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The Effectiveness of Emotionally Focused Couples Therapy With Veterans With PTSD: A Pilot Study

Neil Weissman[a], Sonja V. Batten[a], Kathryn D. Rheem[b], Stephanie A. Wiebe[c], Rebecca M. Pasillas[d], Wendy Potts[e], Melissa Barone[a], Clayton H. Brown[f], and Lisa B. Dixon[g]

[a]VA Maryland Health Care System, Balitmore, Maryland, USA; [b]Washington Baltimore Center for Emotionally Focused Therapy, Falls Church, Virginia, USA; [c]The Ottawa Hospital, Ottawa Couple and Family Institute, Ottawa, Ontario, Canada; [d]VISN 5 Capitol Health Care Network, MIRECC, Balitmore, Maryland, USA; [e]University of Maryland, Department of Psychiatry, Division of Services Research, Balitmore, Maryland, USA; [f]VISN 5 Capitol Health Care Network MIRECC and University of Maryland, Department of Epidemiology and Public Health, Balitmore, Maryland, USA; [g]VISN 5 Capitol Health Care Network, MIRECC and University of Maryland, Department of Psychiatry, Division of Services Research, Balitmore, Maryland, USA

ABSTRACT

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 posttraumatic stress disorder (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.

KEYWORDS

Couples; emotionally focused therapy; posttraumatic stress disorder; veterans

Disruptions in interpersonal relationships are a hallmark of combat deployments in which servicemembers are separated from their families for long periods of time in dangerous situations. Reintegration after deployment is inherently stressful for servicemembers and their families, and, when present, combat-related psychological concerns such as posttraumatic stress disorder (PTSD) and depression, often play into relationship distress (Allen, Rhoades, Stanley, & Markman, 2010; Monson, Taft, & Fredman, 2009; Riggs, Byrne, Weathers, & Litz, 1998; Taft, Watkins, Stafford, Street, & Monson, 2011). The current study is an exploratory investigation

CONTACT Neil Weissman Neil.Weissman@va.gov Baltimore VAMC, 10 N. Greene St., Baltimore, MD 21201, USA.

of a couple-based intervention, emotionally focused couple therapy (EFT), for veterans and their romantic partners to address psychological symptoms and relationship distress.

PTSD and Couple Relationships

The vast majority of studies and treatment methods have focused on the individual with PTSD. While it is important that individual trauma survivors receive treatment and attention, the emphasis on the individual can leave the needs of the partner of the trauma survivor unattended and the value of their role in supporting their partner untapped (Sherman et al., 2005a). Research has shown that posttraumatic stress affects not only the survivor but also the intimate partners and other family members (Galovski & Lyons, 2004) and can leave partners and other family members experiencing significant relational and emotional distress (Manguno-Mire et al., 2007; Renshaw & Campbell, 2011). Studies have demonstrated that partners of trauma survivors reported feeling intense negative emotion, isolation, and relationship dissatisfaction (Reid, Wampler, & Taylor, 1996), and higher levels of PTSD symptoms are significantly associated with higher levels of relationship distress (Khaylis, Polusny, Erbes, Gewitz, & Rath, 2011).

Taft and colleagues (2011) conducted a meta-analysis revealing significant correlations between PTSD and relational discord, interpersonal aggression, and physical aggression, and this association was stronger for military than for civilian couples (Allen et al., 2010; Teten et al., 2010). Other studies have linked PTSD to problematic parenting and marital relationships (Monson et al., 2009). Indeed, psychological distress related to deployment is associated with difficulties in the family relationships of veterans (Erbes, Meis, Polusny, & Compton, 2011; Gerwitz, Polusny, Degarmo, Khaylis, & Erbes, 2010; Sayers, Farrow, Ross, & Oslin, 2009). Further, stressful relationship discord can exacerbate PTSD symptoms and is associated with poor individual treatment outcomes (Tarrier, Sommerfield, & Pilgrim, 1999). Batten and colleagues (2009) found that veterans with PTSD desire greater family involvement in their care. Including family members in the treatment of PTSD empowers family members to support the veteran's recovery, thus benefitting both partners (Sherman, Zanotti, & Jones, 2005b). The interconnected nature of PTSD and relationship distress among veterans, as evidenced by the research, points to the value of including partners in treatment.

