Understanding the Interplay of Emotional Isolation and Therapeutic Factors in PTSD
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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 cohesion 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.

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). CALPAS scores showed remarkable cohesion 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. 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 cohesion 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.

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.