

Assessing and Treating Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans and their partners

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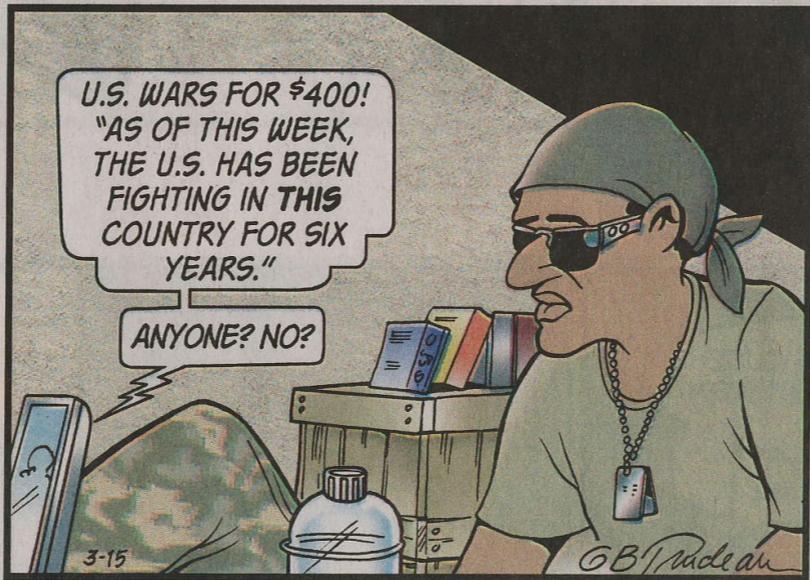
Outline

- Relevant demographics and research
- PTSD diagnostic criteria
- Clinical presentation of vets and their partners
- Assessing and treating OEF/OIF vets and their partners

**How many troops have
served in OEF/OIF?**

- 1,910,094 troops have served in OEF and OIF
- More than 722,238 troops have served more than 1 tour

March, 2009 DOD



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Marital status of Ever deployed troops

- Active duty

Single 48.0%

Married 51.9%

- Reserves

Single 47.2%

Married 52.8%

March, 2009 DOD

Seal et al, 2007

- 103,788 veterans seen at VA sponsored clinics between 2001-2005
- 25,658 received a mental health diagnosis
- 5,059 received a V code diagnosis
- 31% had a mental health problem

Archives of Internal Medicine, March, 2007

Seal et al, 2007

Most common mental health diagnoses:

- PTSD
- Anxiety
- Adjustment
- Depression
- Substance use

Seal et al, 2007

- 1 mental health diagnosis 44%
- 2 mental health diagnoses 29%
- 3 or more mental health diagnoses 27%

Archives of Internal Medicine, March, 2007

What does combat related PTSD look like?

- Criterion A stressor
- Intrusive symptoms (1)
- Avoidance symptoms (3)
- Arousal symptoms (2)
- Needs to impact daily functioning
- Duration for more than 1 month

Difference between Civilian Trauma and Combat Trauma

- Duration of trauma exposure
- Additional deprivation (food, shelter, sleep)
- Training military unit as a protection vs. early childhood trauma
- Type: man made vs. natural
- Constant vs. intermittent vs. single incident
- Pre-morbid history
- Perpetrator or revenge after trauma

Clinical presentation of veteran

- View of life has changed
- Less connected with peer groups, alienation, including spiritual alienation
- Family of origin and work adjustment issues
- Acute distress, heightened anger, hyper-vigilance
- Feel that nothing matters any more; life is meaningless
- Self-destructive and reckless behavior
- Anger or revenge based fantasies

Clinical presentation of veteran

- Feel disillusioned and betrayed
- For some, fear redeployment; for others, seek redeployment
- Wish that memories and reminders of war would fade
- Reluctant to seek help; don't believe they are that troubled
- Encouraged to come for help by family members or other veterans
- **IMPACT ON PARTNER?**

