

Enhancing Relationship Engagement during Trauma Reprocessing:

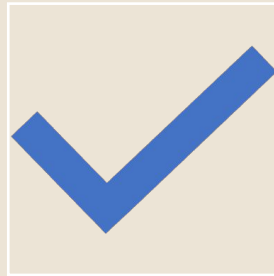
A Two-Pronged Approach to PTSD Treatment

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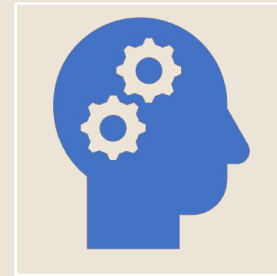
Session Objectives



Describe how relationship dynamics are associated with the effectiveness of trauma reprocessing



Identify the gold standard approaches to PTSD treatment



Describe practical strategies and techniques for counselors to facilitate to enhance trauma treatment effectiveness

Statement of the Problem – PTSD Prevalence

- About 6 out of every 100 people (or 6% of the U.S. population) will have PTSD at some point in their lives. Many people who have PTSD will recover and no longer meet diagnostic criteria for PTSD after treatment. So, this number counts people who have PTSD at any point in their life, even if their symptoms go away.
- About 5 out of every 100 adults (or 5%) in the U.S. has PTSD in any given year. In 2020, about 13 million Americans had PTSD.
- Women are more likely to develop PTSD than men. About 8 of every 100 women (or 8%) and 4 of every 100 men (or 4%) will have PTSD at some point in their life. This is in part due to the types of traumatic events that women are more likely to experience—such as sexual assault—compared to men.

PTSD Treatments

- The psychological treatments with the strongest recommendations from the VA and International Society of Traumatic Stress Studies include...
 - Prolonged Exposure (PE),
 - Cognitive Processing Therapy (CPT),
 - Eye Movement Desensitization and Reprocessing (EMDR; Olff et al., 2020; VA/DoD, 2023).

PTSD Treatments

- The common elements of these treatments include...
 - addressing experiential avoidance
 - activation/engagement of the traumatic memory,
 - and addressing trauma-related cognitions (Olf et al., 2020).

All keep the traumatic event(s) at the forefront of the treatment.

Discussion

What issues have you experienced facilitating these trauma-focused modalities?

Cameron's Story: Repeated exposure is not always the best course of action.

The Problem with PTSD Treatments

- Attrition Rate
 - 20.9% for trauma treatment (Varker et al., 2021)
 - 16.1% for trauma-focused treatment (Edwards-Stewart et al., 2021)
- Perceived low social support is linked to trauma-focused therapy response (Price et al., 2018; Shnaider et al. 2017)
 - Perception of social support is postulated to be a “by-product” of attachment (Moreira et al., 2003)
- Trauma-focused treatments may help PTSD symptom reduction, but interpersonal relationship disturbances may persist (Shapiro et al., 2020).

PTSD Treatments

- Validation of this concern is evident by a study showing that active-duty service members ($N = 322$) entering PTSD treatment did not improve in their perception of social support (e.g., perceived availability of concern and empathy) following treatment (Nason et al., 2021).
- Attachment theory, which incorporates the significance of appraisals in contributing to PTSS (Marshall & Frazier, 2019), provides a foundation for understanding these ongoing challenges.

Defining PTSD

- Criterion A: Qualifying Event
- Criterion B: Intrusion Symptoms
- Criterion C: Avoidance of Trauma-Related Stimuli
- Criterion D: Negative Alterations in Mood and Cognitions
- Criterion E: Alterations in Arousal and Reactivity
- Criteria F-G: Symptoms Must Persist for at Least One Month and Create Impairment Causing Distress

