

Cognitive-Behavioral Conjoint Therapy for PTSD: Harnessing the Power of Relationships

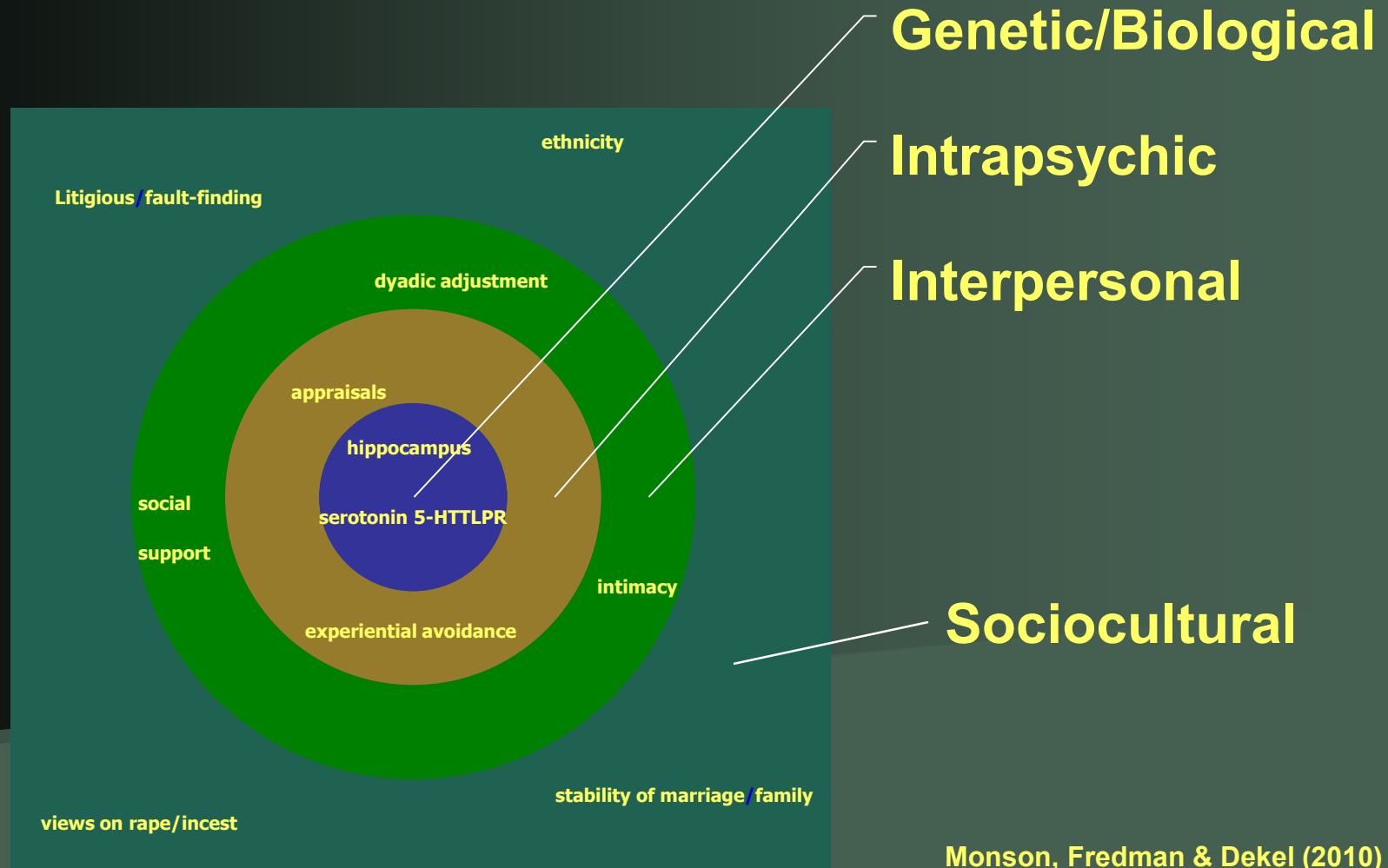
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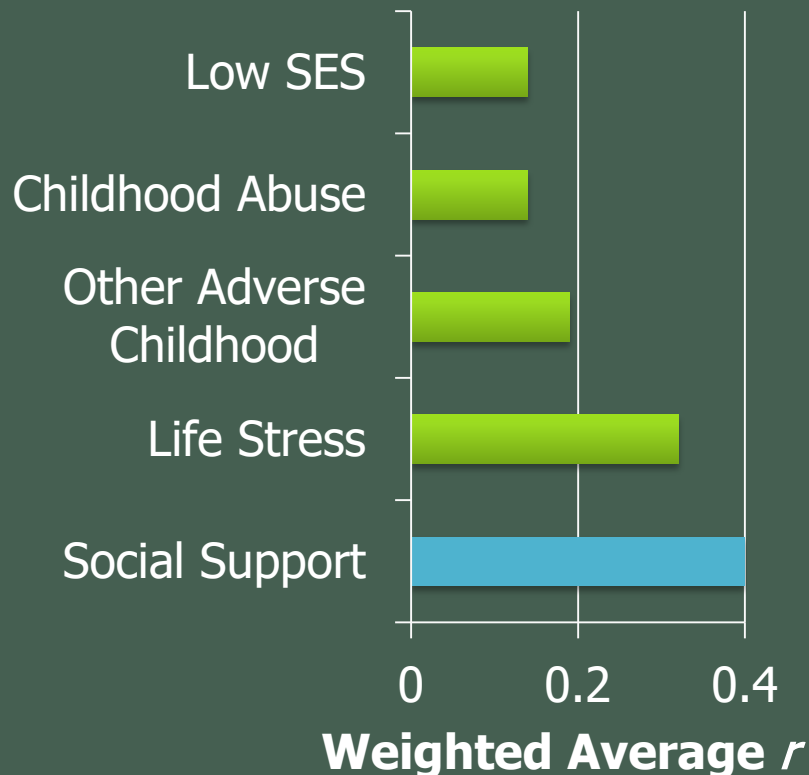
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Biopsychosocial Factors Related to Trauma Recovery

