

Couple & Family Therapy for PTSD: Where Are We and Where Can We Go

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investigating methods to prevent, assess & care for trauma

nellie

It Takes a Village and Funding



Presentation Overview

- Heuristic for Incorporating Partners and Family Members in PTSD Treatment
- Review of Evidence for Couple/Family Treatment for PTSD
- Pattern of Findings
- Promising Path Ahead

Top 6 Reasons to Consider Couple/Family Therapy for PTSD

1

2

3

4

5

6

Get 3 results from 1 therapy:

- PTSD and comorbid conditions
- Relationship enhancement
- Close others' well-being

Negative family environment

associated with worse outcome in individual treatment (e.g., Monson et al., 2005; Price et al., 2013; Tarrier et al., 1999)

Existing therapies **don't improve intimate relationship** functioning (Monson et al., 2012; Galovski et al., 2005)

Non-/partial response to existing evidence-based therapies (all kinds of meta-analyses)

PTSD highly associated with **relationship problems** (e.g., Monson et al., in press; Taft et al., 2011)

Intimate relationships associated with **likelihood of engaging in PTSD treatment** (Meis et al., 2019)

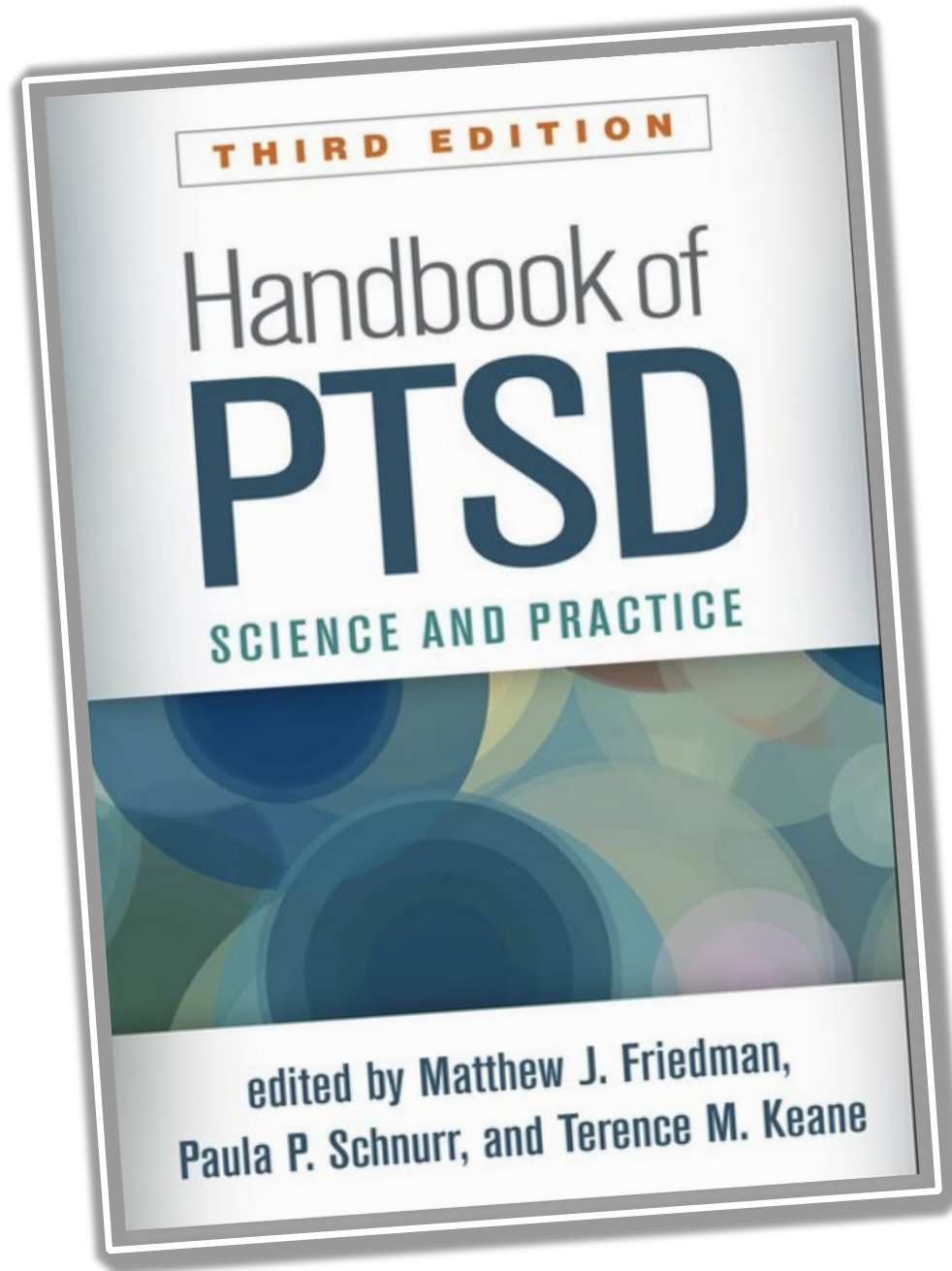
What is the conjoint treatment target?

Target: Improve Individual Symptoms

Target: Relationship
Improvements

	Yes	No
Yes	Disorder-specific Family Therapy	Generic Family Therapy
No	Partner-assisted Intervention	Psychoeducation Family-facilitated Engagement

REVIEW



Couple/Family Therapy for PTSD

Target: Improve Individual Symptoms

Target: Relationship Improvements

	Yes	No
Yes	Cognitive-Behavioral Conjoint Therapy for PTSD (Monson & Fredman, 2012) Strategic Approach Therapy (Sautter et al., 2009) Emotionally Focused Couple Therapy for Trauma (Johnson, 2002) Couple Treatment for Addiction and PTSD (Schumm et al., 2015)	Behavioral Couple Therapy (Jacobson & Margolin, 1979) Behavioral Family Therapy (Mueser & Glynn, 1995) K'oach Program (Rabin & Nardi, 1991) REACH Program (Sherman et al., 2009)
No	Lifestyle Management Course (Deville, 2002)	Support and Family Education Program (Sherman, 2003)

Methodological Fun



Pattern of Findings

- Recruiting on Relationship or Disorder?
- Which Partner's Satisfaction?
- Equipoise and Therapy Frame Comparisons
- Parametric (Dose) and Adjunctive Designs
- Access
 - Video into home
 - Online delivery
 - Weekend retreats
 - Primary care integration

Inclusion Criteria

	PTSD	Relationship Distress
CBCT for PTSD	★	
SAT for PTSD	★	
BCT/BFT	★	
EFCT for Trauma		★

Which Partner's Satisfaction?