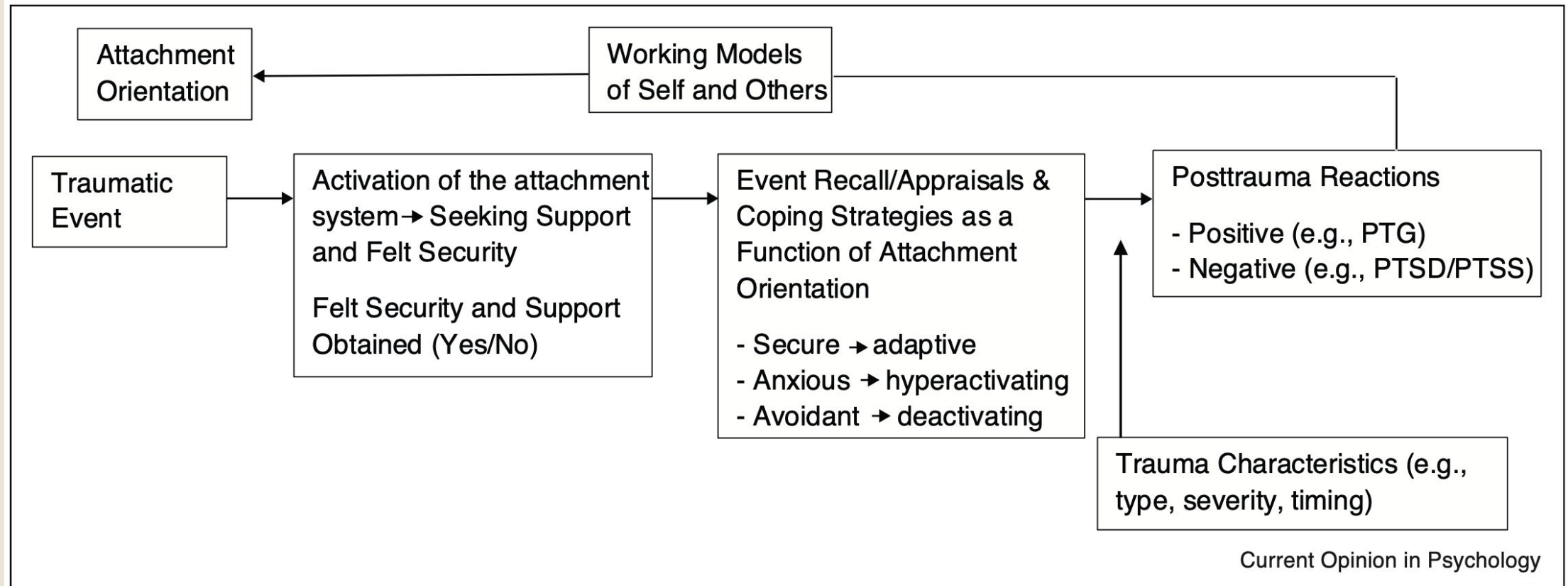
PTSD and Relationships

“People who suffer from PTSD suffer from interpersonal problems.”