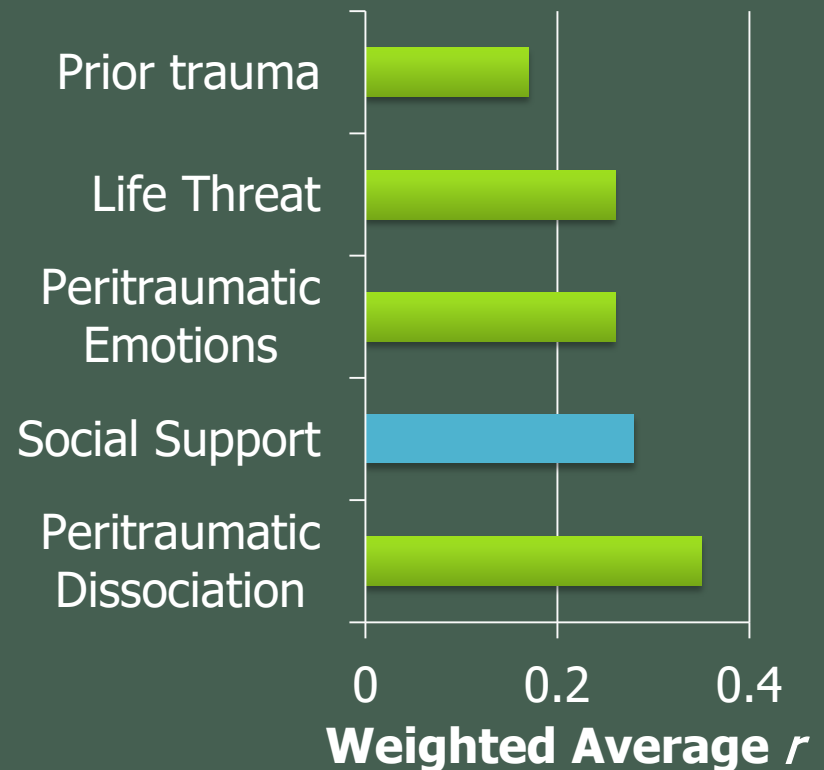


Risk Factors for PTSD

Brewin et al., 2000



Ozer et al., 2008



Posttraumatic Stress Disorder and Intimate Relationship Problems: A Meta-Analysis

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National Center for PTSD, VA Boston Healthcare System, and
Boston University School of Medicine