Significant Relationship Outcomes

Study By Partner and Type of Therapy

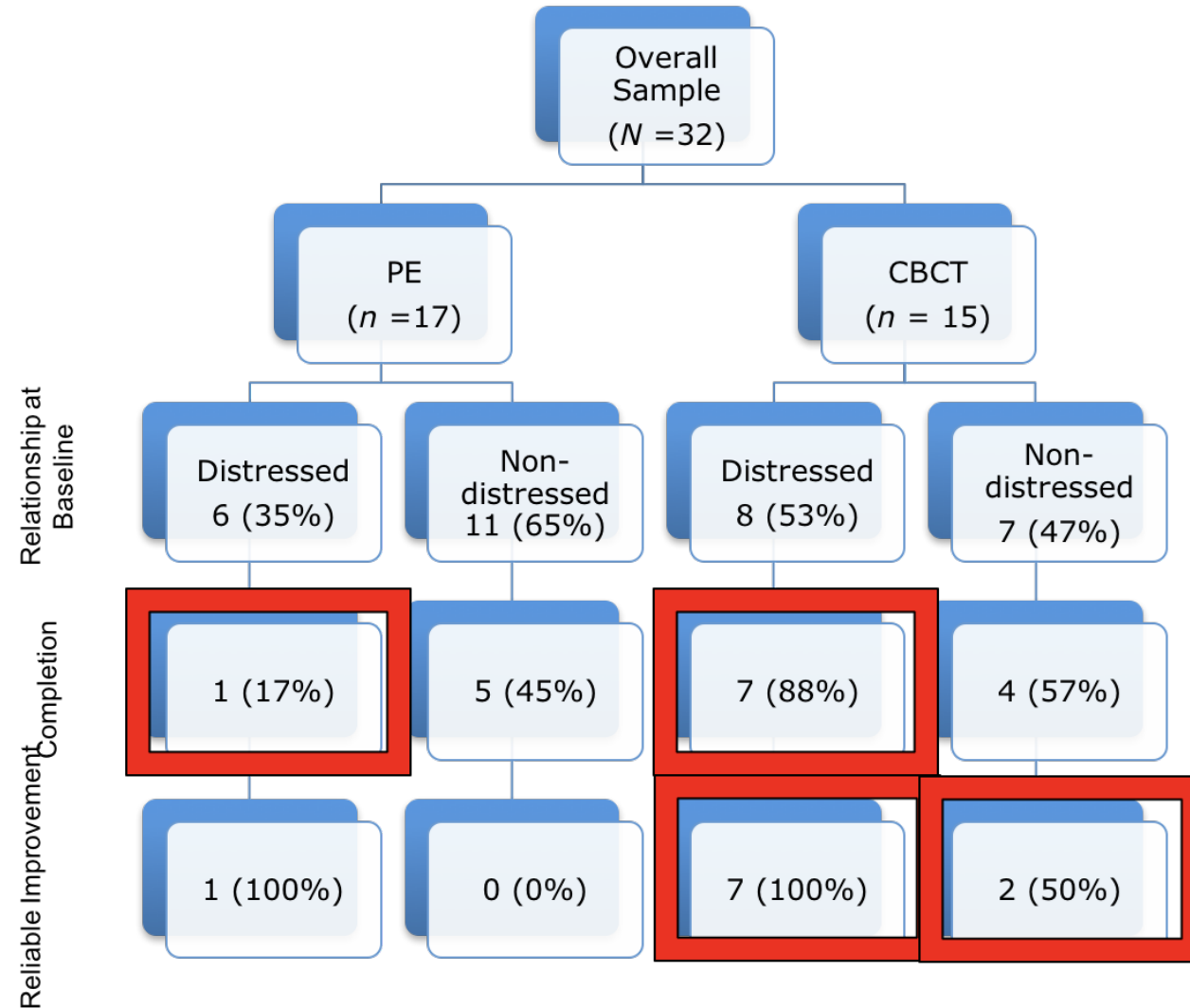
	PTSD+	Partner
CBCT for PTSD	2/8	5/8
SAT for PTSD	1/2	0/2
EFCT for Trauma*	1/2	1/2
BC/FT	2/3	2/3