Interventions for Veterans and Their Families

Interventions designed to improve relationship functioning in couples and families of veterans diagnosed with PTSD have shown encouraging results. The interventions researched thus far have been largely skills based, including cognitive-behavioral conjoint therapy (CBCT) and structured approach therapy (SAT). Monson and colleagues (2009) examined CBCT in a small sample of a nondistressed veteran population. As a result of this pilot study, relationship partners reported

improvements in relationship satisfaction, anxiety, and social functioning. In a randomized controlled trial, Monson and colleagues (2011) also found that CBCT for couples with one partner with PTSD in a community population reduced PTSD symptoms and improved marital satisfaction. In 2013, Schumm, Fredman, Monson, and Chard reported initial findings from a study of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF; $N = 6$ couples) combat veterans and their partners that used CBCT. Although four of the six veterans rated their relationships as nondistressed, the three distressed partners were in the nondistressed range at posttreatment. Erbes, Polusny, MacDermaid, and Compton (2008) used an adaptation of integrative behavioral couple therapy (IBCT), an approach based on CBCT with an added focus on emotional acceptance, in a case study highlighting the relevance of couple therapy for postdeployment couples.

SAT specifically targets emotional numbing, a symptom of PTSD, through stress inoculation by using education and skills training for veterans and their partners. In an uncontrolled study of SAT conducted with six veterans and their partners, Sautter, Glynn, Thompson, Franklin, and Han (2009) found a reduction in the symptoms addressed by the intervention, namely emotional numbing. Sautter, Glynn, Cretu, Senturk, and Vaught (2015) conducted a randomized clinical trial of OIF/OEF veterans with PTSD and their cohabitating partners by using SAT compared with couple-based family education. Findings revealed that veterans receiving SAT showed significantly greater reductions in PTSD symptoms than did those who received family education at a 3-month follow-up. Further, SAT was associated with significant improvements in relationship adjustment, state anxiety, and reductions in attachment insecurity (attachment avoidance).

EFT for Veterans and Their Partners

The focus of EFT is to create attachment security in romantic relationships by increasing emotional safety and responsiveness, which lends itself well to helping veterans with PTSD and their partners in dealing with the distressing emotions inherent in war-related experiences during deployment and reintegration with the family (Blow, Curtis, Wittenborn, & Gorman, 2015; Johnson, 2002).

The symptoms of PTSD that have demonstrated the strongest link to interpersonal difficulties are the avoidance symptoms (Pietrzak, Goldstein, Malley, Rivers, & Southwick, 2010). This is not surprising given that "stone-walling" and "unrequited" bids for emotional connection are strongly associated with relationship distress and highly predictive of divorce (Gottman, 1993; Gottman & Levenson, 1999). Further, treatment of PTSD symptoms involves gradually reducing reliance on avoidance coping strategies across a variety of individual-based trauma treatment approaches (Briere & Scott, 2014). EFT helps partners create a safe emotional connection in which difficult emotional experiences can be shared and responded to. It is not necessary for veterans to share the details of their war-related experiences per se, but that they are able to share their emotions surrounding these events and how this affects them in the present is important (Blow et al., 2015).

