Deployment, Readjustment & Restoration: The PTSD Family Workshop

Stratton VA Medical Center, Albany, NY
Homecoming

With deployment comes change, knowing what to expect and how to deal with changes will make homecoming less stressful and more joyful.
Reunion is part of the deployment cycle and is filled with joy and stress.
Common Challenges of Being Apart

- Division of labor who does what
- Balance of power and control
- Decision making alone & together
- Physical & emotional intimacy
- Parenting alone & long-distance
- Maintaining trust while apart
- Using new support systems
- Managing finances
- Communicating by phone or e-mail
Common Challenges of Being Back Together

- Sharing responsibilities again
- Getting to know each other now
- Reasonable expectations of each other
- Changing from you & me to us
- What happened overseas?
- What happened at home?
- Developing coping skills
Change

Every one of us has been changed in some way by war.

- How much?
- In what ways?
Reunion & Readjustment

Welcome Home

The Department of Veterans Affairs offers programs to meet the unique needs of returning Active Duty, National Guard and Reserve service members of Operation Enduring Freedom, Operation Iraqi Freedom and their families.
Clinical Services and Support for Family Members

- Support and Family Education (SAFE)
  - Learn about VA and community resources, increase coping skills and restore balance in relationships.
- Operation Enduring Families: A five session Couples Communication Skills group
- Partners/Spouse Support Groups: Focuses on emotional support, coping and communication skills.
- National Alliance on Mental Illness (NAMI) Family to Family program:
  - Peer-led illness education, mental health and co-occurring disorders. Available throughout the USA.
The PTSD Family Workshop

Provides family members a supportive, interactive and experiential opportunity to learn about PTSD and the impact on all family members.
Symptoms of PTSD

**T**rauma – exposure to a traumatic event that evoked intense fear, helplessness, horror

**R**e-experiencing – intrusive recollections, traumatic dreaming, flashbacks

**A**voidance – of others, stimuli connected to trauma, emotional numbing

**P**hysiological arousal – exaggerated startle response, hypervigilance
Prevalence Rates of Combat-Related PTSD

Estimated lifetime prevalence for Vietnam veterans is 30.9% (Kulka et al., 1990)

Upwards of 19% of OIF/OEF/OND military personnel suffer from PTSD post-deployment (Hoge, Auchterlonie & Milliken, 2006).
If a person has PTSD, he or she is at a greater risk for also having another psychiatric diagnosis.

In one large study of individuals with PTSD, 92% met criteria for another psychiatric diagnosis.

1. Major depression 77%
2. Generalized anxiety disorder 38%
3. Alcohol abuse/dependence 31%
Goals of PTSD Treatment

Integration of Thoughts & Feelings

Symptom Reduction
Create a Narrative about the Trauma, Create Meaning
Fulfillment in Living in the Present
Investment in the Future

Foster Interpersonal Connections and Shared Understanding
Combat-Related PTSD and Family Functioning

Mental health problems among returning troops have a negative impact on military personnel and their families (Byrne & Riggs, 1996; Carroll, Rueger, Foy & Donahue, 1985; Frederikson, Chamberlain & Long, 1996; Nezu & Carnevale, 1987; Roberts et al., 1982; Savarese, Suvak, King & King, 2001).

Combat-related PTSD may be particularly detrimental to marriage (Nelson Goff, Crow, Reisbig & Hamilton, 2007; Dirkzwager, Bramsen, Ader, & van der Ploeg, 2005; Riggs, Byrne, Weathers & Litz, 1998; Ruger, Wilson, & Waddoups, 2002; Solomon, Waysman, Avitzur & Enoch, 1991; Solomon et al., 1992).
The Impact of Combat-Related PTSD on Primary Relationships and Family Functioning

The “Loss Spiral” (Hobfoll, 1989)

The loss and distress experienced by veterans with PTSD has negative implications for the emotional well-being and functional status of their loved ones.

“A lack of resources to offset losses initiated by the trauma.” This leads to further loss.

Combat veterans with PTSD are often unable to utilize primary relationships for the benefits of attachment, such as emotion regulation, social support and problem solving.
Brewin et al. (2000), in their meta-analysis (n=77) of the risk factors for PTSD in trauma-exposed adults, found that a lack of social support was the strongest predictor of PTSD (ES=.40).
The Most Significant Protective and Resilience-Recovery Variables Associated with Combat-Related PTSD:

**Emotional Connection and Sustenance** (Schnurr, Lunney & Sengupta, 2004)

**Attachment Style** (Dieperink et al., 2001; Mikulincer, Horesh, Eilati & Kotler, 1999)

**Social Support** (King, King, Fairbank, Keane & Adams, 1998; King, King, Foy, Keane & Fairbank, 1999)
Statement of the Problem

The current approach to the treatment of PTSD lacks empirically-supported clinical interventions that address the systemic impact of PTSD and promote individual recovery through the use of enhanced primary relationships.
Attachment Based Interventions in Trauma Treatment

**Emotionally Focused Therapy** (Johnson, 1998)
Couples therapy that helps partners reprocess their affective responses to one another and change their patterns of interaction to create trust and foster secure attachment.