*one additional pilot study did not report statistical significance

Comparing Therapy Frames



Respecting Equipoise



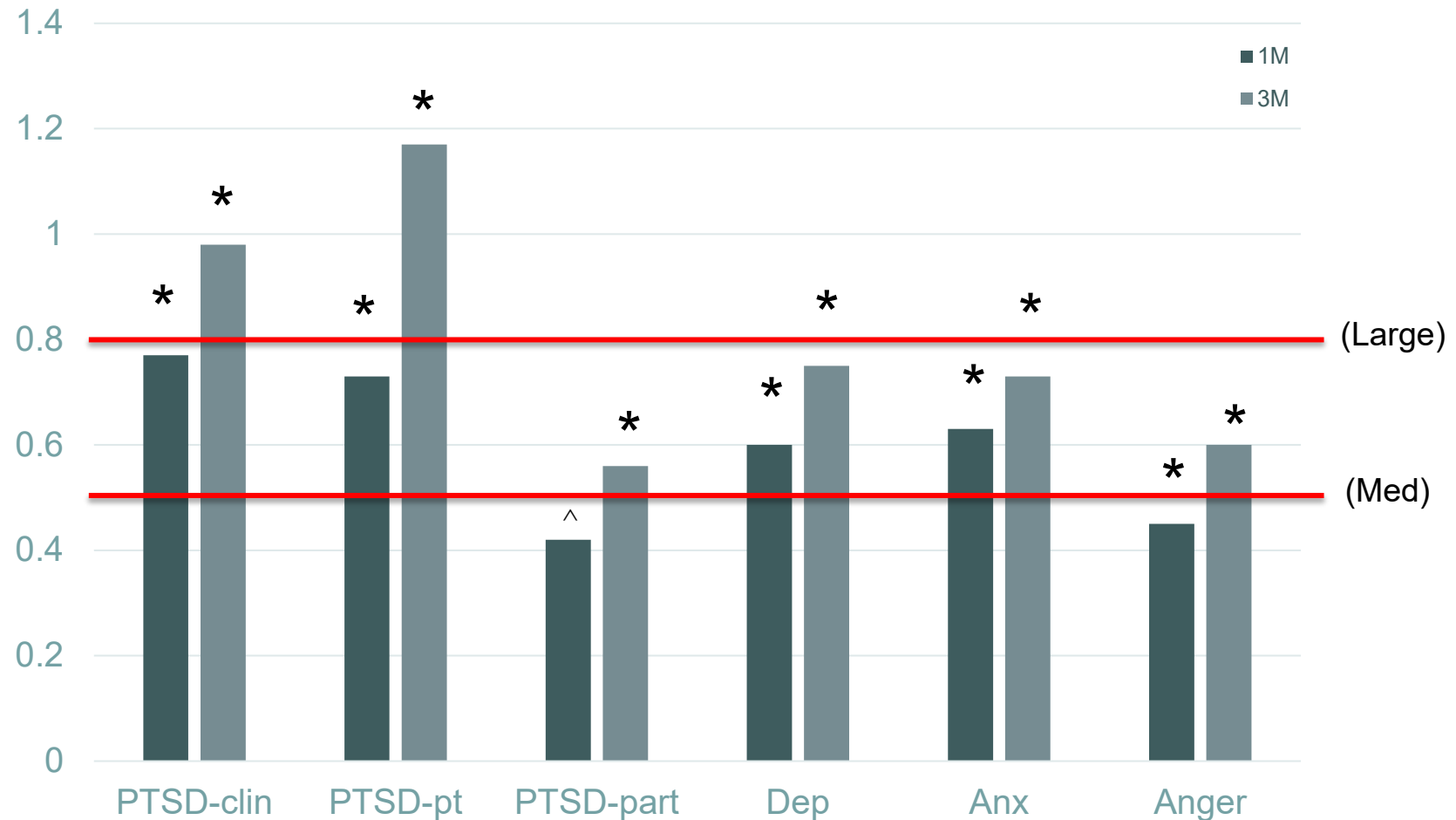
Abbreviated and Massed Delivery



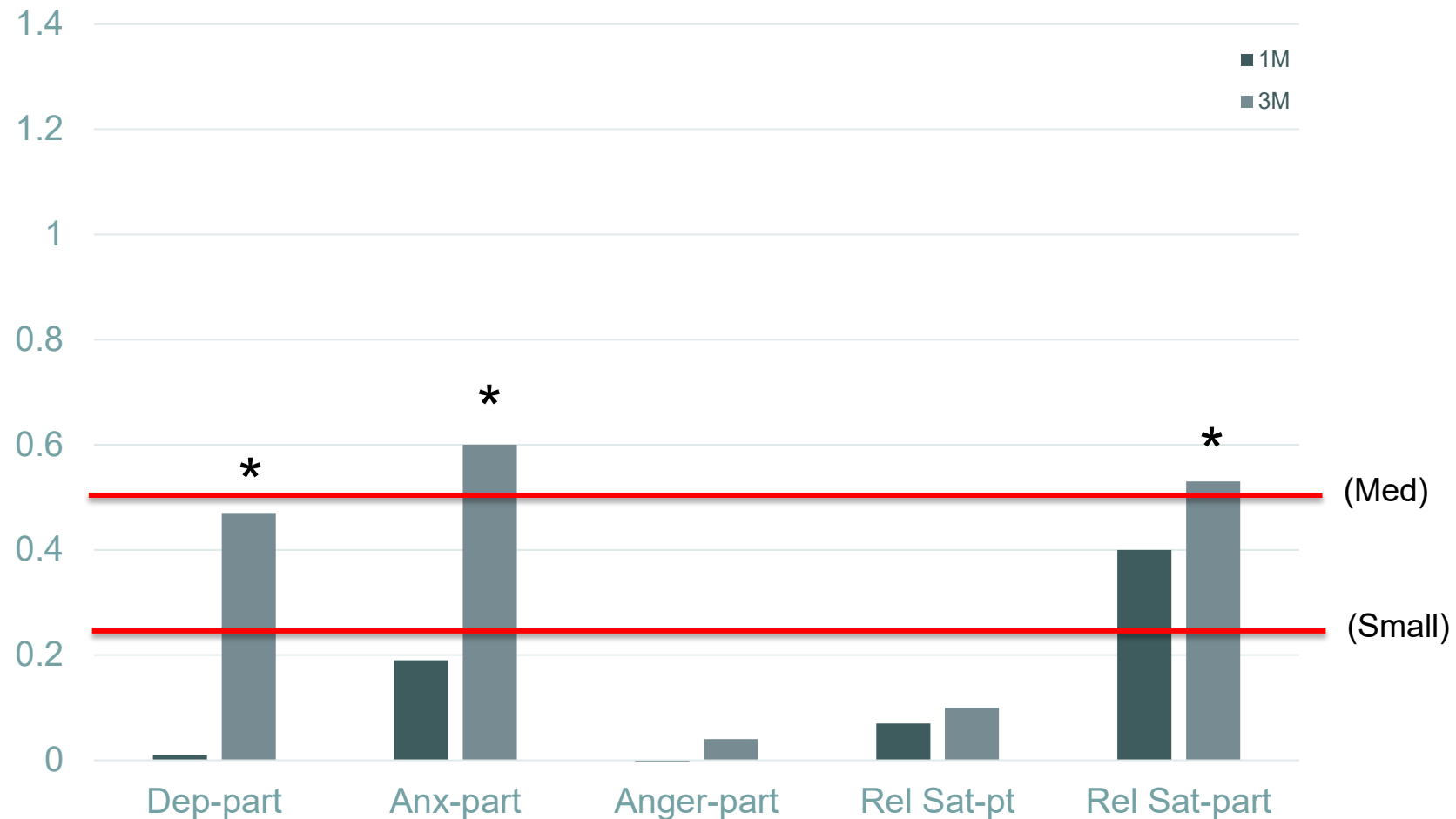
Abbreviated, Intensive, Multi-Couple Group (AIM)-CBCT for PTSD

- Uncontrolled proof-of concept pilot study ($N = 24$ couples)
- Treatment delivered as workshop during weekend retreat
- All couples completed treatment (0% dropout)
- Significant improvements in SM/V PTSD and comorbid symptoms, partner psychological distress, and relationship functioning

Patient Outcomes: PTSD & Comorbid Sxs (d)



Partner Psychological Distress & Relationship Satisfaction (*d*)



In-home Delivery



A Randomized Trial of Brief Couple Therapy for PTSD and Relationship Satisfaction

Leslie A. Morland^{1, 2}, Kayla C. Knopp^{1, 2}, Chandra E. Khalifian^{1, 2}, Alexandra Macdonald³, Kathleen M. Grubbs^{1, 2}, Margaret-Anne Mackintosh⁴, Julia J. Becker-Cretu^{5, 6}, Frederic J. Sautter⁶, Brian A. Buzzella^{1, 2}, Elizabeth R. Wrape^{1, 2}, Lisa H. Glassman^{1, 2}, Katelyn Webster¹, Min Ji Sohn¹, Shirley M. Glynn^{7, 8}, Ron Acierno⁹, and Candice M. Monson¹⁰

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⁶ Southeast Louisiana Veterans Healthcare System, New Orleans, Louisiana, United States

⁷ VA Greater Los Angeles Healthcare System, Los Angeles, California, United States

