

How effective are treatments for improving interpersonal relationships among veterans with  
PTSD?

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## ABSTRACT

Combat related post-traumatic stress disorder (PTSD) is the most common type of trauma. Veterans with PTSD often times have conflicts with their interpersonal relationships. Recent research suggest that the worsening of PTSD symptoms will put veterans at risk for more interpersonal relationship conflicts, therefore treatment programs are needed in order to minimize them both. This paper first considers studies of the importance of a good social support and then looks at studies underlining the significance of a positive family functioning for minimizing PTSD symptom clusters. It will also address other studies that have looked into different factors such as comorbidity and domestic violence. The examination of these treatments points out limitations and suggest the need for future research to look into the long term effects of the treatments and also focus on addressing and evaluating other factors that may play a role in the effectiveness of treatment programs. As well as creating programs that are not just for veterans, but also for soldiers that are returning from deployment.

*Keywords:* Post-Traumatic Stress Disorder, interpersonal relationships, treatments, violence

## **Introduction**

Military service combat exposure is the most common type of trauma and these experiences are associated with negative mental health conditions like post-traumatic stress disorder and relational difficulties (Monk, Ogolsky, Bruner, 2016). Post-traumatic stress disorder or PTSD is a mental condition that is caused by traumatic events. Symptoms of this condition can include nightmares, flashbacks, uncontrollable thoughts about the event, and severe anxiety. (American Psychiatric Association, 2013). About 75% of returning veterans who have PTSD report family readjustment issues and 66.6% report that those issues impact their relationships on a regular basis (Sautter, Armelie, Glynn, and Wielt, 2011). The emotional numbing and avoidance associated with PTSD puts affected individuals at high risk for interpersonal problems; including divorce and intimate partner aggression. (Keane, Marshall, & Taft, 2006; Taft, Watkins, Stafford, Street, & Monson, 2011 as cited by Fischer, 2013). Given the long-lasting and often intractable, mental health and interpersonal problems experienced by veterans with PTSD it is important to create new treatments to prevent the development of similar problems in the newer generation of veterans and soldiers returning from deployment (Sautter, 2011). Although there has been a substantial amount of research that has focused on treatments involving interpersonal relations for veterans with PTSD; the findings indicate that most of the treatment options have focused heavily on social support and family functioning. Even though the treatments are effective a limited amount of research has addressed other factors like comorbidity and domestic violence. Therefore this paper will consider and reflect on the real effectiveness and outcomes of these treatments.

## **Family functioning and Social Support**

There has been a growing awareness of the interpersonal relationship conflicts associated with veterans that have PTSD. Programs have now started to focus on treating not only the veterans PTSD symptoms, but also helping the family and friends cope with the conflicts that it brings. Before many veterans did not have any type of treatment options, but now treatment programs for PTSD are readily available (Nelson, Wright, 1996). Due to the growing awareness of interpersonal conflicts recent research has sought to include families into the programs. These programs specifically looked into the role that family, interpersonal and social support have on the minimization of PTSD symptoms.

Past research indicates that negative and positive social support are related to PTSD through different pathways. One study wanted to demonstrate the relationship between PTSD symptoms and positive and negative support systems (Laffaye, Cavella, Drescher, and Rosen, 2008). They specifically measured the size of participants' social networks; that included family, nonveteran friends, and veteran peers and also assessed their PTSD symptoms with the PTSD Checklist Military version. Participants were asked to indicate how many members within each separate source provided support in four different areas during the previous 6 months. Their results showed that veterans had more veteran peers than non-veteran friends in their social network. Most of them were in regular contact with and received active assistance from equal numbers of family members and veteran peers (Laffaye et al., 2008). Veterans also turn to veteran peers more often than family members for emotional support. Thus, veteran peers are an important and highly valued component of the veteran's social network. They are the most common source of emotional support and have help minimize symptoms of PTSD.