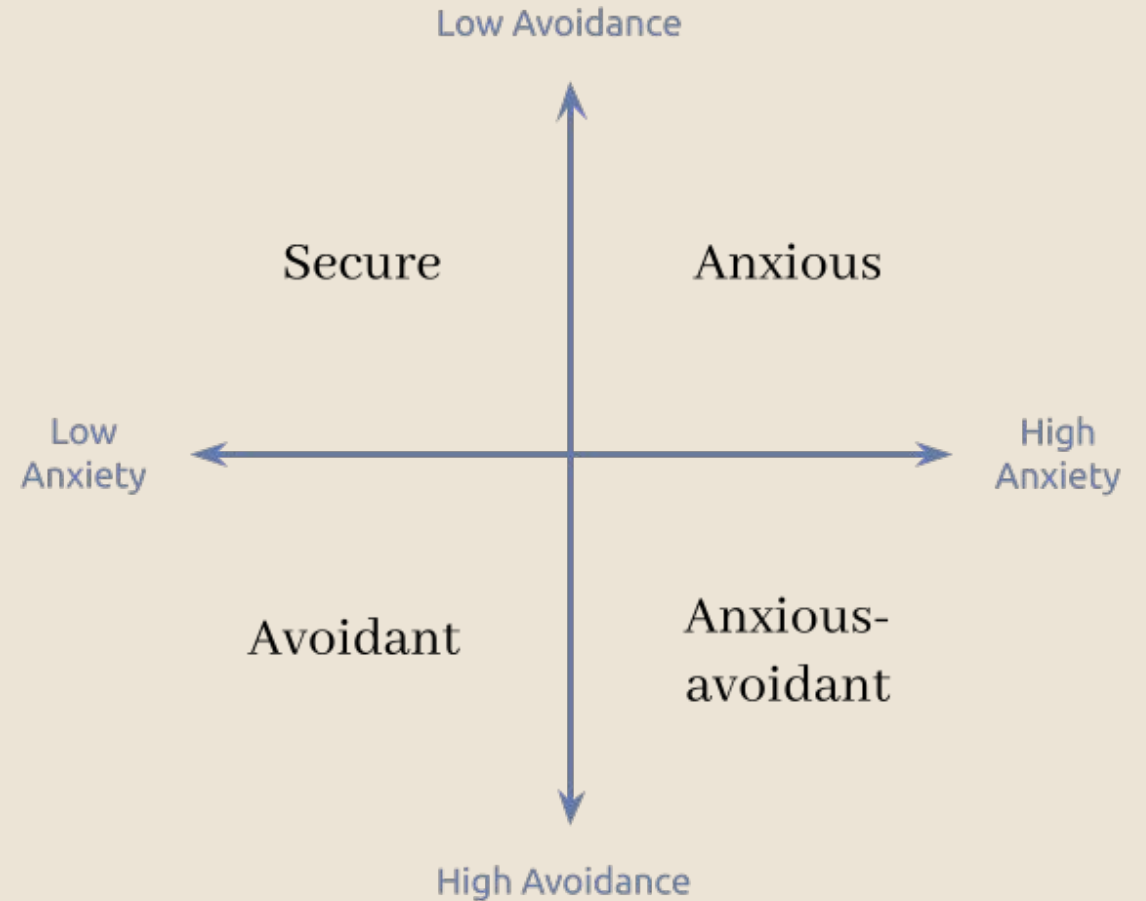
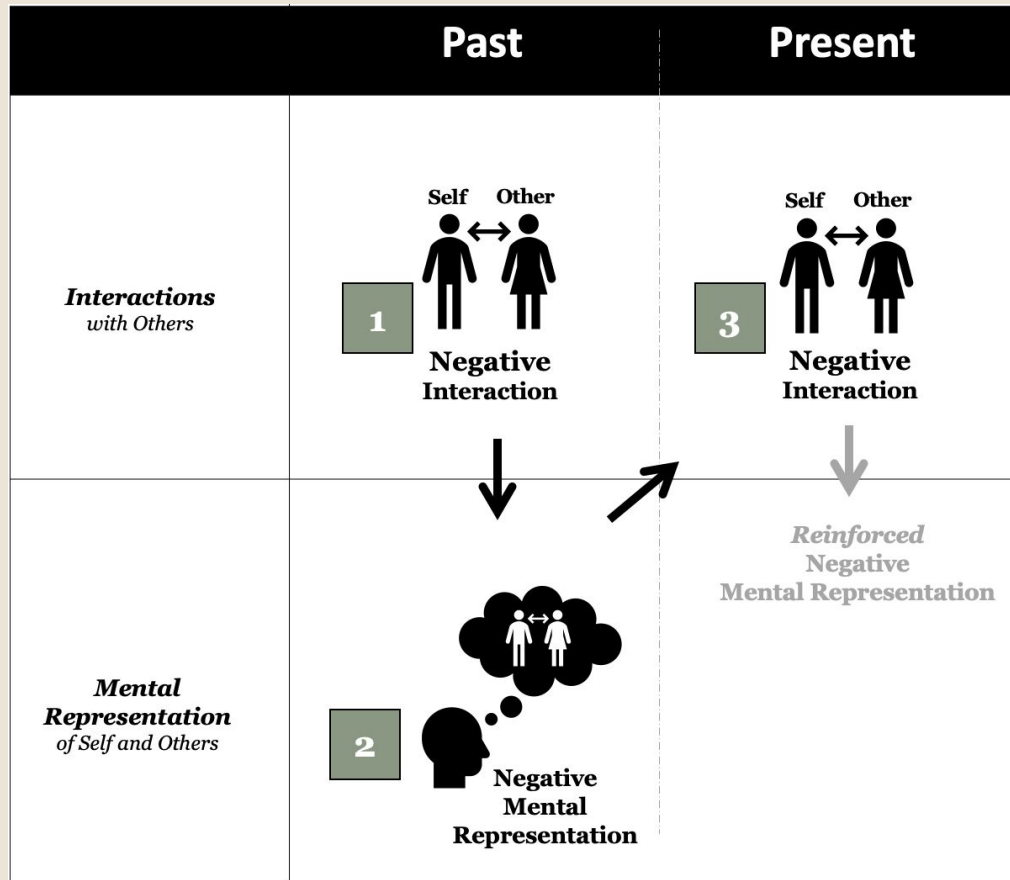
- Affective detachment
- Mistrust of the environment
- Interpersonal hypervigilance

(Markowitz, 2016, p. 51)