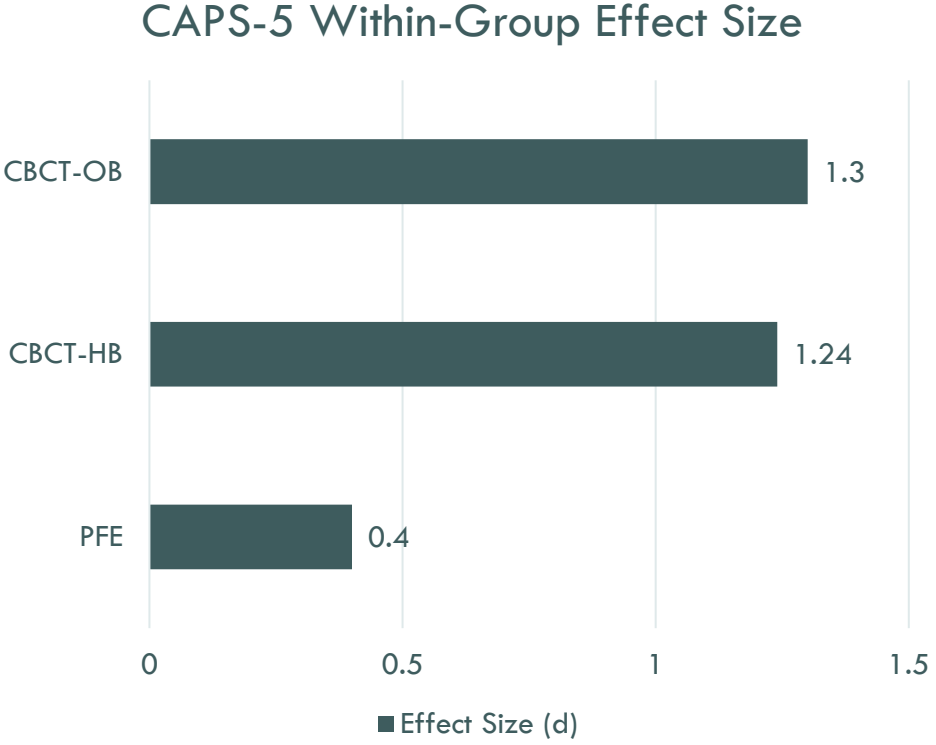
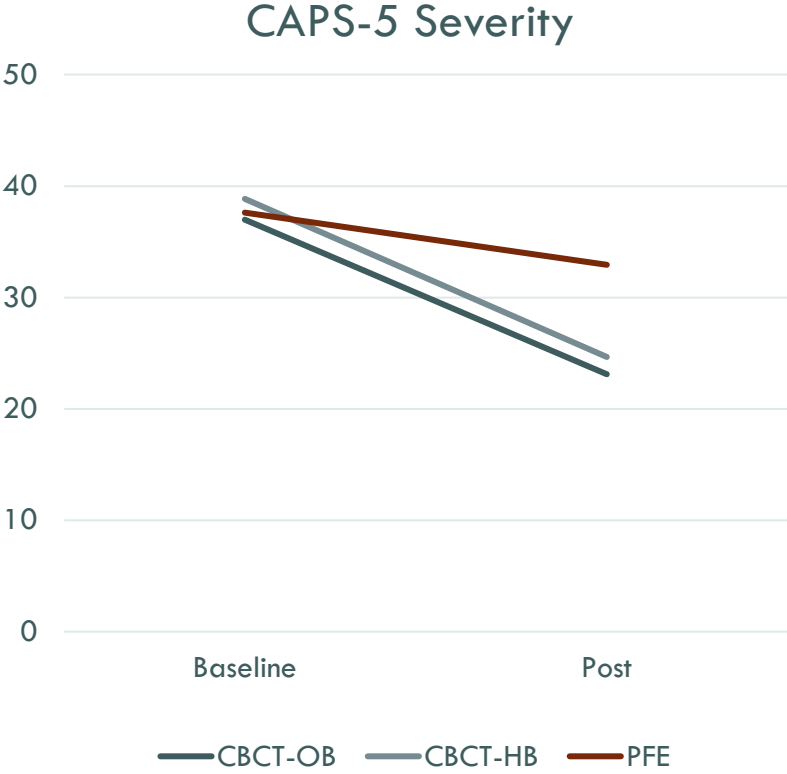
⁸ Semel Institute for Neuroscience and Human Behavior, University of California, Los Angeles

⁹ Department of Psychiatry and Behavioral Sciences, The University of Texas Health Science Center at Houston

¹⁰ Department of Psychology, Ryerson University

Objective: This three-arm randomized trial tested a brief version of cognitive-behavioral conjoint therapy (bCBCT) delivered in two modalities compared to couples' psychoeducation in a sample of U.S. veterans with posttraumatic stress disorder (PTSD) and their intimate partners. **Method:** Couples were randomized to receive (a) in-person, office-based bCBCT (OB-bCBCT), (b) bCBCT delivered via home-based telehealth (HB-bCBCT), or (c) an in-person psychoeducation comparison condition (PTSD family education [OB-PFE]). Primary outcomes were clinician-assessed PTSD severity (Clinician Administered PTSD Scale), self-reported psychosocial functioning (Brief Inventory of Psychosocial Functioning), and relationship satisfaction (Couples Satisfaction Index) at posttreatment and through 6-month follow-up. **Results:** PTSD symptoms significantly decreased by posttreatment with all three treatments, but compared to PFE, PTSD symptoms declined significantly more for veterans in OB-bCBCT (between-group $d = 0.59$ [0.17, 1.01]) and HB-bCBCT (between-group $d = 0.76$ [0.33, 1.19]) treatments. There were no significant differences between OB-bCBCT and HB-bCBCT. Psychosocial functioning and relationship satisfaction showed significant small to moderate improvements, with no differences between treatments. All changes were maintained through 6-month follow-up. **Conclusions:** A briefer, more scalable version of CBCT showed sustained effectiveness relative to an active control for improving PTSD symptoms when delivered in-person or via telehealth. Both

Results: Clinician-Rated PTSD Symptoms

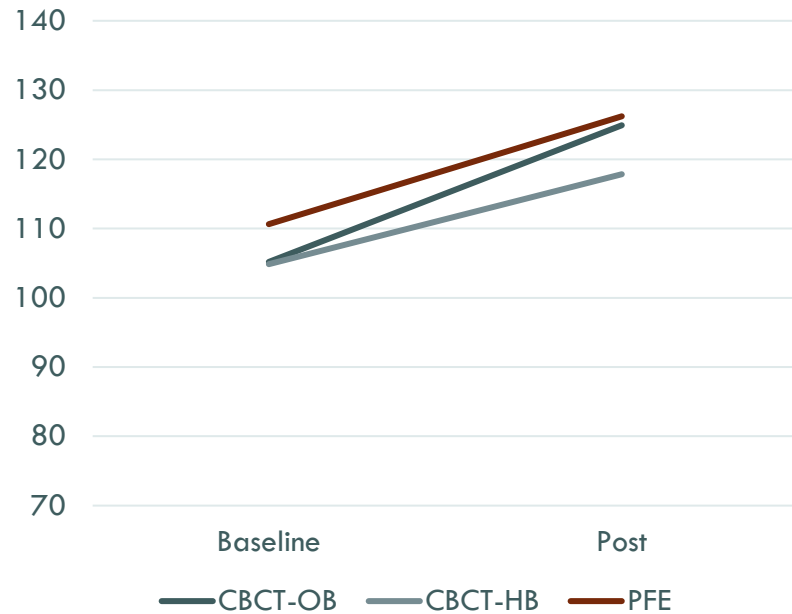


CBCT vs.PFE (Negative coefficients mean CBCT is lower than PFE, Positive mean CBCT is higher)