In the attachment literature, attachment security has been shown to play a role in psychological adjustment after traumatic events (Andersen, Elklit, & Vase, 2011; Basham, 2008). Further, attachment avoidance, an attachment strategy that relies on de-activating affect regulation strategies in attachment relationships, is associated with lesser relationship satisfaction (Mondor, McDuff, Lussier, & Wright, 2011). EFT helps partners create a secure attachment bond that can foster resiliency to stress for both partners (Wiebe & Johnson, 2017). In EFT, the attachment-related emotions are recognized as the focal point around which therapeutic change occurs (Greenman & Johnson, 2013). Attachment theory suggests that all humans, regardless of rank, grade, or status, have the innate need for closeness and responsiveness from significant others (Mikulincer & Shaver, 2007; Greenman & Johnson, 2013). For adults, the romantic partner becomes an attachment figure, and the romantic relationship, an attachment bond. Any threat to this bond-such as the emotional numbing of one partner-creates significant distress in the other partner. Mikulincer and Shaver (2007) note that attachment figures serve as a safe haven and a secure base that plays a role in regulating negative affective states and facilitating positive affective states. Johnson (2005) argues that the isolation and lack of secure connection to others, resulting from PTSD, can undermine one's recovery, whereas having a secure connection fosters resilience and is, therefore, a natural place for healing to occur. Recent research has shown that across EFT sessions, couples report linear reductions in attachment avoidance (Burgess Moser et al., 2015), and after EFT, female partners have shown a greater capacity to be soothed by their partner, as indicated by reduced activation in brain areas associated with processing stress, when their partner was present in a stressful situation (Johnson et al., 2013). When a veteran copes by shutting down and numbing, access to emotions necessary to respond to his/her partner in the relationship and seek support to manage PTSD symptoms is reduced. Emotional avoidance, a coping strategy that has only short-term benefits, then can become a factor that contributes to relationship distress. Focusing as it does on increasing emotional responsiveness and creating a secure connection between partners, EFT (Johnson, 2004) is well suited to address both individual symptoms and relationship distress for veterans (Blow et al., 2015; Johnson, 2002).

EFT fosters emotional safety, responsiveness, and engagement toward the creation of a secure attachment bond through three stages. In stage 1, deescalation involves the couple discovering the problematic interactional style and related attachment emotions fueling their stance in negative patterns such as demand–withdraw. This awareness, normalization, and framing of the cycle as a common enemy result in the slowing down of the negative pattern. In stage 2, restructuring the bond results from facilitating a deeper awareness of emotional needs and longings, the congruent soft expression of those needs to the partner, and acceptance and responsiveness by the partner, culminating in increased emotional connection and security. Stage 3 is consolidation, where the couple now become a team and are able to consider and implement new solutions to old problems (Johnson, 2004, 2009). This results in new positive patterns of interaction that allow partners to seek

comfort and support from each other, which in turn promotes resilience and improved affect regulation (Wiebe & Johnson, 2017).

Empirical support for the efficacy and effectiveness of EFT for couples has been well established in the literature (Clothier, Manion, Gordon-Walker, & Johnson, 2002; Halchuk, Makinen, & Johnson, 2010; Johnson, Hunsley, Greenberg, & Schindler, 1999). There is also preliminary evidence of EFT's effectiveness for couples with PTSD related to childhood sexual abuse (Macintosh & Johnson, 2008) and intrafamilial childhood abuse (Dalton, Greenman, Classen, & Johnson, 2013). Further, there is evidence that EFT may contribute to a reduction in depressive symptoms (Denton, Wittenborn, & Golden, 2012; Dessaulles, Johnson, & Denton, 2003), a common comorbidity with PTSD (Campbell et al., 2007). For a complete review of EFT outcome and process research to date, see Wiebe and Johnson (2016).

The Current Study

The focus of EFT on affect regulation and fostering attachment security in couple relationships makes EFT well suited to address individual and couple distress among veterans and their partners. In the current pilot study, we examined changes in depression, PTSD symptoms, relationship satisfaction, and quality of life by using paired-samples *t*-tests in a small sample of veterans with combat-related PTSD and their partners.

We hypothesized that (a) veterans will demonstrate significant reductions in symptoms of PTSD on self-report and interview measures from pretherapy to posttherapy, (b) veterans and their partners will demonstrate significant reductions in self-reported symptoms of depression from pretherapy to posttherapy, (c) veterans and their partners will demonstrate significant improvements in self-reported relationship satisfaction from pretherapy to posttherapy, and (d) veterans and their partners will demonstrate significant improvements in quality of life from pretherapy to posttherapy.