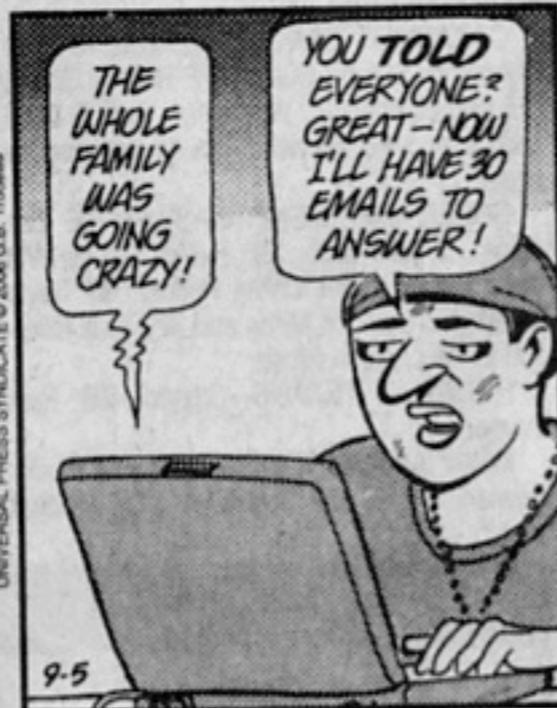
Research on veterans and partners

- Partners of Vietnam veterans
- Partners of Israeli veterans
- ★ Increase in psychiatric symptoms in partners when vet has a diagnosis of PTSD
- ★ Married vets (in Israel study) had higher rates of PTSD than unmarried vets
- Recent studies of OEF/OIF veterans and their partners

OIF Research Study

- 49 male soldiers from Utah NG unit and their spouses
- Greater symptom severity in spouses when they perceived high levels of symptoms but their soldier endorsed low levels of symptoms
- Spouses marital satisfaction negatively linked to soldiers self report symptom severity ONLY when spouses perceived that soldiers had experienced low levels of combat activity when deployed

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Veteran interest in family involvement in PTSD txt

- 114 PTSD diagnosed vets enrolled in outpatient trauma recovery program
- 97% reported having family
- 79% expressed interest (somewhat to very interested) in greater family involvement in their treatment
- Topics include: PTSD symptoms, Communication tips, Problem solving, Intimacy/relationships

Batten et al, Psychological Services, Vol. 6, No. 3, 2009

Couples therapy treatment



Validated couples therapy treatments

- Insight oriented therapy
(Snyder and Wills, 1989)
- Cognitive behavioral therapy
(Jacobson, et al, 2000)
- Emotion focused therapy
(Johnson, 2002)

PTSD couples treatment research with Vietnam vets and their partners

Two randomized clinical trials:

- Sweany, 1988 (N=14 couples)
- Glynn et al, 1999 (N=42 couples)

- Monson, 2004 (N=7 couples)

- Research from Vietnam veterans does not translate directly to this population
- Many studies are on 2nd and 3rd relationships and conducted 13 or more years post conflict
- Couples in their studies were at a different developmental stage than many OEF/OIF couples
- Inconsistent number of therapy sessions and length of each therapy session

Your husband is suffering from a very severe stress disorder. If you don't do the following he will surely die. Each morning fix him a healthy breakfast. Be pleasant at all times. For lunch make him a nutritious meal. For dinner prepare an especially nice meal. No chores. No nagging. Oh yes, and make love several times a week. Do this for the next year and he'll regain his health completely!



What did the doctor say ?



You're going to die!

Current couples trauma research

CBCT Monson

EFT Weisman

Treating the relationship?

Treating PTSD?

Treating both?

Clinical presentation of OEF/OIF couples



Clinical presentation of OEF/OIF couples

- Variety of presentations

Determined by:

Mental health problems of the vet and/or partner

Severity of veteran's war-related psychiatric symptoms

History of trauma

Genetic vulnerability

Developmental stage of couple

Developmental stage of individuals within the
relationship

Relationship satisfaction

Recently returned Vs. delayed in getting help

Numbing Vs. Arousal

Clinical presentation of OEF/OIF couples

- First stop into treatment
- Last stop before ending the relationship
- Interested in improving communication or other specific couples related issue:
Money, jealousy, sex, affairs, in-laws, household chores etc.
- Going out
- Having additional relationships
- Partner interested in “helping” the veteran
- Role changes
- Not knowing partner, not knowing vet

Clinical presentation of OEF/OIF couples

Which relationships are we talking about?

- Met before and had a relationship prior to deployment (maybe children)
- Met before and have little to no history of relationship (didn't really know each other before war)
- Met during deployment

The impact of multiple deployments

- Met after the war



"Sometimes I wonder what life would be like with you."