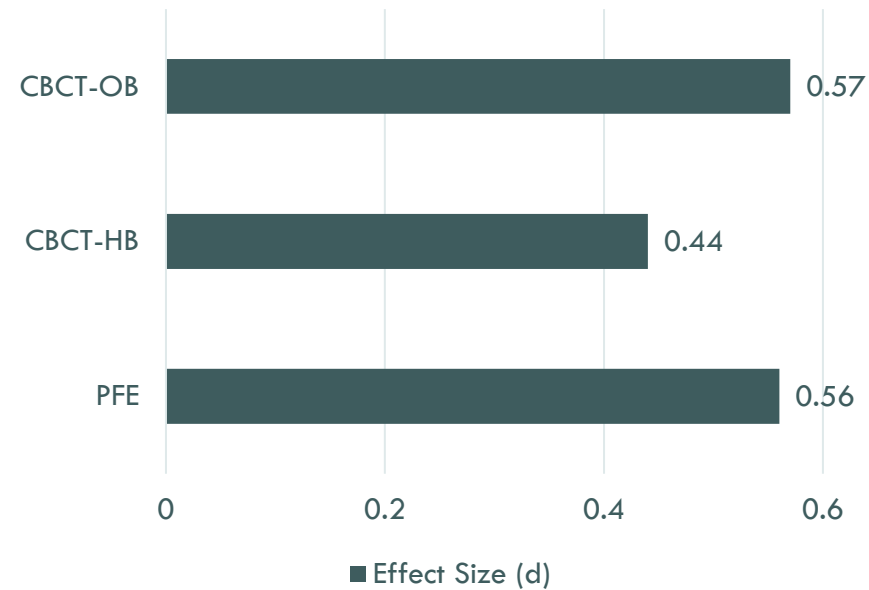
	Baseline to Post				
	β	B	SE	p	d
CAPS-5	-0.292	-7.688	2.324	.001	0.72

Results: Couples Satisfaction Index

CSI Score-Veteran



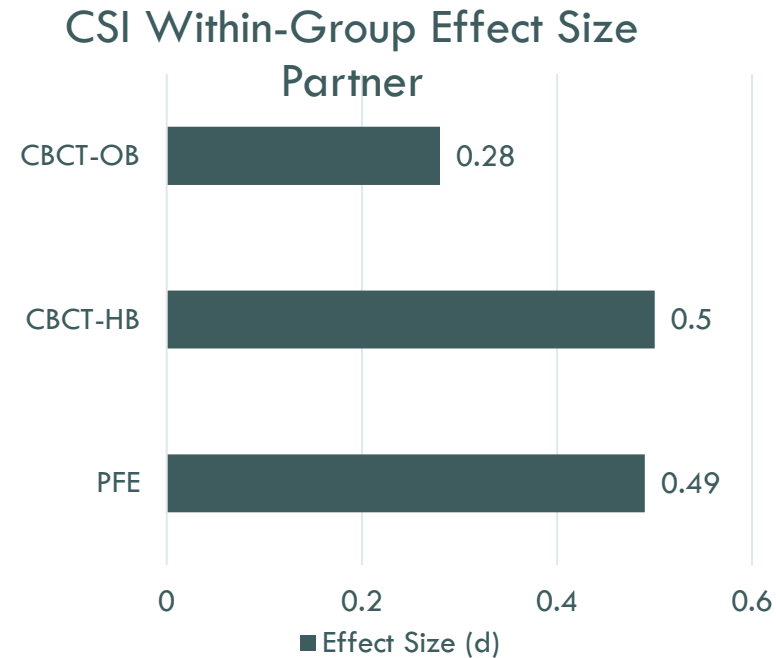
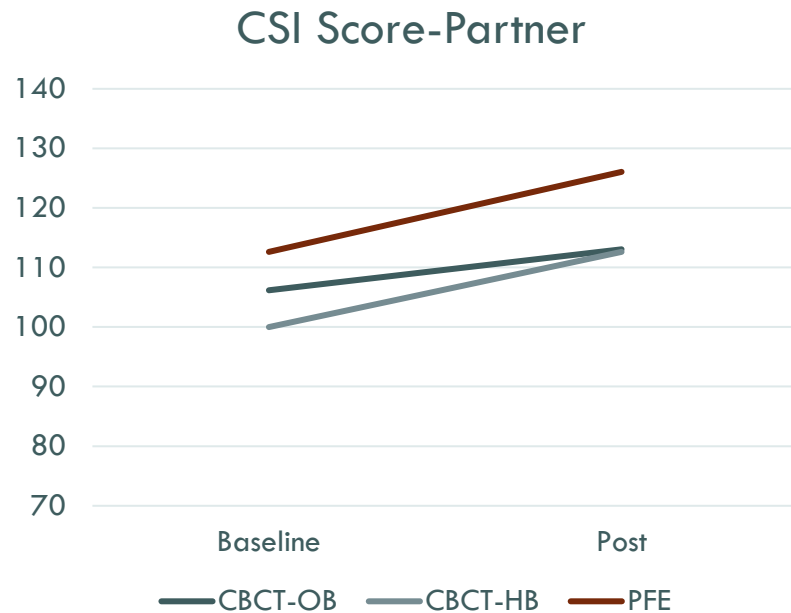
CSI Within-Group Effect Size Veteran



CBCT vs. PFE (Negative coefficients mean CBCT is lower than PFE, Positive mean CBCT is higher)

