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Couple/Family Interventions for PTSD

Commentary

The past 20 years have seen the research and practice of couple and family interventions for PTSD blossom, with the focus and nature of these interventions varying. We have previously offered a heuristic to help consumers, researchers, clinicians, and policy makers alike understand the aims and points of interventions of these therapies (see Monson et al., 2012 in additional papers). In essence, these interventions can be categorized based on their aim to improve individual outcomes (i.e., PTSD and its comorbidities), relational outcomes (e.g., relationship satisfaction), or both. When people think of couple/family therapy, they often think of general couple/family therapy that has the goal of improving relationships, and a member of the couple or family happens to have PTSD. In this way, the couple/family therapy is usually considered adjunctive to an individual or group disorder-specific therapy, like Prolonged Exposure or Cognitive Processing Therapy, in the case of PTSD. Treatments that aim to improve both domains are described as disorder-specific couple/family therapies in that they use the couple/family therapy format to improve a specific disorder — in this case PTSD — and to improve relationship outcomes. These therapies target mechanisms that are thought to underlie problems in both areas (e.g., behavioral avoidance maintains PTSD and diminishes mutually satisfying activities in couples/families). These treatments are generally offered as stand-alone therapies because of their explicit goals of improving both PTSD and relationship functioning. There is also a class of interventions that use spouses or adult loved ones to support the delivery of individual

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treatment interventions. These partner-assisted treatments have the goal of improving the individual disorder but do not focus on relationship improvements. Finally, there is a category of interventions that do not have the direct goals of improving either individual or relationship-level outcomes but may have important implications for therapy engagement, retention, and success. For example, there are many people with PTSD who do not seek treatment, and family members may be important conduits to treatment. Another example is psychoeducation about PTSD. Psychoeducation is considered a necessary (albeit insufficient) treatment ingredient and providing such information to partners and family members may improve individual treatment engagement and outcomes. Although potentially critical to engaging in, and benefiting from, therapy for PTSD, this category of interventions is not therapy per se and not reviewed here.

Disorder-specific Couple/Family Therapies

Cognitive-Behavioral Conjoint Therapy for PTSD (CBCT). CBCT for PTSD (Monson & Fredman, 2012) is a 15-session, manualized therapy designed to simultaneously improve PTSD symptoms and enhance relationship functioning. It consists of three phases: (1) psychoeducation about PTSD and relationships and increasing safety, (2) communication-skills training and dyadic approach exercises to overcome behavioral and experiential avoidance and reduce partner accommodation of symptoms, and (3) dyadic cognitive interventions to modify problematic

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trauma appraisals and maladaptive beliefs that can maintain PTSD and relationship problems. Liebman and colleagues (2020) have published a systematic review on the primary and secondary outcomes of CBCT. Highlights are included here.

Three uncontrolled studies with Vietnam Veterans (Monson et al., 2004), Iraq and Afghanistan Veterans (Schumm et al., 2015), and community members (Monson et al., 2011) and their intimate partners demonstrate improvements in PTSD symptoms and relationship functioning in couples who may or may not be clinically distressed at the outset of therapy.

Regarding adjunctive treatment with the psychoactive drug 3,4-Methylenedioxymethamphetamine (MDMA), commonly known as ecstasy, Monson and colleagues (2020) recently published a small uncontrolled trial of MDMA-facilitated CBCT. This trial was pursued based on the empathogenic qualities of MDMA and its promise to potentiate a relationally-oriented treatment for PTSD, as well as successful use of it with an individual therapy for PTSD. This study provides initial evidence of its safety and potential efficacy in enhancing treatment outcomes. More specifically, the pre-treatment to 6-month follow-up effects for PTSD and relationship adjustment were larger than that found in prior CBCT and individual evidence-based treatment trials (e.g., $d = 3.79$ for patient-rated PTSD; $d = 2.59$ for patient-rated relationship satisfaction (Monson et al., 2020). Further controlled trials are needed to examine the potential of MDMA to facilitate CBCT.

A randomized controlled trial of CBCT was completed with a sample of individuals with a range of traumatic events and couple characteristics (i.e., community, Veteran, married, cohabitating, non-cohabitating, mixed gender, same sex; Monson et al., 2012). In this trial, there were significant improvements in PTSD and comorbid symptoms among patients who received CBCT for PTSD relative to those on a waiting list, with treatment effects on par with those found in individual evidence-based treatment for PTSD. Patients, but not partners, also reported significant improvements in relationship adjustment.

Pukay-Martin et al. (2015) investigated a present-centered version of CBCT for PTSD in a sample of seven community couples. This adapted version of CBCT included: (1) psychoeducation and safety building, (2) behavioral strategies to enhance relationship satisfaction and improve communication, and (3) cognitive interventions to address here-and-now maladaptive thoughts but no direct historical reappraisals of the trauma itself. There were significant and medium-to-large decreases in patients' PTSD symptoms, as well as significant and medium effect size improvements in partners' relationship satisfaction and accommodation of patients' PTSD symptoms. This version of CBCT for PTSD may be a viable alternative for patients or dyads who are not willing to engage in a trauma-focused treatment.

To increase treatment efficiency and scalability, Fredman et al. (2020) tested an abbreviated, intensive, multi-couple group version of CBCT (AIM-CBCT) in a sample of 24 couples who included an United States (US) active duty service member or Veteran who had served in the post-9/11 conflict and was diagnosed with PTSD. Treatment consisted of the first 7 sessions of CBCT delivered over a single weekend in a retreat format to groups consisting of two to six couples at a time. All 24 couples

completed treatment. By the 3-month follow-up assessment, there were significant and large reductions in patients' PTSD and significant and moderate or moderate-to-large reductions in comorbid depressive, anxiety, and anger symptoms. There were also significant improvements in partners' perceptions of patients' PTSD symptoms and in their own depressive and anxiety symptoms and relationship satisfaction.

Davis and colleagues (2021) have also developed a modified version of CBCT that integrates mindfulness-based practices and a combination of retreats and couple sessions (MB-CBCT). In a randomized clinical trial (RCT) of 46 US Iraq and Afghanistan Veterans with PTSD, the authors compared two versions of CBCT. MB-CBCT included the first two phases of CBCT delivered in a multi-couple group retreat and then followed by 9 sessions of CBCT for PTSD Phase 3 delivered to individual couples. The other version was a modified version of CBCT that included training in communication skills from phases 1 and 2 of CBCT but without PTSD-specific content (CBCT-CS). CBCT-CS was also delivered in a multi-couple group retreat. The CBCT-CS group subsequently received two monthly post-retreat group sessions that reviewed communication skills. There were medium-to-large within-group pre-to-post improvements in Veterans' clinician-rated PTSD symptoms, Veterans' relationship adjustment, and partners' relationship adjustment for both MB-CBCT and CBCT-CS, but no differences between the two active treatments.

