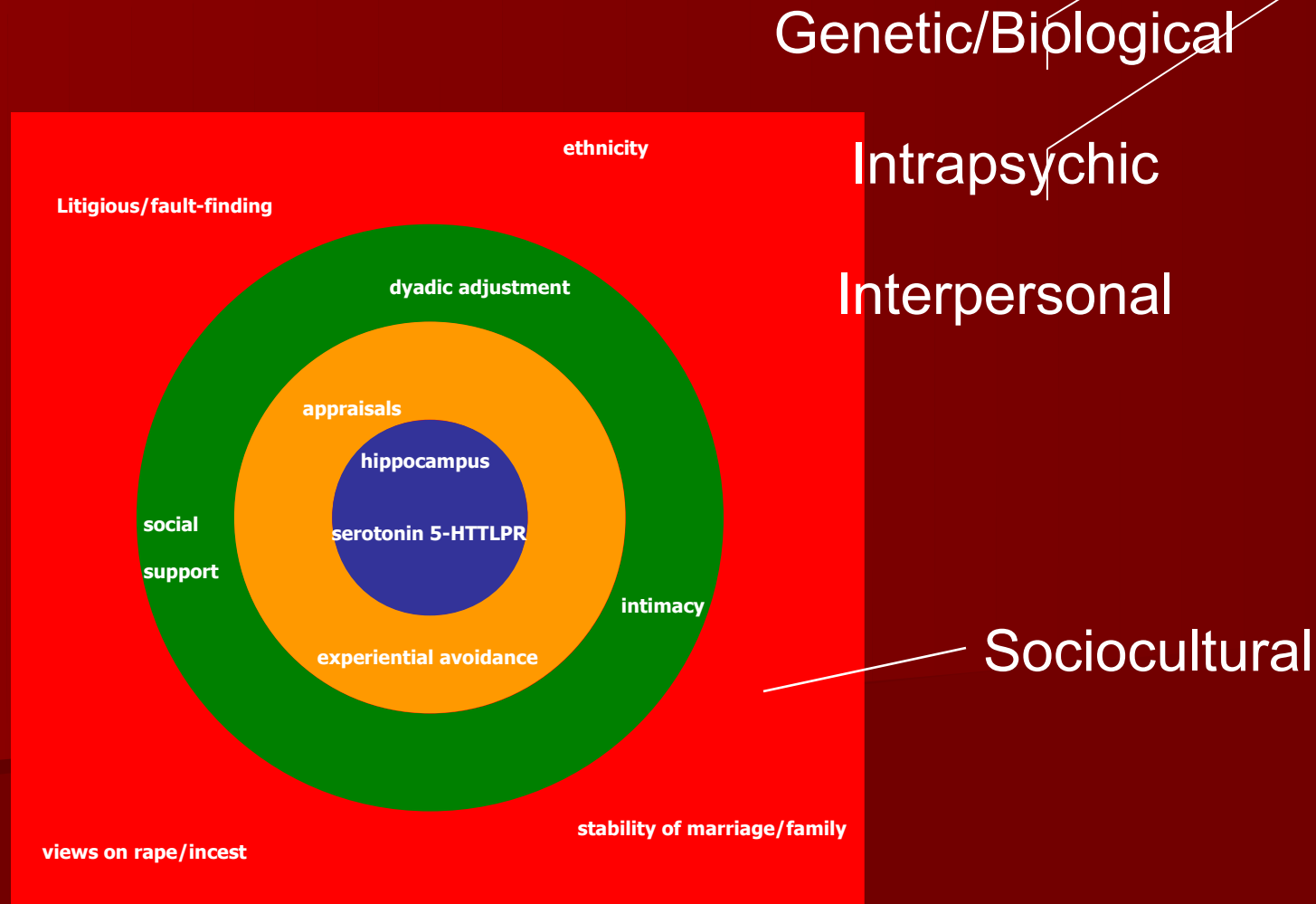


Cognitive-Behavioral Conjoint Therapy for PTSD

Candice M. Monson, Ph.D.

Professor of Psychology
Ryerson University

Biopsychosocial Factors Related to Trauma Recovery



Risk Factors for PTSD

- Brewin et al., 2000
- Ozer et al., 2008

Posttraumatic Stress Disorder and Intimate Relationship Problems: A Meta-Analysis

Casey T. Taft

National Center for PTSD, VA Boston Healthcare System, and
Boston University School of Medicine

Laura E. Watkins

National Center for PTSD and VA Boston Healthcare System

Jane Stafford

University of South Carolina, Aiken

Amy E. Street

National Center for PTSD, VA Boston Healthcare System, and
Boston University School of Medicine

Candice M. Monson
Ryerson University

- 31 studies met inclusion
- True score correlations revealed medium-sized associations ($\rho = .36-.42$)

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

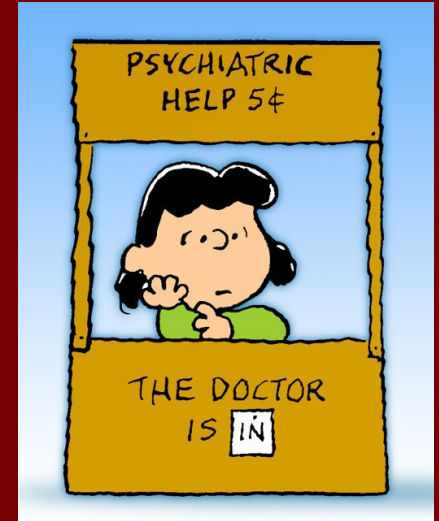
Interpersonal conceptualization of PTSD

Intimate Relationships and PTSD

PTSD

Top 10 Reasons for Conjoint Therapy for PTSD

6. Overcoming stigma of presenting for mental health treatment
7. Treatment-seeking around functional problems
8. PTSD highly associated with relationship problems (e.g., Whisman, 2000; Nelson Goff et al., 2006)
9. Social support is one of the most robust protective factors after traumatization (Brewin et al., 2000)
10. All traumatization occurs in an interpersonal context