Laura E. Watkins

National Center for PTSD and VA Boston Healthcare System

Jane Stafford

University of South Carolina, Aiken

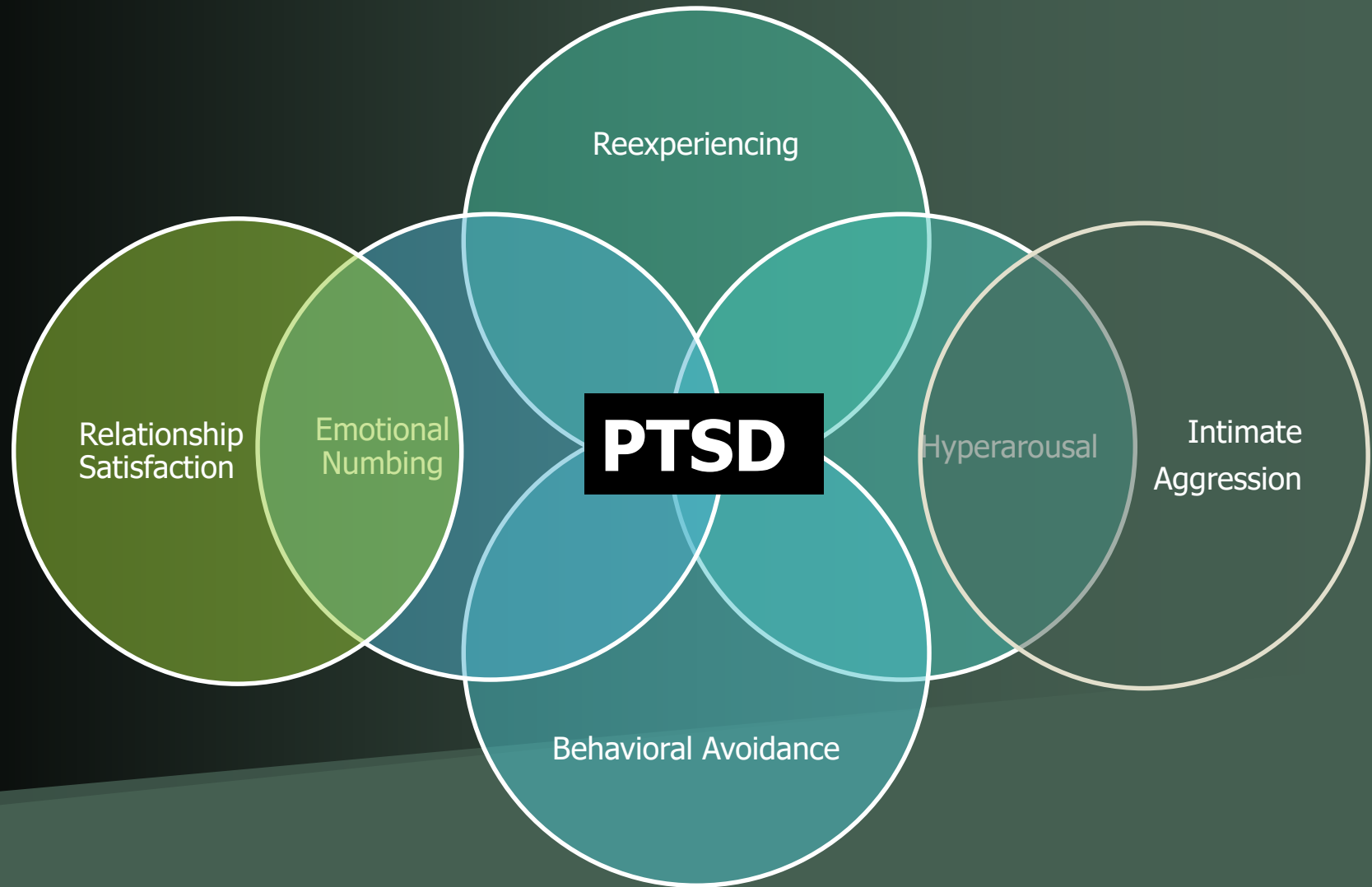
Amy E. Street

National Center for PTSD, VA Boston Healthcare System, and
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Candice M. Monson
Ryerson University

- 31 studies met inclusion
- True score correlations revealed medium-sized associations ($\rho = .36-.42$)

Intimate Relationships and PTSD



Research on CBCT for PTSD

- 3 uncontrolled studies
 - Male Vietnam veterans and their wives (Monson et al., 2004)
 - Mixed (Monson et al., 2011)
 - Male OIF/OEF veterans and their wives (Schumm et al., 2013)
- 1 controlled study
 - Mixed (Monson et al., 2012)
- Improvements in:
 - PTSD and comorbid conditions (on par with individual EBTs)
 - Partners' well-being
 - Relational functioning

EVIDENCE-BASED ASSESSMENT



Assessment

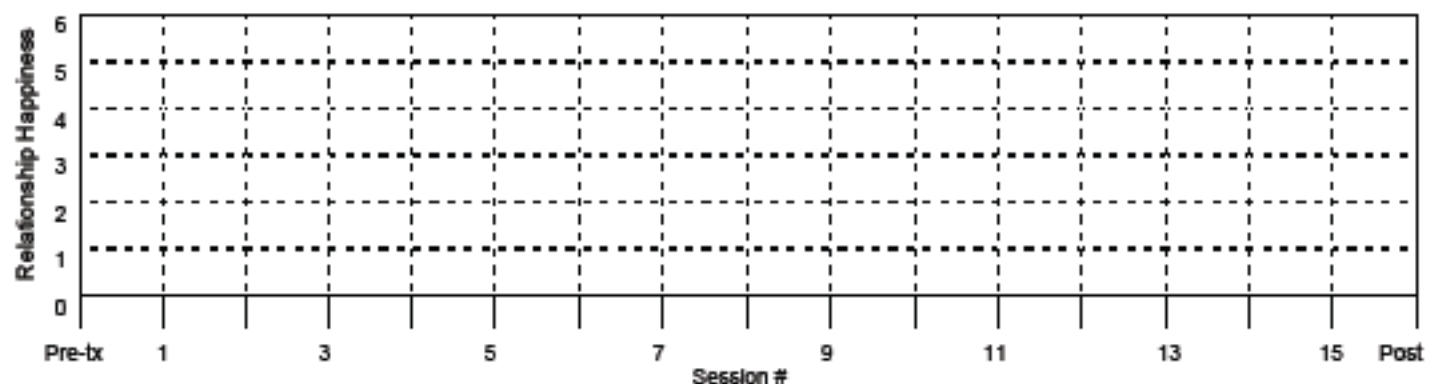
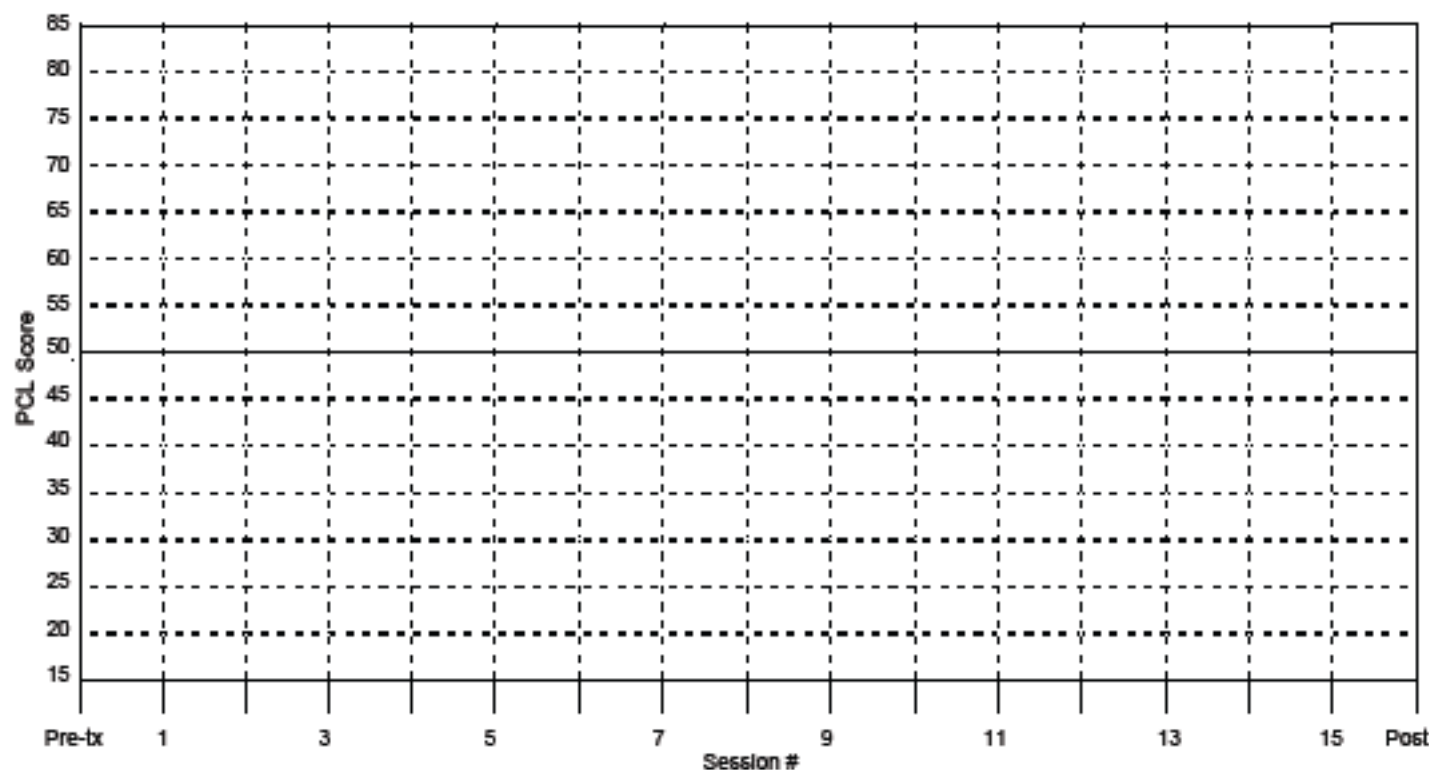
□ Individual

