Cognitive-Behavioral Conjoint Therapy for PTSD: Initial Results from a Community Sample

Candice M. Monson, Ph.D.
Steffany J. Fredman, Ph.D.
Susan P. Stevens, Psy.D.
Paula P. Schnurr, Ph.D.
Patricia A. Resick, Ph.D.
Kathryn C. Adair
Helen Z. MacDonald
Top 5 Reasons for Conjoint Therapy for PTSD

1. Get 3 results from 1 therapy based on:
   - controlled trials of generic behavioral couple/family therapy for PTSD (e.g., Glynn et al., 1999)
   - open trial of disorder-specific CBCT for PTSD (Monson et al., 2004; 2005)

2. Negative family environment associated with worse outcome in individual treatment (e.g., Tarrier et al., 1999)

3. Existing therapies don’t improve intimate relationship functioning (Monson et al., 2006; Galovski et al., 2005)

4. Drop out and Non-/partial response to existing evidence-based therapies (Bradley et al., 2005; Hembree et al., 2003)

5. PTSD highly associated with relationship problems (e.g., Whisman, 2000; Nelson Goff et al., 2006)
Overview of CBCT for PTSD

Disorder-specific intervention
Trauma-focused, but not imaginal exposure-based
15 sessions, manualized
1.25-hour sessions
Customary inclusion/exclusion criteria for PTSD-identified partner
Partner not diagnosed with PTSD
Exclusionary criteria specific to relationship
  - Current severe violence
  - Minimal commitment
Cognitive-Behavioral Conjoint Therapy for PTSD

Stage 1
Introduction, Psychoeducation, Safety Building

Stage 2
Relationship Enhancement
Undermining Avoidance

Stage 3
Dyadic
Cognitive Restructuring

Monson & Fredman, in press
### Pilot Sample Characteristics

<table>
<thead>
<tr>
<th>Couple #</th>
<th>Trauma Type</th>
<th>Gender of IP</th>
<th>Race/ Ethnicity</th>
<th>Sexual Diversity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Harassment</td>
<td>Female</td>
<td>White</td>
<td>Same sex</td>
</tr>
<tr>
<td>2</td>
<td>OIF Combat</td>
<td>Male</td>
<td>White</td>
<td>Heterosexual</td>
</tr>
<tr>
<td>3</td>
<td>OIF Combat</td>
<td>Male</td>
<td>White</td>
<td>Heterosexual</td>
</tr>
<tr>
<td>4</td>
<td>CSA</td>
<td>Female</td>
<td>African-American</td>
<td>Heterosexual</td>
</tr>
<tr>
<td>5</td>
<td>OIF Combat</td>
<td>Male</td>
<td>White</td>
<td>Heterosexual</td>
</tr>
<tr>
<td>6</td>
<td>CSA</td>
<td>Female</td>
<td>White</td>
<td>Same sex</td>
</tr>
<tr>
<td>7</td>
<td>CSA</td>
<td>Male</td>
<td>White*</td>
<td>Heterosexual</td>
</tr>
</tbody>
</table>

Pretty diverse with respect to:
- Index trauma (3 combat related to Iraq war, 3 CSA, & 1 Harassment that involved perceived threat to physical integrity)
- Roughly balanced between men and women for IP
- Sexually diverse (2 female same sex couples)
- Age (25-60)
- SES (living on $4000/year SSDI in public housing with bed bugs to those working in business earning > $100,000)

Five of 7 had at least one partner who scored in clinically distressed range, according to DAS
Measures

- Clinician Administered PTSD Scale (CAPS)
- PTSD Checklist (PCL)
  - Patient
  - Partner
- Dyadic Adjustment Scale (DAS)
- Beck Depression Inventory (BDI)
**Monson, C. M., Schnurr, P. P., Guthrie, K. A., & Stevens, S. P. (2004).**
Comorbid Depression

Beck Depression Inventory Total Scores

<table>
<thead>
<tr>
<th>Source</th>
<th>Pre-tx Vietnam</th>
<th>Post-tx Vietnam</th>
<th>Pre-tx</th>
<th>Post-tx</th>
<th>3-D Column 5</th>
<th>3-D Column 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTSD Client</td>
<td>12.83</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner</td>
<td>4.09</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

$d = .80$

$d = .06$

Future Directions

- Head-to-head trial
- Dually traumatized/PTSD couples
- Relationship satisfaction as moderator
- Conjoint versus couple
- Need cognitive stage?
Acknowledgments

u Amy Brown-Bowers, B.A.
u Karen Guthrie, M.S.W.
u Alex Macdonald, Ph.D.
u Timothy J. O’Farrell, Ph.D.
u Valerie Orstenbasch, M.A.
u Suzanne L. Pineles, Ph.D.
u Jennifer L. Price, Ph.D.
u Phillipe Schneider
Candice M. Monson, Ph.D.
Associate Professor & Director of Clinical Training, Ryerson University
Affiliate, VA National Center for PTSD, Women’s Health Sciences Division
350 Victoria Street
Toronto, ON M5B 2K3
Candice.Monson@Psych.Ryerson.ca
416.979.5000, ext. 6209