However, this study contained several drawbacks; one of them being that there could have been irreversible damage to the social network due to the severity of PTSD. Meaning that

researchers do not know if that could have affected who they turned to for emotional support. Also, the study relied heavily on self-reported measures, like questionnaires. In the future they could possibly change their methodologies to avoid exaggerations or under-reporting of symptoms. The sample was also not randomly drawn and it may not represent all of the male veterans and there was no diversity in the participant pool meaning it cannot be easily generalized to the population (Laffaye et al., 2008). Overall, this study shows that veteran peers are a significant part of the veteran's social network; they are needed for emotional support and are help reduce PTSD symptoms.

The previous study focused on the importance of social networks and demonstrated that veteran peers are a significant part of those networks. In contrast, another study considered the three PTSD symptom clusters and their relation to family functioning (Evans, Forbes, Parslow, Lewis, 2010). The three PTSD symptom clusters are intrusion which is characterized by the inability to keep memories of the event from returning, hyperarousal which is marked by aggressive, reckless or self-destructive behavior and avoidance which is an attempt to avoid stimuli and triggers that may bring back the memories (American Psychiatric Association, 2013). The study included 1,822 veterans who had entered a PTSD treatment program around various locations in Australia. The participants were asked to complete questionnaires before treatment and at three months and at nine months post treatment (Evan et al., 2010). They answered questions about their family functioning, PTSD symptoms, and their psychological health. The treatment involved a cognitive-behavioral program with recommended components such as exposure, anger management, anxiety management, problem solving, and management of depression (Evans et al., 2010). Their findings indicated that distressed family functioning significantly predicted one or two of the three symptom clusters. Meaning that having family

relationship difficulties will increase PTSD symptoms. Therefore including families into treatments can be beneficial for the veteran's mental health.

A similar study focusing on the association between PTSD symptom clusters and interpersonal relations found that; difficulties in a relation increase symptom clusters which lead to less trust and intimacy (Solomon, Dekel, and Zerach, 2008). Avoidance cluster specifically leads to problematic pressures on aspects of the veteran's personal and social life, it significantly affects the veteran's relationships with people. Due to the emotional numbing veterans suffering from PTSD lose the desire to share their thoughts, experiences, and worries with other people (Solomon, 2008). They indicated that by having programs that emphasize communication and self-disclosure there will be a significant decrease of PTSD symptom clusters. If programs do not address this they will have unsuccessful relationships and it will negatively affect their intimacy levels. However, some limitations to consider for both studies are that they were mostly self-report measures and there was no diversity within the participants. Meaning that the participants were mostly from one specific location, race, and age. In spite of that, their findings indicate that treatment programs that involve families and emphasize communication will result in successful relationships and a decrease of PTSD symptom clusters.

Another study that also found similar results on the importance of family functioning focused on a program called Reaching out to Educate and Assist Caring, Healthy Families (REACH). They examined the improvements that would be seen in veterans and their families after they had participated in the program (Fischer, Sherman, Han, Owen, 2013). The study consisted of 100 male veterans and 96 family members. This program was a nine month, three phase program. In the First Phase, participants were asked to complete many questionnaires and surveys. It was done four times: at the time of consent (baseline) and at the end of each phase.

They measured changes in knowledge and skills about coping techniques, as well as changes in relationship distress and satisfaction, social support, and symptom status. Their findings indicated that participation in REACH had a positive impact for both veterans and their family members. They showed a greater understanding of positive strategies for dealing with situations commonly confronted in PTSD, family coping strategies, family communication, problem-solving behaviors, and empowerment. (Fischer et al., 2013) The veterans also showed improvements in their interpersonal relations and in their overall symptom status.