Couple Treatment for Addiction and PTSD (CTAP). CTAP is a 15-session integration of CBCT (Monson & Fredman, 2012) and behavioral couple therapy for substance use disorders (O'Farrell & Fals-Stewart, 2006). Schumm et al. (2015) tested CTAP in an uncontrolled study of nine US Veterans with PTSD and their intimate partners. In this trial, significant reductions in clinician-rated, Veteran-rated, and partner-rated PTSD severity were found. There were also significant decreases in Veterans' days of heavy drinking. However, there were no significant changes in either partners' relationship adjustment.

Structured Approach Therapy (SAT). SAT is a 10-12 session manualized couple therapy for PTSD that consists of psychoeducation about PTSD and strategies for enhancing motivation for treatment and behavioral skills for couples to reinforce each other's positive emotions and intimacy. Partners are also coached to provide assistance to patients in approaching and tolerating feared stimuli. Finally, the treatment includes couple-based discussions about the traumatic event(s) and associated thoughts, feelings, and memories about it that may be distressing to the patient or cause stress within the relationship (Sautter et al., 2015).

An uncontrolled trial of SAT with six male US Vietnam-era combat Veterans and their female partners who completed a 10-session version of the intervention demonstrated significant improvements in total PTSD symptoms according to patient, partner, and clinician ratings. However, when clinician-assessed symptom clusters were examined, there were changes in emotional numbing and avoidance symptoms but not in reexperiencing or hyperarousal symptoms (Sautter et al., 2009). In a subsequent study of seven male US Iraq/Afghanistan Veterans and their wives, there were similarly significant reductions in both self- and clinician-related PTSD symptoms but no improvements in relationship adjustment

for either partner (Sautter et al., 2014). However, 7 of 9 participants who were relationally distressed at pre-treatment exhibited clinically significant improvements in relationship adjustment.

A randomized controlled trial comparing SAT to Patient and Family Education (PFE) with US Iraq/Afghanistan Veterans with PTSD and their intimate partners found SAT superior to PFE in clinician-rated and self-reported PTSD symptoms at post-treatment and follow-up (Sautter et al., 2015). Veterans receiving SAT reported significant improvements in their relationship adjustment and attachment avoidance compared with those who received PFE.

Emotionally Focused Couple Therapy (EFCT). EFCT is described as an experiential intervention that focuses on understanding and processing emotions that are connected to traumatic experiences and broader attachment behaviors that affect relational processes and communication (Johnson, 2005). EFCT is divided into three main stages that focus on: (1) stabilizing the couple through the assessment, identification, and sharing of negative interaction patterns, (2) building relational skills in the couple through acceptance and communication, and (3) integrating therapeutic gains by developing coping strategies and healthier interaction patterns.

Three published studies (one waitlist RCT) document variable PTSD and relationship outcomes. The variation in these findings may be related to the different inclusion criteria used in these studies. The first study providing initial support for EFCT within a traumatized sample was a study of 10 mixed gender couples that included a woman with a history of childhood sexual abuse (Macintosh & Johnson, 2008). The authors report that all participants improved at least a standard deviation in clinician-rated PTSD symptoms and that half self-reported clinically significant improvements in PTSD. One-half self-reported clinically significant improvements in relationship satisfaction, but three couples experienced decreased satisfaction and increased emotional abuse and terminated their relationships during the course of therapy.

Another uncontrolled study of EFCT included 15 US Veterans with PTSD and their intimate partners (Weissman et al., 2018). The study had more than a 50% drop-out from treatment (and assessment), and the authors consequently reported results on treatment completers. Among those who completed treatment, there were no significant improvements in Veterans' clinician-rated PTSD but there were significant improvements in self-reported PTSD. Partners experienced significant improvements in relationship satisfaction.

A waitlist controlled RCT tested EFCT for distressed mixed gender couples that included women with a history of childhood physical or sexual abuse (did not establish PTSD diagnosis or use as inclusion criteria; Dalton et al., 2013). There was no dropout in the immediate treatment group, and there were significant improvements in relationship adjustment among those in the immediate treatment group relative to those in the delayed treatment group. There were no significant improvements in trauma-related symptoms as measured with the Trauma Symptom Inventory (TSI; Briere, 1995) and Dissociative Experiences Scale (Bernstein & Putnam, 1986) between the two conditions. Specific PTSD symptoms outcomes were not reported.

General Couple/Family Therapies

Behavioral Couple/Family Therapy (BC/FT). BC/FT is grounded in behavioral conceptualizations of couple/family distress that hold that the lack of reinforcing interactions, as well as aversive, conflict-laden interactions, lead to distress. Following from this, BC/FT generally involves behavioral exercises to increase positive, reinforcing exchanges in couples and families, and communication skills training. BCT is well-established in improving couple and family distress across various samples. Specific to PTSD samples, two completed RCTs have documented the efficacy of BC/FT in samples of US Veterans and their family members in improving relationship satisfaction but not PTSD symptoms. One was a small dissertation study of group BCT compared with waitlist (Sweany, 1987), and the other was a larger study that added BFT after individual exposure therapy (Glynn et al., 1999). There have been other uncontrolled trials/program evaluation studies that included BC/FT interventions documenting improvements in relationship outcomes. These include Cahoon's dissertation (1984), the K'oach Program (Solomon et al., 1992), and the REACH Program (Fischer et al., 2013).

Partner-assisted Therapies

We are aware of only one partner-assisted intervention that has been tested that has included intimate partners in treatment to improve individual PTSD outcomes. Devilly (2002) describes program evaluation results from a Lifestyle Management Course provided to Australian combat Veterans and their partners. This course was an intensive week-long residential group intervention that included PTSD psychoeducation and symptom management techniques. At follow-up, Veterans reported a significant reduction in PTSD symptoms, and both Veterans and their partners reported significant reductions in anxiety, depression, and general stress. There were no improvements in relationship satisfaction.

