Working with Couples who have Posttraumatic Stress Disorder

Tabitha A. Sierra and Jewel Codosea

Posttraumatic stress disorder (PTSD) is a "chronic and disabling psychiatric disorder" that is caused by experiencing severe trauma (Davidson, Stein, Shalev, & Yehuda, 2004, p.135). The risk of developing PTSD increases as the intensity and proximity to the trauma increases. The severity of PTSD symptoms is also determined by the intensity and duration of the trauma (Krikorian & Layton, 1998).

PTSD Defined: According to the *DSM-IV-TR* (APA, 2000), there are six diagnostic criteria that must be met for the PTSD diagnosis. The first criterion is that the trauma experienced must threaten serious bodily harm or death to the survivor or to others. In addition, the response to the trauma must be severe fright, horror, or helplessness. The second criterion is that the survivor must be re-experiencing the trauma through recurrent nightmares, thoughts, flashbacks, or hallucinations. The third criterion is that the survivor's general responsiveness is numb and he or she avoids thoughts, feelings, or activities that are associated with the trauma. The forth criterion is that the survivor has some type of increased arousal such as anger, hypervigilance, exaggerated startle response, poor concentration, or sleep difficulties. The fourth and fifth criteria require that the survivor be experiencing the symptoms for at least one month and that the symptoms cause significant impairment in functioning.

PTSD and Combat: The intensity of the trauma in combat is higher than most traumas experienced. In a war zone, there are no "front lines" and military personnel can be attacked any time of the day and anywhere they are, including the U.S. bases that should be "safe zones" (Cantrell & Dean, 2005). The attacks, themselves, are gory and are comprised of "wracking explosions, flowing blood, burning towns, cries for help, and …seeing bodies [of enemies and friends] being torn apart by shrapnel" (pp.24 & 89). Therefore, a significant number of American military personnel involved in combat develop PTSD. In the military, PTSD has been known by such names as "shell shock," "combat fatigue," and "war neurosis" throughout history, but regardless of what it is called it has affected members of the military significantly (Wiltrout, 2005). Cases of PTSD nearly doubled following the Vietnam War and an average of 90% of those deployed to Iraq and/or Afghanistan have experienced some kind of combat related traumatic event (Tull, 2009).

PTSD and Couple Relationships: The prevalence rates of PTSD are still on the rise, adversely affecting the individuals suffering from the disorder as well as their partners with problems ranging from feeling a loss of individuality to lower levels of relationship satisfaction (Dekel, Goldblatt, Keidar, Solomon, & Polliack, 2005; Hamilton, Goff, Crow, & Reisbig, 2009). Research has shown that the PTSD symptom of emotional numbing is the most deleterious to the relationship, affecting relationship satisfaction, sexual functioning, communication, and intimacy (Cook, Riggs, Thompson, Coyne, & Sheikh, 2004; Nunnink, Goldwaser, Afari, Nievergelt, & Baker, 2010; Riggs, Byrne, Weathers & Litz, 1998). PTSD is also correlated with domestic violence with veterans who have PTSD diagnoses six times more likely than the general population to commit domestic violence and 14 times more likely to commit a severe violent act

against their partners (Babcock, Roseman, Green, & Ross, 2008; Sherman, Sautter, Jackson, Lyons, & Han, 2006).

Guideline for Working with Couples with PTSD

For couples experiencing PTSD symptomology, some of the regular session may need to be modified and an additional session should be added to the basic Hope formulation. Below are the suggested modifications:

Intake- Risk factors should be assessed. In addition, there are two other modifications to this session.

- Risk Factors: Because of the risk of domestic violence, child abuse, and suicidal ideation with PTSD, all individuals who have suspected PTSD should be assessed for these risk factors (Sherman, Kirchner, Blevins, Ridener, & Jackson, 2008; Sherman, Zanotti, & Jones, 2005). A helpful guide for assessing veterans is *Assessing Couples with Combat Exposure Scale Scores* that can be found on the Hope website. In addition, if PTSD is suspected, the veteran should be referred for individual counseling to address the specific PTSD diagnosis (Allen, Rhoades, Stanley, & Markman, 2010).
- Sexual Function: The couple's sexual satisfaction should be explored as the emotional numbing symptoms have been shown to cause sexual dysfunction in approximately 30% of veterans with PTSD (Nunnink et al., 2010). Explaining that PTSD is significantly correlated with sexual dysfunction may help to relieve some of the inadequacy and guilt felt by the couple.
- Date Night: The therapist should understand that the veteran's PTSD symptoms may cause the veteran to initially refuse to participate in date night. First, the hypervigilence symptoms may make it extremely uncomfortable for the veteran to be in crowded environments. The therapist should kindly insist that date night is a requirement of the program and help the couple to find alternatives to a crowded restaurant or movie theater. Some less threatening date nights could be taking a walk or having dinner together at home (with the television off). Second, the emotional numbing symptoms may cause the veteran to attempt to distance him or herself from the partner (Sherman et al., 2005). However, date night is critical in helping the couple reconnect. Thus, the couple should be assisted in identifying activities for date night that would include safe and comfortable couple interaction such as watching a movie together at home. Then as therapy progresses, the couple should be encouraged to seek more interactive dates.