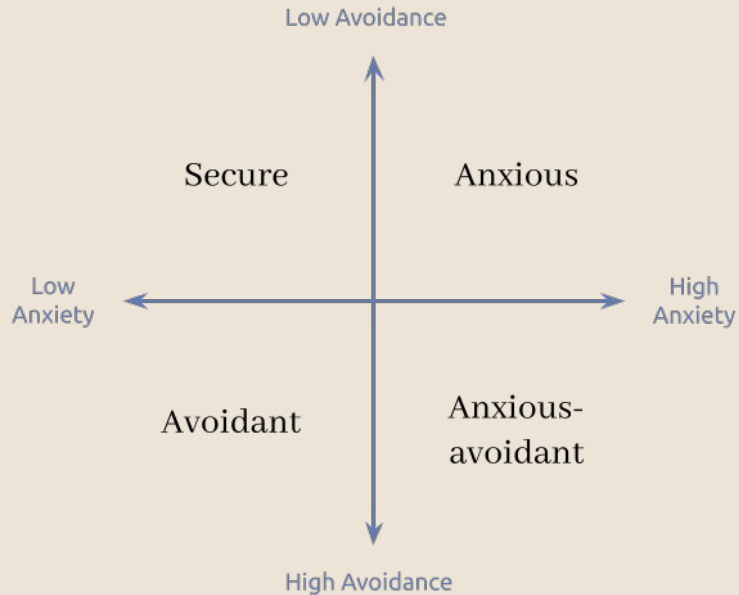
PTSD in an Attachment Framework



Attachment Orientations



Attachment Orientations – Coping Styles



- **Attachment-Related Anxiety**

- Secondary Coping Strategy: Hyperactivation
- Core Beliefs
 - Self: Low Confidence
 - Others: Inflated Confidence

- **Attachment-Related Avoidance**

- Secondary Coping Strategy: Deactivation
- Core Beliefs
 - Self: Inflated Confidence
 - Others: Low Confidence

(Cassidy & Kobak, 1988)

Integrating Relational Engagement

Interpersonal Psychotherapy (*for PTSD; IPT-PTSD*)

- IPT is a time-limited psychotherapy grounded in attachment theory.
- The intention of IPT is to understand the interpersonal context in which the posttraumatic symptoms arose and how it relates to the current social and personal context.
- The focus is on the “here and now,” rather than in childhood.

(Markowitz, 2016)

IPT-PTSD

- Substantial research has supported utilizing treatment focused on the trauma (Foa et al., 2018; Reger et al., 2016), but treatment focusing on attachment styles and interpersonal relationships may be an alternative to PTSS mitigation (Markowitz, 2010; Markowitz et al., 2009).
- In the first randomized controlled trial, IPT had lower attrition and higher response rates than prolonged exposure (Markowitz et al., 2015).
- In an IPT-PTSD study with female veterans ($n = 10$), a significant decline in PTSD symptoms was achieved and gains were maintained in a 3-month follow-up (Krupnick et al., 2016).

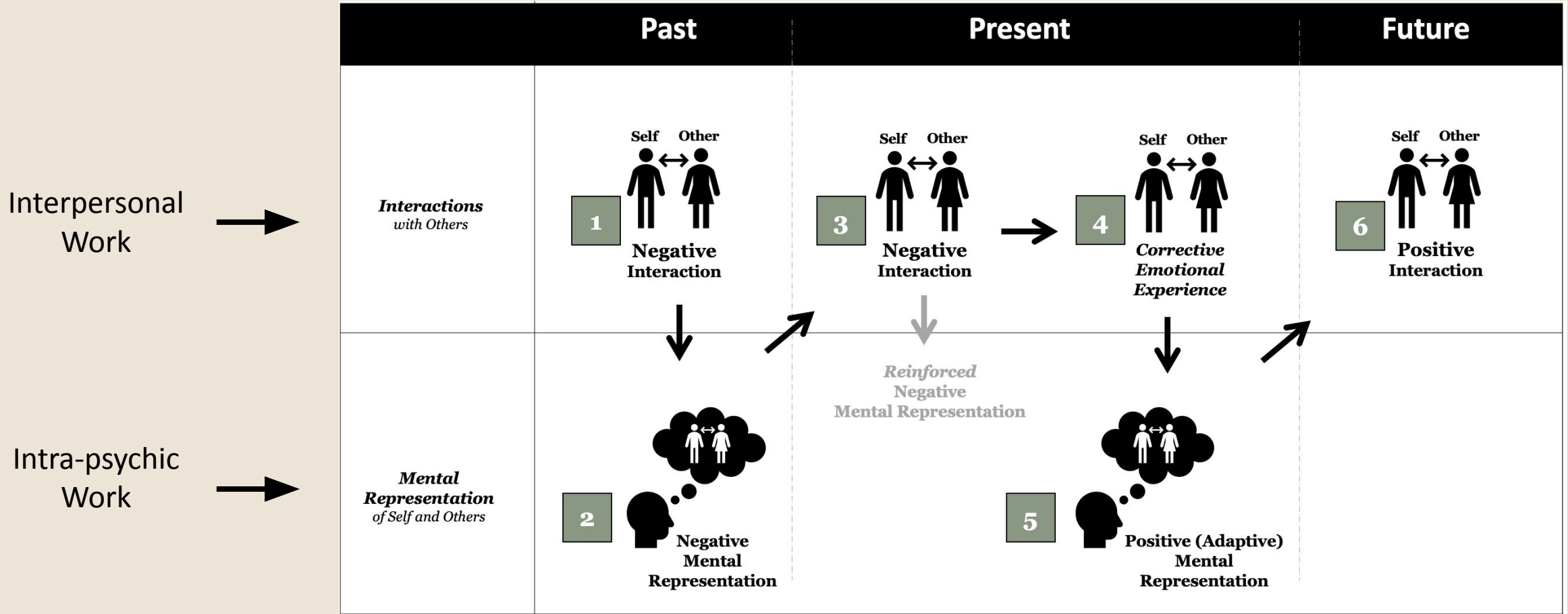
(Markowitz, 2016)

