

Couple Therapy for Military Veterans: Overall Effectiveness and Predictors of Response

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Despite the numerous challenges facing U.S. veterans and their relationships, there have been no examinations of the effectiveness of couple therapy for relationship distress provided to veterans. In the present study, 177 couples presenting for couple therapy at two Veteran Administration Medical Centers completed assessments of relationship satisfaction prior to therapy and weekly during therapy. Results revealed that the average couple showed significant

gains in relationship satisfaction during treatment ($d=0.44$ for men; $d=0.47$ for women); gains were larger for couples beginning therapy in the distressed range ($d=0.61$ for men; $d=0.58$ for women) than for couples in the nondistressed range ($d=0.19$ for men; $d=0.22$ for women). Rates of premature termination were high, with 19% of couples completing fewer than three sessions and 62% rated as not completing a “full course” of therapy. Benchmarking analyses demonstrated that the average gains were larger than would be expected from natural remission and similar to previous effectiveness trials; however, average gains were smaller than those observed in couple therapy efficacy trials. Relationship, psychological, and demographic characteristics were generally unrelated to the amount of change in therapy after controlling for initial satisfaction. However, African American couples showed significantly larger gains

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than Caucasian, non-Hispanic couples. Thus, though yielding smaller effects than those shown in efficacy trials, the impact of couple therapy for veterans' relationship problems appears to generalize across various demographic, psychological, and relationship characteristics.

Keywords: couple therapy; marital therapy; effectiveness; veterans; military

SINCE THE BEGINNING of the wars in Afghanistan (Operation Enduring Freedom [OEF]) and Iraq (Operation Iraqi Freedom [OIF]), more than two million U.S. troops have been deployed as part of these efforts. Approximately 18% of U.S. troops return with diagnosable levels of PTSD or major depression (Tanielian et al., 2008). Even in non-OEF/OIF veterans, the mental health of veterans under age 50 is strikingly poor, with rates of alcohol abuse 1.5 times and depression five times the rates found among comparable men in the private sector (Kazis et al., 1998). Moreover, because more than half of U.S. troops are married (Makin-Byrd, Gifford, McCutcheon, & Glynn, 2011), the impact of difficulties associated with military service extends beyond the service members to their partners and children. Indeed, in OEF/OIF veterans, combat exposure is associated with higher PTSD symptoms that in turn predict poorer family adjustment upon their return (Taft, Schumm, Panuzio, & Proctor, 2008). These mental health difficulties create enormous stress and instability in veterans' relationships. Within the Army, for example, the overall divorce rate increased by 59% between 2001 and 2008, with the divorce rate for female soldiers increasing by more than 100% during that same period (Defense Manpower Data Center, 2009).

The association between relationship and psychological problems in veterans appears to be bidirectional (cf., Monson, Taft, & Fredman, 2009), with relationship difficulties related to subsequent mental health problems. For example, individuals reporting marital distress are 2.7 times more likely to develop a major depressive episode (Whisman & Bruce, 1999) and 3.7 times more likely to develop an alcohol use disorder (Whisman, Uebelacker, & Bruce, 2006) in the following year, even when controlling for prior history of that disorder. Additionally, disruptions in significant interpersonal relationships are one of the most common reasons reported by OEF/OIF veterans for seeking mental health services in Veterans Affairs Medical Centers (VAMCs; Department of Defense Task Force on Mental Health, 2007). In perhaps the most striking evidence of the interplay between

mental health and interpersonal relationships, the U.S. Army estimates that approximately 50–65% of suicides among active-duty soldiers in recent years were precipitated by the breakup of an intimate relationship (Suicide Risk Management & Surveillance Office, 2008). In sum, effective interventions with veterans' and active-duty members' romantic relationships could help reduce and prevent both individual and family difficulties.

Effectiveness of Couple Therapy for Veterans

Fortunately, previous meta-analyses typically show that couple therapy as assessed in randomized clinical trials has medium (Baucom, Hahlweg, & Kuschel, 2003) to large (e.g., Dunn & Schwebel, 1995) effects for improving marital distress by the end of treatment. However, the extent to which the results of efficacy trials generalize to real-world settings under real-world conditions remains largely unknown. To our knowledge, there have been no prospective studies examining the effectiveness of couple therapy in the United States outside of closely controlled research trials or university training clinics. However, in Germany, couple therapy in community clinics yielded small effect sizes on marital satisfaction ($d=0.33$ for men and 0.40 for women; Hahlweg & Klann, 1997). Additionally, in a recent study in Norway, treatment-as-usual couple therapy in a family counseling agency evidenced small effects ($d=0.44$) on a broad-spectrum measure of functioning at posttreatment (Anker, Duncan, & Sparks, 2009).

To explore the likely generalizability of the couple therapy efficacy literature in the United States, Shadish and Baldwin (2005) and Wright, Sabourin, Mondor, McDuff, and Mamodhoussen (2007) examined whether variability in "clinical representativeness" of the studies within the efficacy literature was related to outcomes. Specifically, both studies examined methodological characteristics such as the presenting problems, settings, therapists, training, and nature of the treatment itself; relations between study characteristics and effect size of couple therapy were generally nonsignificant. However, as noted by Shadish and Baldwin (2003), "The question of whether marriage and family therapy works in clinically representative conditions can only be answered by finding studies that combine all these clinically representative characteristics in one study" (p. 559).

Therefore, the first aim of the present study was to examine the effectiveness of couple therapy in VAMCs and to benchmark gains observed in therapy against estimates of change in efficacy trials of couple therapy as well as in no-treatment control groups. For many U.S. veterans, much of

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