Feedback & Core Vision- Modifications include assessing for risk factors if not already completed in initial session, time outs, and adding Radical Acceptance of the PTSD diagnosis (or symptoms). Even if the couple is not violent, they should be taught how to effectively use time outs (see *Time Out Intervention for Couples to Manage High Conflict* on the Hope website) in order to cope with the hyperarousal symptoms of PTSD (Sherman et al., 2005). The Radical Acceptance portion (see below) should come after feedback but before the Core Vision so that the couple has a chance to reframe their conflict before establishing a Core Vision.

- Radical Acceptance: The couple may have been struggling with the PTSD symptoms for a while. PTSD symptoms may improve over time, but many times they are unlikely to completely abate. Thus, finding a way to radically accept this fact will help to increase

relationship satisfaction (this would be similar to a couple where one of the partners had diabetes or severe depression). If the symptoms have been severe, it is also probable that the couple has fought against each other instead of putting up a united front against PTSD (Erbes, Polusny, MacDermid, & Comptom, 2008). The couple should be helped to see that it is the PTSD symptoms that are creating many of the problems in their relationship and that uniting against the symptoms instead of trying to change each other would be more productive. The therapist should be cautious here because radical acceptance and uniting against the PTSD symptoms are "not to be confused with resignation or living with unacceptable behavior" (Erbes et al., 2008, p.976). In order to encourage the couple and give them hope for the future, it is important to stress that the PTSD symptoms will be addressed in future sessions and the therapist will be giving the couple some strategies that they can use to fight against the disorder.

Additional Intervention Specific to PTSD- A session or more of psychoeducation about PTSD and teaching the couple to cope with PTSD symptoms is recommended if the couple has not already done so(Erbers et al., 2008; Sautter, Glynn, Thompson, Franklin, & Han, 2009; Sherman et al., 2005). Ideally, this would be early in treatment (3rd session or before) because all subsequent exercises would need the foundation established in this session.

- Psychoeducation: It is possible that the couple does not fully understand trauma or trauma reactions. Many veterans deny any problems because they are afraid to be seen as weak. Renshaw, Rodrigues, and Jones (2008) found that the greatest distress was experienced by partners when the veterans with PTSD denied having problems. These researchers also found that if the veteran could admit to having problems with PTSD, then the impact on relationship satisfaction was less because the partners were able to attribute the problems to an outside cause. Thus, an important aspect of the psychoeducation is to help the couple understand that PTSD is a normal reaction to severe stress. Key points to explain to the couple:
    - Explain that PTSD is a normal reaction to extreme stress.
    - PTSD can be manifested in many different ways, and PTSD severity can range from mild to severe case. Most people do not experience all the PTSD symptoms, and some veterans may find that one or two symptoms are more prevalent and problematic in their lives than others.
    - Re-experiencing symptoms include nightmares, intrusive thoughts, flashbacks, or hallucinations (APA, 2000). The veteran may be embarrassed by these symptoms and try to cover them up. The partner may be scared by the veteran's flashbacks or nightmares.
    - Avoidance symptoms include avoiding thoughts, feelings, or activities that are associated with the trauma (APA, 2000). This also includes emotional numbing which is when the person blocks emotions because the person is scared of feeling them. It is important for the couple to understand that if the veteran is experiencing this symptom, then the veteran is most likely unconsciously using emotional numbing in order to protect him or herself from overwhelming emotional experiences. The problem lies in the fact that the veteran is not capable of blocking only specific emotions; thus all emotions (besides anger) are usually blocked. Emotional numbing creates relationship distress because the partner feels that the veteran is withdrawing from the relationship and then the partner feels

left out and distanced. Along with constricted affect and distancing from others, emotional numbing may also includes loss of interest in activities that the veteran once found pleasurable (Riggs et al., 1998).