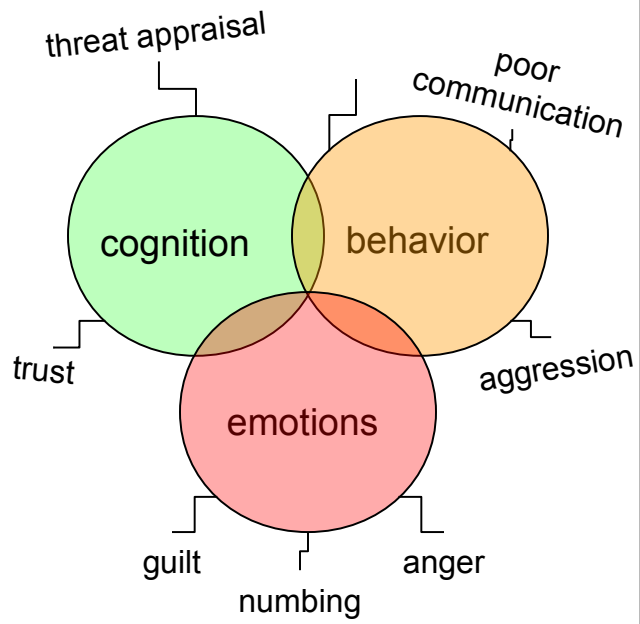


Top 10 Reasons for Conjoint Therapy for PTSD

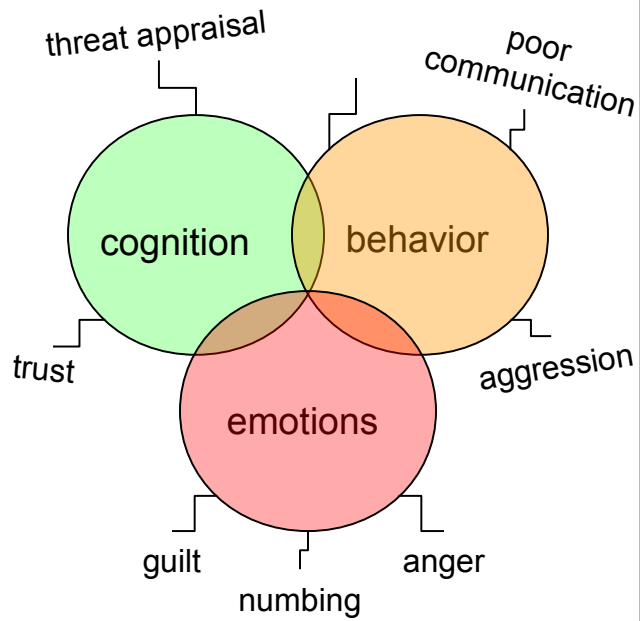
1. Get multiple outcomes from one therapy
2. Loved ones as motivators for change and proponents of therapy
3. Negative family environment associated with worse outcome in individual treatment (e.g., Tarrier et al., 1999)
4. Existing therapies don't improve intimate relationship functioning (Monson et al., 2006; Galovski et al., 2005)
5. Drop out and Non-/partial response to existing evidence-based therapies (Bradley et al., 2005; Hembree et al., 2003)

CBCT for PTSD Findings

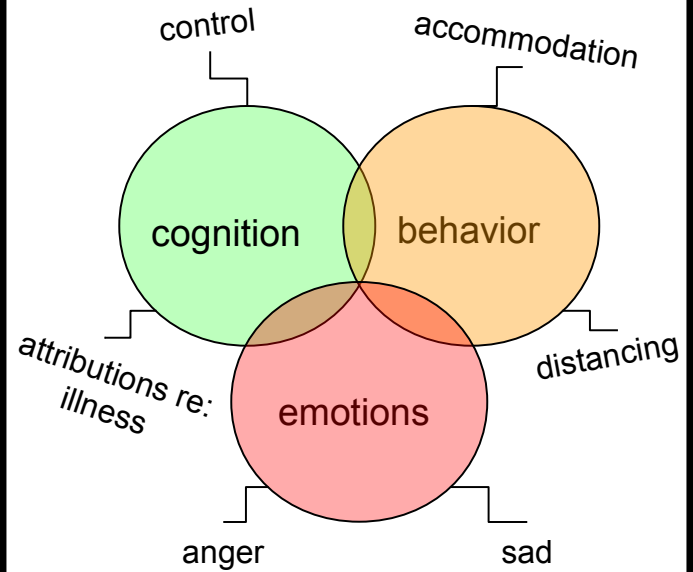
- 3 uncontrolled studies
 - Male Vietnam veterans and their wives (Monson et al., 2004)
 - Mixed (Monson et al., 2011)
 - Male OIF/OEF veterans and their wives (Schumm et al., 2013)
- 1 controlled study
 - Mixed (Monson et al., 2012)
- Improvements in:
 - PTSD and comorbid conditions (on par with individual EBTs)