Summary

There is growing recognition of the larger interpersonal context in which PTSD is situated and the interpersonal relationship problems that co-occur with it. As reviewed, there is the most support for disorder-specific therapies for improving PTSD and relationship functioning, and some evidence for other strategies for improving PTSD or relationship outcomes (but not both). We expect that other innovative techniques will emerge such as other partner-assisted interventions that might facilitate individual evidence-based treatments (e.g., see Thompson-Hollands et al., 2021 in additional articles), the use of other evidence-based general couple therapies like Integrative Behavioral Couple Therapy (Christensen et al., 2020), and partner-only interventions to improve the health and well-being of loved ones. We also expect that massed dosing (e.g., retreat studies above) and technology will continue to be harnessed to overcome some of the burdens and barriers of traditional office-delivered psychotherapy, especially for couples and families. For example, Morland and colleagues (2019; see additional articles) will soon be unblinding the results of their trial comparing in-office CBCT for PTSD, home-based CBCT for PTSD delivered via secure video, and Patient Family Psychoeducation control in a large sample of US Veterans with PTSD and their intimate partners. Monson and colleagues (2021; see additional articles) have recently developed an online, guided self-help intervention drawing from CBCT for PTSD, Couple HOPES (www.couplehopes.com), which is designed to be an

alternative offering in the spectrum of interventions. We are delighted that institutions like the US Department of Veterans Affairs (VA) have chosen to systematically disseminate various couple/family therapies for those with PTSD, recognizing the importance of these relationships and the loved ones in them. We look forward to seeing what the next generation of research and practice in the area hold.

Featured Articles

Cahoon, E. P. (1984). **An examination of relationships between post-traumatic stress disorder, marital distress, and response to therapy by Vietnam veterans.** *Unpublished doctoral dissertation, University of Connecticut, Storrs.* <https://opencommons.uconn.edu/dissertations/AAI8416066> Diagnosis and treatment of PTSD in Vietnam Veterans has become an important clinical and social issue. Using a sample of 60 combat Veterans and partners, this study examined (1) the validity of current measures of PTSD; (2) the role of marital distress in severity of PTSD; (3) the effects of rap group treatment on the marital relationship; (4) attitudes toward conjoint treatment; and (5) the effects of couples group therapy in reducing marital dissatisfaction in severely distressed Veterans. The results lent support to the Vietnam Era Stress Inventory as a valid self-report measure of stress symptoms. Severity of PTSD was found to correlate highly with standardized measures of anxiety and marital distress according to Veterans' and spouses' reports. PTSD scores also correlated highly with behavioral ratings by rap group counselors. Multiple Regression Analyses showed marital factors to be significant predictors of severity of PTSD. This study hypothesized treatment-specific effects for the rap group in anxiety, but nongeneralizable effects to the marriage. Neither reductions in the high levels of anxiety or the extent of dissatisfaction with the marriage were correlated significantly with length of time in rap group therapy. Spouses reported themselves to be more willing to participate in conjoint treatment than their patterns. Higher levels of PTSD correlated with preferences for separate treatment for Veterans and wives. Contrary to statements of willingness, few couples were actually willing to commit themselves to conjoint therapy groups. Veterans who did agree had higher PTSD and anxiety scores than the general sample, a finding contrary to general psychotherapy outcome research. Results of the Marital Satisfaction Inventory indicated affective and problem-solving communication to be central areas of concern for Veterans and partners. A seven-week couples group, focusing on basic communication skills, was assessed. Improvements were seen in global satisfaction and communication. Generalizations beyond the marital system included spouse observations of lower anxiety and rap group counselor ratings of increased ability to cope with stress and fewer PTSD symptoms. The inclusion of a conjoint component in the treatment of PTSD was strongly recommended.

Dalton, E. J., Greenman, P. S., Classen, C. C., & Johnson, S. M. (2013). **Nurturing connections in the aftermath of childhood trauma: A randomized controlled trial of emotionally focused couple therapy for female survivors of childhood abuse.** *Couple and Family Psychology: Research and Practice, 2*, 209–221. [doi:10.1037/a0032772](https://doi.org/10.1037/a0032772) Emotionally focused therapy (EFT) for couples is an empirically supported treatment for relationship distress (Johnson and Greenberg *Journal of Consulting and Clinical Psychology* 1985a;53:175–184; Johnson, *The practice of*

emotionally focused marital therapy: Creating connection. New York: Brunner-Routledge, 2004). Despite strong evidence of a link between experiences of childhood abuse and problems in intimate relationships during adulthood (Paradis and Boucher, *Journal of Aggression, Maltreatment & Trauma* 2010;19:138–158; Walker et al., *Journal of Family Violence* 2009;24:397–406), there have not yet been any controlled trials of the efficacy of EFT for adult survivors of childhood abuse. In light of evidence of the effectiveness of individual EFT in the treatment of the sequelae of complex trauma (Paivio and Pascual-Leone, *Emotion-focused therapy for complex trauma: An integrative approach.* Washington, DC: American Psychological Association, 2010), we conducted the first randomized controlled trial of EFT for couples in which the female partner had a history of intrafamilial childhood abuse. Our primary hypothesis was that couples treated with EFT would experience a significant reduction in relationship distress. To test this hypothesis, 24 couples in Toronto, Ontario, Canada (mean relationship length = 14 years), were randomly assigned to either a treatment group (24 sessions of EFT) or a control group (waiting list). Analyses of covariance with treatment condition as the fixed factor and baseline scores on the Dyadic Adjustment Scale (Spanier, *Journal of Marriage and the Family* 1976;38:15–28) as the covariate yielded a statistically significant effect of treatment group on relationship distress. Hierarchical regression analyses unveiled the particular circumstances under which EFT appeared to be effective. These results attest to the effectiveness of EFT for relational distress in trauma survivors and are discussed in light of the relevant clinical literature.