- PTSD (self- and collateral-report)
- Comorbid conditions

□ Relationship

- Satisfaction and areas of conflict
- Violence and sense of safety
- Intimacy and emotional expression
- Sexual functioning
- Infidelity
- Communication sample

PCL and Relationship Happiness Tracking Chart



Key

Partner 1: _____ = _____

Partner 2: _____ = _____

PCL Scores

	Partner 1	Partner 2
Pre-Tx:	_____	_____
Session 1:	_____	_____
Session 3:	_____	_____
Session 5:	_____	_____
Session 7:	_____	_____
Session 9:	_____	_____
Session 11:	_____	_____
Session 13:	_____	_____
Session 15:	_____	_____
Post Tx:	_____	_____

Relationship Happiness Scores

Pre-Tx:	_____	_____
Session 1:	_____	_____
Session 3:	_____	_____
Session 5:	_____	_____
Session 7:	_____	_____
Session 9:	_____	_____
Session 11:	_____	_____
Session 13:	_____	_____
Session 15:	_____	_____
Post Tx:	_____	_____

A reliable amount of change on the PCL is 5 points. Thus, if your patient has an increase or decrease in his/her total score of fewer than 5 points, this change is likely due to normal variation in symptoms. A clinically significant amount of change is approximately 10 points [5×1.96 (equivalent to $p < .05$ significance)] on the PCL. If your patient's scores increase or decrease 10 or more points, this is a clinically significant amount improvement or exacerbation.

Overview of CBCT for PTSD

- Front-line treatment for PTSD and enhancement of intimate relationships
- Trauma-focused, but not imaginal exposure-based
- 15 sessions, manualized
- 1.25-hour sessions
- Customary inclusion/exclusion criteria
- Most evidence partners not diagnosed with PTSD
- Exclusionary criteria specific to relationship
 - Current severe violence
 - Minimal commitment

