

Family Group Work: PTSD and Relationships

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- Most theory, empirical research, and treatments for PTSD are individually focused.
 - Research targets:
 - neurobiological abnormalities;
 - psychophysiological reactions;
 - individual developmental issues; and
 - cognitions and behaviors.

Effects of PTSD

Three “A s” of PTSD

- Anxiety
- Anger
- Alone



Two ways the “danger response” can change after trauma

The system responds more extremely over time

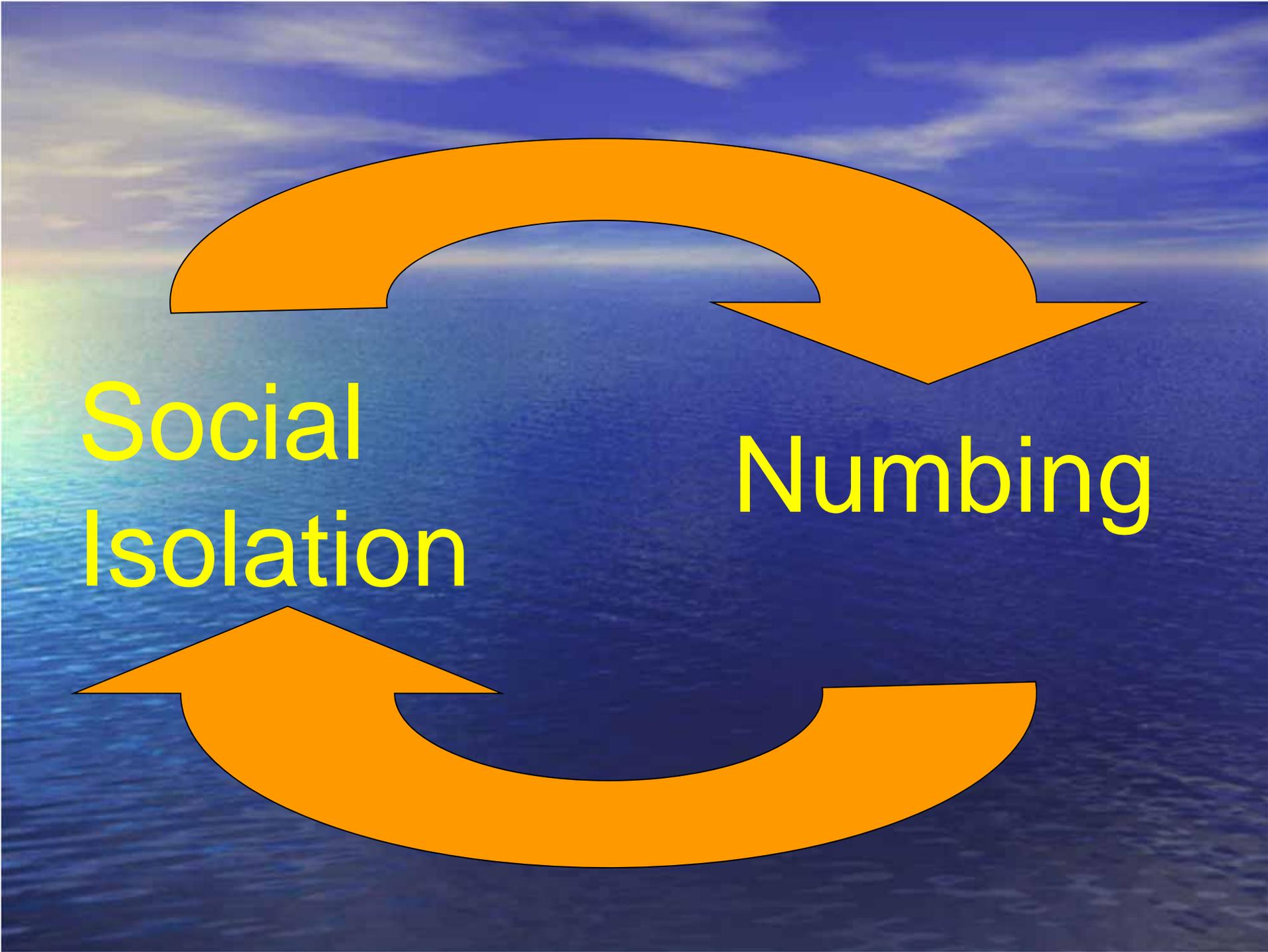
- Sensitization: Repeated stimulation may be modest initially; however, over time, the firing threshold for neuro-physiological effects lowers (Friedman, 2001).
- Long-term potentiation: “Neurons that fire together wire together”

Moral Injury of war

- Events are considered morally injurious if they "transgress deeply held moral beliefs and expectations." Thus, the key precondition for moral injury is an act of transgression, which shatters moral and ethical expectations that are rooted in religious or spiritual beliefs, or culture-based, organizational, and group-based rules about fairness, the value of life, and so forth.