Davis, L. W., Luedtke, B. L., Monson, C. M., Siegel, A., Daggy, J. K., Yang, Z., Bair, M. J., Brustuen, B., & Ertle, M. (2021). **Testing adaptations of Cognitive-Behavioral Conjoint Therapy for PTSD: A randomized controlled pilot study with veterans.** *Couple and Family Psychology: Research and Practice, 10*, (2), 71–86. [doi:10.1037/cfp0000148](https://doi.org/10.1037/cfp0000148) Iraq and Afghanistan Veterans with PTSD have well-documented relationship problems and many wish to include their intimate partners in treatment. This pilot study randomly assigned 46 couples (Veterans with clinician-administered PTSD scale confirmed PTSD diagnosis and their intimate partners) to one of two groups. The treatment group received a modified mindfulness-based version of CBCT for PTSD (CBCT; Monson & Fredman, 2012) that included all three phases of the mindfulness-based cognitive behavioral conjoint therapy (MB-CBCT). The control group received a modified version of CBCT that included communication skills training from Phases 1 and 2 of CBCT (CBCT-CS) without PTSD-specific content. Modified CBCT Phases 1 and 2 content was delivered to both groups during weekend retreats in multicouple group sessions. The postretreat protocol for MB-CBCT included nine individual couple sessions: a transition session following the retreat, and CBCT Phase 3. For CBCT-CS, two additional monthly multicouple group sessions reviewed communication skills. No statistically significant pre- to posttreatment differences were detected for primary outcomes between groups: Clinician-Administered PTSD Scale for Veterans (mean change difference, -1.4, 95% CI [-16.0 to 13.2]); Dyadic Adjustment Scale for Veterans (mean change difference, -1.0, 95% CI [-13.2 to 11.2]); and Dyadic Adjustment Scale for Partners (mean change difference, -0.4, 95% CI [-8.9 to 8.1]). However, within group pre- to posttreatment effect sizes were medium to large for

both MB-CBCT and CBCT-CS on all three primary outcomes. Findings suggest that Veterans returning from recent conflicts and their partners may benefit from both modifications of CBCT.

Devilley, G. J. (2002). The psychological effects of a lifestyle management course on war veterans and their spouses. *Journal of Clinical Psychology, 58*, 1119–1134. doi:10.1002/jclp.10041 This research assessed the effect on a war-Veteran outpatient group in a week-long residential lifestyle-management course. This course also included the Veterans' partners, and all participants were assessed at intake, post-intervention, and at three- and six-month follow-ups. In summary, it was found that while there was a statistically significant drop in PTSD symptomatology for the Veterans, the clinical utility of this improvement was minimal, with an estimated effect size of $d = 0.19$ by six-month follow-up. However, the Veterans displayed a significant decrease in measures of depression, anxiety, and stress by six-month follow-up, all with small-to-moderate effect sizes. Likewise, ratings of anger showed statistically significant improvement with a moderate effect size. While dyadic adjustment displayed a significant improvement to six-month follow-up, the derived effect size was small for the Veterans. The spouses (all females in this study) displayed larger effect sizes on all measures, with the exception of ratings of anger, where a small effect was noted. Subjective quality-of-life indices displayed a significant change in the desired direction, although with a minimal effect for the Veterans and a small effect size for the females. It was not feasible to have a control group during this naturalistic investigation and, therefore, caution is advised in over-generalizing from these data. However, these results warrant further 'controlled' investigation into the inclusion of spouses in the treatment of Veterans and the utility of lifestyle-management courses as a first step in the treatment of trauma related problems that have become chronic in nature within the Veteran community.

Fredman, S. J., Macdonald, A., Monson, C. M., Dondanville, K. A., Blount, T. H., Hall-Clark, B. N., Fina, B. A., Mintz, J., Litz, B. T., Young-McCaughan, S., Hancock, A. K., Rhoades, G. K., Yarvis, J. S., Resick, P. A., Roache, J. D., Le, Y., Wachen, J. S., Niles, B. L., McGeary, C. A., Keane, T. M., & Peterson, A. L., for the Consortium to Alleviate PTSD (2020). Intensive, multi-couple group therapy for PTSD: A nonrandomized pilot study with military and veteran dyads. *Behavior Therapy, 51*, 700–714. doi:10.1016/j.beth.2019.10.003 CBCT for PTSD (Monson & Fredman, 2012) is efficacious in improving PTSD symptoms and relationship adjustment among couples with PTSD. However, there is a need for more efficient delivery formats to maximize engagement and retention and to achieve faster outcomes in multiple domains. This nonrandomized trial was designed to pilot an abbreviated, intensive, multi-couple group version of CBCT for PTSD (AIM-CBCT for PTSD) delivered over a single weekend for 24 couples that included an active-duty service member or Veteran with PTSD who had deployed in support of combat operations following September 11, 2001. All couples completed treatment. Assessments conducted by clinical evaluators 1 and 3 months after the intervention revealed significant reductions in clinician-rated PTSD symptoms ($ds = -0.77$ and -0.98 , respectively) and in patients' self-reported symptoms of PTSD ($ds = -0.73$ and -1.17 , respectively), depression ($ds = -0.60$ and -0.75 , respectively), anxiety ($ds = -0.63$ and -0.73 , respectively),

and anger ($ds = -0.45$ and -0.60 , respectively), relative to baseline. By 3-month follow-up, partners reported significant reductions in patients' PTSD symptoms ($d = -0.56$), as well as significant improvements in their own depressive symptoms ($d = -0.47$), anxiety ($d = -0.60$), and relationship satisfaction ($d = 0.53$), relative to baseline. Delivering CBCT for PTSD through an abbreviated, intensive multi-couple group format may be an efficient strategy for improving patient, partner, and relational well-being in military and Veteran couples with PTSD.

Glynn, S. M., Eth, S., Randolph, E. T., Foy, D. W., Urbaitis, M., Boxer, L., Paz, G. G., Leong, G. B., Firman, G., Salk, J. D., Katzman, J. W., & Crothers, J. (1999). A test of behavioral family therapy to augment exposure for combat-related posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology, 67*, 243–251. doi:10.1037/0022-006X.67.2.243 This study tested a family-based skills-building intervention in Veterans with chronic combat-related PTSD. Veterans and a family member were randomly assigned to 1 of 3 conditions: (a) waiting list, (b) 18 sessions of twice-weekly exposure therapy, or (c) 18 sessions of twice-weekly exposure therapy followed by 16 sessions of behavioral family therapy (BFT). Participation in exposure therapy reduced PTSD positive symptoms (e.g., reexperiencing and hyperarousal) but not PTSD negative symptoms. Positive symptom gains were maintained at 6-month follow-up. However, participation in BFT had no additional impact on PTSD symptoms.