Basic Assumptions

- **Significant other with problems**

Assortative mating and/or illness burden

- **Reciprocal Association**

Between PTSD and relationship problems

- **Systemic**

Addressing system-symptom fit

Relationship
Problems

PTSD



CBCT for PTSD

Phases of Treatment

Phase 3

Dyadic
Cognitive
Intervention

Phase 2

Relationship Enhancement
Undermining Avoidance

Phase 1

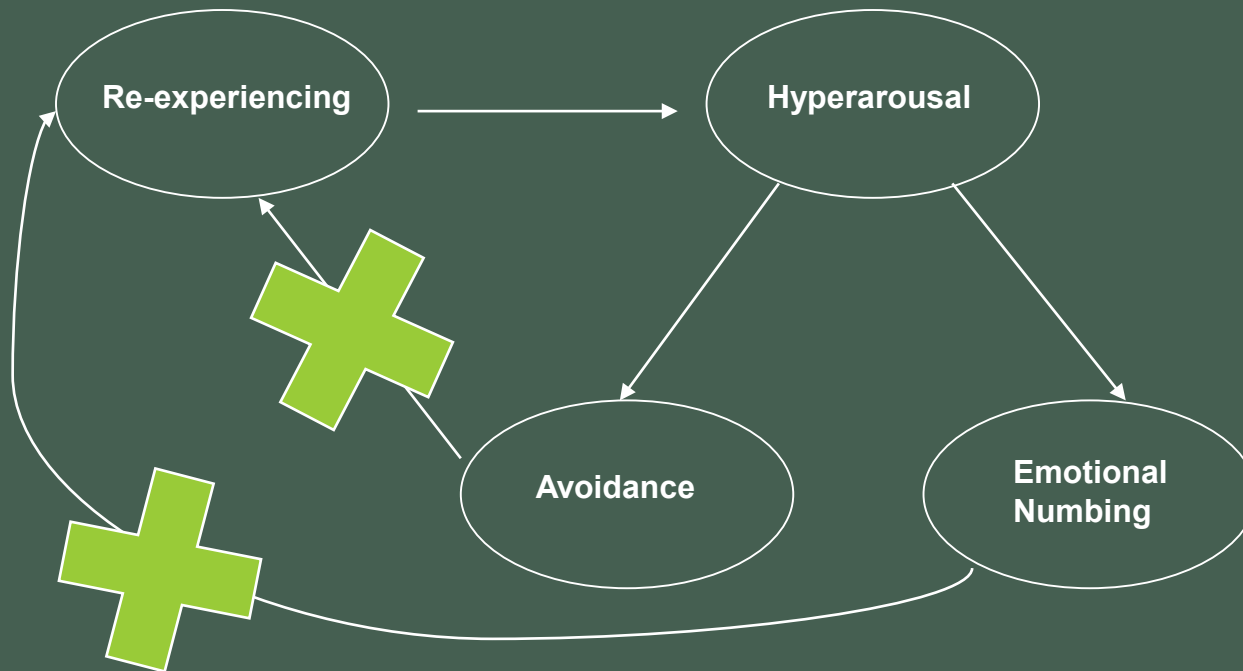
Introduction, Psychoeducation, Safety Building

Phase 1

- Introduction to Treatment (#1)
 - Key Content:
 - PTSD symptoms in an interpersonal context
 - PTSD as impeded recovery
 - Rationale for treatment
 - Avoidance
 - Meaning making
 - Treatment contracting
 - Key Out-of-Session Practice Assignments
 - Catch Each Other Doing Something Nice
 - Trauma Impact Questions (TIQ)