IPT-PTSD

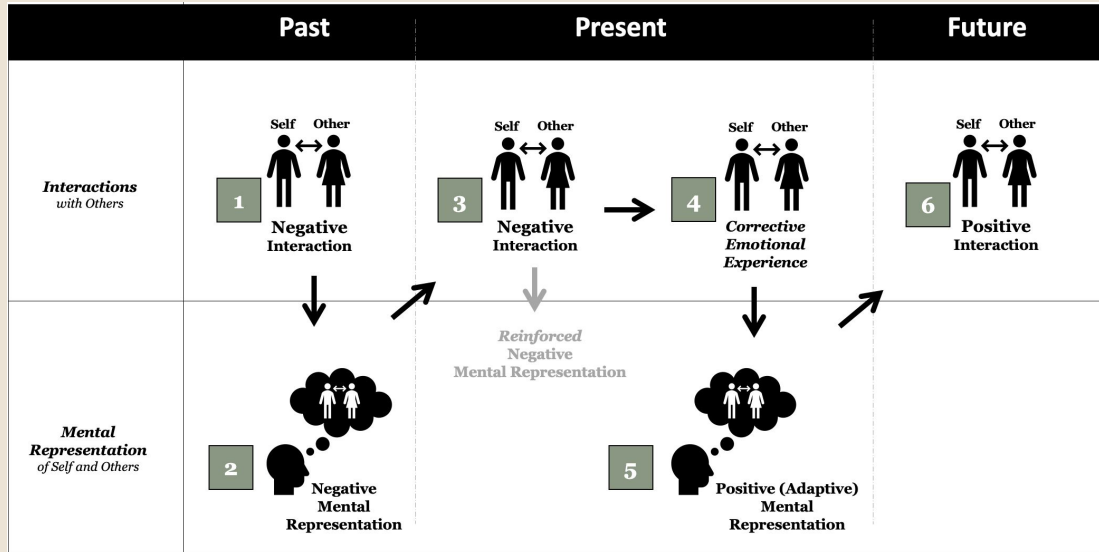
- Initial Phase (2-3 sessions)
 - Diagnosis, Framework for treatment
- Middle Phase (10-11 sessions)
 - “Opening gambit, communication analysis, role play”
 - *(Up to 7 sessions may focus on developing emotional vocabulary)*
- Termination Phase (1 session)
 - Consolidate gains, emotionally acknowledge end of treatment, next steps

(Markowitz, 2016)

Corrective Emotional Experiences



Corrective Emotional Experiences



Assessment:

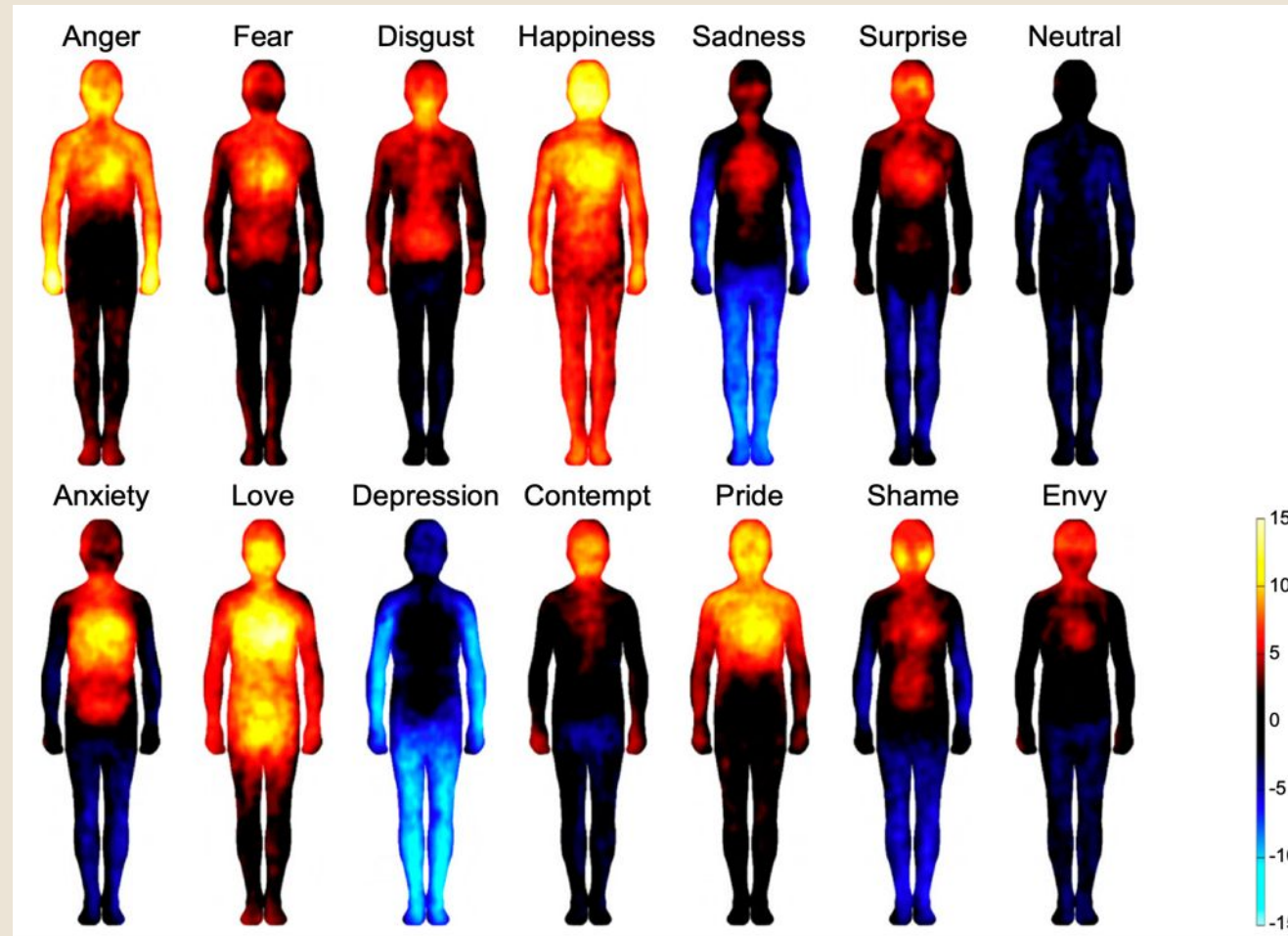
- Data Gathering
- Attachment Style
 - Experiences in Close Relationships (ECR; Fraley)
- Collateral Information (e.g., family member interview)
- Identify attachment figures (and identify others in support system)
- Identify barriers to engaging in support-seeking

Interventions:

- Bodily Map of Emotions
- FANOS
- Communication Strategies
- Role Play

Re-assess for readiness for PTSD Treatment

Bodily Map of Emotions



(Nummenmaa et al., 2013)



FANOS

Feelings: Share with your partner a feeling you have. (You may use a list of feelings if it could help you identify feelings).

Affirmations: Affirm your partner for something the partner has done.

Needs: State a need you have today (not necessarily one that must be met by your partner).

Ownership: Take responsibility and apologize for something you have said or done.

Struggles/Sobriety: Here you have an opportunity to tell your partner the status of your struggles/sobriety/recovery today (sobriety date, general struggles, recovery work, etc.). Be specific but not graphic.