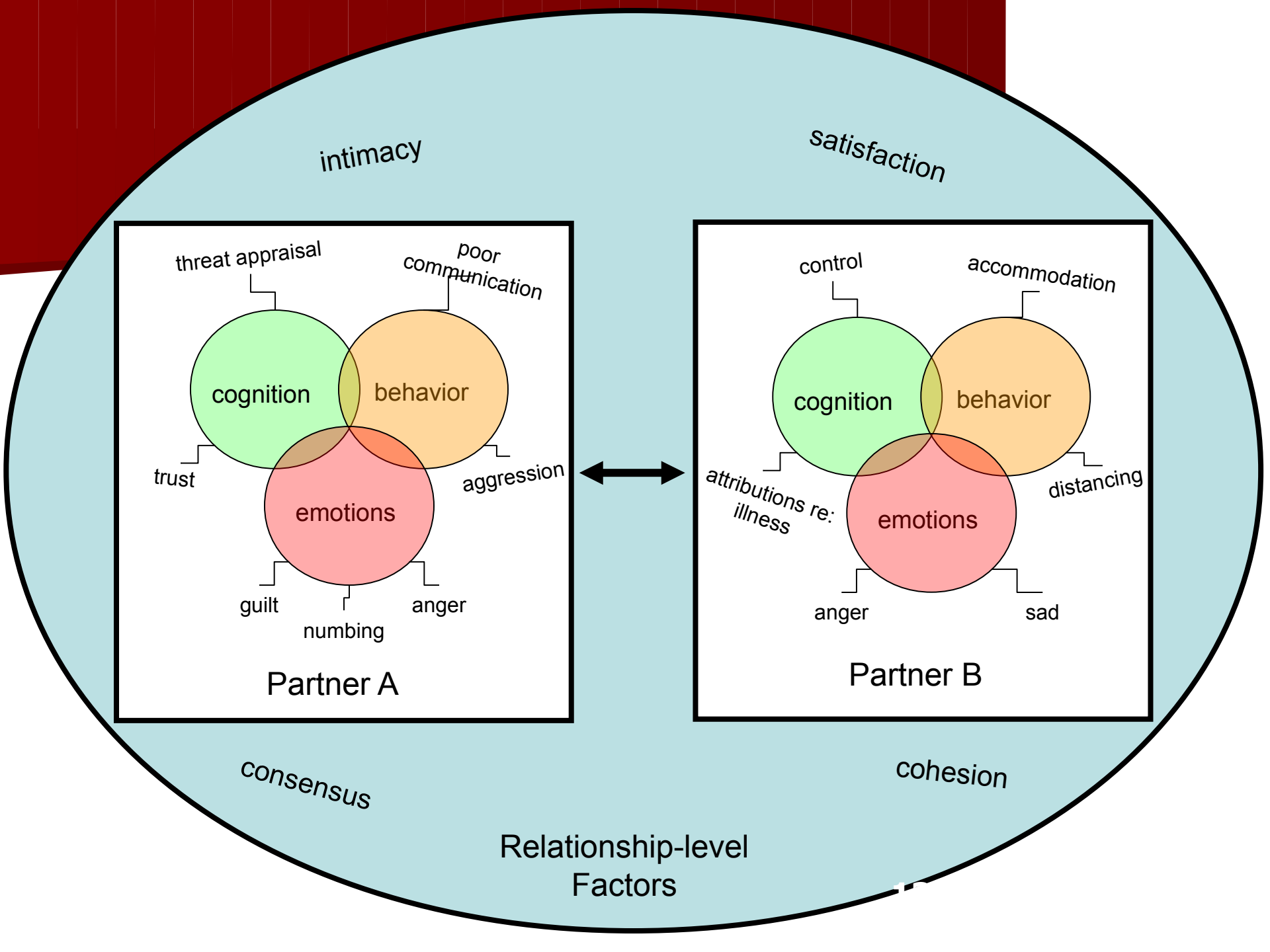
Significant Other A



Significant Other A



Significant Other B



Evidence-based Assessment



Assessment

□ Individual

- PTSD (self- and collateral-report)
- Comorbid conditions

□ Relationship

- Satisfaction and areas of conflict
- Violence and sense of safety
- Intimacy and emotional expression
- Sexual functioning
- Infidelity
- Communication sample

PCL-5

Instructions: This questionnaire asks about problems you may have had in response to a very stressful experience. This could be any event that involved *actual or threatened death, serious injury, or sexual violence*. It could be something that happened to you directly, something you witnessed, or something you learned happened to a close family member or close friend. Some examples are a *serious accident; fire; disaster such as a hurricane, tornado, or earthquake; physical or sexual attack or abuse; war; or homicide or suicide*. If nothing like this has happened to you, just identify the most stressful event you have experienced.

Please start by briefly describing your *worst event*, that is, the event that bothers you the most currently. The worst event might be something that happened more than once, and you might have a hard time deciding which time was the worst. If so, you may want to consider all of the similar events together as the worst event.

Next, please read each of the problems below and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month. Make sure to base your answers on problems that started or got worse after the event.

Briefly describe the event:

How long ago did it happen?

<i>In the past month, how much were you bothered by:</i>	<i>Not at all</i>	<i>A little bit</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>Extremely</i>
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (<i>as if you were actually back there reliving it</i>)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (<i>for example, heart pounding, trouble breathing, sweating</i>)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4

Continue on next page

PCL-5

Instructions: This questionnaire asks about problems you may have had in response to a very stressful experience. This could be any event that involved *actual or threatened death, serious injury, or sexual violence*. It could be something that happened to you directly, something you witnessed, or something you learned happened to a close family member or close friend. Some examples are a *serious accident; fire; disaster such as a hurricane, tornado, or earthquake; physical or sexual attack or abuse; war; or homicide or suicide*. If nothing like this has happened to you, just identify the most stressful event you have experienced.

Please start by briefly describing your *worst event*, that is, the event that bothers you the most currently. The worst event might be something that happened more than once, and you might have a hard time deciding which time was the worst. If so, you may want to consider all of the similar events together as the worst event.

Next, please read each of the problems below and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month. Make sure to base your answers on problems that started or got worse after the event.

Briefly describe the event:

How long ago did it happen?

<i>In the past month, how much were you bothered by:</i>	<i>Not at all</i>	<i>A little bit</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>Extremely</i>
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (<i>as if you were actually back there reliving it</i>)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (<i>for example, heart pounding, trouble breathing, sweating</i>)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4

Continue on next page



Couple Satisfaction Inventory (CSI)

Couples Satisfaction Index (CSI-32)

Couples Satisfaction Index (CSI-32)

1. Please indicate the degree of happiness, all things considered, of your relationship.

Extremely Unhappy	Fairly Unhappy	A Little Unhappy	Happy	Very Happy	Extremely Happy	Perfect
0	1	2	3	4	5	6

Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

	Always Agree	Almost Always Agree	Occasionally Disagree	Frequently Disagree	Almost Always Disagree	Always Disagree
2. Amount of time spent together	5	4	3	2	1	0
3. Making major decisions	5	4	3	2	1	0
4. Demonstrations of affection	5	4	3	2	1	0

	All the time	Most of the time	More often than not	Occasionally	Rarely	Never
5. In general, how often do you think that things between you and your partner are going well?	5	4	3	2	1	0
6. How often do you wish you hadn't gotten into this relationship?	0	1	2	3	4	5

	Not at all TRUE	A little TRUE	Somewhat TRUE	Mostly TRUE	Almost Completely TRUE	Completely TRUE
7. I still feel a strong connection with my partner	0	1	2	3	4	5
8. If I had my life to live over, I would marry (or live with / date) the same person	0	1	2	3	4	5
9. Our relationship is strong	0	1	2	3	4	5
10. I sometimes wonder if there is someone else out there for me	5	4	3	2	1	0
11. My relationship with my partner makes me happy	0	1	2	3	4	5
12. I have a warm and comfortable relationship with my partner	0	1	2	3	4	5
13. I can't imagine ending my relationship with my partner	0	1	2	3	4	5
14. I feel that I can confide in my partner about virtually anything	0	1	2	3	4	5
15. I have had second thoughts about this relationship recently	5	4	3	2	1	0
16. For me, my partner is the perfect romantic partner	0	1	2	3	4	5
17. I really feel like part of a team with my partner	0	1	2	3	4	5
18. I cannot imagine another person making me as happy as my partner does	0	1	2	3	4	5