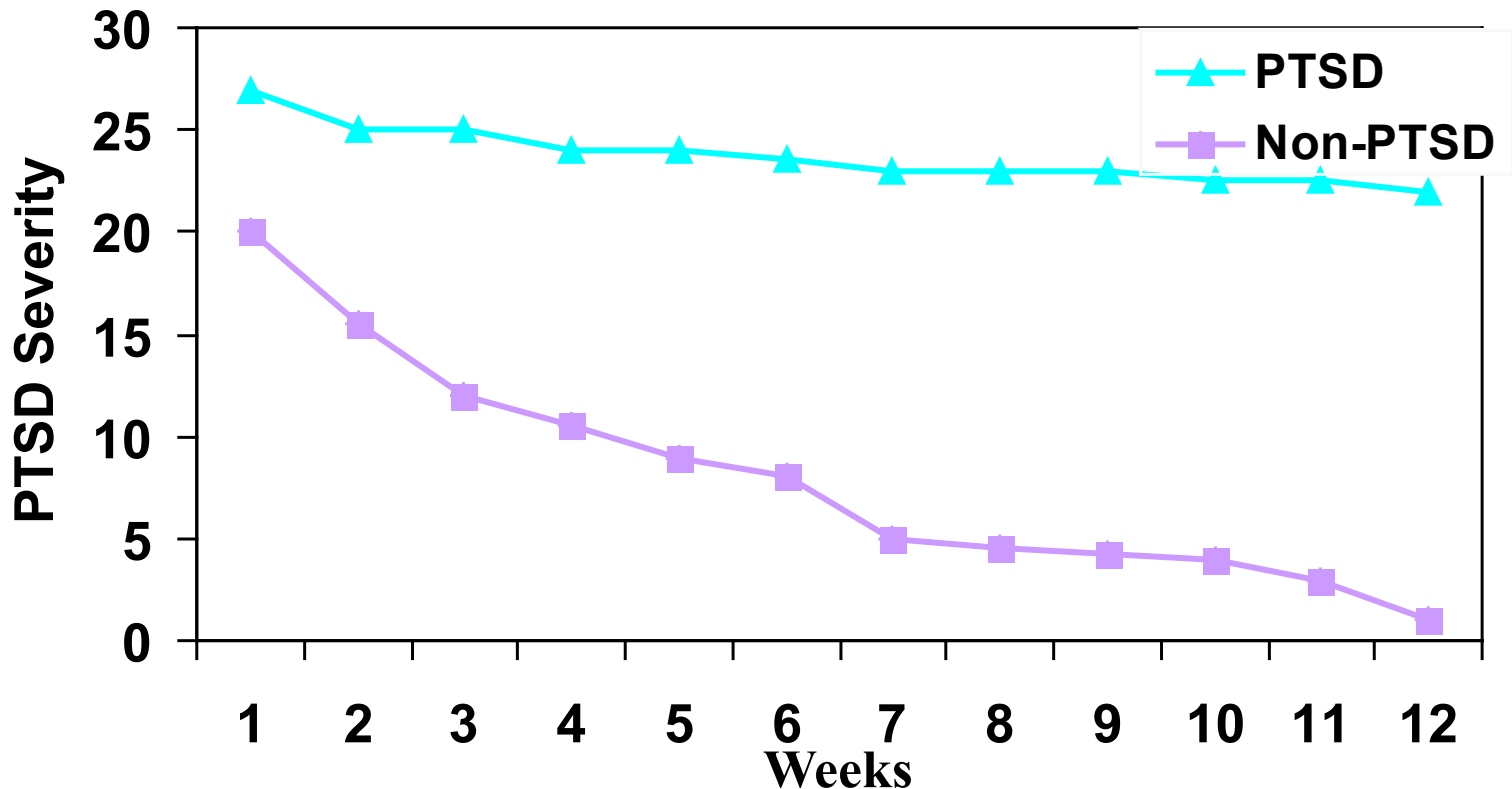
Session #1: Rationale

Cycle of Traumatic Stress-related Symptoms



Session #1: Rationale

Natural Recovery versus Traumatic Stress-related Symptoms/
Posttraumatic Stress Disorder (PTSD)



Trauma Impact Questions–I

Name: _____

1. How has trauma or PTSD affected our relationship to date? How has it impacted my thoughts, feelings, and behaviors about our relationship?

2. Why did the traumatic event(s) happen to me or my partner?

(cont.)

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Trauma Impact Questions–I (page 2 of 2)

3. What do I believe in each of the following areas, as it relates to *me, my partner, and others*?

Trust:

Control:

Emotional Closeness:

Physical Closeness:

Phase 1

- Safety Building (#2)
 - Content
 - Disclosure
 - Negative behaviors
 - Primary prevention
 - Secondary prevention
 - Out-of-session practice
 - Catch Each Other Doing Something Nice
 - Learning About My Anger
 - Time-out and Time-in

Steps to an Effective Time-Out

S = Self

1. What is the level of your own distress?
(0 = none → 10 = as intense as you can imagine)
5–6 = yellow light
7–8 = red light
2. Time-outs are for your sake.

T = Time-Out

1. Nonverbal and verbal indication.
2. Immediate stop in communication.
3. Agree on an amount of time and circumstance for returning.

O = Outlet

1. BREATHE.
2. Avoid activities that fuel your negative emotions.
3. Clarify what one or two things are most upsetting.
4. Consider one thing you can do to improve communication.

P = Process

1. Return at the agreed-upon time and circumstance.
2. Resume communication, with focus on your goal for improvement. REMEMBER: TIME-OUT IS ONLY AS GOOD AS TIME-IN.
3. Self-monitor.



Time-Out Caller	Circumstances	What Worked	Areas to Improve
Sherry	<i>We were fighting over how we spend our money. I did not want Tom to buy more clothes.</i>	• Stopped fighting when time-out was called. • We came back at the time we agreed upon. • We called a second time-out.	• We developed “ammunition” while we were apart. • We didn’t focus on improving our own communication.

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Phase 2: Behavioral Interventions

Communication Skills Training
and
In Vivo Approach

Phase 2:

Session Content to Practice

- OOSA Review
- Content
 - Listening and Approaching (#3)
 - Sharing: Emphasis on *Feelings* (#4)
 - Sharing: Emphasis on *Thoughts* (#5)
 - Getting U.N.S.T.U.C.K. (#6)
 - Problem-solving (#7)

Phase 2:

Session Content to Practice (cont.)

- Trauma-relevant In-session Practice
 - “What kinds of things would you stop avoiding if you shrunk the role of PTSD in your relationship?”
 - “How can you imagine *feeling* if you shrunk the role of PTSD in your relationship?”
- Couple-level *In vivo* approach
- New OOSA
- Check-out

Avoidance List

List below as many things as possible that you, as a couple or individually, avoid but would approach if PTSD took up less space in your relationship.

Places

Situations

People

Feelings

How Do People Change Their Minds?

- ❑ Cognitive Theory and Research (Bouchard et al., 2007; Kendall & Ingram, 1987)
 - Thought replacement
 - Thought restructuring
 - Competing thoughts
- ❑ Extinction Learning
- ❑ Cognitive Flexibility
- ❑ Need for Identification of Logic Errors?

Cognitive Intervention in CBCT for PTSD

- ❑ One of the most important roles that a partner fulfills in a healthy, happy relationship is one of reality testing.
- ❑ A process (versus worksheets) that the dyad can use together to challenge the ways in which they make sense of events (day-to-day, but also trauma appraisals)
- ❑ In introducing the dyadic cognitive intervention process, it is very important to engender a spirit of collaboration, non-judgmentalness and open-mindedness.

Getting U.N.S.T.U.C.K.