Although REACH demonstrated positive outcomes, the study contained some drawbacks. First and foremost they did not have any comparison groups. So there was no way of addressing other possible causes of improvement. Also, the symptoms measured were not specific to PTSD and they did not have a PTSD subscale. The study was a single-site and the sample was primarily Vietnam, Persian Gulf, and earlier service-era veterans who had been dealing with PTSD for a long time. (Fischer et al., 2013) Overall, this treatment program further illustrates the positive benefits gained by involving family. Both veterans and their families benefit from the program, they gain knowledge on coping techniques which results in positive outcomes for them.

Similar to the previous study another one focused on the Veteran Couples Integrative Intensive Retreat model (VCIIR); it is a recent treatment program that has demonstrated decreases in distress and trauma for veterans and their partners. Monk et al. (2016) strongly emphasize that if family and social support systems are not considered during interventions, the treatment may not be as effective for the individual once they have returned to their home environment. The studies focus was to decrease distress and trauma specifically on the partner, but also the veteran (Monk et al., 2016). The research consisted of 149 couples who participated in eight, 7-day retreats. Over the course of 12 months, they questioned them about the couples

experience and distress. During the retreat, participants were encouraged to create ways to easily demonstrate what their experiences had been. They also included group psychoeducation, therapeutic conjoint couple's sessions, and relaxation and therapeutic recreation into their program.

Their results provide initial evidence that the retreat model decreases trauma symptoms for veterans and reduces distress for the partners. All in all Monk et al. (2016) indicate that having the different types of interactions and activities are essential for combating the feelings of distress and isolation that are associated with PTSD. Not only are the specific activities important, but also having the partner participate is another important factor. Some limitations that should be considered are that they had no control group or randomization. There was only one measure of trauma and no clinical interviews to examine changes in PTSD diagnoses.

A considerable amount of research has looked into treatment programs for veterans in the hopes that they will help improve PTSD symptoms and interpersonal relationships. For the most part they have found that family plays a very important role in the effectiveness of those treatments. Difficulties between the veteran and their family will cause PTSD symptom clusters to worsen and it will continue to affect the family. Also, it is important for veterans to have good social networks that include both peer veterans and family members since they are highly valued and make it easier to cope with the symptoms associated with PTSD. Ultimately treatment programs need to continue incorporating families, as well as create programs that contain a knowledge component to learn about coping and communication strategies.

### **Comorbidity and Violence**

Most of the studies looking at treatments for improving interpersonal relations for veterans with PTSD have only focused on social support and family functioning. Although they

have been effective they have not addressed other factors that may play a role in the effectiveness of treatment programs. Only a couple have assessed other specific factors like comorbidity and domestic violence. These other factors may be important to address to create better and more efficient treatment programs.

Research has shown that rates of substance use disorder (SUD) and PTSD comorbidity are high among military veterans with combat-related PTSD and also SUD is more severe among them than veterans without PTSD. (Boudewyns, Albrecht, Talbert and Hyer, 1991 as cited by Rotunda, 2008). Comorbidity is when two chronic diseases or conditions are present simultaneously in a patient (American Psychiatric Association, 2013). One study in particular looked at behavioral couple's therapy (BCT) for comorbid substance use disorders and posttraumatic stress disorder (Rotunda, O'Farrell, Murphy, and Babey, 2008). Their research consisted of 122 couples who were part of the BCT program, some of the participants had PTSD and others were non-PTSD clients. They were asked to answer questions about their PTSD symptoms, alcoholism severity, relationship functioning, and psychological distress symptoms.

