Cognitive-Behavioral Conjoint Therapy for PTSD

Candice M. Monson, Ph.D.
Biopsychosocial Factors Related to Trauma Recovery

- Genetic/Biological
- Intrapsychic
- Interpersonal
- Sociocultural

Monson, Fredman & Dekel (2010)
What is the conjoint treatment target?

Target: Improve Individual Symptoms

<table>
<thead>
<tr>
<th>Target: Relationship Improvements</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Disorder-specific Family Therapy</td>
<td>Generic Family Therapy</td>
</tr>
<tr>
<td>No</td>
<td>Partner-assisted Intervention</td>
<td>Psychoeducation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family-facilitated Engagement</td>
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</tbody>
</table>

Monson, Macdonald, & Brown-Bowers, 2010
Relationship-level Factors

Partner A
- Cognition: trust, threat appraisal
- Behavior: poor communication
- Emotions: guilt, numbing, anger

Partner B
- Cognition: control, attributions re: illness
- Behavior: accommodation, distancing, anger
- Emotions: sad

Monson, Fredman & Dekel, 2010
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 (but can be flexible)
- Customary inclusion/exclusion criteria for PTSD-identified partner
- Partner may or may be not diagnosed with PTSD
- Exclusionary criteria specific to relationship
  - Current severe violence
  - Minimal commitment
CBCT for PTSD

Phases of Treatment

Phase 1
- Introduction, Psychoeducation, Safety Building

Phase 2
- Relationship Enhancement
- Undermining Avoidance

Phase 3
- Dyadic Cognitive Interventions
Session Overview

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

- **Phase 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 7  Problem Solving

- **Phase 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
BIG PICTURE

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

C: Less guilt, less sense of individual responsibility; more confidence that I made the right decision. Less self-blame and less likely to second guess myself.

K: Often reminding myself that I made the right decision; Read this over with XXX
PRIMARY OUTCOMES
CBCT for PTSD Primary Outcomes

• 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)
  – Partners’ well-being
  – Relational functioning
OTHER OUTCOMES
### Secondary Outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Hedge’s $g$ Compared with Waitlist</th>
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</thead>
<tbody>
<tr>
<td>Reexperiencing Cluster</td>
<td>1.51</td>
</tr>
<tr>
<td>Effortful Avoidance</td>
<td>1.50</td>
</tr>
<tr>
<td>Emotional Numbing</td>
<td>.87</td>
</tr>
<tr>
<td>Hyperarousal</td>
<td>1.33</td>
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<tr>
<td>Positive Affect Control</td>
<td>.42</td>
</tr>
<tr>
<td>Global Guilt</td>
<td>.65</td>
</tr>
<tr>
<td>Guilt Cognitions</td>
<td>.63</td>
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<tr>
<td>Guilt-related Distress</td>
<td>1.04</td>
</tr>
<tr>
<td>Posttraumatic Beliefs and Reactions</td>
<td>.68</td>
</tr>
</tbody>
</table>

Macdonald et al. (under review)
Improvements in Posttraumatic Growth

Wagner et al. (2015)
Parenting Outcomes

<table>
<thead>
<tr>
<th></th>
<th>Patient (n=6)</th>
<th>Partner (n=8)</th>
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</thead>
<tbody>
<tr>
<td>Efficacy</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Competency</td>
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<td>1</td>
</tr>
</tbody>
</table>

Landy et al. (2015)
Present-focused CBCT for PTSD

**CAPS Scores**

- Pre-treatment: 70
- Post-treatment: 50

**CSI Scores**

- Pre-treatment: 110
- Post-treatment: 130

$g = .78$

Pukay-Martin et al. (2015)
Present-focused CBCT for PTSD

**PCL-Self**

- Pre-treatment: 60
- Post-treatment: 40

**PCL-Partner**

- Pre-treatment: 60
- Post-treatment: 40

$g = 1.26$  

$g = 1.85$

Pukay-Martin et al. (2015)
MODERATORS OF OUTCOMES
Patients’ and Partners’ Pre-treatment Dyadic Adjustment Scales Moderation

Shnaider et al. (in press)
Overall Pre-treatment Social Support Moderates PTSD Outcomes

\( d = 1.06 \)

Shnaider et al. (under review)
Partner Accommodation: Moderation of PTSD (CAPS) Outcome

Fredman et al. (in press, JCCP)
Future Directions

• Finish PE v. CBCT for PTSD trial

• 3 Recently-funded Trials:
  – CBCT for PTSD + Parent Management Training
  – Weekend Retreat Delivery
  – Non-inferiority Trial of Home (via video technology) vs. Office Delivery
  – MDMA-Facilitated CBCT for PTSD

• Multi-site Patient Preference Trial
  – PE
  – CPT
  – CBCT for PTSD

• Online delivery
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.

Therapists attend a workshop led by Dr. Candice Monson’s training team to learn to use this protocol. Click on Biographies to read about the training team. Upcoming workshops are listed under Training Opportunities at right.

"...I have been using your approach and it is making such a difference in lives of..."
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