- **U = Unified as a team**
- **N = Notice and share thoughts and feelings**
- **S = (Brain) Storm alternative thoughts**
- **T = Table testing**
- **U = Use the most balanced**
- **C = Changes in emotions and behaviors**
- **K = Keep practicing**

U = United and curious
N = Notice your thought
S = (Brain) Storm
alternatives
T = Test them out
U = Use the best
C = Changed feelings
and behaviors?
K = Keep practicing

BIG PICTURE

**“Having to be in
control is a tiring
process.”**

**“Cannot control
outside influences.”**

Noticed Thought:

**“If I am in control of
my surroundings,
then there are no
surprises.”**

**“Surprises can
be a good thing
at times (30th
birthday).”**

“Causes too much stress.”

**“Just because I
think am in
control doesn’t
mean that I am in
control.”**

C: More relaxed, calmer. I can take more risks

K: Read this sheet every day. Have Susan kindly remind me of the big picture thoughts.

Stage 3: Cognitive Interventions

Trauma-focused
Dyadic Cognitive Interventions

Stage 3

- Using U.N.S.T.U.C.K. to address
 - Acceptance (#8)
 - Blame (#9)
 - Trust (#10)
 - Power/Control (#11)
 - Emotional Closeness (#12)
 - Physical Intimacy (#13)
 - Post-traumatic growth (#14)
- Continuing *In vivo* approach behaviors

BIG PICTURE

U = United and curious
N = Notice your thought
S = (Brain) Storm
alternatives
T = Test them out
U = Use the best
C = Changed feelings
and behaviors?
K = Keep practicing

**I didn't think. I did what I was
trained to do.**

**I wish I wouldn't have had
to fire at close range.**

**I had no choice whether or
not to fire.**

Noticed Thought:

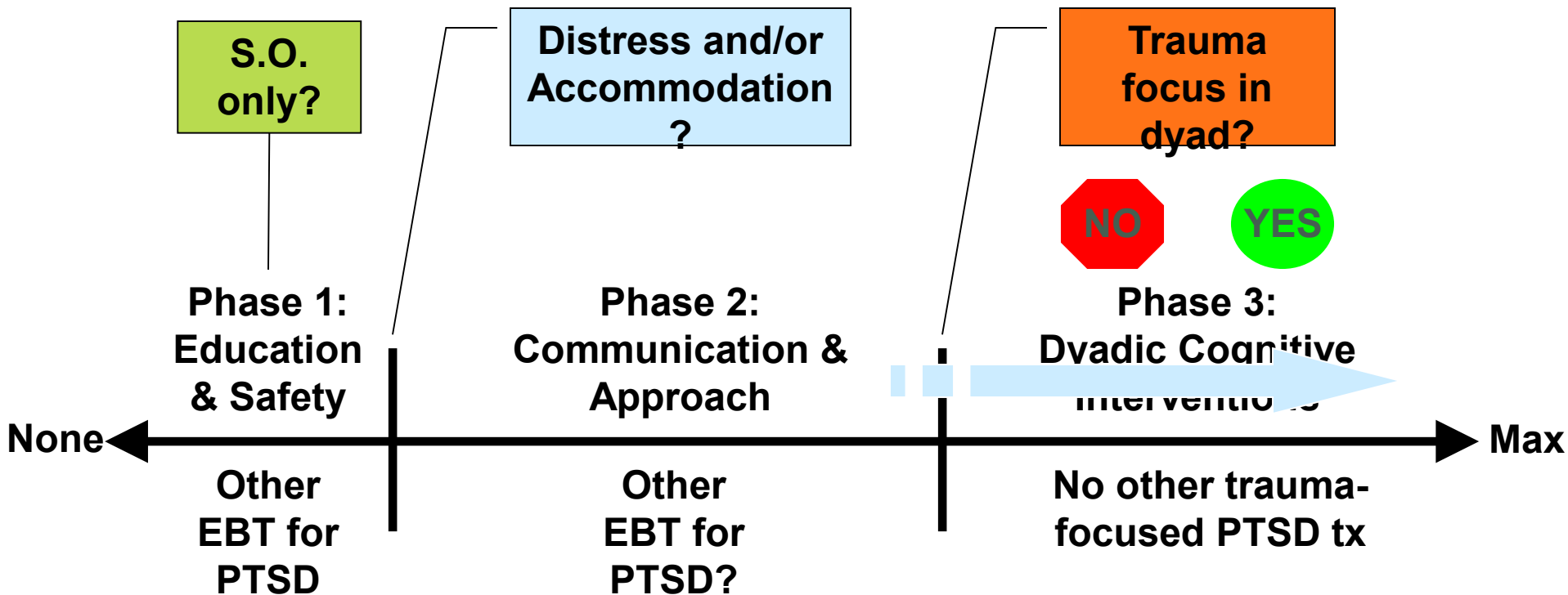
**"I could have chosen not to
fire my weapon (at short
range)."**

**Most likely the end result would
have been much worse had I not
fired.**

**All things considered I
used my best judgment
and made the right
decision given the
situation**

C: Less guilt, less sense of individual responsibility;
more confidence that I made the right decision. Less
self-blame and less likely to second guess myself.

