

A COUPLES THERAPY TREATMENT FOR PTSD

What is PTSD?

**THE DEFINITION HAS CHANGED
OVER TIME**

DSM-5

- It follows an experience that is life threatening, or witnessing the same.
- Intrusive symptoms – recurrent, involuntary traumatic memories, dreams, dissociative reactions
- Intense emotional and/or physiological distress in reaction to trauma-triggers
- Avoidance of trauma thoughts, feelings or memories

DSM-V (cont.)

- Negative changes in mood and thoughts, e.g., “I am bad,” “No one can be trusted.”
- Anger, guilt, shame related to trauma or detachment and anhedonia
- Negative changes in behavior, e.g., irritability, angry outbursts, self-destructive behavior, hypervigilance, magnified startle responses
- Problems with concentration and sleep
- Symptoms for 1+ months, that cause distress or impairment in functioning

Social and Interpersonal Symptoms of PTSD Ignored

- Social symptoms of PTSD are universal
- Not part of the DSM diagnostic criteria.
- Strong evidence exists of worsening relationships, after PTSD.
- The social and interpersonal symptoms of PTSD have largely been ignored in treatment.
- Almost all treatment is individual, not couple or family therapy.

Epidemiology of PTSD

- In general population 5% of men and 10% of women.
- Vast under-estimates. Estimates are 30% - 40% of women have been sexually abused or molested.
- In USA representative sample of women 40% have been sexually or physically attacked – as a lifetime prevalence rate.

CAUSES OF PTSD

Foa: EMOTIONAL PROCESSING THEORY.

1. **Fear “structures” exist in memory**, associations and beliefs about fear. “The world is a very dangerous place.”
2. **Fear structures are paired with “self is incompetent”** to deal with the world. “I cannot cope.” Avoidance follows.
3. **Physiological responses** to uncontrollable shock is hyper-vigilance, helplessness, fight/flight/freeze reactions.
4. **Emotions other than fear** can be involved in emotion structures (e.g, anger, panic, disgust, grief).

The Neuroscience of PTSD

1. **Hyper-responsive amygdala**, particularly the basolateral nucleus
2. **Social – Reduced anterior cingulate** (the default social network), interferes with locating one’s self in social space, fails to inhibit amygdala, so get hyper-startling.
3. **Reduced prefrontal cortical functions**, so less inhibition of impulses
4. **Extensive hippocampal neuronal loss**, so memory and attention problems.

The Physiology of PTSD

1. PTSD patients are easier to fear condition
2. They have lower threshold for startle, fear responses
3. Two major stress hormones: adrenaline and cortisol are more active chronically in PTSD patients. Sympathetic nervous system hyper-activity and para-sympathetic hypo-activity.
4. Social – Explains EMOTIONAL DYSREGULATION in PTSD especially with family.

Effective Treatments of PTSD

Individual Treatments for PTSD: Medications

1. **Medications** – primarily SSRIs - are effective in treating many PTSD symptoms, for about 30% of patients.
2. **Longer course.** Longer course of treatment with Zoloft extends the percentage rate to between 30 and 55% of patients.

Individual Therapy for PTSD

- **CBT** - Foa's intervention called "Prolonged Exposure" (PE)
- **Empathy** plays a very big role in this therapy.
- Psycho-education, anxiety management, cognitive restructuring, imaginal *in vivo* exposure, breathing retraining, and relapse prevention.

PE Individual Therapy

- PE has the most impressive results because it alone has used the Gold Standard criterion.
- Effective with approximately 50% of patients with 6 sessions. If it uses 10 to 12, 90-minute sessions, effective with 75% of patients.
- Much less effective with combat PTSD. FOA ADMITS THAT.

Other Individual Therapies

1. Other cognitive behavioral therapies have had comparable results to Foa's, but they have used less stringent outcome measurement.
2. But cannot just rely on self-report because patients experience great shame which distorts their reports.

Other Individual Therapies

1. **Cognitive Processing Therapy (CPT)** – Patricia Resick.
2. **Stress Inoculation Training (SIT)**, which is part of Anxiety Management Training (AMT). Meichenbaum
3. **EMDR** – Francine Shapiro. Effective, less stringent criteria for outcome, and smaller effect sizes compared to PE. Eye movements not necessary for effect, so Shapiro's theory is in question. Initial miraculous claims on one session effects did not hold up. Popular ≠ Effective.
4. Other formats of PE treatment also work.

Meta-analysis links PTSD to Intimate Partner Relationship Problems

- A meta-analysis study by Taft, Watkins, Stafford, Street, & Monson (2012) reviewed 31 studies (19 with military samples).
- There are indeed significant associations between PTSD and intimate partner discord, and physical aggression and emotional abuse.

