesion Subcategory	Patient Sample <i>M</i>	Sample <i>sd</i>	CALPAS-G <i>Max</i>
Patient Working Capacity (PWC)	12.8	2.9	18
Working Strategy Consensus (WSC)	14.8	2.3	18
Patient Commitment (PC)	16.2	2.9	18
Member Understanding (MU)	17.1	2.7	18

Figure 1



Discussion

Much of the psychological literature on combat-related PTSD shows the difficulties that individuals with the diagnosis have reintegrating into the civilian world. They often feel isolated based on the uniqueness of their experiences and a perception that others will not understand what they have been through. The results of this study suggest that group therapy for combat veterans may mitigate this sense of isolation by providing a peer group that understands combat experience. Preliminary results suggest that the commonality of experiences among veterans enable group members to bond with one another and may serve to reduce the severity of symptoms. Improvement of symptoms reported on the ORS approached significance. A larger sample of veterans may show clinical significance. This suggests that group treatment of combat veterans is a highly valuable therapeutic model, having the particular benefit of reducing the sense of isolation that often results from combat-related PTSD.