- Anger can be used as a form of emotional numbing because anger often hides the softer emotions such as fear, guilt, or sadness so the veteran does not have to feel them. Anger may also be used to increase emotional distance between the veteran and the partner (Erbes et al., 2008; Sautter et al., 2009).
- Sexual dysfunction can also be caused by the emotional numbing symptoms (Nunnink et al., 2010).
- Emotional numbing may cause problems with intimacy because the couple rarely spends time together and communication because the veteran loses the ability to communicate effectively (Sherman et al., 2005).

- Hyperarousal symptoms include anger, insomnia, anxiety, hypervigilance, exaggerated startle response, and poor concentration (APA, 2000). The anger also may cause problems with effective communication and the violence that is associated with some veterans' anger may scare the wife. If the veteran is experiencing insomnia, then the couple may be sleeping in separate beds, which further inhibits the intimacy in the relationship. Poor concentration is likely to make the veteran embarrassed, and the veteran may attempt to use anger to hide the embarrassment.

- Teaching the Couple to Cope: In this section the therapist will encourage the veteran to share the specific symptoms he or she experiences. In order to help the couple to become united against the PTSD (instead of against each other), the veteran will be encouraged to share how the partner could help with specific symptoms (Sautter, et al., 2009; Sherman et al., 2005). Warning: Do not encourage veteran to disclose traumatic experiences during couple's therapy. A therapist needs careful and specific training or supervision to help control the partner's reaction to these types of disclosures. Therefore, the therapist cannot guarantee that the session is a safe setting for the veteran, and disclosure in unsafe environments could hinder the veteran's progress in all types of therapy (Erbes et al., 2008). The therapist should explain to the veteran that the focus of therapy is on the current presentation of the symptoms within the relationship and not on the past trauma (Sherman et al., 2008). Key points to cover:
  - Go through each of the three PTSD clusters (Reexperiencing, Avoidance, Hyperarousal) one at a time asking the veteran if any of the symptoms are experienced.
  - When a symptom is acknowledged, ask the veteran to explain how he or she experiences that symptom and how that makes the veteran feel. For veterans who are reluctant, encourage the veteran to participate and acknowledge the difficulty for the veteran in this task.
  - Ask the partner if they have seen this symptom in the veteran. Do not allow the partner to verbally attack the veteran or put down the partner.
  - Ask the veteran to explain what the partner could do to help the next time this symptom is experienced (Sherman et al., 2005). Reiterate that this is a united fight against the PTSD and that it will take both of them working together.

- If relevant, give the couple additional techniques for fighting the PTSD. For example, if the veteran struggles with insomnia, then explain basic sleep hygiene or if anxiety is the problem, then explain anxiety management techniques (Sherman et al., 2005).

- Wrapping up this session: At the end of the session, acknowledge all of the couple's hard work and their progress in fighting the PTSD. Reiterate that regular time connecting to each other, such as a date night, is essential in order to fight against the emotional numbing and avoidance symptoms.

Communication: Communication interventions are an important aspect to helping the couple recover as they may be locked into negative communication patterns (Allen et al., 2010; Sautter et al., 2009; Sherman et al., 2005).

- Distancer-Pursuer Pattern: The predominant communication pattern seen in couples with PTSD is the distancer-pursuer pattern with the veteran distancing and the partner pursuing (Johnson, 2002). In order to address this pattern, the couple could be given the homework of *Sealed Orders* (13-11). Ideally, the homework would be given the session before TANGO. At the beginning of the TANGO session (before the rational for TANGO is given), explain the distancer-pursuer pattern and explore the couple's experience with the homework. Then inform the couple that the next exercise (TANGO) is designed to break this detrimental pattern and give both partners a safe place to be heard.
- TANGO/LOVE: Some veterans may become frustrated as they attempt to name the emotions they feel or they could become overwhelmed with feelings. Thus the TANGO and LOVE interventions used in Hope may be problematic for the veteran. If there is a reaction, some key modifications will help to make these interventions successful:
  - The use of a feeling word chart or list may be helpful for the partner suffering from the emotional numbing symptoms. This assists with labeling emotions as a means of moving towards a more emotionally open relationship with the partner. Both partners may need to be encouraged to risk trusting the partner by being open with them (Sherman et al., 2005). Remind the couple that they are joining together to fight against the PTSD and trusting each other is one way to accomplish that goal.
  - The "O" in both interventions should be stressed in order to keep the couple from becoming frustrated or overwhelmed with emotions. The therapist should introduce the couple to an emotion rating scale. This 5-point scale with 1 being "fine" and 5 being "emotionally flooded" can help the couple gauge their level of distress. Whenever either partner reaches a 4, then time out should be called (see *Time Out Intervention for Couples to Manage High Conflict* on the Hope website) and a time set that the couple will come back together to finish the exercise or use therapy to assist them with managing any intense emotions.

