
GUIDELINE 15

Couple and Family Therapy for Adults

Description

Experts suggested that it is important to consider including therapy for families or couples when addressing posttraumatic stress disorder (PTSD) and other psychological sequelae of trauma. Approaches to couple/family treatment have grown out of two theoretical traditions. Some programs include couple/family therapy to address the impact of trauma and its effects on families and the relationships of traumatized individuals. These programs tend to focus more on relieving family distress than on reducing a particular individual's PTSD symptoms. Other programs focus on the role of the partner and family members in helping the trauma survivor to recover from symptoms arising from the trauma. In this formulation, interventions focus on improving the efficacy with which this support is provided. The two approaches are not mutually exclusive, and there is clearly some overlap in techniques and evaluation. Programs that have been developed more recently tend to blur the distinction even more.

General Strength of the Evidence

The literature on couple and family therapies with trauma survivors is severely limited. The few empirical studies have significant limitations. Most utilized small samples and did not include a control or comparison group.

Indeed, only one published article and one unpublished doctoral dissertation have reported the results of randomized controlled trials of family or couple therapy. The existing studies are limited further by their focus on combat veterans and their partners. Until results are replicated with larger samples and survivors of other types of trauma, it is premature to recommend couple therapy for the treatment of PTSD or PTSD-related family distress. The clinically focused literature on the use of couple/family treatments with trauma survivors is similarly limited. Despite several descriptions of such treatments, careful case studies with standard assessments are absent.

The strength of the evidence for specific treatment programs is as follows:

- *Behavioral family therapy* includes education about PTSD and PTSD services, communication training, anger management, and improving couple problem-solving skills (Level A).
- *Behavioral marital therapy* focuses on increasing positive interactions, improving communication and problem-solving skills, and enhancing intimacy (Level A).
- *Cognitive-behavioral couple treatment for PTSD* comprises 15 sessions in which the clinician educates the couple about PTSD and its impact on relationships, introduces communication skills, helps the couple to overcome experiential avoidance, and applies cognitive interventions to change the core beliefs related to persistent PTSD symptoms (Level B).
- *Lifestyle management courses* include education about PTSD, managing stress, relaxation/meditation, self-care, diet and nutrition, communication, anger management, and problem solving, as well as discussions of self-esteem, alcohol, and depression (Level B).
- *Emotionally focused couple therapy* includes efforts to identify negative interaction patterns and label them as a problem, encourage acceptance by the partner, appropriately ask for one's needs to be met, develop new ways of coping, and integrate new interaction patterns (Level D).
- *Spousal education and support programs* typically include didactic, discussion, and question-answer components aimed at topics including education about mental illness and available services, training in problem-solving skills, stress management (Level D).
- *Family systems-based therapy* often includes developing a conceptualization of trauma as a family issue, educating families about trauma, developing support and communication skills, clarifying individual roles within the family, and resolving emotional disruption (Level D).
- *Critical interaction therapy* identifies patterns of dyadic processes that commonly occur in families of trauma survivors and uses a series of interventions to teach about the process, point out connections to the trauma, encourage partners to offer support, and promote better problem solving and communication (Level F).

Course of Treatment

The literature includes descriptions of a number of different couple/family treatment approaches that may be used following trauma but not generally agreed-upon programs or protocols for administering the treatment. The lack of strong empirical evidence for the use of couple/family treatments for trauma survivors further complicates attempts to delineate an expected course of treatment. With these limitations in mind, below is an outline of some of the common characteristics across the various treatments described in the literature.

Most programs incorporate the couple/family work into a larger treatment program that targets the psychological sequelae of trauma. Typically, this means that the individual(s) who experienced the trauma directly (and sometimes other family members) participate in individual therapy concurrently with or prior to the couple/family therapy. In general, the couple/family intervention is viewed as time-limited, though the number and frequency of sessions differ across programs. Early sessions are typically devoted to educating participants about the treatment program, trauma, and PTSD. The remaining sessions tend to focus on teaching specific skills, with an emphasis on improving communication, problem solving, coping, and mutual support. Often, interventions are designed to allow the families or couples to process the impact of the trauma on their lives. The specific skills taught, the manner and order in which they are taught, and the relative emphasis placed on skills training and processing varies across treatment programs.

Recommendations

Because dyadic and/or family disruption can be a problem for individuals with PTSD, it is recommended that clinicians evaluate the possible need for couple or family therapy when treating trauma survivors with PTSD. When couple or family therapy is warranted, it is recommended that this treatment focus on improving communication and reducing conflict among family members. This may entail communication about current problems and/or issues related to the trauma and its aftermath. Studies suggest that, in some cases, these treatments may help to address family disruption and increase support for the patient. However, there is little empirical support for including such treatments. Furthermore, decision criteria for when to use these treatments and the consequences of not including them are largely unknown.

When addressing the needs of traumatized children, rarely is family or couple therapy suggested to be the sole, or even primary, treatment for posttrauma symptoms. The preliminary data on cognitive-behavioral couple treatment for PTSD are promising and suggest that treatment incorporating skills training to improve communication and specific interventions target-

ing PTSD symptoms is possible. However, ability to make clear recommendations awaits further research.

Couple/family therapy is generally presented as an important adjunct to other forms of treatment aimed more directly at alleviating posttraumatic symptoms. Even in cases when family therapy is identified as the primary form of therapy, individual treatment with the trauma survivor is recommended to address PTSD symptoms. Therefore, it is recommended that couple and family therapy should be used concurrently with, or following, evidence-based treatments that focus on alleviating PTSD symptoms.

Experts suggest that couple/family therapy is most appropriate when the family system has functioned well prior to the trauma. When the system is dysfunctional prior to the trauma, alternative therapy approaches may be needed prior to treatment focused on the family's reactions to the trauma. Again, the empirical literature offers little to guide this decision. Recent studies of couple treatment have utilized samples whose participants report being generally satisfied with their relationships, so it is unclear how effective the treatments might be with dissatisfied couples. Thus, although it might be more appropriate to include couple/family therapy in a treatment plan for an individual when significant disruption exists, we know little about the effects of such treatment in these patients.

Summary

Experts provide strong theoretical arguments and rationales for using couple/family therapies, usually combined with other treatments for post-trauma symptoms. However, the lack of empirical data makes it difficult to know whether these programs are helpful in reducing family disruption or in promoting recovery from trauma. It is also unclear when couple/family interventions should be used, or how to combine them with other treatment approaches.

Suggested Readings

- Figley, C. R. (1989). *Helping traumatized families*. San Francisco: Jossey-Bass.
- Glynn, S. M., Eth, S., Randolph, E. T., Foy, D. W., Urbatis, M., Boxer, L., et al. (1999). A test of behavioral family therapy to augment exposure for combat-related post-traumatic stress disorder. *Journal of Consulting and Clinical Psychology*, *67*, 243–251.
- Monson, C. M., Stevens, S. P., & Schnurr, P. P. (2005). Cognitive-behavioral couple's treatment for posttraumatic stress disorder. In T. A. Corales (Ed.), *Focus on post-traumatic stress disorder* (pp. 245–274). Hauppauge, NY: Nova Science.