	Baseline to Post				
	β	B	SE	p	d
CSI - Veteran	-0.054	-3.535	5.981	.555	0.11

Results: Couples Satisfaction Index



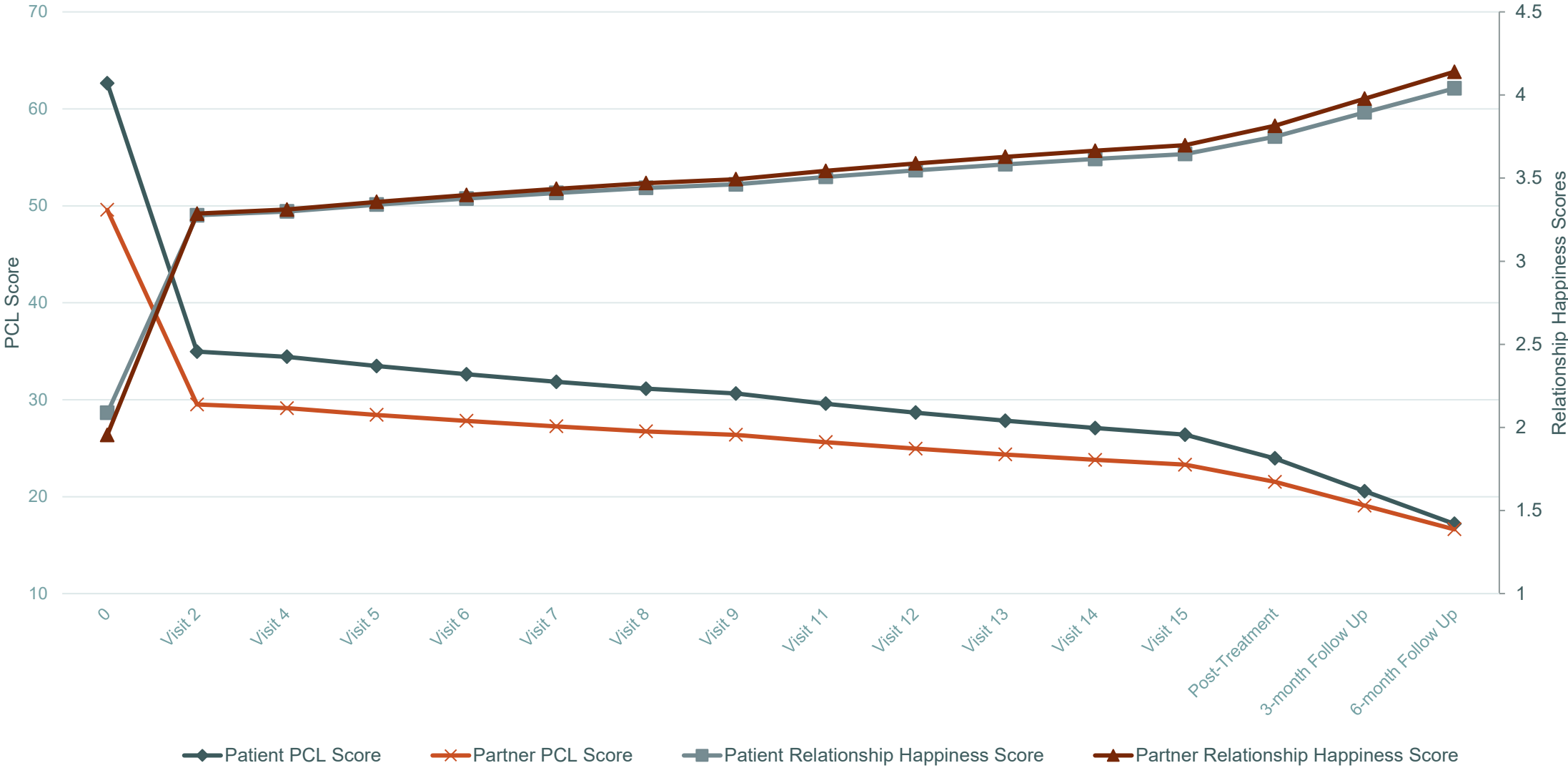
CBCT vs. PFE (Negative coefficients mean CBCT is lower than PFE, Positive mean CBCT is higher)