Method

Procedure

Recruitment and Eligibility

Veterans and their partners were recruited from the Trauma Recovery Program at an urban Veterans' Affairs Medical Center in Baltimore, Maryland. Veterans who expressed interest in couple therapy were given an informational flyer with contact information of study staff by clinicians at the Veterans' Affairs Medical Center and other local veterans centers. Eligibility to participate in the pilot study required veterans to be in treatment for PTSD, to have returned from active duty deployment for more than 1 year, and to have scored 50 or above on the Clinician Administered PTSD Scale. Both partners needed to score between 75 and 110 on the Dyadic

Adjustment Scale (DAS), indicating mild to moderate relationship distress, and to have a score between 3 and 5 on item 32 of the DAS indicating a moderate to strong commitment to the relationship. Participants could not have profound cognitive limitations, a severe psychotic spectrum disorder, or self-reported current alcohol or other substance dependence or abuse.

After providing written informed consent, both the veteran and his/her partner completed an in-person assessment administered by a doctoral-level clinician with the measures that follow. Couples received a range of 26 to 36 weekly sessions of EFT; the couple and therapist decided together on the number of sessions. Two weeks after treatment completion, participants were evaluated with the same battery and asked about their treatment experiences. Couples were compensated $50 for the completion of pretherapy and $50 for the completion of posttherapy research sessions.

Participants

A total of 15 couples agreed to participate in the study. During the course of therapy, five couples were excluded from the study due to the discovery of current substance abuse problems that were not identified during screening. Of the 10 remaining couples, three additional couples did not complete therapy for other reasons and were considered dropouts from the study: deployment (one couple), relationship dissolution (one couple), and one unknown reason (one couple). Seven couples completed the intervention. Mean age at baseline was 43 years. The racial distribution of participants was 10 white, 1 Native American, and 1 African American (data on race for one couple were not available). All participants had graduated from high school or earned a GED, and five had a 4-year college degree. Six of the couples were married, and one was in a committed relationship, although not living together. The mean number of years in the relationship was 13. The veterans had served in Vietnam (three veterans), Vietnam and Persian Gulf (one veteran), OEF/OIF (three veterans). We were not able to obtain posttest results for the eight couples who dropped out of the study. All veterans reported being exposed to combat-related experiences that were life threatening or were involved the serious injury or actual death of others and were diagnosed with PTSD.

Measures

Demographics Questionnaire

The questionnaire requested basic demographic information about the participants, including age, race/ethnicity, level of education, marital status, and years in the current relationship.

PTSD Checklist (PCL; Weathers, Litz, Herman, Huska, & Keane, 1993)

The PCL is a 17-item self-report scale that measures severity of PTSD symptoms. Respondents are asked to indicate the degree to which each symptom has been an issue for them during the past month (i.e., "repeated disturbing memories, thoughts,

or images of the stressful experience") on a 5-point Likert scale (1 = *not at all* to 5 = *extremely*), yielding a sum score with higher scores indicating higher PTSD symptoms. The PCL has adequate internal consistency reliability, test-retest reliability, and convergent validity with other measures of PTSD (Weathers et al., 1993; Weathers, Ruscio, & Keane, 1999).

Lehman Quality of Life Inventory (TL-30S; Lehman, 1996)

The TL-30S is a short form of the Lehman Quality of Life Inventory (QOLI; Lehman, Ward, & Linn, 1982). The TL-30S is a 37-item self-report questionnaire that assesses both objective and subjective quality of life in several domains (e.g., residential stability, satisfaction with family relations). The TL-30S includes two types of items that require the respondent to rate how he or she feels about different aspects of their lives (i.e., living situation) on a 7-point Likert (1 = *terrible* to 7 = *delighted*) and to choose a statement among an array of statements that best describe his or her current life circumstances within several specific domains, yielding a sum score with higher scores indicating higher quality of life. The Lehman QOLI has been extensively researched and has adequate internal consistency reliability ($\alpha = .76$) in psychiatric populations, and validity (Lehman, 1996).