OEF/OIF vets and their partners

- Arousal heightened in OEF/OIF veterans
- Impulsivity more prominent
- Substance use
- Hopeful about relationship
- Have not yet experienced demoralization
- Willing to try
- How to help if they fail?
- Engender and maintain hope

OEF/OIF vets and their partners

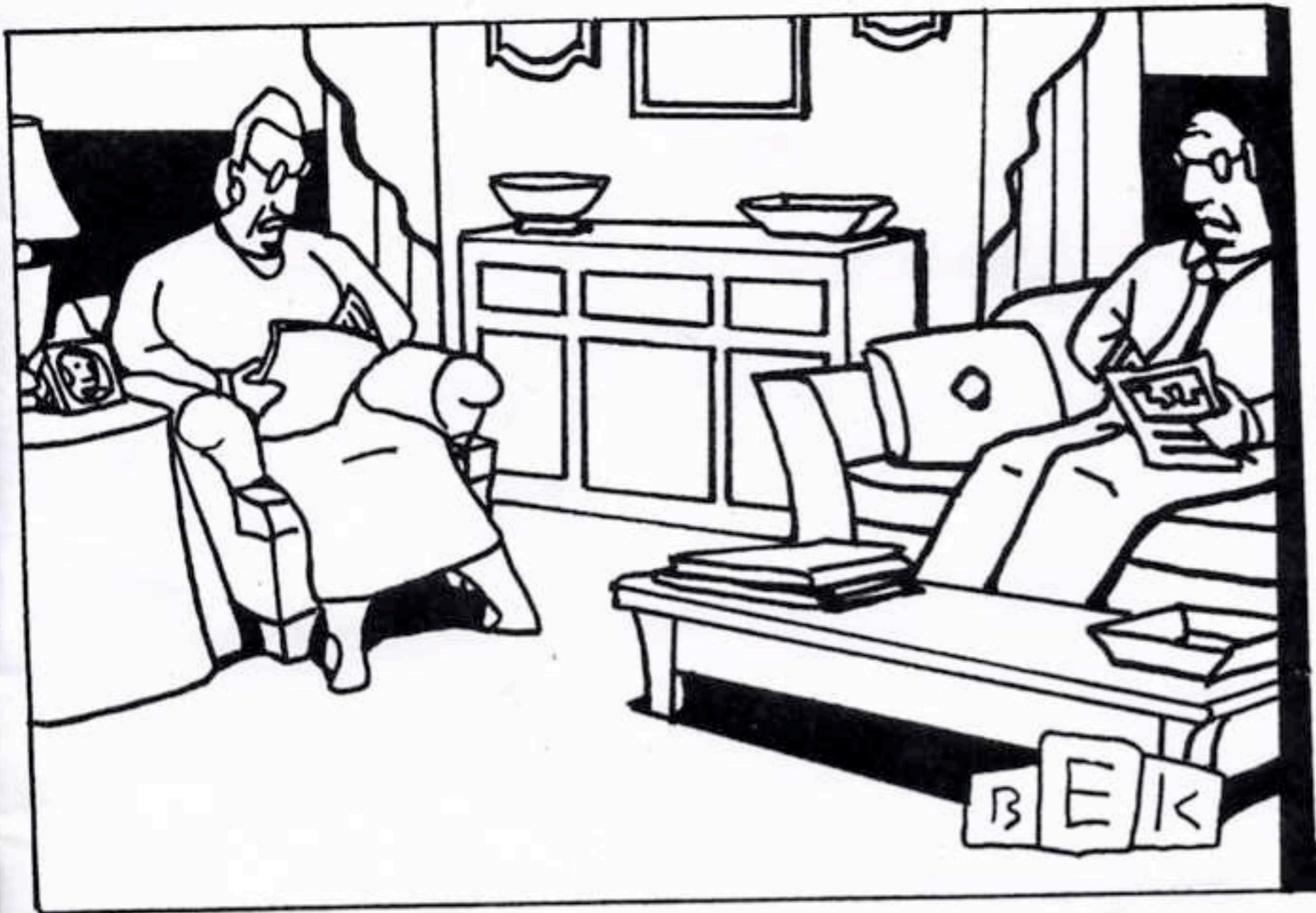
- Interacting with the world- going out more, dealing with work and social problems
- Couples' interactional cycles are more fluid in younger relationships and with younger people
- Education regarding relationships and specific PTSD symptoms is more extensive with OEF/OIF couples
- Family of origin issues are typically more predominant

Vietnam vets and their partners

- Numbing more predominant
- Physiological arousal (reactivity) has decreased in Vietnam vets and partners
- Want to get it right this time with their relationship
- Maturity about relationships that can come with age
- Interaction patterns more rigidified in their response to stress
- Helping the couple move toward acceptance of the role of PTSD in their lives

SILENT FIGHT #8997





"Would you care to put your filthy paws on me?"