Couples Therapy for PTSD

1. **Behavioral Couples Therapy** (Jacobson & Margolin) ineffective with PTSD. Improvement in relationship satisfaction, but not PTSD.
2. **Glynn** added PE to some form of marital therapy (unspecified). Got minimal gain in problem-solving, not relationship satisfaction,

Effects of EFT on PTSD – 2 studies

1. **Dalton, Greenman, Classen, & Johnson (2013)** conducted a randomized clinical trial study with 22 couples where the wife had childhood physical or sexual abuse (12 treatment and 10 control).
2. **Sample** relatively highly educated (85% had some college and relatively high income)

Effects of EFT – First Study

- **SAMPLE** - Pre-treatment group marital satisfaction mean was 95.95, which is very close to population average (mean = 100.0, standard deviation = 15.0). The “Worried Well”
- **UNUSUAL** for pre-therapy survivors of abuse to be so close to mean in relationship satisfaction.

Effects of EFT – First Study

- Small (but statistically significant) effect on relationship satisfaction (8.86 point increase = a little over half a standard deviation).
- No effect on PTSD symptoms on the self-report Trauma Symptom Inventory and the Dissociative Experiences Scale.

Effects of EFT on PTSD – Second Study

- **MacIntosh & Johnson (2008).** Women who were childhood sexual abuse survivors received couples' therapy (a majority had also received individual therapy prior to the study).
- No control group
- Started with 10 couples who had more distress (DAS between 70 and 97).

Effects of EFT on PTSD – Second Study

- Three couples broke up, so study completed with 7 couples.
- Used the CAPS to measure PTSD
- Half the couples (3 out of 7) reported clinically significant improvements in relationship satisfaction.
- All 7 women reported clinically significant improvement on PTSD (at least 1 standard deviation lower than initial score).

Conjoint Therapy for PTSD

- Controlled trial by MacDonald, Pukay-Martin, Wagner, Fredman, & Munson (2016)
- Used the Gold standard blind CAPS measure.
- Found significant effects on reducing PTSD for all levels of relationship satisfaction
- **However, no effects reported on improving the relationship**

COUPLES' THERAPY FOR PTSD – A PHILOSOPHICAL STANCE

HOW PTSD AFFECTS A RELATIONSHIP

Our Focus

- Relationships are crucial to our survival (Ornish, 1999)
- All PTSD – Relationship therapy may be crucial to survival
- Consider effects of childhood abuse on later relationships: Self loathing, guilt, fear, shame.

HOW PTSD AFFECTS A RELATIONSHIP

COMBAT VETERANS

- With early childhood trauma, more likely to develop PTSD after combat.
- Today's army mostly lower SES stressful lives.
- PROFOUND SHAME. FEEL ALONE. THEY HIDE.
- 58% of deployed soldiers' suicide attempts precede a fight with a stateside partner.
- Returning soldiers with PTSD have failed marriages at high rate.
- The military does not grant confidentiality if PTSD diagnosed.

Partner can help with PTSD

1. **PTSD Person No Longer Alone.** Partners who share traumatic stories with one another are no longer alone with their pain.
2. **No Longer Ashamed.** When the traumatized partner sees the tears in their listener, they see compassion – the great healer that negates their shame and self-blame.
3. **So, Involve Partner in Treatment.** Great potential benefits from involving partner.

How PTSD Affects the Non-PTSD Partner

- **Anxiety** - PTSD-Partner (PTSD-P) may seem like a different person now
- **Confusion** over their oscillating moods.
- Partner feels compelled to **“fix”** PTSD-P.
- **Anger** at the PTSD-P for not controlling their own explosive emotions.
- **Hurt** that the PTSD-P is withdrawing from them.

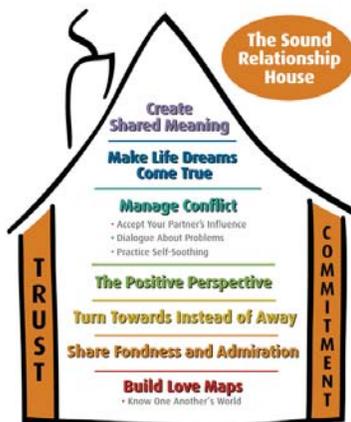
How PTSD Affects Other Partner

- **Bewilderment** with PTSD-P's flashbacks or amnesia.
- **Frustration** at the PTSD-P's avoidance of triggering places and activities
- **Hurt** that the PTSD-P can no longer share positive emotions
- **Grief** that the PTSD-P can no longer dream about the future.
- **Resentment** if the PTSD-P wants quiet.
- **Fear** that the PTSD-P may suicide.