Macintosh, H. B., & Johnson, S. (2008). Emotionally focused therapy for couples and childhood sexual abuse survivors. *Journal of Marital and Family Therapy, 34*, 298–315. doi:10.1111/j.1752-0606.2008.00074.x This study explored EFT for couples with childhood sexual abuse survivors (CSA) and their partners. Half of the couples in this study reported clinically significant increases in mean relationship satisfaction and clinically significant decreases in trauma symptoms, and thematic analyses identified numerous areas where trauma survivors were challenged in fully engaging in the therapy process. In particular, trauma symptoms such as affect dysregulation and hypervigilance were identified to play a role in the challenges that survivors experienced in fully engaging in the EFT process. Results of these thematic analyses yielded clinical recommendations for working with CSA survivors and their partners in EFT for traumatized couples. Recommendations for future study were articulated.

Monson, C. M., Fredman, S. J., Adair, K. C., Stevens, S. P., Resick, P. A., Schnurr, P. P., MacDonald, H. Z., & Macdonald, A. (2011). Cognitive-behavioral conjoint therapy for PTSD: Pilot results from a community sample. *Journal of Traumatic Stress, 24*, 97–101. doi:10.1002/jts.20604 Seven couples participated in an uncontrolled trial of cognitive-behavioral conjoint therapy for PTSD. Among the 6 couples who completed treatment, 5 of the patients no longer met criteria for PTSD and there were across-treatment effect size improvements in patients' total PTSD symptoms according to independent clinician assessment, patient report, and partner report ($d = 1.32$ – 1.69). Three of the 4 couples relationally distressed at pretreatment were satisfied at posttreatment. Partners reported statistically significant and large effect size improvements in relationship satisfaction; patients reported nonsignificant

moderate to large improvements in relationship satisfaction. Patients also reported nonsignificant, but large effect size improvements in depression and state anger symptoms. Future directions for research and treatment of traumatized individuals and close others are offered.

Monson, C. M., Fredman, S. J., Macdonald, A., Pukay-Martin, N. D., Resick, P. A., & Schnurr P. P. (2012). **Effect of cognitive-behavioral couple therapy for PTSD: A randomized controlled trial.** *JAMA*, *308*, 700–709. doi:10.1001/jama.2012.9307 Context: PTSD is a prevalent condition associated with intimate relationship problems, and intimate relationship factors have been shown to affect individual PTSD treatment outcomes. Objective: To compare CBCT for PTSD (a manualized couple therapy delivered to patients with PTSD and their significant others to simultaneously treat PTSD symptoms and enhance relationship satisfaction) with a wait-list condition. Design, Setting, and Participants: Randomized controlled trial of heterosexual and same-sex couples ($n = 40$ couples; $n = 80$ individuals) in which one partner met criteria for PTSD according to the Clinician-Administered PTSD Scale, conducted from 2008 to 2012 in a Department of Veterans Affairs outpatient hospital setting in Boston, Massachusetts, and a university-based research center in Toronto, Ontario, Canada. Symptoms of PTSD, comorbid conditions, and relationship satisfaction were collected by blinded assessors at baseline, at mid treatment (median, 8.00 weeks [range, 1.71–20.43 weeks] after baseline), and at posttreatment (median, 15.86 weeks [range, 7.14–38.57 weeks] after baseline). An uncontrolled 3-month follow-up (median, 38.21 weeks [range, 28.43–50.57 weeks] after baseline) was also completed. Intervention: Couples were randomly assigned to take part in the 15-session CBCT for PTSD protocol immediately ($n = 20$) or were placed on a wait list for the therapy ($n = 20$). *Main Outcome Measures:* Clinician-rated PTSD symptom severity was the primary outcome and was assessed with the Clinician-Administered PTSD Scale. Intimate relationship satisfaction, assessed with the Dyadic Adjustment Scale, patient- and partner-rated PTSD symptoms, and comorbid symptoms were secondary outcomes. *Results:* PTSD symptom severity (score range, 0–136) was significantly more improved in the couple therapy condition than in the wait-list condition (mean change difference, -23.21 ; 95% CI, -37.87 to -8.55). Similarly, patients' intimate relationship satisfaction (score range, 0–151) was significantly more improved in couple therapy than in the wait-list condition (mean change difference, 9.43 ; 95% CI, 0.04 – 18.83). The time \times condition interaction effect in the multilevel model predicting PTSD symptoms ($t_{37.5} = -3.09$; $P = .004$) and patient-reported relationship satisfaction ($t_{68.5} = 2.00$; $P = .049$) revealed superiority of the couple therapy compared with the wait list. Treatment effects were maintained at 3-month follow-up. *Conclusion:* Among couples in which one partner was diagnosed as having PTSD, a disorder-specific couple therapy, compared with a wait list for the therapy, resulted in decreased PTSD symptom severity and patient comorbid symptom severity and increased patient relationship satisfaction.

Monson, C. M., Schnurr, P. P., Stevens, S. P., & Guthrie, K. A. (2004). **Cognitive-behavioral couple's treatment for posttraumatic stress disorder: Initial findings.** *Journal of Traumatic Stress*, *17*, 341–344. doi:10.1023/B:JOTS.0000038483.69570.5b This pilot study was an initial investigation of CBCT for PTSD. Seven couples in which the

husband was diagnosed with PTSD secondary to Vietnam combat experiences completed the treatment. According to independent clinician assessment and partner report, the Veterans had substantial improvements in their PTSD symptoms. The Veterans reported less dramatic improvements in their PTSD symptoms but endorsed significant improvements in their depression and anxiety. The partners reported improved relationship satisfaction, whereas the Veterans' relationship satisfaction was unchanged across treatment. The current findings are compared with findings on other forms of empirically validated treatment for PTSD and previous studies of CBCT for various individual problems. Theoretical implications and future directions are offered.