Treating OEF/OIF vets and their partners



Attachment

- Seeking and maintaining contact is a primary motivation in humans
- A secure connection offers a safe haven and a secure base
- Attachment, dependence, security fosters exploration of the world instead of hindering it
- Accessibility and responsiveness builds bonds (*and according to Emotionally Focused Therapy are the most essential ingredients in satisfying relationships.*)

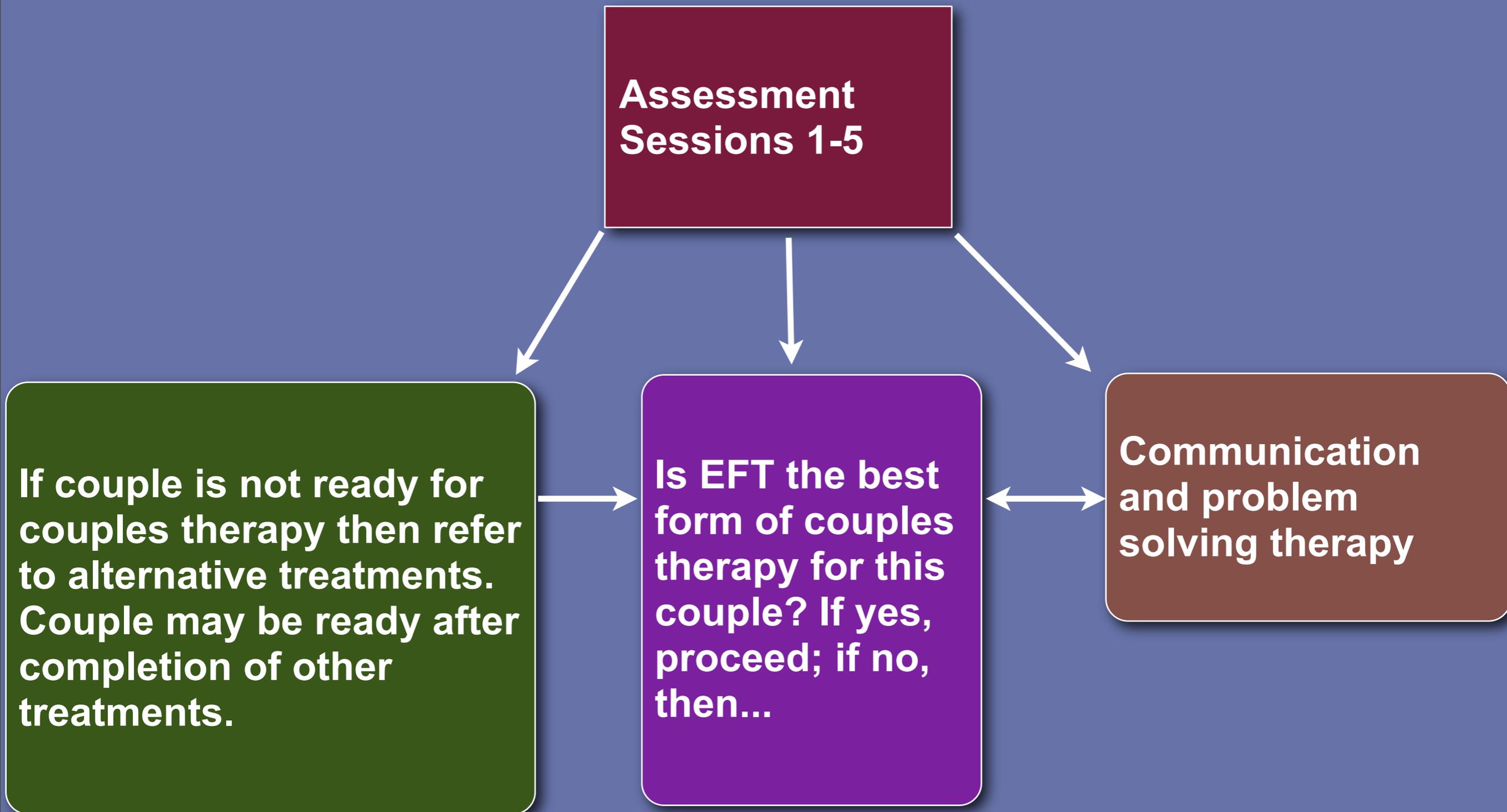
Secure attachment is the antidote to trauma:

<u>Traumatic Experience</u>	<u>Secure Attachment</u>
Floods us with physical fear and helplessness	Soothes and Comforts
Colors the world as dangerous	Offers a safe haven
Creates overwhelming chaos	Promotes affect regulation/ integration
Threatens a cohesive sense of self	Promotes personality integration
Assaults self efficacy	Promotes confidence/trust in self/ others
Scrambles the ability to engage fully in the present	Promotes openness to experience, risk taking, new learning
Johnson	