	Not at all	A little	Somewhat	Mostly	Almost Completely	Completely
19. How rewarding is your relationship with your partner?	0	1	2	3	4	5
20. How well does your partner meet your needs?	0	1	2	3	4	5
21. To what extent has your relationship met your original expectations?	0	1	2	3	4	5
22. In general, how satisfied are you with your relationship?	0	1	2	3	4	5

	Worse than all others (Extremely bad)					Better than all others (Extremely good)						
	0	1	2	3	4	5	6	7	8	9		
23. How good is your relationship compared to most?	0	1	2	3	4	5	6	7	8	9		
24. Do you enjoy your partner's company?	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often	0	1	2	3	4	5
25. How often do you and your partner have fun together?	0	1	2	3	4	5	6	7	8	9		

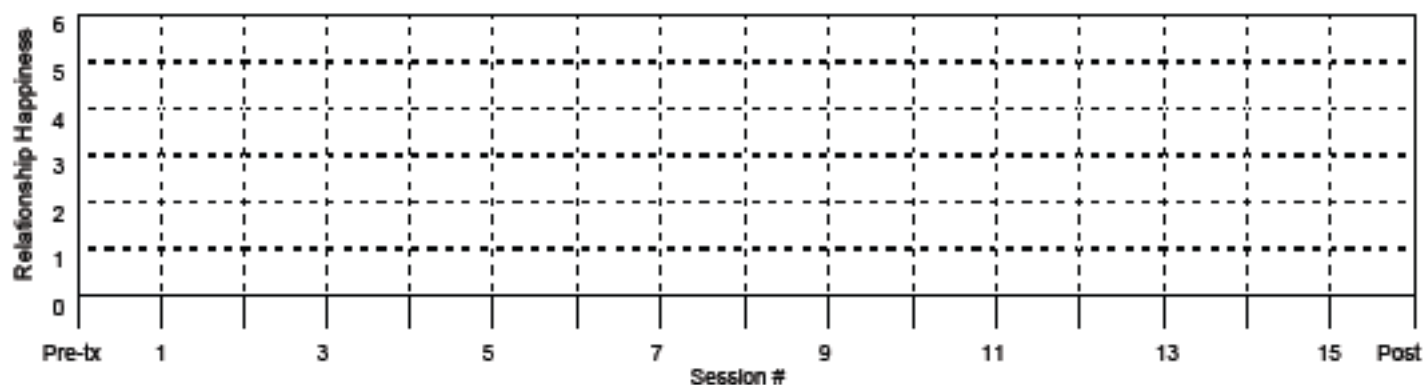
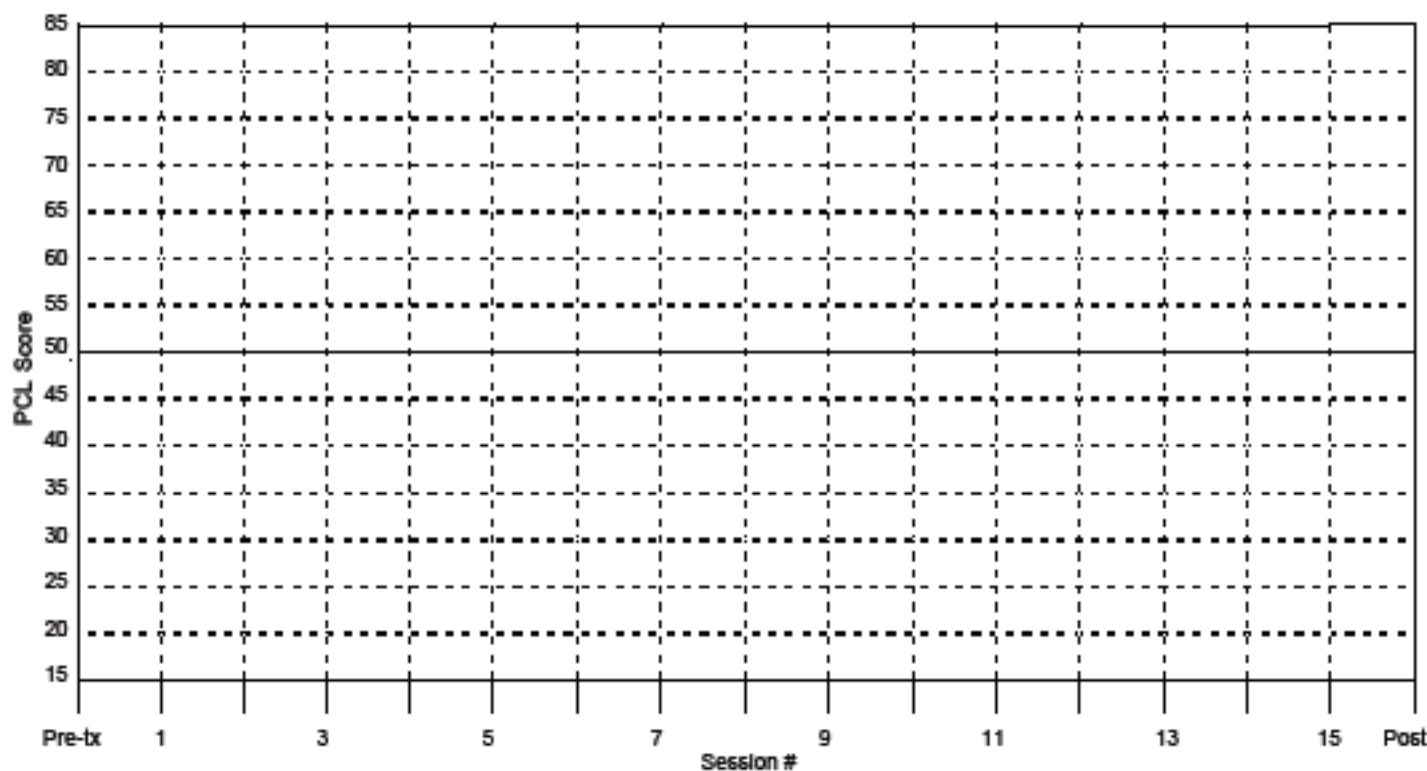
For each of the following items, select the answer that best describes how you feel about your relationship. Base your responses on your first impressions and immediate feelings about the item.