	Baseline to Post				
	β	B	SE	p	d
CSI - Partner	-0.126	-9.091	5.662	.108	0.29

MDMA-Facilitated

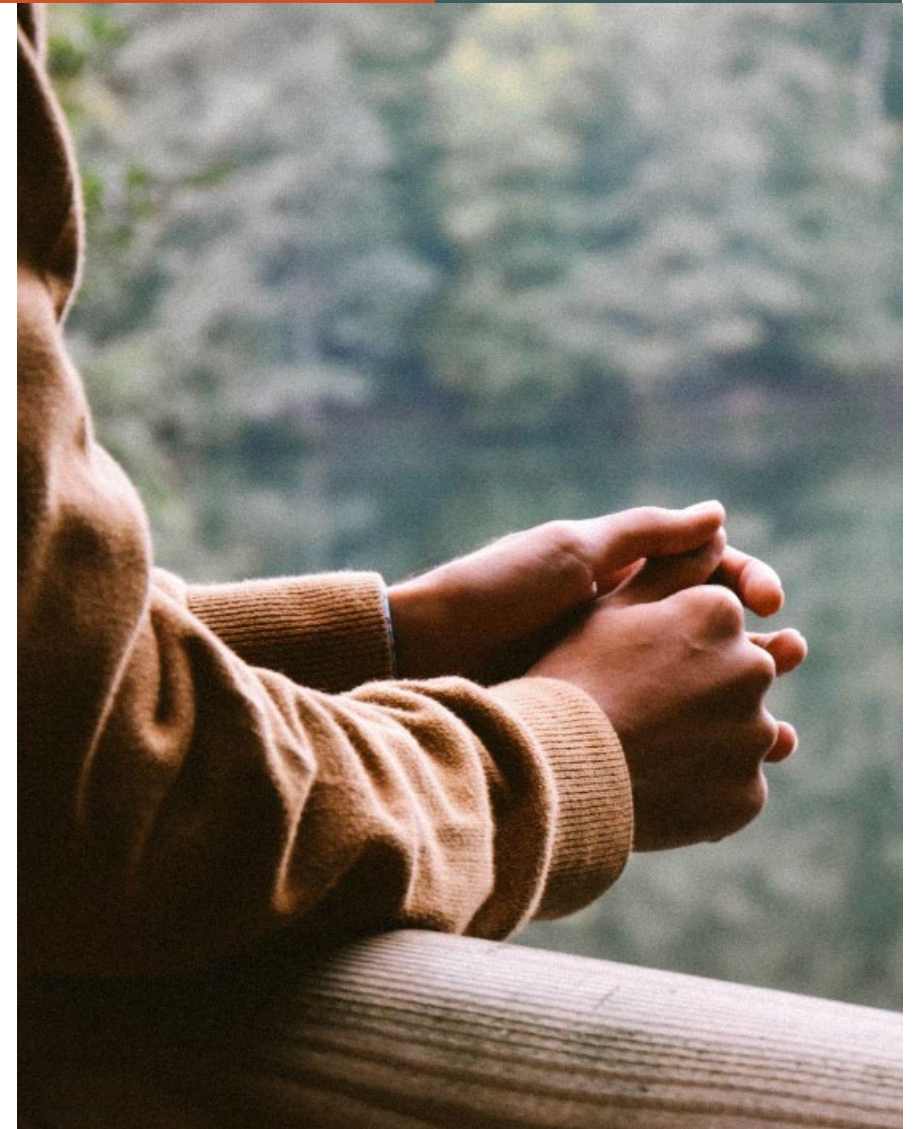


PTSD and Relationship Happiness



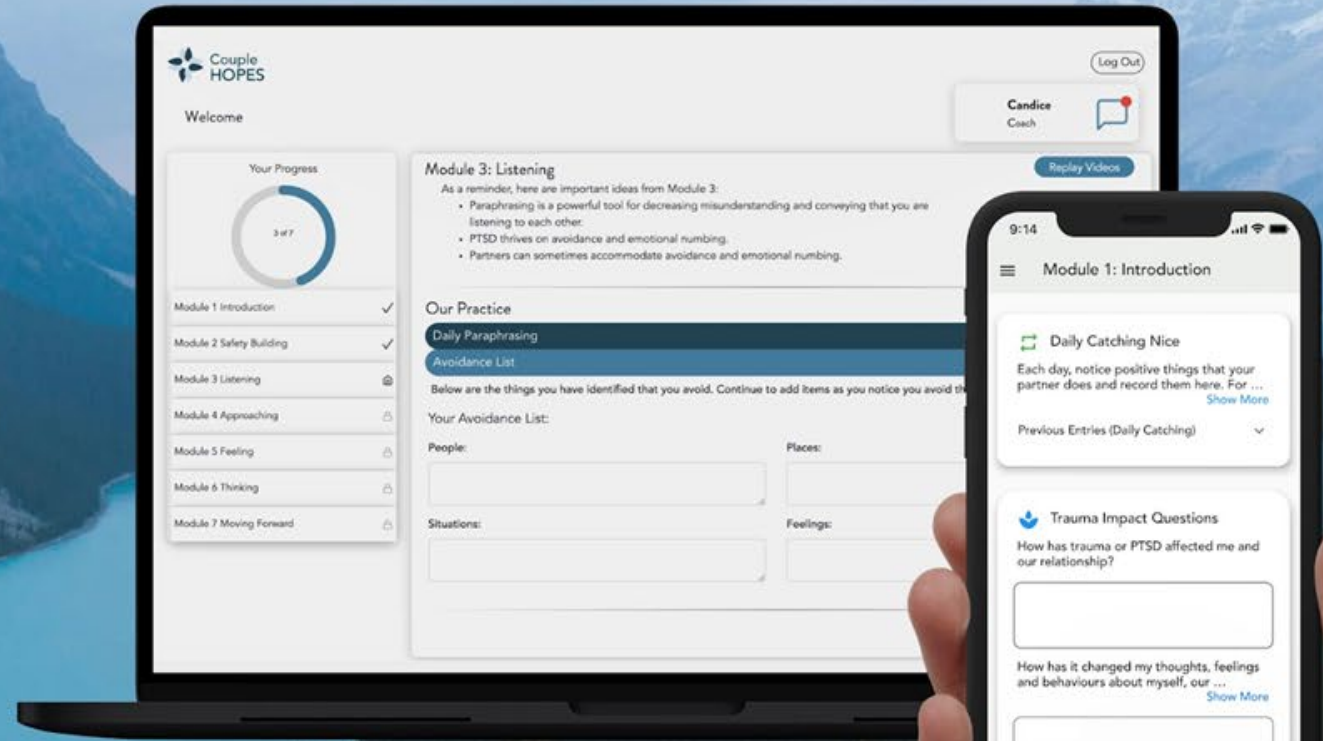
Self-directed Delivery

Couple HOPES



You don't have to do this alone.

Couple HOPES is an online PTSD intervention that gives you and your partner tools to improve PTSD symptoms and enhance your relationship with the support of a Couple HOPES Coach.

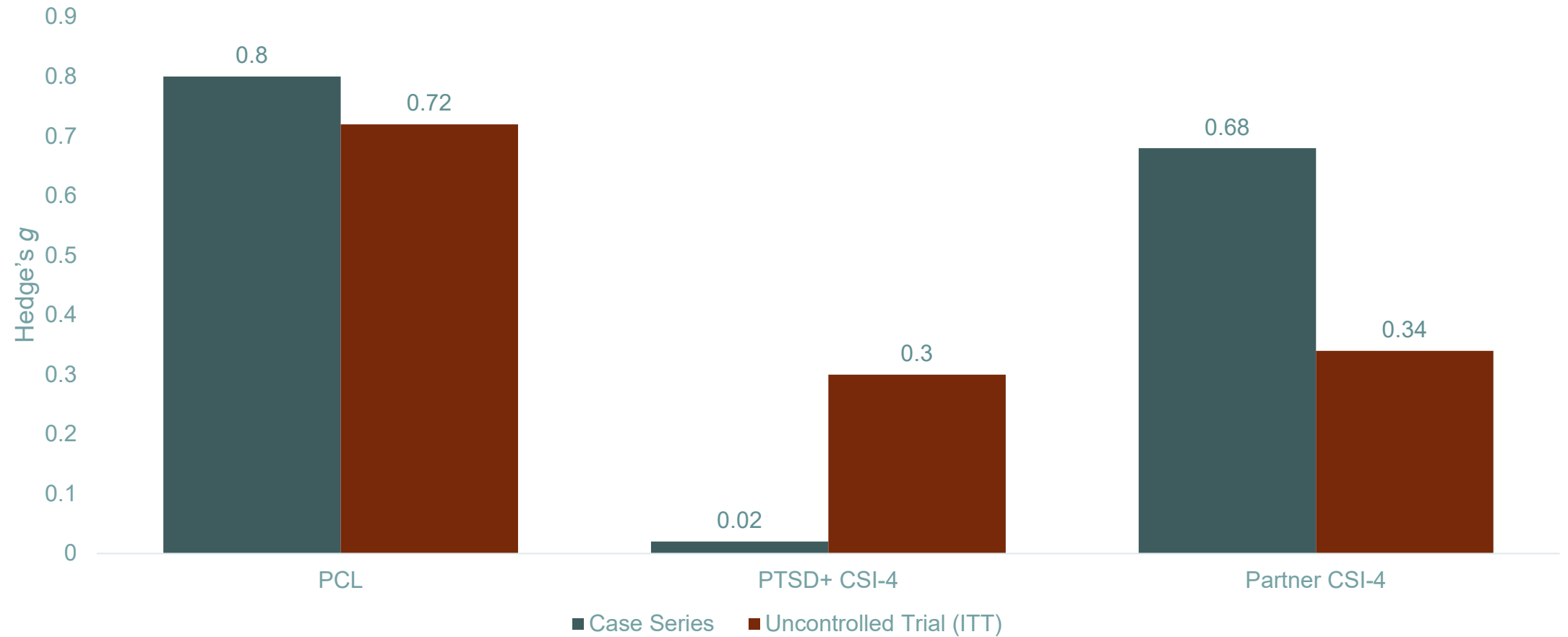


WHAT IT IS

HOW IT WORKS

NEXT STEPS

Effect Size Changes



**A PROMISING
PATH AHEAD**



Intervention Development

Prevention

- Dworkin et al. CARE (Communication and Recovery Enhancement)

Engagement

- Sayers et al. Coaching into Care
- Campbell et al. BASE (Behavioral Activation and Social Engagement) in Primary Care

Parenting

- Gilman & Chard CBCT+Parent Management Training
- Casselman & Pemberton ACT-Based Parenting Group

Oxytocin-facilitated

- Morland & Sippel

Partner-Assisted

- Meis et al. PE+Partner
- Thompson-Holland et al. Partner Accommodation

Rigorous Testing

- Relationship Outcomes
- Upcoming RCTs
 - MDMA Facilitation
 - AIM-CBCT
 - Couple HOPES
- Implementation
- Individual-level meta-analysis