Monson, C. M., Wagner, A. C., Mithoefer, A. T., Liebman, R. E., Feduccia, A. A., Jerome, L., Yazar-Klosinski, B., Emerson, A., Doblin, R., & Mithoefer, M. C. (2020). **MDMA-facilitated cognitive-behavioral conjoint therapy for posttraumatic stress disorder: An uncontrolled trial.** *European Journal of Psychotraumatology*, *11*, 1840123. doi:10.1080/20008198.2020.1840123 CBCT for PTSD has been shown to improve PTSD, relationship adjustment, and the health and well-being of partners. MDMA (3,4-methylenedioxymethamphetamine) has been used to facilitate an individual therapy for PTSD. This study was an initial test of the safety, tolerability, and efficacy of MDMA-facilitated CBCT. Six couples with varying levels of baseline relationship satisfaction in which one partner was diagnosed with PTSD participated in a condensed version of the 15-session CBCT protocol delivered over 7 weeks. There were two sessions in which both members of the couple were administered MDMA. All couples completed the treatment protocol, and there were no serious adverse events in either partner. There were significant improvements in clinician-assessed, patient-rated, and partner-rated PTSD symptoms (pre- to post-treatment/follow-up effect sizes ranged from $d = 1.85$ – 3.59), as well as patient depression, sleep, emotion regulation, and trauma-related beliefs. In addition, there were significant improvements in patient and partner-rated relationship adjustment and happiness ($d = .64$ – 2.79). These results are contextualized in relation to prior results from individual MDMA-facilitated psychotherapy and CBCT for PTSD alone. MDMA holds promise as a facilitator of CBCT to achieve more robust and broad effects on individual and relational functioning in those with PTSD and their partners.

Pukay-Martin, N. D., Torbit, L., Landy, M. S. H., Wanklyn, S. G., Shnaider, P., Lane, J. E. M., & Monson, C. M. (2015). **An uncontrolled trial of a present-focused cognitive-behavioral conjoint therapy for posttraumatic stress disorder.** *Journal of Clinical Psychology*, *71*, 302–312. doi:10.1002/jclp.22166 *Objective:* The efficacy of a present-focused version of CBCT for PTSD was examined in a community sample. *Method:* Seven couples completed pretreatment assessments, including measures of clinician-, self- and partner-rated PTSD symptoms and relationship satisfaction. Six couples completed present-focused CBCT for PTSD and all posttreatment assessments. A seventh couple terminated their relationship prior to completing treatment; therefore, they completed posttreatment symptom measures, but not ratings of relationship satisfaction. *Results:* Results revealed significant decreases in PTSD symptoms that were associated with medium-to-large effect sizes. Medium effect

sizes for changes in relationship satisfaction were found, though were only significant for partners. *Conclusion:* Results from this pilot study suggest that present-focused CBCT for PTSD may be a promising alternative for individuals who are unwilling to engage in a trauma-focused treatment.

Sautter, F. J., Glynn, S. M., Arseneau, J. R., Cretu, J. B., & Yufik, T. (2014). **Structured approach therapy for PTSD in returning veterans and their partners: Pilot findings.** *Psychological Trauma: Theory, Practice, and Policy, 6*, S66–S72. doi:10.1037/a0036762
Seven married couples, each consisting of a Veteran who had been deployed to Operation Iraqi Freedom and a cohabiting female spouse, participated in an uncontrolled trial of SAT, a couple-based treatment for PTSD. After completing treatment, the group of 7 returning Veterans showed significant reductions in both self- and clinician-related PTSD with posttreatment Hedge *g* effect size improvements of 2.51 and 3.54, indicating an extremely high magnitude of change in posttraumatic stress. Paired *t* tests also indicated significant decreases in spousal anxiety, with a trend toward a significant decrease in spousal depression. Analyses of reliable change on the individual level indicated that 4 of 5 Veterans and 3 of 4 spouses with dyadic adjustment scores in the distressed range prior to treatment showed reliable decreases in distress over the course of SAT placing them in the nondistressed range at posttreatment. Five of 7 spouses showed reliable decreases in depression, and 4 of 7 spouses showed reliable decreases in anxiety over the course of treatment with SAT. These results support the hypothesis that participation in SAT reduces PTSD in returning Veterans while reducing relationship problems and distress in their spouses. More extensive research is being conducted with a larger sample in a randomized clinical trial.

Sautter, F. J., Glynn, S. M., Cretu, J. B., Senturk, D., & Vaught, A. S. (2015). **Efficacy of structured approach therapy in reducing PTSD in returning veterans: A randomized clinical trial.** *Psychological Services, 12*, 199–212. doi:10.1037/ser0000032
The US military deployed in support to Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) show high rates of PTSD and relationship, partner, and parenting distress. Given the pervasive effect of combat-related PTSD on returning Veterans and its effect on their loved ones, the investigators have developed a couples-based treatment, SAT, to reduce PTSD while simultaneously decreasing relationship and partner distress. This study presents treatment outcome data measuring PTSD and relationship outcomes from an RCT comparing SAT, a manualized 12-session novel couples-based PTSD treatment, to a manualized 12-session couples-based educational intervention (PTSD Family Education [PFE]). Data were collected from 57 returning Veterans meeting *Diagnostic and Statistical Manual of Mental Disorders* (fourth edition, text revision; *DSM-IV-TR*) criteria for PTSD and their cohabiting partners; data collection was scheduled for pretreatment, posttreatment, and 3-month follow-up. Findings from an intent-to-treat analysis revealed that Veterans receiving SAT showed significantly greater reductions in self-rated (PTSD Checklist; $p < .0006$) and Clinician-Administered PTSD Scale (CAPS)-rated PTSD ($p < .0001$) through the 3-month follow-up compared with Veterans receiving PFE; 15 of 29 (52%) Veterans receiving SAT and 2 of 28 (7%) receiving PFE no longer met *DSM-IV-TR* criteria for PTSD.

Furthermore, SAT was associated with significant improvements in Veteran relationship adjustment, attachment avoidance, and state anxiety. Partners showed significant reductions in attachment anxiety. This couples-based treatment for combat-related PTSD appears to have a strong therapeutic effect on combat-related PTSD in recently returned Veterans.

Sautter, F. J., Glynn, S. M., Thompson, K. E., 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*, 343–349. doi:10.1111/j.1752-0606.2009.00125.x
This study reports preliminary findings regarding the feasibility and efficacy of a novel couple-based treatment, named SAT, for reducing avoidance symptoms of PTSD. Six male Vietnam combat Veterans diagnosed with PTSD and their cohabiting marital partners participated in 10 weeks of SAT treatment. Self-report, clinician ratings, and partner ratings of PTSD symptoms were obtained before the first session and after the tenth session of treatment. Veterans reported statistically significant reductions in self-reported, clinician-rated, and partner-rated effortful avoidance, emotional numbing, and overall PTSD severity. These data indicate that SAT offers promise as an effective treatment for PTSD avoidance symptoms.