K: Often reminding myself that I made the right
decision; Read this over with XXX



Significant Other's Level of Participation in PTSD Treatment

www.coupletherapyforptsd.com

Couple Therapy for PTSD - Windows Internet Explorer

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Training Opportunities

2/12: Eglin AFB, FL
2/16: Travis AFB, CA
2/19: Hilton Hawaii, Honolulu
4/7: TBD, San Antonio, TX
4/26: Wright Patterson AFB, OH

[Read more >](#)

The Trainers

Dr. Monson and her team are

Home

Cognitive-Behavioral Conjoint Therapy for Posttraumatic Stress Disorder (CBCT for PTSD) is a manualized therapy with the **simultaneous goals of improving individual PTSD and enhancing intimate relationship functioning.**

CBCT for PTSD improves the interpersonal environment in which our clients exist on a day-to-day basis and capitalizes on the support of their significant relationships while they endeavor PTSD treatment. In this way, CBCT for PTSD:

1. **helps improve relationship issues** we know so often co-occur with PTSD and
2. capitalizes on the relationship to **make each individual better.**

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Becoming a Member

Once you take [the training](#), you'll have membership

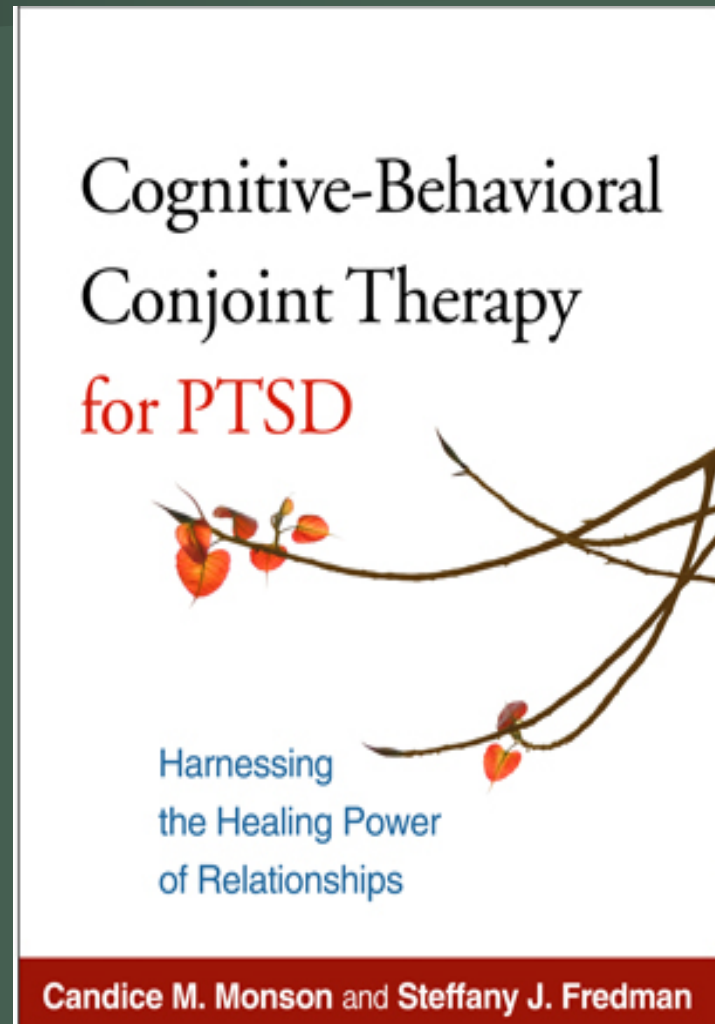
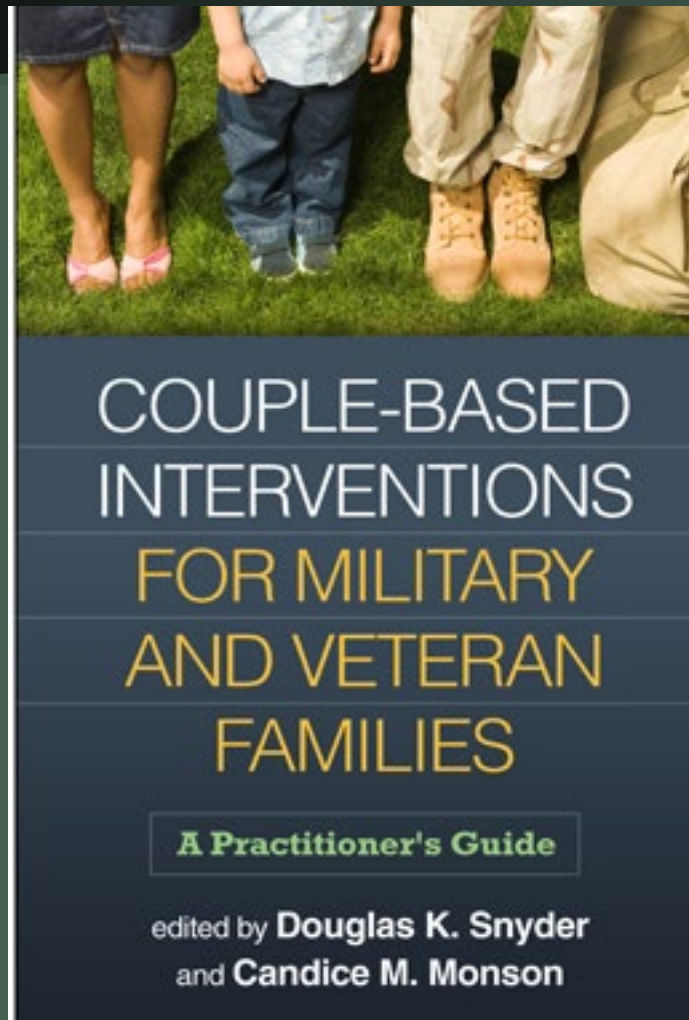
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