Q & A



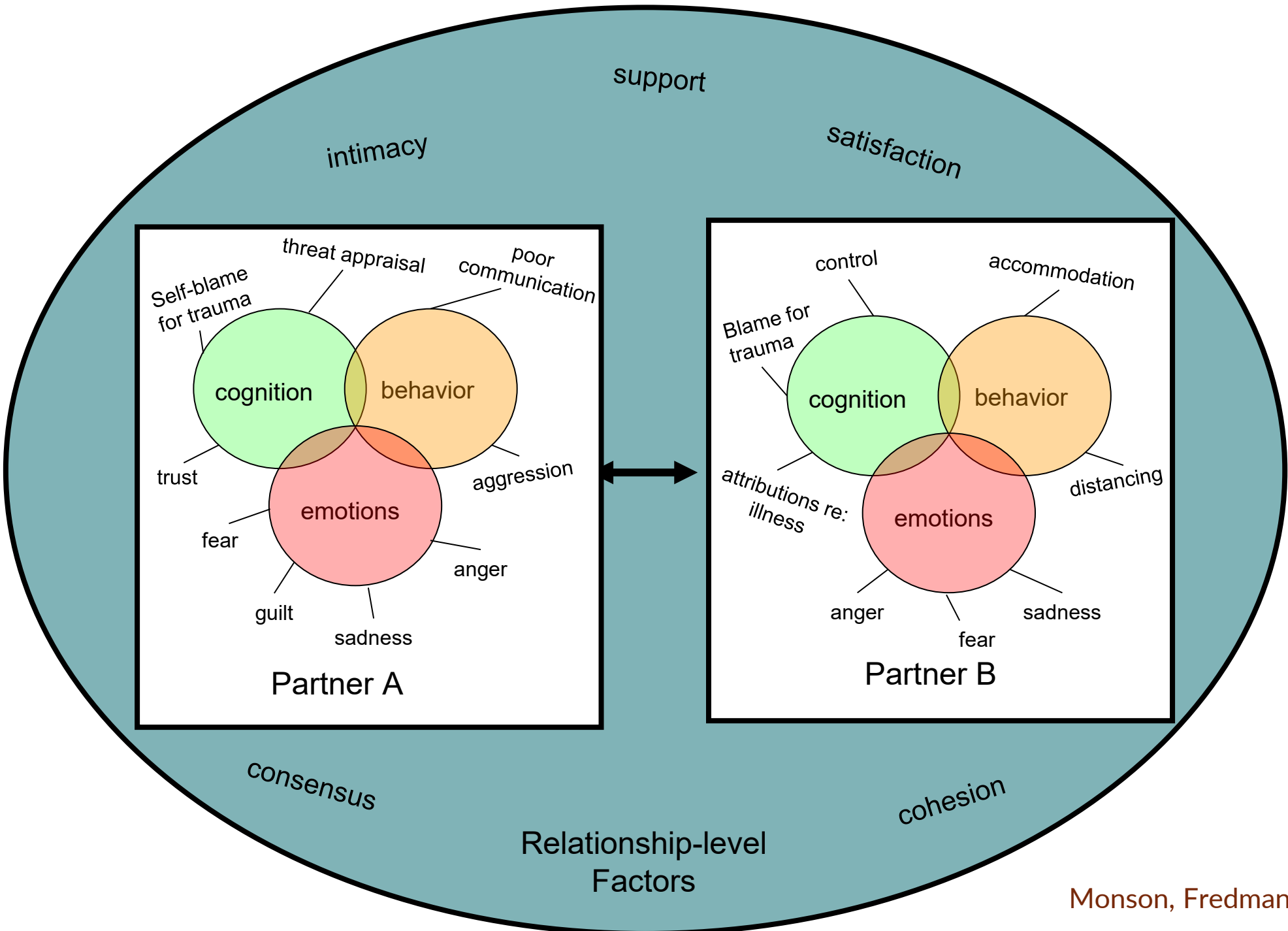
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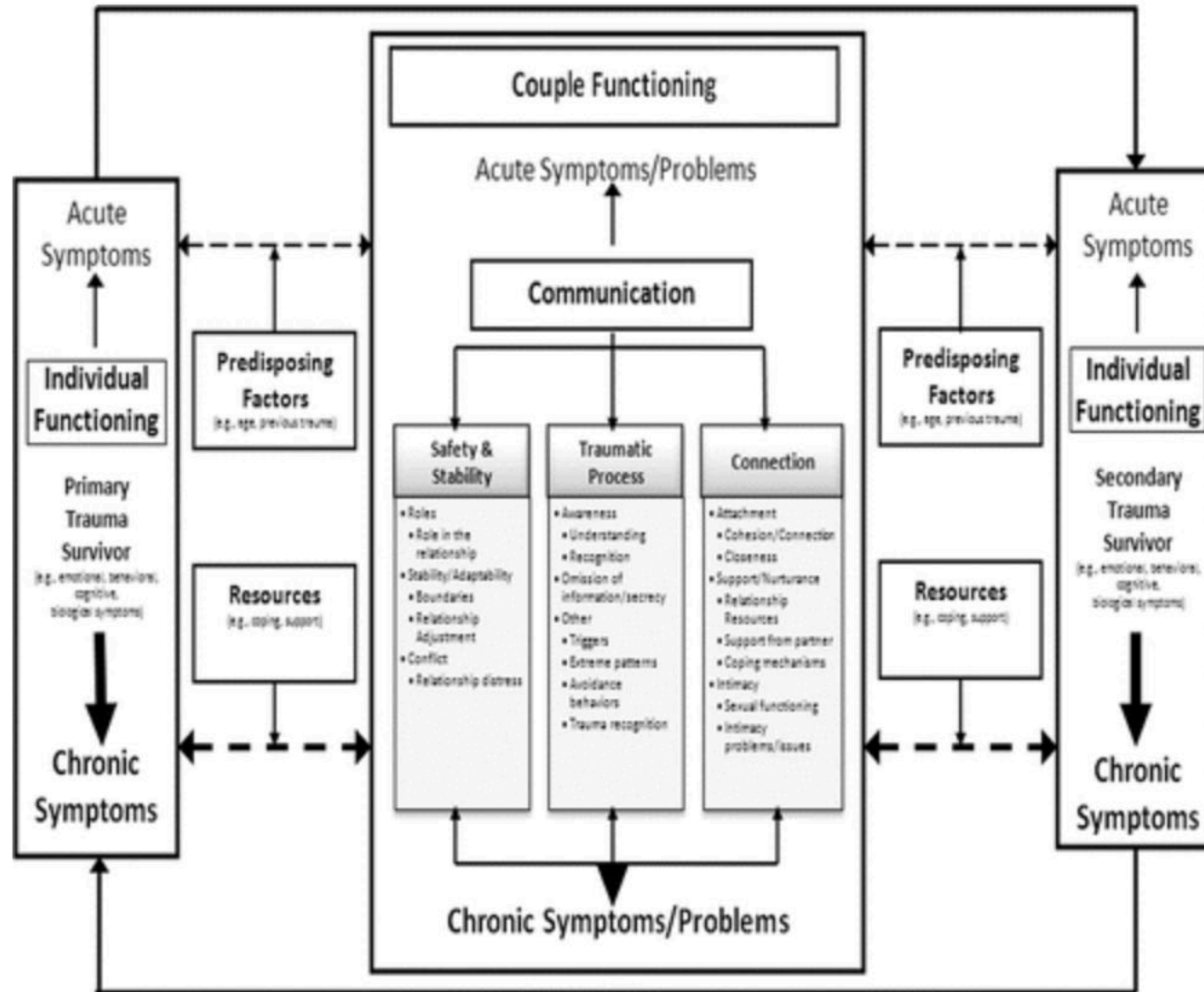
Founder and CEO
Nellie Health
www.nelliehealth.com



Why Does It Work?



The Modified Couple Adaptation to Traumatic Stress Model



Why Do They Work?