26.	INTERESTING	5	4	3	2	1	0	BORING
27.	BAD	0	1	2	3	4	5	GOOD
28.	FULL	5	4	3	2	1	0	EMPTY
29.	LONELY	0	1	2	3	4	5	FRIENDLY
30.	STURDY	5	4	3	2	1	0	FRAGILE
31.	DISCOURAGING	0	1	2	3	4	5	HOPEFUL
32.	ENJOYABLE	5	4	3	2	1	0	MISERABLE

Couple Satisfaction Index

- Clinical cut point
 - CSI-32 = 104.5
- Reliable change
 - CSI-32 = ± 12.54

PCL and Relationship Happiness Tracking Chart



Key

Partner 1: _____ = _____

Partner 2: _____ = _____

PCL Scores

	Partner 1	Partner 2
Pre-Tx:	_____	_____
Session 1:	_____	_____
Session 3:	_____	_____
Session 5:	_____	_____
Session 7:	_____	_____
Session 9:	_____	_____
Session 11:	_____	_____
Session 13:	_____	_____
Session 15:	_____	_____
Post Tx:	_____	_____

Relationship Happiness Scores

Pre-Tx:	_____	_____
Session 1:	_____	_____
Session 3:	_____	_____
Session 5:	_____	_____
Session 7:	_____	_____
Session 9:	_____	_____
Session 11:	_____	_____
Session 13:	_____	_____
Session 15:	_____	_____
Post Tx:	_____	_____

A reliable amount of change on the PCL is 5 points. Thus, if your patient has an increase or decrease in his/her total score of fewer than 5 points, this change is likely due to normal variation in symptoms. A clinically significant amount of change is approximately 10 points [$5 * 1.96$ (equivalent to $p < .05$ significance)] on the PCL. If your patient's scores increase or decrease 10 or more points, this is a clinically significant amount improvement or exacerbation.

Overview of CBCT for PTSD

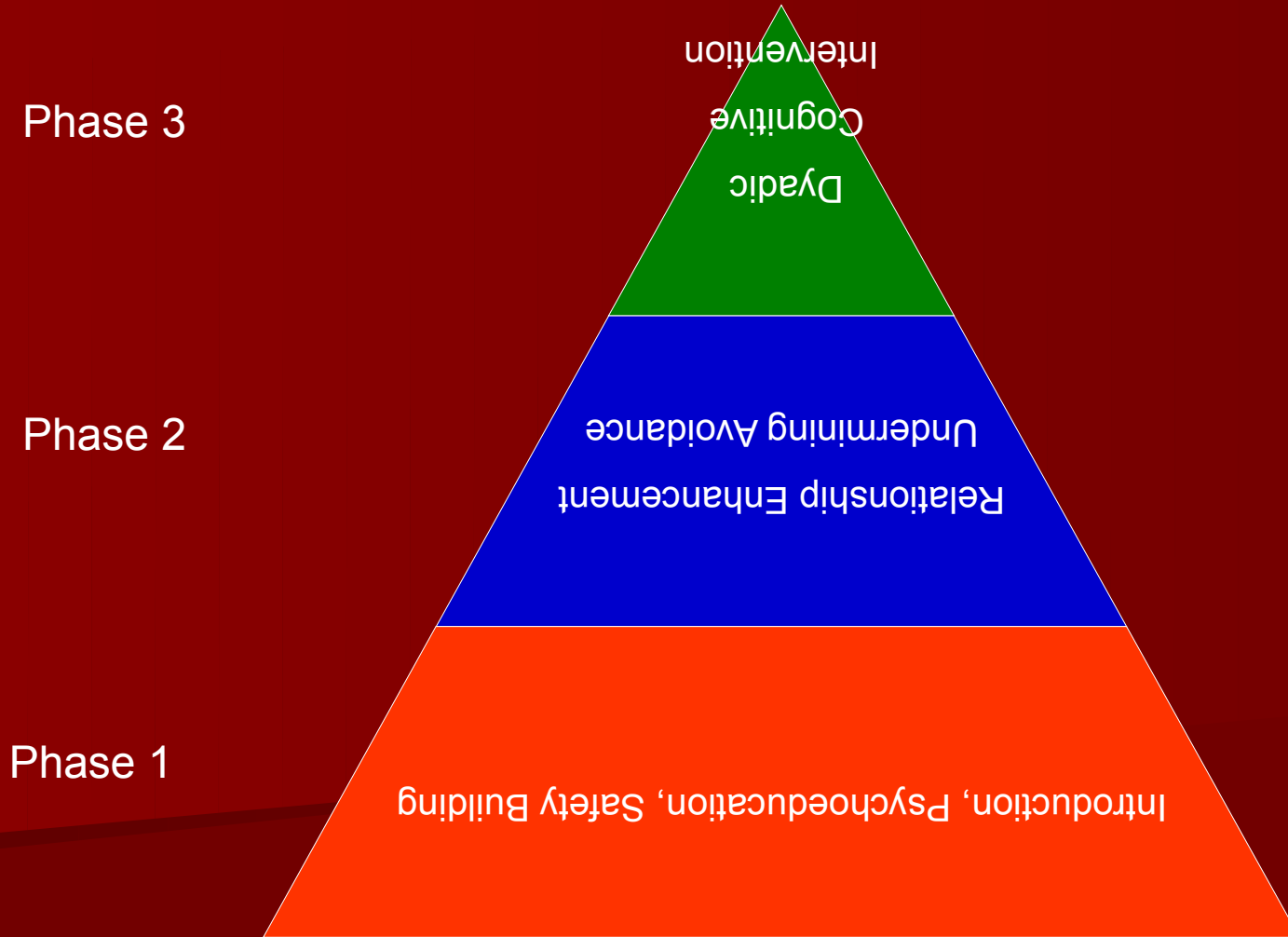
- Front-line treatment for PTSD and enhancement of intimate relationships
- Trauma-focused, but not imaginal exposure-based
- 15 sessions, manualized
- 1.25-hour sessions
- Customary inclusion/exclusion criteria
- Most evidence partners not diagnosed with PTSD
- Exclusionary criteria specific to relationship
 - Current severe violence
 - Minimal commitment

Basic Assumptions

- **Significant other with problems**
Assortative mating and/or illness burden
- **Reciprocal Association**
Between PTSD and relationship problems
- **Systemic**
Addressing system-symptom fit

CBCT for PTSD

Phases of Treatment



Session Overview

R E S U M E

- **Stage 1: Rationale and Education about PTSD and Relationships**
 - **Session 1 Introduction to Treatment**
 - **Session 2 Safety Building**