Intimacy: While not all veterans with PTSD have emotional numbing symptoms, for those who do the couple's intimacy can be severely impacted (Riggs et al., 1998). Research indicates that in order to enhance intimacy with PTSD couples, behavioral contracts should be implemented to increase positive emotions and decrease negative behavior (Sautter et al., 2009). Hope has a

number of interventions that fit these criteria. CLEAVE is the standard intervention and it can be supplemented with one or both of the following:

- Love Bank Modified (13-5): This exercise utilizes the *Love Bank* intervention and then substitutes "Reducing Negative Acts" with *Love Busters* (10-2) and "Determine What Constitutes a Positive Act" with *Love Languages* (10-5). The worksheet *Love Busters/Love Languages,* which can be found on the Hope website, should be employed during the session. This modified intervention begins with the therapist explaining the Love Bank. Then Love Busters are equated to withdrawals from the Love Bank. The couple is given the worksheet and asked to identify the Love Busters. The couple will also write down three resolutions they will use during the week that will help them to avoid the Love Busters. Next, Love Languages is equated with deposits in the Love Bank. The couple is assisted in identifying their own Love Language. They write this on the worksheet along with their partner's Love Language. On the back side of the worksheet, have the couple write down three ways they will speak their partner's Love Language in the following week. If they have difficulty with this task, they may ask their partner for help identifying how to speak that Love Language. During the next session, process the homework of avoiding Love Busters and speaking Love Languages. Ask each if they noticed their partner speaking their Love Language more during the past week.
- Discuss Intimacy (13-10): It is important to encourage both partners to share and not allow the veteran to avoid. After completing this exercise, it is key to have the couple write down the new experience they are committing to for the week. Also, the couple should determine the day they will discuss their reactions and feeling about the new experience. Be sure to process their experience with them the following session.

Annotated Bibliography

Cook, J., Riggs, D., Thompson, R., Coyne, J., & Sheikh, J. (2004). Posttraumatic stress disorder and current relationship functioning among World War II ex-prisoners of war. *Journal of Family Psychology*, *18*(1), 36-45.

This article assessed the PTSD symptoms and marital satisfaction of former prisoners of war (POW) from WWII. The research shows that even combat experienced more than 50 years previously affects the marital relationship. It also indicates that PTSD negatively affects marital satisfaction with the numbing symptoms of PTSD being the most harmful to the marriage.

Dekel, R., Goldblatt, H., Keidar, M., Solomon, Z., & Polliack, M. (2005). Being a wife of a veteran with posttraumatic stress disorder. *Family Relations*, *54*(1), 24-36.

This qualitative study evaluated the marital perceptions and significance that women attributed to their relationships as the wives of veterans suffering from PTSD. Researchers found that PTSD burdened and over took the lives of both the veterans and their wives. It was also found that the women had difficulty maintaining their independence from the illness and were constantly confronted by the tension created by their husband's PTSD resulting in mild symptoms of secondary traumatization.

Hamilton, S., Goff, B., Crow, J., & Reisbig, A. (2009). Primary trauma of female partners in a military sample: Individual symptoms and relationship satisfaction. *American Journal of Family Therapy*, *37*(4), 336-346.

Researchers examine the significance of trauma in female partners of Army soldiers with PTSD and the effect it had on relationship satisfaction. This study consisted of 45 Army couples with the male being the veteran. The researchers found that trauma symptoms related to PTSD effected the relationship satisfaction experienced by both partners.

Riggs, D., Byrne, C., Weathers, F., & Litz, B. (1998). The quality of the intimate relationships of male Vietnam veterans: Problems associated with posttraumatic stress disorder. *Journal of Traumatic Stress*, *11*(1), 87-101.

The researchers found that approximately 70% of couples with PTSD had clinically significant levels of distress with regard to the intimate relationship. They also found that the intensity of the PTSD symptoms was correlated with the severity of relationship distress.

Sautter, F., Glynn, S., Thompson, K., Franklin, L., & Han, X. (2009). A couple-based approach to the reduction of PTSD avoidance symptoms: Preliminary findings. *Journal of Marital and Family Therapy*, *35*(3), 343-349.

Researchers examined the effectiveness of Strategic Approach Therapy (SAT) on couples where one partner suffered from PTSD. They found that there were statistically significant improvements in PTSD symptoms as evidence by the baseline and post therapy reports and ratings. As such the preliminary research on SAT indicated a possible effective therapy option in the treatment of PTSD with couple's therapy.

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