Schumm, J. A., Monson, C. M., O'Farrell, T. J., Gustin, N. G., & Chard, K. M. (2015). **Couple treatment for alcohol use disorder and posttraumatic stress disorder: Pilot results from U.S. military veterans and their partners.** *Journal of Traumatic Stress, 28*, 247–252. doi:10.1002/jts.22007
We studied 13 US male military Veterans and their female partners who consented to participate in an uncontrolled trial of couple treatment for alcohol use disorder and PTSD (CTAP). CTAP is a 15-session, manualized therapy, integrating behavioral couples therapy for alcohol use disorder (AUD) with cognitive-behavioral conjoint therapy for PTSD. Due to ineligibility ($n = 1$) and attrition ($n = 3$), 9 couples completed the study, and 7 completed 12 or more sessions. There were 8 Veterans who showed clinically reliable pre- to posttreatment reduction of PTSD outcomes. There were also significant group-level reductions in clinician-, Veteran-, and partner-rated PTSD symptoms ($d = 0.94$ to 1.71). Most Veterans showed clinically reliable reductions in percentage days of heavy drinking. Group-level reduction in Veterans' percentage days of heavy drinking was significant ($d = 1.01$). There were 4 Veterans and 3 partners with clinically reliable reductions in depression, and group-level change was significant for Veterans ($d = 0.93$) and partners ($d = 1.06$). On relationship satisfaction, 3 Veterans and 4 partners had reliable improvements, and 2 Veterans and 1 partner had reliable deterioration. Group-level findings were nonsignificant for Veteran relationship satisfaction ($d = 0.26$) and for partners ($d = 0.52$). These findings indicate that CTAP may be a promising intervention for individuals with comorbid PTSD and AUD who have relationship partners.

Sweany, S. L. (1987). **Marital and life adjustment of Vietnam combat veterans: A treatment outcome study.** Unpublished doctoral dissertation. University of Washington, Seattle, WA. PTSD in Vietnam Veterans is directly attributable to combat and combat environments. PTSD disrupts the ability of the Veteran to meet his life goals for employment, family, and personal development. PTSD is economically and socially costly to Veterans, their families, the

institutions serving them, and the public. Unfortunately, there is little quantifiable research on its treatment. How, then, can we ameliorate the symptoms? The present proposal tests a short, inexpensive couples class intervention with help-seeking Vietnam Veterans and their partners within a Veterans Center ($n = 28$). It is hypothesized that, compared to waiting-list controls, an 8-week couples class will improve the marital relationships of help-seeking Vietnam Veterans and their spouses as measured by the Dyadic Adjustment Scale. Further, reflecting these supportive changes, participants in the program will demonstrate significantly lower symptoms of personal stress measured by a decrease in the Beck Depression Inventory scores, and a decrease in PTSD Symptoms Checklist scores. The intervention based on behavior marital therapy focuses on support, knowledge building, and the development of communication and problem-resolution skills. A randomized control group pretest-posttest design was used in 6 stages: (1) Pretest of all subjects at time I. (2) Random assignment of each couple to immediate (experimental) or delayed (controls) treatment conditions. (3) Treatment of the experimental group. (4) Posttest of all subjects at time II. (5) Treatment of the control group. (6) A 10 week followup of subjects at time III is planned. The principal data analysis was at time II, comparing change scores of the treatment and control groups. Parametric 2 sample t-tests and nonparametric statistics were used to analyse changes on the three outcome variables, Dyadic Adjustment Scale, Beck Depression Inventory, and PTSD Symptom Checklist. The results showed a trend in the predicted direction. Veterans who participated in the treatment compared to Veterans on a waiting list, showed an improvement in marital satisfaction, a subscale of Dyadic Adjustment Scale, depression and PTSD symptoms. The results were statistically significant, but only marginally so. It is suggested that the study be replicated with a larger sample size. The limitations and implications of the study are discussed and suggestions for further research and treatment applications are proposed. [Author Abstract]

Weissman, N., Batten, S. V., Rheem, K. D., Wiebe, S. A., Pasillas, R. M., Potts, W., Barone, M., Brown, C. H., & Dixon, L. B. (2018). **The effectiveness of emotionally focused couples therapy with veterans with PTSD: A pilot study.** *Journal of Couple & Relationship Therapy*, 17, 25–41 doi:10.1080/15332691.2017.1285261 The current study is a pilot project conducted at Baltimore VA Medical Center investigating the use of emotionally focused couples therapy (EFT) for couples in which one partner is a Veteran who has been diagnosed with PTSD. Fifteen couples enrolled in the study and seven of these couples completed treatment (26 to 36 weekly sessions of EFT). Both partners were assessed on measures of relationship satisfaction, psychological distress, depression, and quality of life, and Veterans were assessed on measures of PTSD symptoms at baseline and 2 weeks after the intervention. Paired t-tests were used to compare scores before and after EFT. In terms of results, the Veterans' partners reported significant improvements in relationship and life satisfaction and in decreased depression and a decrease in psychological distress. Veterans demonstrated a significant decrease in self-reported symptoms of PTSD. These results provide preliminary evidence for the usefulness of EFT to help foster improved relationship satisfaction, and psychological

well-being for Veterans with PTSD and their partners who completed treatment.

Additional Citations

Bernstein, E. M., & Putnam, F. W. (1986). **Development, reliability, and validity of a dissociation scale.** *Journal of Nervous and Mental Disease*, 174, 727–735. doi:10.1097/00005053-198612000-00004

The psychometric properties of the Dissociative Experiences Scale, a well-validated self-report measure of dissociation is described.

Briere, J. N. (1995). *Trauma Symptom Inventory: Professional manual.* Psychological Assessment Resources. The psychometric properties and interpretation of scores on the TSI are provided in this manual. The TSI includes 10 scales measuring various types of clinical problems related to psychological trauma. It also includes three validity scales assessing test-taking attitudes.

Christensen, A., Doss, B. D., Jacobson, N. S. (2020). **Integrative behavioral couple therapy: A therapist's guide to creating acceptance and change** (2nd ed.). Norton & Co. Integrative behavioral couple therapy (IBCT) is one of the evidence-based couple therapy for general couple distress. This book outlines the theory and interventions used in IBCT, which focuses on partners' acceptance of couple problems and individual differences, as well as relationship behavior change.