- **Stage 2: Satisfaction Enhancement and Undermining Avoidance**
 - **Session 3 Listening and Approaching**
 - **Session 4 Sharing Thoughts and Feelings – Emphasis on Feelings**
 - **Session 5 Sharing Thoughts and Feelings – Emphasis on Thoughts**
 - **Session 6 Getting U.N.S.T.U.C.K.**
 - **Session 7 Problem Solving**

- **Stage 3: Making Meaning of the Trauma(s) and End of Therapy**
 - **Session 8 Acceptance**
 - **Session 9 Blame**
 - **Session 10 Trust Issues**
 - **Session 11 Power and Control Issues**
 - **Session 12 Emotional Closeness**
 - **Session 13 Physical Intimacy**
 - **Session 14 Post-traumatic Growth**
 - **Session 15 Review and Reinforcement of Treatment Gains**



Outcomes of CBCT for PTSD

Conjoint Case

- 26-year-old OIF veteran and 25-year-old fiancée
- 3-year relationship history; got together between 2nd and 3rd tour
- No pre-morbid mental health problems in either partner
 - Fiancée - no current Axis I or II disorders; history of paternal alcoholism
- Military history
 - Enlisted in Marines after 9/11
 - 3 tours in Iraq (during last tour was helicopter machine gunner)

Conjoint Case

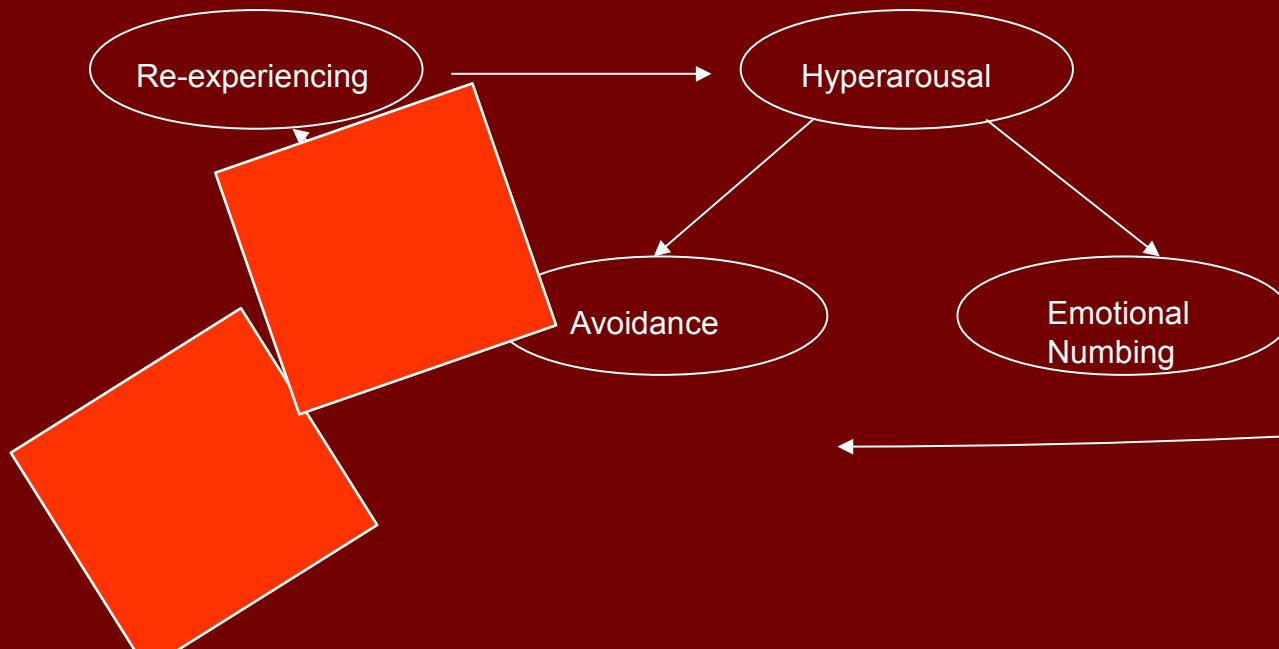
- Post-deployment mental health
 - 30% Service Connected for PTSD
 - 5 years of PTSD, EToH dependence/abuse, depression
 - Nearly died in alcohol-involved motor vehicle accident
 - Frequent fighting (not related to his partner), including assault charge

Phase 1

- Introduction to Treatment (#1)
 - Key Content:
 - PTSD symptoms in an interpersonal context
 - PTSD as impeded recovery
 - Rationale for treatment
 - Avoidance
 - Meaning making
 - Treatment contracting
 - Key Out-of-Session Practice Assignments
 - Catch Each Other Doing Something Nice
 - Trauma Impact Questions (TIQ)