Moral Injury

- Moral injury has been posited to result in the re-experiencing, emotional numbing, and avoidance symptoms of PTSD. In addition to grave suffering, these manifestations of moral injury may lead to an array of anti-social behaviors, under- or unemployment, and failed or harmed relationships with loved ones and friends.



Social
Isolation

Numbing

Family Dynamics

- Understanding the interpersonal nature of PTSD is imperative when developing prevention and treatment techniques.
- A National Comorbidity Study found those with PTSD are as likely as those without PTSD to be married.



Marital Risk Associated with PTSD

- Individuals dx with PTSD are 3-6x more likely to divorce than those without PTSD
- 4x greater likelihood of marital distress
- Almost 33% of veterans with PTSD engage in intimate partner violence compared with 13.5% of veterans without PTSD

Mental Health of Partners

Research on partners of vets with PTSD compared to partners of vets with no PTSD (Ntl Center for PTSD):

- Lower levels of happiness
- Less satisfaction in their lives overall
- More demoralization (discouragement)
- Half have felt “on the verge of a nervous breakdown.”

Mental Health of Partners

A positive association was repeatedly found between

- PTSD and low family expressiveness;
(Calhoun, Beckman & Bosworth, 2002)
- Low cohesion and high conflict.
(Solomon, Mikulincer, Freid, & Wosner, 1987)

Family Risks

- PTSD undermines for the individual and the family the process of engaging in positive social support, which has proven to mitigate risk for both vets and family
- A role for multi family groups

Family Adaptation

- Like a chemical addiction in a family, PTSD, and the family response, becomes the “central organizing theme” of the family.
- Family members assume both responsibility and roles to accommodate the negative energy of the trauma stress.

Effects on Children

- Perceive parent to be disinterested
- Witness to various PTSD symptoms: Isolation, numbing, low frustration tolerance, affective instability; or possibly violence
- Johnson (2011) states people we love are the hidden regulators of our emotional lives

Effects on Children

- Possible witness to SUD as self medication
- Savarese, et., al (2001) research on alcohol addiction and hyperarousal
- Children living with parents at increased risk for self injury or suicide
- “The unholy trinity of alcohol, cannabis and cocaine.” (Combat chaplain)

Effects on Children

- Attachment Theory (Bowlby): there is a key primary person who represents a safe haven and secure base
- A secure sense of connection with caring people is the foundation of development (Herman, 1992)
- Figley (1993) Construct of “secondary traumatization”
- Social Learning Theory (Bandura): fears of intimacy associated with emotional numbing

Attachment is Developmental

- “From the cradle to the grave...humans desire someone who will look out for them, notice and value them, soothe their wounds...and hold them in the dark.”
(Johnson, 2004)
- Veterans may desire and still reject support, and be unable to provide the level of support the family requires.

Interpersonal-Psychological Theory of Suicide

3 Factors associated with suicide

1. Thinking one is a burden to others
2. Feeling as if one belongs to the dead
3. One has acquired the capacity to overcome the fear and the pain associated with self destruction. Soldiers have accommodated this mindset as part of the mission.

(Selby, et al, 2010)

Treatment considerations

- Litz et al (2009) found significant association with moral injury and feelings of guilt, shame, and high risk for self-destructive behavior
- Important potential mediators can include family engagement in helping to promote self-forgiveness
- The traumatized individual has to create new meaning -- a constructivist perspective

Constructivism

- Constructivism is an epistemological premise grounded on the assertion that, in the act of knowing, it is the human mind that actively gives meaning and order to that reality to which it is responding. The constructivist psychologies theorize about and investigate how human beings create systems for meaningfully understanding their worlds and experiences.

Models of Family Therapy

- Emotionally Focused Therapy (Johnson)
- CBT Conjoint Therapy for PTSD Disorder (Brown & Colleagues (2012))
- Behavioral Family therapy (Glenn & Colleagues, 1999)

Purpose & Goals of Treatment

- Like therapy with a single family or system, the methodology and group composition depend on desired outcome.

- Questions:

Should the group be heterogeneous or homogeneous?

Is the purpose psychoeducational, process, or a continuum?

Is it manualized treatment?

Purpose & Goals of Treatment

- Should proceed from a sound assessment to delineate clinical issues, ability to tolerate a process, and safety of all concerned.
- Be very clear with multifamily groups about ground rules – spirituality is OK; religion is not. Feelings about experiences are OK; politics is not.

Resources

Most valuable clinical resource:

The National Center for Post-Traumatic
Stress Disorder