Fischer, E. P., Sherman, M. D., Han, X., & Owen, R. R. (2013). **Outcomes of participation in the REACH multifamily group program for veterans with PTSD and their families.** *Professional Psychology, Research and Practice*, 44, 127–134. doi:10.1037/a0032024 The paper describes the outcomes of REACH (Reaching out to Educate and Assist Caring, Healthy Families), a group psychoeducation program tailored to Veterans with PTSD and their family members, in 100 Veterans and family members. There were significant improvements in family outcomes and PTSD knowledge in Veterans and family members.

Fredman, S. J., Le, Y., Macdonald, A., Monson, C. M., Rhoades, G. K., Dondanville, K. A., Blount, T. H., Hall-Clark, B. N., Fina, B. A., Mintz, J., Litz, B. T., Young-McCaughan, S., Jenkins, A. I. C., Yarvis, J. S., Keane, T. M., & Peterson, A. L. for the Consortium to Alleviate PTSD (in press). **A closer examination of relational outcomes from a pilot study of abbreviated, intensive, multi-couple group cognitive-behavioral conjoint therapy for PTSD with military dyads.** *Family Process*. doi:10.1111/famp.12654 The authors report secondary relational outcomes from an uncontrolled trial of an abbreviated, intensive, multi-couple group version of CBCT for PTSD (AIM-CBCT). There were significant reductions in patients' perceptions of couples' ineffective arguing, significant increases in patients' perceptions of partners' supportive dyadic coping and couples' joint dyadic coping, and significant decreases in partners' accommodation of patients' PTSD symptoms at the end of treatment and/or follow-up.

Johnson, S. M. (2005). *Emotionally focused couple therapy with trauma survivors: Strengthening attachment bonds.* Guilford. This book describes Emotionally Focused Couple Therapy, with a

focus on application to couples in which one or both partners has been traumatized. There are case examples illustrating the attachment issues that are thought to underpin relational problems and description of the interventions used in the three stages of the therapy.

Liebman, R. E., Whitfield, K. M., Sijercic, I., Ennis, N., & Monson, C. M. (2020). **Harnessing the healing power of relationships in trauma recovery: A systematic review of Cognitive-Behavioral Conjoint Therapy for PTSD.** *Current Treatment Options in Psychiatry, 7*, 203–220. doi:10.1007/s40501-020-00211-1 This is a systematic review of CBCT for PTSD, including the primary, secondary, and tertiary outcomes of the therapy. In addition, there is a review of papers on moderators of treatment outcomes.

Monson, C. M., Fitzpatrick, S., Wagner, A. C., Valela, R. Whitfield, K. M., Varma, S., Landy, M. S. H., DiBartolomeo, A., Crenshaw, A. O., Fulham, L., Morland, L., Knopp, K., Proctor, D. W., Toller, A., Webster, K., & Doss, B. D. (2021). **The development of Couple HOPES: A guided online intervention for PTSD and relationship satisfaction enhancement.** *European Journal of Psychotraumatology, 12*, 1917879. doi:10.1080/20008198.2021.1917879 Couple HOPES (Helping Overcome PTSD and Enhance Satisfaction) is a guided, self-help intervention that is an adaptation of CBCT for PTSD. The authors provide an overview of content that comprises the platform, a description of its user interface, and an explanation of the nature and goals of coaching.

Monson, C. M., & Fredman, S. J. (2012). *Cognitive-behavioral conjoint therapy for posttraumatic stress disorder: Harnessing the healing power of relationships.* Guilford. This treatment manual includes a description of the theoretical rationale supporting CBCT for PTSD and individual case conceptualization, guidance on thorough individual and relationship assessment, and session-by-session instructions on delivering the treatment.

Monson, C. M., Macdonald, A., & Brown-Bowers, A. (2012). **Couple/ family therapy for posttraumatic stress disorder: Review to facilitate interpretation of the VA/DoD clinical practice guideline.** *Journal of Rehabilitation Research and Development, 49*, 717–728. doi:10.1682/JRRD.2011.09.0166 The US Veterans Administration and Department of Defense published their guidelines on the treatment of PTSD in 2012. This article serves as a companion guide to facilitate interpretation of the guidelines as it relates to couple/ family therapy for PTSD. This article provides a more comprehensive description of the heuristic used in the commentary.

Morland, L., A., Macdonald, A., Grubbs, K. M., Mackintosh, M-A., Monson, C. M., Glassman, L. H., Becker, J., Sautter, F., Buzzella, B., Wrape, E., Wells, S. Y., Rooney, B. M., & Glynn, S. (2019). **Design of a randomized superiority trial of a brief couple's treatment for PTSD.** *Contemporary Clinical Trials Communications, 15*, 100369. doi:10.1016/j.conctc.2019.100369 The authors describe the rationale, methodology, and implications of a large randomized controlled trial comparing an abbreviated version of CBCT for PTSD delivered in-office, to CBCT delivered via secure video into the home, and Patient Family Education delivered in-office with US Veterans and their intimate partners.

O'Farrell, T. J., & Fals-Stewart, W. (2006). *Behavioral couples therapy for alcoholism and drug abuse.* Guilford. This book describes the theoretical rationale and specific interventions for behavioral couples therapy for addiction and drug abuse. Specific interventions and case examples are provided to facilitate implementation of this evidence-based therapy for addiction and relationship problems.

Solomon, Z., Bleich, A., Shoham, S., Nardi, C., & Kotler, M. (1992). **The “Koach” project for treatment of combat-related PTSD: Rationale, aims, and methodology.** *Journal of Traumatic Stress, 5*, 175–193. doi:10.1002/jts.2490050204 The Israeli K'oach program is an intensive treatment program for combat Veterans with PTSD in which wives were included at several points during the program. Male Veterans and their wives have reported relationship improvements but there were no decreases in Veterans' PTSD symptoms.

Thompson-Hollands, J., Strage, M., DeVoe, E. R., Beidas, R. S., & Sloan, D. M. (2021). **Development of a brief adjunctive intervention for family members of veterans in individual PTSD treatment.** *Cognitive and Behavioral Practice, 28*, 193–209. doi:10.1016/j.cbpra.2020.06.007 The authors describe the development and initial feasibility and acceptability of a Brief Family Intervention designed to be delivered alongside Prolonged Exposure and Cognitive Processing Therapy. The 2-session intervention focuses on providing psychoeducation about PTSD and treatment, building family member support for treatment, and reducing family symptom accommodation.