Hamilton Rating Scale for Depression (HRSD; Hamilton, 1960)

The HRSD is a structured interview and rating scale that consists of 17 items on scales ranging from 0 to 4 or 0 to 2 (i.e., depressed mood: 0 = *absent* to 4 = *patient reports virtually only these feeling states in his spontaneous verbal and non-verbal communication*; insomnia early: 0 = *no difficulty falling asleep* to 2 = *complains of nightly difficulty falling asleep*). Higher sum scores indicate higher levels of depression. The HRSD has demonstrated adequate to excellent test–retest reliability ($r = 0.46$–0.99), internal consistency reliability ($\alpha = .46$ to $.97$), convergent validity, and discriminant validity across a range of studies (Bagby, Ryder, Schuller, & Marshall, 2004).

CAPS (Blake et al., 1990)

The CAPS is a 30-item clinician-administered structured clinical interview designed to assess the presence and severity of symptoms associated with PTSD structured according to DSM-IV criteria. Each item assesses frequency (0 = *none of the time* to 4 = *most of the time*) and intensity (0 = *none* to 4 = *extreme*) based on a 4-point continuum. The presence of posttraumatic symptoms during the previous month was assessed for this study. A total score was calculated by summing frequency and intensity ratings. Psychometrically, the CAPS has been validated extensively. Test–retest reliability ranged from $r = 0.90$ to 0.98, and internal consistency was reported at $\alpha = .94$ as reported by Blake et al. (1990).

Dyadic Adjustment Scale (DAS; Spanier, 1976)

The DAS is a 32-item self-report instrument that measures relationship satisfaction in couples. The final item asks the individual to rate his or her commitment to see the relationship succeed on a 6-point Likert scale. All items are summed for a total

score ranging from 0 to 150, with higher scores indicating higher relationship satisfaction. Scores of 70 or below are indicative of severe relationship distress. Scores from 71 to 100 indicate mild to moderate relationship distress. The DAS has been found to have good internal consistency reliability ($\alpha = .96$; Spanier, 1976) and good test–retest reliability ($r = 0.87$; Carey, Spector, Lantinga, & Krause, 1993). Spanier (1976) demonstrated a significant difference between married and divorcing couples, indicating good validity.

Brief Symptom Inventory (BSI; Derogatis & Melisaratos, 1983)

The BSI is a 53-item self-report measure of symptom distress. It consists of nine symptom scales and three measures of general distress. For this study, the General Severity Index (GSI), which reflects the number of symptoms endorsed as well as the perceived intensity of distress, will be examined. The GSI has demonstrated good test–retest reliability ($r = 0.90$).

Postintervention Interview

The authors developed this postintervention semistructured interview to assess couples' experiences about the treatment. Questions included the following: "How do you feel about the duration and frequency of the treatment? What were the most important ideas/feelings/thoughts that you processed during the therapy? What changes occurred in your relationship and/or in yourself that are directly related to the therapy?"

Intervention-EFT for Couples

Veterans and their partners completed 26 to 36 weekly 60-minute sessions of EFT (Johnson, 2004). The first author, who had completed an externship in EFT and was supervised by the developer of the EFT model, Susan Johnson, provided treatment in this pilot study. Susan Johnson monitored fidelity to the EFT model through supervision.

Plan of Analysis

Descriptive statistics were used to characterize the veterans and their partners at baseline on each of the dependent variables. Paired *t*-tests were used to examine pre–post treatment mean change on the scale score outcomes. We calculated Cohen's *d* effect sizes for each dependent variable. We interpreted effect sizes as small, medium, and large as 0.2, 0.5, and 0.8, respectively.

Results

At posttreatment, veterans showed significant improvement in PTSD symptoms as measured by the PCL Checklist from pretest ($M = 69.3$, $SD = 11.4$) to posttest [$M = 59.4$, $SD = 12.3$), $t(6) = 2.94$, $p = .026$], with a large effect size ($d = 1.11$;

Table 1. Posttreatment versus pretreatment comparisons for the veterans and their partners.