If PTSD Partner Uses Drugs or Alcohol

MAY GET

- Co-dependent behaviors in an effort to control the traumatized partner's substance abuse.
- Family life eventually revolving around the PTSD partner's substance abuse.



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Effects of PTSD on Sound Relationship House – Love Maps

- PTSD-P's numbing – cut off from own feelings.
- The PTSD-P may refuse to share the traumatic story.
- PTSD-P may create a chameleon effect in the traumatized individual (especially a female)
- Wants to avoid their partner's anger or disapproval.
- Denial anything IS wrong, the other partner's Love Map is blurred with confusion.
- PTSD dampens PTSD-P's curiosity.

Effects on Sound Relationship House – Fondness & Admiration

- PTSD-P vacillates between idealizing and vilifying their partner
- PTSD-P fears going crazy and uses criticism to push partner away
- PTSD-P may struggle with taking in their partner's fondness and admiration, especially if their trauma was sexual.
- PTSD-P stops being affectionate & partner may despair that the couple's love is gone.
- PTSD-P may confuse partner with the "enemy"

Effects on Sound Relationship House –Turning Toward

- Emotional numbing blocks awareness of needs
- Partner's hypervigilance may distort bids
- If trauma was sexual, the PTSD-P may perceive anything erotic as threatening
- If trauma was sexual, the PTSD-P may use the same method to "endure" sex

Effects on Sound Relationship House –Turning Toward (cont.)

- If PTSD combat related, the PTSD-P may prefer impersonal, pornographic sex to interpersonal intimacy.
- The PTSD-P may startle to benign loving gestures.
- The PTSD-P may become easily over-stimulated by multiple bids.
- The PTSD-P may make "strange" demands that are trauma-related.
- The PTSD-P's substance abuse may create a wall, turning away.

Effects on Sound Relationship House –Conflict Management

- PTSD-P may become hyper-controlling
- PTSD-P may become overly compliant
- PTSD-P may use blame and/or criticism
- PTSD-P may express complaints as edicts or demands.

Effects on Sound Relationship House –Conflict Management

- PTSD-P may use repairs to mollify partner's anger.
- Diffuse physiological arousal or flooding easily triggered
- PTSD-P may provoke fights in order to feel in control
- PTSD-P's flooding may include despair, if sexual trauma.
- PTSD-P's numbing – difficulty describing point of view

Effects on Sound Relationship House –Conflict Management

- Combat-related PTSD, conflicts at home are meaningless and trivial
- Conflicts may trigger explosions of anger or abuse, especially if either partner is not sober.

Effects on Sound Relationship House – Honoring Each Other's Dreams

- Compromise may occur too early to avoid conflict
- PTSD may not be able to access underlying feelings, dreams and meanings within his or her position on an issue.
- The PTSD partner's depression, addiction, or mood swings can lead to new problems and gridlocks
- Can't plan future since PTSD doesn't know themselves well enough

Effects on Sound Relationship House – Honoring Each Other's Dreams

- Fears may permeate gridlocked conflicts rather than wishes
- Poor concentration in PTSD-P makes it difficult to converse
- PTSD-P's has difficulty empathizing with the other partner's future dreams – happiness seems impossible.

Effects on Sound Relationship House – Creating Shared Meaning

- PTSD-P experienced “blowing up” of their world view, so no meaning to be shared now.
- PTSD-P lost trust in everyone, not safe
- If PTSD combat-related, may consider partner’s values superficial and trivial.
- PTSD-P’s hopelessness and despair may obscure a sense of purpose.

Feedback Session

- Standard Feedback on SRH
- Add: there is a third party that is playing a significant role in the relationship: The partner’s PTSD.
- THE PTSD can be described like a heavy bucket of ice that one partner is carrying. It’s a heavy burden, spills over to relationship.
- Both partners need to carry the bucket.

Assessment

- **The Narrative** – Complaints about sudden or gradual changes in PTSD-P’s behavior
- **Oral History** – early relationship great, but then changes occurred. When and why?
- **Conflict** – Extremes in attack/defend or passivity
- **Individual interviews** – ask about trauma or combat, early childhood histories.

Reviewing Couple Dynamics and How They Have Been Affected by PTSD

- Revisit moments of confusion, unexplained outbursts, extreme shifts in behavior
- The presence of PTSD in the relationship – events re-told.
- PTSD explain more fully how may have been triggered.
- Handling PTSD in future. (1) Support, (2) Needs, (3) Meaning – post-traumatic growth.