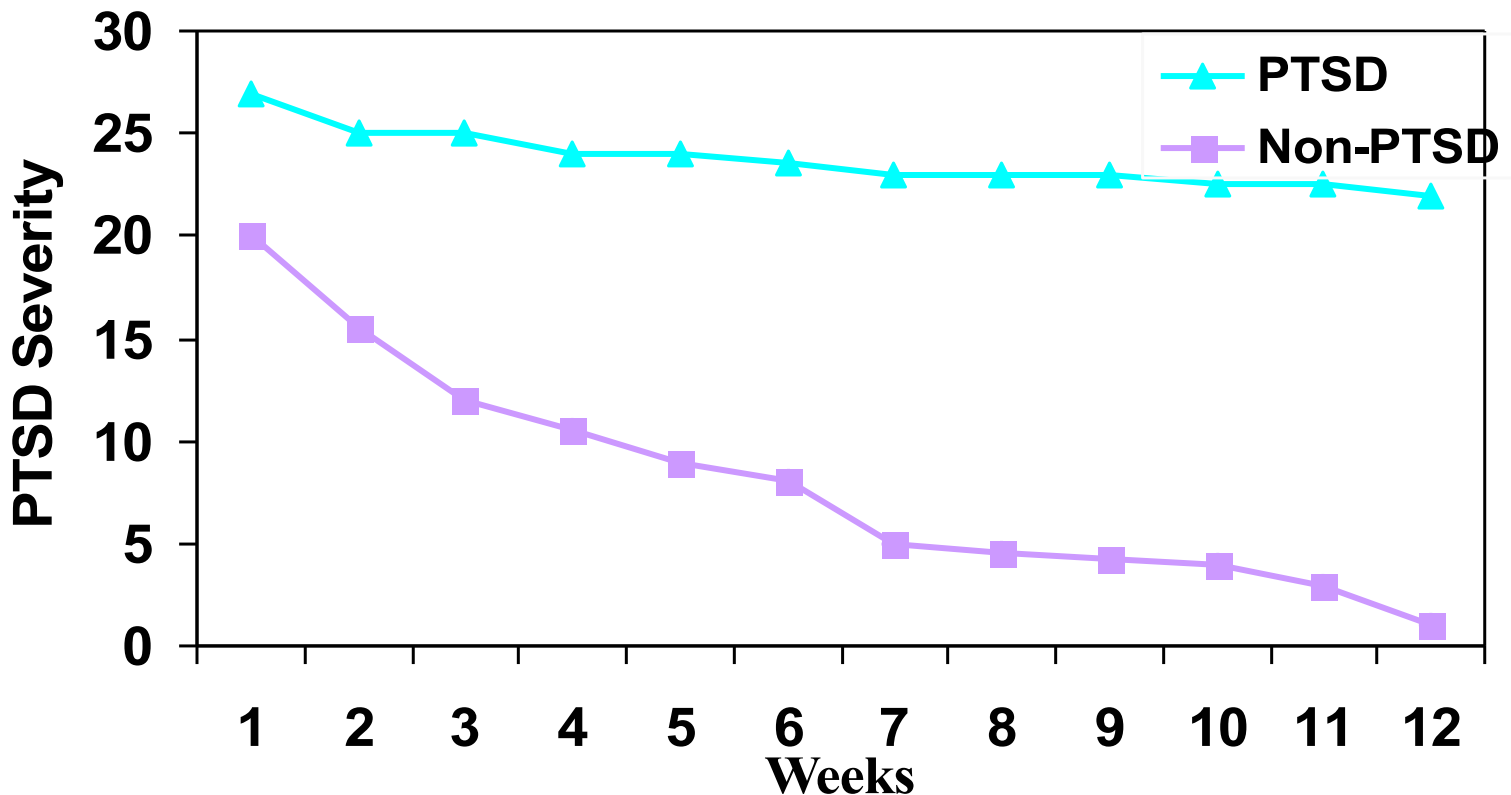
Session #1: Rationale

Cycle of Traumatic Stress-related Symptoms



Session #1: Rationale

Natural Recovery versus Traumatic Stress-related Symptoms/ Posttraumatic Stress Disorder (PTSD)



Trauma Impact Questions-I

Name: _____

1. How has trauma or PTSD affected our relationship to date? How has it impacted my thoughts, feelings, and behaviors about our relationship?

2. Why did the traumatic event(s) happen to me or my partner?

(cont.)

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Trauma Impact Questions-I (page 2 of 2)

3. What do I believe in each of the following areas, as it relates to *me, my partner, and others*?

Trust:

Control:

Emotional Closeness:

Physical Closeness:

Phase 1

- Safety Building (#2)
 - Content
 - Disclosure
 - Negative behaviors
 - Primary prevention
 - Secondary prevention
 - Out-of-session practice
 - Catch Each Other Doing Something Nice
 - Learning About My Anger
 - Time-out and Time-in

Steps to an Effective Time-Out

S = Self

1. What is the level of your own distress?
(0 = none → 10 = as intense as you can imagine)
5–6 = yellow light
7–8 = red light
2. Time-outs are for your sake.

T = Time-Out

1. Nonverbal and verbal indication.
2. Immediate stop in communication.
3. Agree on an amount of time and circumstance for returning.

O = Outlet

1. BREATHE.
2. Avoid activities that fuel your negative emotions.
3. Clarify what one or two things are most upsetting.
4. Consider one thing you can do to improve communication.

P = Process

1. Return at the agreed-upon time and circumstance.
2. Resume communication, with focus on your goal for improvement. **REMEMBER: TIME-OUT IS ONLY AS GOOD AS TIME-IN.**
3. Self-monitor.



Time-Out Caller	Circumstances	What Worked	Areas to Improve
Sherry	<i>We were fighting over how we spend our money. I did not want Tom to buy more clothes.</i>	<ul style="list-style-type: none"> • Stopped fighting when time-out was called. • We came back at the time we agreed upon. • We called a second time-out. 	<ul style="list-style-type: none"> • We developed “ammunition” while we were apart. • We didn’t focus on improving our own communication.

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Phase 2: Behavioral Interventions

Communication Skills
Training
and
In Vivo Approach₃₅

Phase 2:

Session Content to Practice

- OOSA Review
- Content
 - Listening and Approaching (#3)
 - Sharing: Emphasis on *Feelings* (#4)
 - Sharing: Emphasis on *Thoughts* (#5)
 - Getting U.N.S.T.U.C.K. (#6)
 - Problem-solving (#7)

Phase 2:

Session Content to Practice (cont.)

- Trauma-relevant In-session Practice
 - “What kinds of things would you stop avoiding if you shrunk the role of PTSD in your relationship?”
 - “How can you imagine *feeling* if you shrunk the role of PTSD in your relationship?”
- Couple-level *In vivo* approach
- New OOSA
- Check-out

Avoidance List

List below as many things as possible that you, as a couple or individually, avoid but would approach if PTSD took up less space in your relationship.

Places

Situations

People

Feelings

How Do People Change Their Minds?

- ❑ Cognitive Theory and Research (Bouchard et al., 2007; Kendall & Ingram, 1987)
 - Thought replacement
 - Thought restructuring
 - Competing thoughts
- ❑ Extinction Learning
- ❑ Cognitive Flexibility
- ❑ Need for Identification of Logic

Cognitive Intervention in CBCT for PTSD

- ❑ One of the most important roles that a partner fulfills in a healthy, happy relationship is one of reality testing.
- ❑ A process (versus worksheets) that the dyad can use together to challenge the ways in which they make sense of events (day-to-day, but also trauma appraisals)
- ❑ In introducing the dyadic cognitive intervention process, it is very important to engender a spirit of collaboration, non-judgmentalness and open-mindedness.

Getting U.N.S.T.U.C.K.

- **U = Unified as a team**
- **N = Notice and share thoughts and feelings**
- **S = (Brain) Storm alternative thoughts**
- **T = Table testing**
- **U = Use the most balanced**
- **C = Changes in emotions and behaviors**
- **K = Keep practicing**

BIG PICTURE

U = United and curious
N = Notice your thought
S = (Brain) Storm
alternatives
T = Test them out
U = Use the best
C = Changed feelings
and behaviors?
K = Keep practicing

"Having to be in control is a tiring process."