	Baseline, mean (SD)	Posttreatment, mean (SD)	Cohen's *d*	Paired *t*-test		
				df	*t*	*p*
Veteran						
Global psychological distress	2.3 (0.7)	1.9 (1.0)	0.39	6	1.04	.349
Relationship satisfaction	89.9 (13.8)	96.3 (22.5)	0.50	6	1.33	.233
PTSD symptoms (CAPS*)[†]	75.2 (20.0)	72.0 (16.7)	0.16	5	0.43	.688
General life satisfaction	3.8 (1.1)	4.5 (0.8)	0.83	6	2.20	.070
PTSD symptoms (PCL)[‡]	69.3 (11.4)	59.4 (12.3)	1.11	6	2.94	.026
Depression	21.4 (7.3)	17.0 (5.5)	0.76	6	2.01	.091
Partner						
BSI: global severity index	0.4 (0.2)	0.3 (0.4)	0.53	6	1.40	.212
Total DAS score	94.1 (9.2)	104.7 (17.5)	0.96	6	2.55	.043
General life satisfaction	5.1 (0.6)	5.9 (0.9)	1.03	6	3.33	.016
HAM-D total score	8.3 (3.9)	4.6 (3.4)	1.00	6	2.64	.039

Notes. *Clinician Administered PTSD Scale.
[†] Missing assessment for one participant.
[‡] PTSD Checklist.

see Table 1). There was also improvement in general life satisfaction from pretest ($M = 3.8$, $SD = 1.1$) to posttest [$M = 4.5$, $SD = 0.8$), $t(6) = 2.20$, $p = .070$], with a large effect size ($d = .83$) and depression from pretest ($M = 21.4$, $SD = 7.3$) to posttest [$M = 17.0$, $SD = 5.5$), $t(6) = 2.01$, $p = .091$] at a trend level with a large effect size ($d = .76$). Veterans' relationship satisfaction also demonstrated a trend toward improvement from pretest ($M = 89.9$, $SD = 13.8$), to posttest [$M = 96.3$, $SD = 22.5$), $t(6) = 1.33$, $p = 0.23$], with a medium effect size ($d = .50$). Veterans also did not report significant improvements in general symptom distress, or in PTSD symptoms as measured through the CAPS interview and the effects were small.

Partners showed significant improvement in general life satisfaction from pretest ($M = 5.1$, $SD = 0.6$) to posttest [$M = 5.9$, $SD = 0.9$), $t(6) = p = .016$] with a large effect size ($d = 1.03$), significant improvement in relationship satisfaction from pretest ($M = 94.1$, $SD = 9.2$) to posttest [$M = 104.7$, $SD = 17.5$), $t(6) = 2.55$, $p = .043$] with a large effect size ($d = .96$), and reduced symptoms of depression from pretest ($M = 8.3$, $SD = 3.9$) to posttest [$M = 4.6$, $SD = 3.4$), $t(6) = 2.64$, $p = .039$], with a large effect size ($d = 1.0$). Partners' symptom distress also demonstrated non-significant reductions from pretest ($M = 0.4$, $SD = 0.2$) to posttest [$M = 0.3$, $SD = .4$), $t(6) = 1.40$, $p = .21$], with a medium effect size ($d = .53$).

A total of six veterans and three partners were interviewed about their experiences of therapy after treatment completion with the postintervention interview. Veterans reported gains in therapy with respect to effective communication (with representative quotes: "*coming for sessions helped us talk about the tough stuff … stuff that we had stopped trying to talk about on our own*"), established trust with their partner (*"sharing my heart-which I never thought was possible-helped me trust my partner more … it's like we felt we knew each other better after therapy and that*

increased our trust"), decreased conflict (*"I was never one to think talking would help but it did. It did help. We argue less and when we do argue, it doesn't last as long. It doesn't get mean and nasty like it did before"*), and provided an understanding of how PTSD symptoms impact their relationship (*"we just didn't know much about PTSD before this. Maybe we should have but we just never realized how it impacted us-not just him-but us. We just kept thinking our love was lost and we were struggling to re-find it. Now, we know so much more about PTSD and how it grabs both of us, not just him"*).

Discussion

This pilot study suggests that EFT is a promising intervention for distressed couples who also contend with combat trauma and resulting PTSD. Veterans who completed EFT with their partners demonstrated significant changes in self-reported PTSD symptoms improved after treatment. In addition, the trend-level improvements in veterans' posttreatment measures of depression and life satisfaction with large effect sizes suggest positive change for those who completed treatment. Veterans also demonstrated trend-level improvements in relationship satisfaction with a medium effect size. There was a nonsignificant reduction in PTSD symptoms as measured by the structured clinical interview, with a small effect.