INTERVENTION FOR COUPLES WITH PTSD

Intervention

- **Surfacing:** Incidents when PTSD was triggered
- **Exploration:** Telling the story. Respect boundaries.
- **Return to couples interaction:** Stay in the moment, help partner connect as well.
- Can't emphasize enough how important these couple interaction moments are for healing the relationship.

Surfacing

- Inquire about intense current incidents that may contain trauma triggers
- Are feelings familiar?
- Therapist mirrors partner's change in session
- Watch PTSD-P's breathing
- Notice, then non-judgmentally share observations

Surfacing Film: Mike and Marilyn

- Must be very careful to respect PTSD-P's boundaries.
- Therapist's empathy helps create safety for PTSD-P's story to emerge.
- Work with other partner to allow brief individual work with PTSD-P
- Film (11 min.)

Exploration

- Help PTSD-P share experiences in the moment
- Explain to partner, may need to individually focus on PTSD-P now
- Make sure partner OK with hearing trauma story
- Make sure PTSD-P feels in control of process by respecting boundaries
- Focus on physical sensations, sensory experience, emotions
- Explore context of original trauma – age, setting, etc.

Returning to Couple Interaction

- Recall relationship events where PTSD triggered
- Explore dynamics of triggering
- Partners together understand how PTSD as “third party” affected relationship without blaming PTSD-P for it.
- How can they handle appearance of PTSD in future?
- Exploration Film (13 min.)

Creating Meaning Together

- What does it mean to couple that they are team facing and surviving trauma history together?
- PTSD-P can think of him- or herself as “wise person” who has “survived the extraordinary and returned to express important truths” (R. Tedeschi) – the hero’s journey.
- Couple may want to construct shared mission

Specific Interventions – Love Maps

- Love Map Card Deck
- Open-ended Questions Card Deck
- PTSD-P may get triggered by questions about past or childhood, current needs, or sex

Specific Interventions – Fondness & Admiration

- Positive Adjectives Checklist
- if sexual abuse PTSD may be triggered by positive traits that seem sexual.
- If this happens, it's important for the therapist to shift into PTSD work first rather than jumping into analyzing the dyadic pattern of the interaction.

Specific Interventions – Turning Toward

- Both partners may feel guilty asking for what they need. Partner may back off.
- PTSD-P may feel like a bad person; they are not allowed to have any needs
- PTSD-P may have taken some glory in how self-sufficient they've always been, don't ask for what they need.

Specific Interventions – Turning Toward (cont.)

- Use the Stress-Reducing Conversation
- Make sure listener validates current stress as well as connection to old trauma

Specific Interventions – Conflict – Gottman-Rapoport Exercise

- PTSD-P may use attack-defend to push partner away
- PTSD-P may have difficulty in listening, summarizing, validating due to partner's needs triggering PTSD-P's trauma history.
- Make sure PTSD-P respects his or her own boundaries
- Liberal use of Dan Wile's with focus on trauma-related feelings & needs

Specific Interventions – Dreams-Within-Conflict

- Directly asks about childhood history and background experiences that may be affecting the PTSD-P's current position on an issue.
- The therapist's job here is to take it a step deeper sensitively if the speaker only mentions something in passing.
- Make sure partner willing to hear story.
- PTSD-P's position may reveal meaning and purpose related to earlier trauma.

Specific Interventions – Aftermath of a Fight or Regrettable Incident

- Trauma: The elephant in the room – often creates huge fights or failed bids.
- Examining triggers is often key to understanding what was really going on.
- Focus on the body, & metaphors used in describing subjective reality.

Specific Interventions – Compromise

- Explore Core Needs, help support expression of these in PTSD-P.
- Explore flexibility areas as opportunity to meet PTSD-P's needs.
- Couple may need therapist to be more active in forging a plan.
- If one partner's dream is other's nightmare, and can't go on as couple, separate with greater understanding

Specific Interventions – Rituals of Connection

- Go slowly for distant couples – especially if PTSD has wreaked havoc on relationship.
- Build rituals around safety – both interpersonal and in world.
- Partner can aid PTSD-P to feel increasingly safer in world.
- Go slowly for sexual abuse survivors

Creating Shared Meaning

- Guide couple to discuss how overcoming PTSD together has shaped their relationship.
- Help couple discuss how PTSD journey they've taken together has created sense of life meaning for them, both individually and as a couple.

Conclusion

- Study needed to test effectiveness.
- Important that best methods be used: randomized treatment and control groups, higher number of couples (25 or more) in each group, "gold standard" measurement of PTSD (CAP with blind interviewers), low DAS baseline couples (all at least 1 SD below pop. mean), and additional observational measures to supplement marital satisfaction measures.

Thank you for listening