Interventions with OEF/OIF couples:



Interventions with OEF/OIF couples



Exclusion criteria

FOR ANY COUPLES THERAPY:

- Active severe domestic violence
- Ongoing affairs
- Severe substance abuse
- Sociopathy



FOR EMOTIONALLY FOCUSED COUPLES THERAPY:

- Not willing to engage in at least 8 sessions of couples therapy
- Couples who are separating
- Couple unable/unwilling to process emotional material
- Therapist skill level

Interventions with OEF/OIF couples

Session 1

- Join/create an alliance with couple
- Frame sessions as an assessment
- Short version family geno-gram
- Define with the couple the problem or problems they would like help with
- What is the relationship of the Vet's war service and the problem?
- Interactional cycle (process not content)
- Strengths of relationship
- How did couple meet?
- Explanation of what to expect and how you work
- **Instillation of hope**

Interventions with OEF/OIF couples

Session 2

- Continuation with what was not covered in session 1
- Continue to develop an understanding of their interactional cycle
- Provide education about PTSD and relationships (education is ongoing throughout the treatment)

If recently returned from war

Provide time to:

- Get reacquainted
- Renegotiating roles and responsibilities
- Supporting new strengths and abilities

Interventions with OEF/OIF couples

Session 3/4

Individual sessions

Outline policy regarding confidentiality

- Satisfaction with relationship assessment (DAS)
- Violence within the relationship assessment (CTS)
- Substance abuse assessment
- Interactional cycle assessment (EFT workbook D1)

Interventions with OEF/OIF couples

Session 3/4 continued

- Strengthen alliance with individual member
- Gather additional family of origin data
- Gather more individual information
- History of trauma?
- Attachment history- “who did you go to when you were hurt”?

Interventions with OEF/OIF couples

Session 5

- Review results of questionnaires
- Continue to fine tune understanding of cycle and how couple has become victimized by it (and by the trauma)
- Deepen understanding of each member of the couple by examining primary and secondary emotions that drive the cycle
- Discuss with couple therapy options: EFT, Communication/problem solving or other treatments

Interventions with OEF/OIF couples

If Conducting EFT:

- 3-30 weekly 1 hour sessions
- Focus on safety and security of the couple and help them see each other's vulnerability and support each other's vulnerability
- Deepen their understanding and experience of each other:

Vet leans on partner, partner leans on vet

Interventions with OEF/OIF couples

- Attachment injuries?
- Create an experience of forgiveness
- External (outside the couple relationship) trauma?
- Both?

Interventions with OEF/OIF couples

- Successful therapy will allow couple to solve problems more easily
- Titrate sessions to monthly then quarterly
- **Couples therapy for couples in which the veteran is diagnosed with chronic PTSD may be a long term and supportive modality (with the primary goal of increasing connection with partner and working to accept the role of PTSD in the lives of the couple and thus decreasing its influence)**

Interventions with OEF/OIF couples



- Self soothing Vs. Other soothing
- Can't we all just get along?

Talking about war experiences

- How is discussion related to presenting problem or goal of therapy?
- Is environment safe for discussion of trauma?
- In what detail should events be discussed?
- Couples/family therapy **does not** have to involve direct discussion of trauma
- **Discussion of effects of trauma may be as useful as the discussion of the trauma**

Talking about war experiences

Veteran's fears:

- That partner will be “infected”
- That partner will be burdened or highly distressed
- That partner will see veteran as violent, crazy, or evil
- That veteran will then “remember” more and become more symptomatic
- That veteran will lose control
- That veteran will appear weak or needy

Talking about war experiences

Partner's fears:

- That they'll say the wrong thing
- That they'll lose control
- That they won't understand
- That their veteran's pain will be too much to bear

Talking about war experiences

- Be sure environment is safe
- Be sure partner is ready to respond appropriately
- Choose time and place
- Discuss level of detail to share
- Encourage vet to tell partner how they'd like him/her to respond
- Include a “cool down” time

Additional interventions

- Provide individual, group, and medication therapy as needed for both members of the couple
- Utilization of services outside the VA for the partner
- Community interventions

Community interventions

- It doesn't end with the DOD, VA or the Vet Center
- **Build community resources to help decrease isolation of couple/family**

What can you do?

- The Coming Home Project
- Give an Hour
- The Soldiers Project

Thank you

Thank you