"Cannot control outside influences."

Noticed Thought:

"If I am in control of my surroundings, then there are no surprises."

"Surprises can be a good thing at times (30th birthday)."

"Causes too much stress."

"Just because I think am in control doesn't mean that I am in"

Stage 3: Cognitive Interventions

Trauma-focused
Dyadic Cognitive
Interventions

Stage 3

- Using U.N.S.T.U.C.K. to address
 - Acceptance (#8)
 - Blame (#9)
 - Trust (#10)
 - Power/Control (#11)
 - Emotional Closeness (#12)
 - Physical Intimacy (#13)
 - Post-traumatic growth (#14)
- Continuing *In vivo* approach behaviors

BIG PICTURE

U = United and curious
N = Notice your thought
S = (Brain) Storm
alternatives
T = Test them out
U = Use the best
C = Changed feelings
and behaviors?
K = Keep practicing

**I didn't think. I did what I was
trained to do.**

**I wish I wouldn't have had
to fire at close range.**

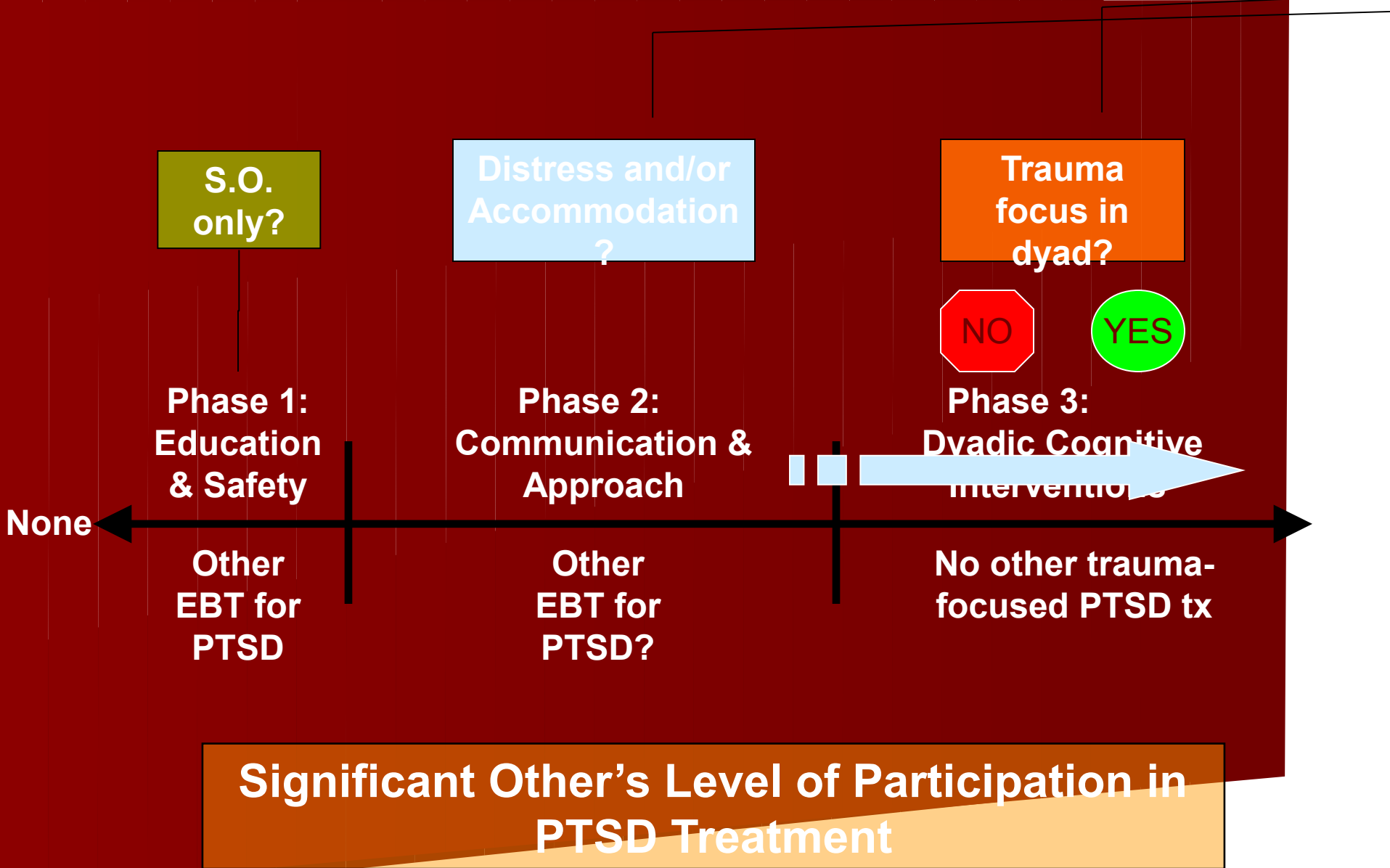
**I had no choice whether or
not to fire.**

Noticed Thought:

**"I could have chosen not to
fire my weapon (at short
range)."**

**Most likely the end result would
have been much worse had I not
fired.**

**All things considered I
used my best judgment
and made the right
decision given the
situation.**



Couple Therapy for PTSD - Windows Internet Explorer

http://www.coupletherapyforptsd.com/home/

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Couple Therapy for PTSD

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Training Opportunities

2/12: Eglin AFB, FL
2/16: Travis AFB, CA
2/19: Hilton Hawaii, Honolulu
4/7: TBD, San Antonio, TX
4/26: Wright Patterson AFB, OH

[Read more >](#)

The Trainers

Dr. Monson and her team are

Home

Cognitive-Behavioral Conjoint Therapy for Posttraumatic Stress Disorder (CBCT for PTSD) is a manualized therapy with the **simultaneous goals of improving individual PTSD and enhancing intimate relationship functioning.**

CBCT for PTSD improves the interpersonal environment in which our clients exist on a day-to-day basis and capitalizes on the support of their significant relationships while they endeavor PTSD treatment. In this way, CBCT for PTSD:

1. **helps improve relationship issues** we know so often co-occur with PTSD and
2. capitalizes on the relationship to **make each individual better.**

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COUPLE-BASED
INTERVENTIONS
FOR MILITARY
AND VETERAN
FAMILIES

A Practitioner's Guide

edited by **Douglas K. Snyder**
and **Candice M. Monson**

Cognitive-Behavioral
Conjoint Therapy
for PTSD



Harnessing
the Healing Power
of Relationships

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