The Role of Social Support in Cognitive-Behavioral Conjoint Therapy for Posttraumatic Stress Disorder

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The current study examined the effect of total, as well as different sources (i.e., family, friends, significant other) of, pretreatment/baseline social support on posttraumatic stress disorder (PTSD) severity and treatment response to cognitive-behavioral conjoint therapy (CBCT) for PTSD. Thirty-six patients were randomized to receive treatment immediately or to a waitlist condition. Those in the treatment condition were offered CBCT for PTSD, a couple-based therapy aimed at reducing PTSD symptoms and improving relationship functioning. PTSD symptoms were assessed at pre-/baseline, mid-/4 weeks of waiting, and posttreatment/12 weeks of waiting using the Clinician-Administered PTSD Scale, and patients self-reported on their levels of pretreatment/baseline social support using the Multidimensional Scale of Perceived Social Support. Total support, as well as social support from family and friends, was not associated with initial PTSD severity or treatment response. However, there was a significant positive association between social support from a significant other and initial PTSD severity ($g = .92$). Additionally, significant other social support moderated treatment outcomes, such that higher initial significant other support was associated with larger decreases in PTSD severity for those in the treatment condition ($g = -1.14$) but not the waitlist condition ($g = -0.04$). Social support from a significant other may influence PTSD treatment outcomes within couple therapy for PTSD. The inclusion of intimate partners and other family members may be a fruitful avenue for improving PTSD treatment outcomes; however, future studies are needed to examine whether support can be increased with treatment and whether those improvements lead to greater PTSD symptom response.

Keywords: social support; posttraumatic stress disorder; cognitive-behavioral conjoint therapy; couple therapy

Research has identified social support as a key variable associated with posttraumatic stress disorder (PTSD; Guay, Billette, & Marchand, 2006). In fact, meta-analyses reveal that posttrauma social support is among the strongest factors associated with PTSD (e.g., Brewin, Andrews, & Valentine, 2000; Ozer, Best, Lipsey, & Weiss, 2003). Additionally, social support has been found to predict individual treatment outcomes (e.g., Price, Gros, Strachan, Ruggiero, & Acienro, 2013; Thrasher, Power, Morant, Marks, & Dalgleish, 2010). However, no study has examined the role of social support in couple/family therapies.
for PTSD. The current study examined whether pretreatment/baseline social support from various sources moderated treatment outcomes in a randomized waitlist controlled trial of cognitive-behavioral conjoint therapy (CBCT) for PTSD (Monson & Fredman, 2012).

To our knowledge, only two studies have investigated the role of pretreatment social support on PTSD treatment outcomes (Price et al., 2013; Thrasher et al., 2010). Data from a randomized controlled trial comparing exposure and/or cognitive restructuring to relaxation for civilians with chronic PTSD demonstrated that pretreatment social support was positively associated with PTSD treatment outcomes across conditions. However, the effect of pretreatment social support was stronger among those receiving exposure and/or cognitive restructuring compared with those in the relaxation condition (Thrasher et al., 2010). Similarly, in a sample of veterans with PTSD or subthreshold PTSD receiving exposure therapy, Price et al. (2013) investigated the association between four domains of perceived social support (i.e., positive social interactions, emotional/informational support, tangible support, and affectionate support) and pretreatment PTSD symptom severity, as well as the effects of social support on treatment response. Only pretreatment positive social interactions were negatively associated with pretreatment symptom severity. With regard to predicting treatment response, greater pretreatment emotional/informational support was associated with better response to treatment. Other studies examining pretreatment family functioning (e.g., expressed emotion, intimate relationship functioning) corroborate the seeming importance of interpersonal variables in PTSD and comorbid symptom response (Monson, Rodriguez, & Warner, 2005; Tarrier, Sommerfield, & Pilgrim, 1999). These findings have led some to suggest that it may be beneficial to include family members in, or facilitate social support as part of, treatment for PTSD (e.g., Monson & Fredman, 2012; Thrasher et al., 2010).

Couple-based treatments for PTSD that recognize the importance of addressing the interpersonal problems associated with PTSD are emerging (see Cukor, Spitalnick, Difede, Rizzo, & Rothbaum, 2009). Among the existing couple-based interventions for PTSD (e.g., Johnson, 2002; Monson & Fredman, 2012; Sautter, Glynn, Armelie, & Wielt, 2011), CBCT for PTSD has garnered empirical support in improving PTSD and comorbid conditions, enhancing intimate relationships, and improving some partners’ psychological symptoms (Monson et al., 2011, 2012; Monson, Schnurr, Stevens, & Guthrie, 2004; Monson, Stevens, & Schnurr, 2005; Schumm, Fredman, Monson, & Chard, 2013; Shnaider, Pukay-Martin, Fredman, Macdonald, & Monson, 2014).

CBCT for PTSD is purported to address interpersonal processes that influence the presence and maintenance of PTSD (Monson & Fredman, 2012). However, it is unknown whether the effect of pretreatment social support on PTSD treatment outcomes is similar in CBCT for PTSD compared with those found in treatment studies that do not include significant others (i.e., Price et al., 2013; Thrasher et al., 2010). It is possible that the inclusion of intimate partners in treatment may mitigate the deleterious effect of having poorer levels of social support. For example, in a parallel line of research, poorer relationship functioning has been found to impede PTSD and comorbid condition improvements in non-dyadically delivered PTSD treatment (Monson, Rodriguez et al., 2005; Tarrier et al., 1999), but not couple-based treatment for PTSD (Shnaider et al., 2015). Accordingly, if social support does not influence PTSD treatment outcome, this would suggest that the inclusion of intimate partners in treatment may be sufficient in addressing important interpersonal factors contributing to treatment outcome. In contrast, if social support moderates treatment outcome within CBCT for PTSD, this would highlight the value of engaging in additional efforts to increase social support either as part of, or prior to engaging in, treatment for PTSD.

Prior research also suggests that there may be benefits of examining the effects of different sources of social support (i.e., social support from family, friends, significant other) as opposed to social support more globally, because there appear to be differential associations between PTSD and support from these different sources. For example, a study of U.S. veterans found that support from significant others (i.e., intimate partners), family, and military peers was significantly associated with PTSD symptoms. However, social support from friends was not related to PTSD (Wilcox, 2010).

Building on previous work, we examined the role of total, as well as different sources (i.e., family, friends, significant other) of, self-reported social support in the efficacy of CBCT for PTSD in a randomized waitlist controlled trial. We hypothesized that initial total social support, as well as initial social support from significant others and family, would be negatively associated with pretreatment/baseline PTSD symptom severity. Similarly, we hypothesized that initial total, family, and significant other support would moderate treatment outcomes, such that higher initial levels of these supports would be associated with greater reductions in PTSD symptom severity for the
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