The partners of veterans demonstrated significant improvement in depression, life satisfaction, and relationship satisfaction. Findings that partners' relationship satisfaction improved while veterans' scores did not are similar to findings in other studies of conjoint treatment for PTSD (Monson et al., 2012). This may be due to the impact of PTSD symptoms on relationship partners such that when PTSD symptoms are less overwhelming, partners feel more satisfied in the relationship. It is noteworthy that veterans reported in individual postintervention interviews that EFT improved relationship communication and they felt more "open with," "close to," and "trusting of" their partners. Further, although not statistically significant, improvements in veterans' relationship satisfaction were demonstrated with a large effect size.

EFT, Relationship Satisfaction, and PTSD Symptoms

This is the first study exploring PTSD symptoms among veterans receiving EFT with their partners. Past EFT research has examined PTSD symptoms among survivors of early childhood trauma. MacIntosh and Johnson (2008) found that 50% of the couples in their study ($N = 10$) in which one partner was diagnosed with PTSD in relation to childhood sexual abuse demonstrated a clinically significant reduction in PTSD symptoms and increased relationship satisfaction. In a randomized controlled trial, Dalton et al. (2013) found that couples assigned to receive EFT ($N = 16$) reported significantly higher relationship satisfaction scores after EFT compared with couples in a waitlist control group ($N = 16$), however these couples did not demonstrate significant improvements in PTSD symptoms. The

authors hypothesized that EFT may have helped partners improve their ability to cope with trauma symptoms in the relationship as opposed to directly reducing trauma symptoms per se. In the current study, it is interesting that the greatest improvements in terms of trauma symptoms for veterans were found on the self-report measure (PCL), which is more sensitive to the impact of PTSD symptoms on the veterans' lives in that it asks about the degree veterans are "bothered" by each PTSD symptom. In contrast, the interview measure (CAPS) focused specifically on PTSD symptom frequency and intensity. Therefore, it may be that through EFT, veterans improved their ability to cope with their symptoms in the context of their couple relationship rather than a reduction in frequency and intensity of symptoms per se.

It is not surprising given the past research on EFT demonstrating improvements in relationship satisfaction for couples (Johnson et al., 1999; Wiebe & Johnson, 2017) that veterans' partners demonstrated significant improvements in relationship satisfaction and that veterans demonstrated a trend toward increased relationship satisfaction as well. It is interesting that veterans' partners demonstrated the greatest improvement in relationship satisfaction after the completion of EFT. The goal of EFT is to foster greater emotional responsiveness and connection between partners, resulting in a more secure attachment bond. Avoidance and emotional numbing are characteristic of both PTSD symptomatology (Pietrzak et al., 2010) and relationship distress (Gottman, 1993). Previous studies have shown that "stone-walling" and "unrequired" bids for emotional connection are especially characteristic of relationship distress and predictive of divorce (Gottman & Levenson, 1999). Research has shown that attachment avoidance, in which deactivating affect regulation strategies are prominent, is associated with reduced relationship satisfaction in the other partner (Mondor et al., 2011).

Symptoms of Depression in EFT

It is not surprising that partners demonstrated a reduction in self-reported depressive symptoms, as relationship distress and symptoms of depression have been found to be highly associated in the literature (Whisman, 2001). Previous research has also demonstrated reductions in relationship distress and symptoms of depression among female partners in a randomized controlled trial (Denton et al., 2012).

Life Satisfaction in EFT

It is also not surprising that partners demonstrated significant improvements in life satisfaction, given the strong association between relationship satisfaction and general satisfaction with life as noted in the literature (Gosnell & Gable, 2013; Proulx, 2007). It is notable that veterans demonstrated the trend toward improvement in life satisfaction as well.