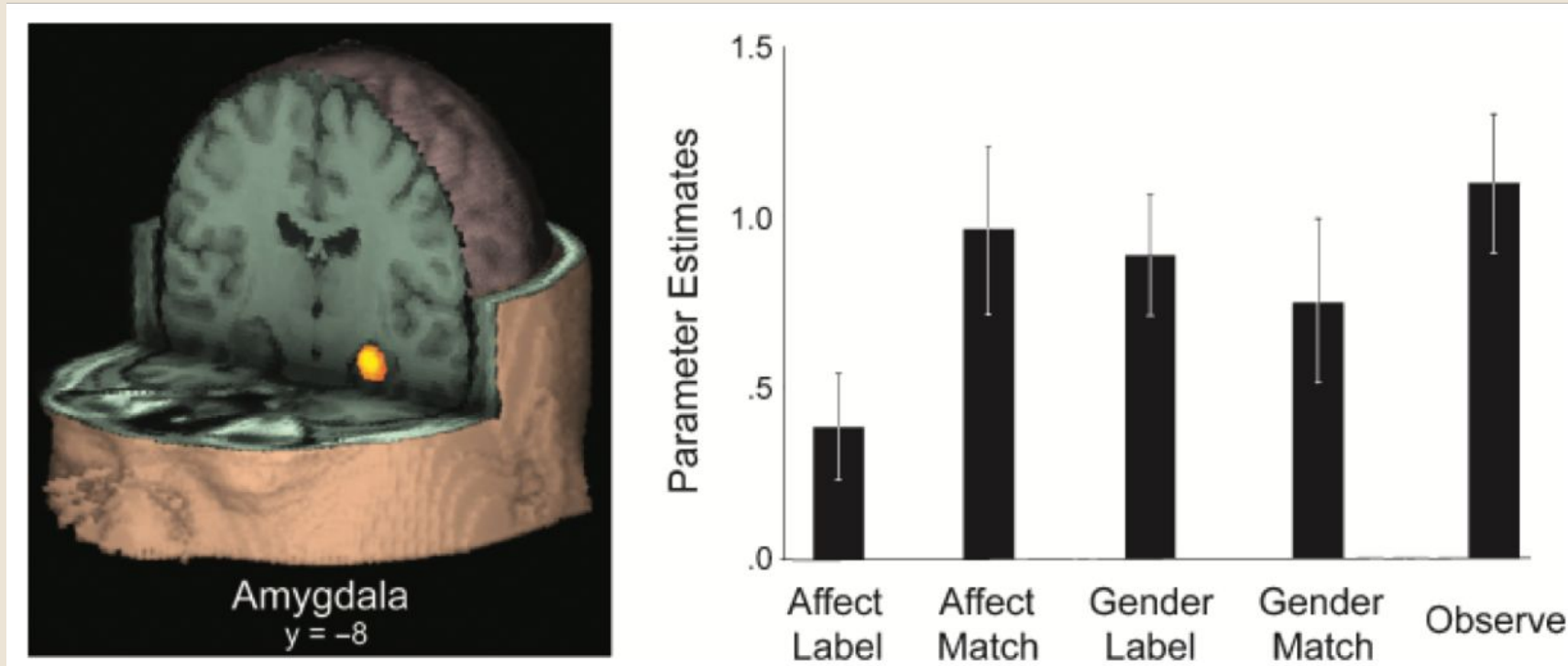
Communicating Feelings



I Feel Like... = Thought (*“I Think”*)

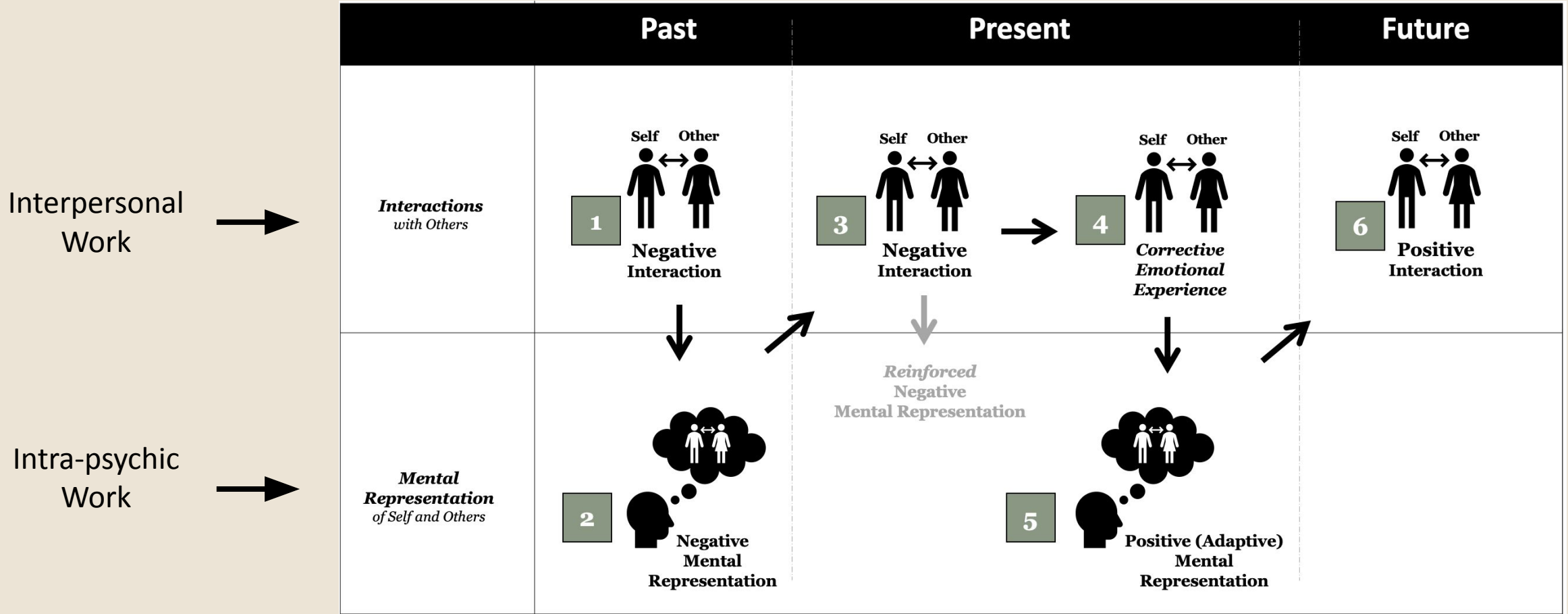
Example: “I feel like you don’t get me

Affect Labeling



Parameter estimates of activity during five conditions (relative to activity in the shape-match control condition) in an amygdala region of interest (ROI). The ROI was identified by comparing activity in the observe condition and activity in the shape-match condition. The illustration on the left shows an axial slice indicating the extent of the ROI.