After, evaluating the data their results suggest that both PTSD and non-PTSD clients showed good compliance with BCT, they attended almost all of the BCT sessions, took Antabuse (alcoholism medication), and attended AA. Also their results showed increase of relationship satisfaction, reduction drinks taken, less male-to-female violence, and decrease of psychological distress symptoms (Rotunda et al., 2008). Although, the overall findings indicate that BCT may have promise in treating clients with comorbid SUD and combat-related PTSD the limitations should be considered. First, the study consisted of a very small sample size, the groups were not assessed for other traumatic events or non-related combat symptoms. The study could have looked at soldiers or non-PTSD veterans as a comparison group. (Rotunda et al., 2008). By

looking into soldiers they could have seen the ways in which they are affected by substance abuse and PTSD. Studies suggest that soldiers have high prevalence for developing comorbid disorders and it in turn causes issues in their relations (Gibbs, Clinton-Sherrod, and Johnson, 2012). Another drawback is that they did not look at other Axis I disorders. In spite of that behavioral couple's therapy has demonstrated a significant amount of improvements for both PTSD and SUD symptoms, as well as improvements in their relations.

Not only is comorbidity an important factor to address in these treatments, but also more research should evaluate the role that violence plays on its effectiveness. One study examined the rate of veteran-perpetrated domestic violence within couples seeking relationship therapy. Their research involved 179 couples, and in order to be part of the study they had to be diagnosed with PTSD, major depression or adjustment disorder (Sherman, Sautter, Jackson, Lyons, and Han, 2006). The participants were asked to complete questionnaires about physical violence in the relationship, marital satisfaction, and closeness of the couple. They also collected data about demographics and clinical variables such as education, employment status, substance use, previous counseling, physical health problems, and reason for seeking couples therapy. The results indicated that PTSD veterans perpetrate greater violence, do more severe violent acts, and commit a larger number of violent acts. Also, most of the PTSD veterans and their partners listed "anger/ violence" as a reason for seeking couples treatment (Sherman et al., 2006).

A few drawbacks of Sherman's et al. (2006) study are that participants were already in couple's therapy and therefore violence could have been greater before the study began. Also, the demographics were not diverse therefore it may not apply to the general population. Other drawbacks were that they only had participants that were diagnosed with PTSD, major depression, or adjustment disorder. Given the elevated risk for violence among couples due to

PTSD, it is important to address the issue of violence in all treatment programs, not just because it is a high risk, but also because couples do not view violence as problematic and only address it until it has gotten to an extreme. Therefore new treatment programs should look into ways of minimizing domestic violence.

### **Conclusion and Future Research**

As has been noted all the studies presented have addressed the interpersonal relationship issues associated with PTSD in various way. They all contain flaws and contradictory findings, but overall they have shown positive improvements in the relationships and the PTSD symptoms of veterans. The findings have indicated that there are many factors that play a role in the success of a treatment. It is significant to have a social network that contains both veteran peers and family members, but veteran peers are highly valued. Having a supportive social network will decrease conflicts in the veterans relationships and also minimize many of the negative symptoms associated PTSD. It is also important to have a positive family functioning since having problems will cause an increase of PTSD symptom clusters not only does it worsen the veterans mental health, but it also harms their interpersonal relationships further. Other studies have emphasized the significance of having programs that teach the veterans and families about coping and communication strategies. By doing that they improve many aspects of the veteran's life. Although there has been limited amount of research done on comorbid disorders and violence. The studies showed that comorbid disorders such as substance use disorder and post-traumatic stress disorder can utilize behavioral couple's therapy to minimize the symptom. Also domestic violence is equally important since it is more likely to happen between couples in which one of them has PTSD. Considering all these factors, there have been many treatments that improve interpersonal relations amongst veterans with PTSD. Future research can still

further search for better and more efficient ways of improving the veteran's life. They can further evaluate the long term improvement of veteran's progress and incorporate other factors into the treatments like comorbid disorders, violence, evaluating entire families, addressing severity of PTSD, suicidality, participant satisfaction, and depression. Other things they can address are to analyze a bigger sample size, a diverse group, use different methods for collecting data, and look into both genders. As well as making the programs not only for veterans, but also include current soldiers returning from deployment. For the most part the evidence presented has suggested various ways in which the treatments are effective. Ultimately the treatments have improved the veteran's interpersonal relations and their PTSD symptoms, but it should not stop there the search for the most effective treatment program should continue.

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