**Family Workshop** (VVRP/PTSD Program Albany VA)
Psycho-educational workshop for partners and older children of veterans with PTSD. Provides family members a supportive, interactive and experiential opportunity to learn about PTSD and the impact on all family members.

**Strong Bonds** (VVRP/PTSD Program Albany VA)
This workshop was developed for the 99th Regional Readiness Command US Army Reserves, and presented to soldiers and their families throughout the Northeast.
The PTSD Family Workshop

Clinical Experience: Powerful intervention, qualitative feedback supported observation.

Research Goals: Establish preliminary outcome and effect sizes.
Measurement

Independent Variable – The Intervention (PTSD Family Workshop)

Dependent Variables – Knowledge of PTSD
Empathic Concern
Adaptive Coping Behavior
Caregiver Burden
Data Analysis

1. Fidelity Assessment Completion Rate – 94%

2. Repeated Measures MANOVA (n=17) and Cohen’s d Treatment Effect Sizes

3. Repeated Measures MANOVA (n=11)

4. Time X Treatment Condition Mixed MANOVA (Immediate=17) (Delay=11)
Results: Repeated Measures MANOVA (n=11) (3 time points)

<table>
<thead>
<tr>
<th>Table 4.5 Tests of Within Subjects Effects – Univariate Tests</th>
<th>SS</th>
<th>DF</th>
<th>MS</th>
<th>F</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of PTSD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>1878.1</td>
<td>2</td>
<td>939.03</td>
<td>24.5</td>
<td>.000</td>
</tr>
<tr>
<td>Empathic Concern (IRI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>174.727</td>
<td>2</td>
<td>87.36</td>
<td>4.575</td>
<td>.023</td>
</tr>
<tr>
<td>Adaptive Coping (COPE)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>369.52</td>
<td>2</td>
<td>184.76</td>
<td>5.77</td>
<td>.011</td>
</tr>
<tr>
<td>Caregiver Burden (ZBI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>81.697</td>
<td>2</td>
<td>64.824</td>
<td>1.46</td>
<td>.257</td>
</tr>
</tbody>
</table>
The PTSD Family Workshop
Intervention Content

Addressing confusion, distress and social isolation through:

Description of the symptoms and treatment of PTSD

Discussion about the impact of life changing events and war zone related stress reaction on veterans and their important others

Experiential activities promoting affect regulation, social connection and decreasing isolation.

Activities promoting adaptive coping behaviors and self care
Clinical Concepts: Promoting Safety, Responsibility and Choice

Challenge By Choice

Full Value Contract
Experiential Activities

- Experiential activities include dyad and group exercises.
- Experiential activities promote self-awareness and creative response.
- Participants experience problems and rehearse solutions.
- Debriefing includes discussion of applicability to current life situations.
- Sequenced with consideration of optimal activation.
PTSD Family Workshop: Session One – Introductions, Education and Group Building

- Introduction of Clinicians and Workshop Participants
- Introduction of Challenge by Choice
- Toss a Name Experiential Warm Up Exercise
- Introduction to PTSD Didactic Presentation
- Participant Dyad Exercise
- Change Continuum
Session One – Dyad Exercise

- Example Questions
  - Introductions
  - Who in your life has PTSD?
  - What changes have you observed in your loved one with PTSD?
  - How have you been impacted by the changes in your important other with PTSD?
  - How do you cope?
PTSD Family Workshop: Session Two - Education, Group Building, Making Meaning

- Check In
- Helium Hoop
- PTSD Symptoms and Treatment Didactic Presentation
- Whispering Experiential Exercise
- PTSD Symptoms, Communication and Anger
- Participant Dyad Exercise
- Progressive Muscle Relaxation Exercise
PTSD Family Workshop: Session Three – Making Meaning, Communication and Self-Care

- Check In
- Warm Up Change Experiential
- Introduction to What We Would Like Our Veterans to Know Exercise
- What We Would Like Our Family and Friends to Know about Living with PTSD
- What We Would Like Our Veterans to Know about Living with PTSD Dyad Exercise and Debrief
- Self Care Plan Dyad Exercise
- Wrap Up
PTSD Family Workshop: An Experiential Exercise

The Whispering Exercise
Questions