Corrective Emotional Experiences



Questions?

References

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text revision). American Psychiatric Association Publishing.

Bisson, J. I., Brewin, C. R., Cloitre, M., & Mercer, A. (2020). Diagnosis, assessment, and screening for PTSD and Complex PTSD in adults. In D. Forbes, J. I., Bisson, C. M. Monson, & L. Berliner (Eds.), *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies* (3rd ed., pp. 49–68). The Guilford Press.

Edwards-Stewart, A., Smolenski, D. J., Bush, N. E., Cyr, B. A., Beech, E. H., Skopp, N. A., & Belsher, B. E. (2021). Posttraumatic stress disorder treatment dropout among military and veteran populations: A systematic review and meta-analysis. *Journal of Traumatic Stress, 34*(4), 808–818. <https://doi.org/10.1002/jts.22653>

Foa, E. B., & Kozak, M. J. (1986). Emotional processing of fear: Exposure to corrective information. *Psychological Bulletin, 99*(1), 20–35. <https://doi.org/10.1037/0033-2909.99.1.20>

Foa, E. B., McLean, C. P., Zang, Y., Rosenfield, D., Yadin, E., Yarvis, J. S

Forbes, D., Parslow, R., Fletcher, S., McHugh, T., & Creamer, M. (2010). Attachment style in the prediction of recovery following group treatment of combat veterans with post-traumatic stress disorder. *Journal of Nervous & Mental Disease, 198*(12), 881–884. <https://doi.org/10.1097/nmd.0b013e3181fe73fa>

Fraley, R. C., Heffernan, M. E., Vicary, A. M., & Brumbaugh, C. C. (2011). The Experiences in Close Relationships-Relationship Structures questionnaire: A method for assessing attachment orientations across relationships. *Psychological Assessment, 23*(3), 615–625. <https://doi.org/10.1037/a0022898>

Laaser, D. (2008). Shattered vows: Hope and healing for women who have been sexually betrayed. Zondervan.

Lieberman, M. D., Eisenberger, N. I., Crockett, M. J., Tom, S. M., Pfeifer, J. H., & Way, B. M. (2007). Putting feelings into words: affect labeling disrupts amygdala activity in response to affective stimuli. *Psychological science, 18*(5), 421–428. <https://doi.org/10.1111/j.1467-9280.2007.01916.x>

Markowitz, J. C. (2010). lpt and ptsd. *Depression and Anxiety, 27*(10), 879–81. <https://doi.org/10.1002/da.20752>

Markowitz, J. C. (2016). *Interpersonal psychotherapy for posttraumatic stress disorder*. Oxford University Press.

Markowitz, J. C., Milrod, B., Bleiberg, K., & Marshall, R. D. (2009). Interpersonal factors in understanding and treating posttraumatic stress disorder. *Journal of Psychiatric Practice, 15*(2), 133–140. <https://doi.org/10.1097/01.pra.0000348366.34419.28>

Markowitz, J. C., Petkova, E., Neria, Y., Van Meter, P. E., Zhao, Y., Hembree, E., Lovell, K., Biyanova, T., & Marshall, R. D. (2015). Is exposure necessary? A randomized clinical trial of Interpersonal Psychotherapy for PTSD. *The American Journal of Psychiatry, 172*(5), 430–440. <https://doi.org/10.1176/appi.ajp.2014.14070908>

Marshall, E. M., & Frazier, P. A. (2019). Understanding posttrauma reactions within an attachment theory framework. *Current Opinion in Psychology, 25*, 167–171. <https://doi.org/10.1016/j.copsyc.2018.08.001>

Nummenmaa, L., Glerean, E., Hari, R., & Hietanen, J. K. (2013). Bodily maps of emotions. *Proceedings of the National Academy of Sciences, 111*(2), 646–651. <https://doi.org/10.1073/pnas.1321664111>

U.S Department of Veteran affairs National Center for PTSD, https://www.ptsd.va.gov/understand/common/common_adults.asp

Varker, T., Jones, K. A., Arjmand, H.-A., Hinton, M., Hiles, S. A., Freijah, I., Forbes, D., Kartal, D., Phelps, A., Bryant, R. A., McFarlane, A., Hopwood, M., & O'Donnell, M. (2021). Dropout from guideline-recommended psychological treatments for posttraumatic stress disorder: A systematic review and meta-analysis. *Journal of Affective Disorders Reports, 4*, 100093. <https://doi.org/10.1016/j.jadr.2021.100093>

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