Implications

The current study holds significant implications for therapists and researchers. Our results suggest that EFT holds promise as a treatment for relationship distress for veterans with PTSD and their partners. There is also potential for EFT to contribute to the reduction in PTSD symptoms for veterans. Therapists may consider adding EFT as part of the treatment plan for veterans with PTSD who also report relationship distress. The current study also highlights avenues for future research. A randomized controlled trial with a larger sample size examining PTSD symptoms and relationship satisfaction at pretherapy and posttherapy would allow for causal inferences to be drawn about the impact of EFT on PTSD symptoms and relationship distress. Further, given the focus of EFT on attachment, and the relevance of attachment for PTSD, future research of EFT for veterans could incorporate measures of attachment. It would be important, also, to examine in-session therapeutic process as it relates to outcomes in this population. For instance, future research could examine whether depth of emotional experiencing in sessions is associated with each of the clusters of PTSD symptoms at posttreatment.

Strengths and Limitations

This was the first pilot study of EFT with combat-related PTSD. Strengths include the relevance of examining EFT for veterans with PTSD and their partners in a real-world setting, and the use of multiple measures of psychological symptoms. This study also has significant limitations. Two of the obvious limitations are the uncontrolled design of the study, which does not allow us to make any casual inferences about the effect of EFT on veterans and their partners, and the small sample size, which limits the power of the study. A second concern is that just under half of the couples who were initially part of the study completed treatment. Five of the eight couples who did not complete the study were required to withdraw due to alcohol and drug abuse, which was an exclusion criterion for the study. This reflects the difficulties faced by veterans and their partners in the process reintegration, particularly with respect to substance use problems (Pietrzak et al., 2010). Previous studies of interventions for veterans with PTSD and their partners have assessed for substance abuse as an exclusion criterion more consistently and set specific limits (i.e., does not meet DSM-IV criteria for substance abuse for the past 3 months; Monson et al., 2009, 2011). We recommend that future EFT research assess substance abuse more rigorously in pretreatment screening and examine changes in substance use in a randomized controlled trial format to examine substance use over the course of EFT versus a control condition and to perhaps include the integration of EFT into addiction interventions. The results of the current study can only be generalized to couples who complete EFT, as we do not have results for the couples who withdrew from the study. Randomized controlled studies of EFT for veterans and their partners would allow us to make causal inferences about the effect of EFT on PTSD symptoms, depression, and relationship distress.

Further, we acknowledge that PTSD scores on both measures remain relatively high at posttreatment for veterans. While EFT may help improve PTSD symptoms, it is not seen as a stand-alone treatment for PTSD but rather as a component of a comprehensive treatment plan in conjunction with evidence-based individual trauma therapy and other treatments as necessary such as treatment for substance abuse.

Another concern is that there was only one therapist for this study, a doctoral-level clinician and a novice in the use of EFT, having taken standardized training but having had limited experience in its clinical application. That said, the clinician was provided with supervision by the developer of the EFT model. Future research should use more rigorous fidelity checks to ensure implementation of the EFT model and involve a number of more-experienced EFT clinicians.

Conclusion

The current study demonstrated that veterans who completed EFT with their partners reported reductions in self-reported PTSD symptoms and that their partners reported improvements in relationship satisfaction and reductions in symptoms of depression. The goal of EFT is to promote safe emotional connection allowing for partners to feel more understood and supported in their relationships and to use their relationships as a safe haven to soothe distress, such as PTSD symptoms (Johnson, 2002). This increased support is thought to provide both individuals with a secure base to cope with the tasks of restoring the bond between them after deployment and the reintegration of the veteran into civilian life. This pilot study is the first to examine the use of EFT with veterans suffering from PTSD and their partners. This study provides preliminary data supporting the use and further investigation of EFT with this population and suggests that, as has been shown with couples facing other kinds of traumas, this model has the potential to improve individual adjustment and to increase relationship satisfaction in these at-risk relationships. It is our hope that this pilot study will encourage more extensive research in this area.

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Sonja V. Batten is now with Booz Allen Hamilton in Washington, DC. Rebecca M. Pasillas is now at the Department of Psychiatry, Paul L. Foster School of Medicine, Texas Tech University Health Sciences Center at El Paso. Lisa B. Dixon is now at VISN 3 MIRECC and New York State Psychiatric Institute, Columbia University Medical Center.

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