



Optimizing trauma-informed intervention for intimate partner violence in veterans: The role of alexithymia



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ABSTRACT

Recent research supports the efficacy of *Strength at Home—Men's Program (SAH-M)*, a trauma-informed group intervention designed to reduce use of intimate partner violence (IPV) in veterans (Taft, Macdonald, Creech, Monson, & Murphy, 2016). However, change-processes facilitating the effectiveness of *SAH-M* have yet to be specified. Alexithymia, a deficit in the cognitive processing of emotional experience characterized by difficulty identifying and distinguishing between feelings, difficulty describing feelings, and use of an externally oriented thinking style, has been shown to predict PTSD severity and impulsive aggression; however, no studies have investigated the relationship between alexithymia and IPV. As such, the current study examined the role of improvements in alexithymia as a potential facilitator of treatment efficacy among 135 male veterans/service members, in a randomized control trial *SAH-M*. After an initial assessment including measures of IPV and alexithymia, participants were randomized to an *Enhanced Treatment as Usual (ETAU)* condition or *SAH-M*. Participants were assessed three and six months after baseline. Results demonstrated a statistically significant association between alexithymia and use of psychological IPV at baseline. Moreover, participants in the *SAH-M* condition self-reported significantly greater reductions in alexithymia over time relative to *ETAU* participants. Findings suggest that a trauma-informed intervention may optimize outcomes, helping men who use IPV both limit their use of violence and improve deficits in emotion processing.

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Intimate partner violence (IPV) is a serious and prevalent public health concern in the United States. Within the military community, intimate relationships may be particularly taxed by the range of psychological risks to which service members and veterans are subjected including exposure to combat and traumatic events (Klostermann, Mignone, Kelley, Musson, & Bohall, 2012). Veterans impacted by trauma endure unique challenges as they reconnect and renegotiate intimate partnerships (Erbes, Polusny, MacDermid, & Compton, 2008), as evidenced for example, by associations

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between posttraumatic stress symptoms and elevated rates of IPV use (Taft, Watkins, Stafford, Street, & Monson, 2011). As such, the need for interventions that target and redress functional deficits linked to the interpersonal consequences of trauma is pressing. Studies within military samples suggest that trauma exposure confers risk for use of violence in relationships by producing deficits in information processing, which interfere with the ability of partner violent individuals to appropriately respond to social stimuli (Taft, Walling, Howard, & Monson, 2011). Remediation of such information processing difficulties may thus facilitate reductions in the use of IPV. The current investigation tests this supposition by examining the role of *alexithymia*, a deficit in the cognitive processing of emotional experience characterized by

difficulty identifying and distinguishing between feelings, difficulty describing feelings, and use of an externally oriented thinking style (Cameron, Ogrodniczuk, & Hadjipavlou, 2014; Taylor & Bagby, 2004), in an evidence-based IPV intervention for veterans, the *Strength at Home Men's Program (SAH-M)*.

SAH-M was developed as a trauma-informed cognitive-behavioral intervention specifically designed to reduce IPV use among veterans/service members and their intimate partners. *SAH-M* was tailored to take into consideration the unique experiences of military populations that may impact IPV, including exposure to trauma and posttraumatic stress symptoms. In a recent randomized clinical trial, participants in *SAH-M* showed greater reductions in physical and psychological IPV use when compared to participants in an *Enhanced Treatment as Usual (ETAU)* condition (Taft, Macdonald, Creech, Monson, & Murphy, 2016), demonstrating the efficacy of *SAH-M*. However, change-processes facilitating the effectiveness of *SAH-M* have yet to be specified. Furthermore, the impact of *SAH-M* on information processing deficits associated with trauma exposure and use of violence has yet to be established.

Alexithymia refers to a specific deficit in the cognitive processing of emotional experience whose salient features have been classified in three main domains: 1) difficulty identifying and distinguishing between feelings, 2) difficulty describing feelings, and 3) use of an externally oriented thinking style (Taylor, Bagby, & Parker, 1997). Although some scholars characterize alexithymia as a relatively stable personality trait (Porcelli, Leoci, Guerra, Taylor, & Bagby, 1996; Tolmunen, Lehto, Heliste, Kurl, & Kauhanen, 2010), evidence suggests that individuals may experience significant changes in alexithymia scores over time (Porcelli, Tulipani, Di Micco, Spedicato, & Maiello, 2011), and as a function of psychological intervention (Cameron et al., 2014). For example, in a recent review of studies examining the effects of psychological interventions on alexithymia, Cameron et al. (2014) found that treatments utilizing psychoeducation and skills-training approaches to increase affect awareness were particularly likely to result in improvements in alexithymia. However, not all aspects of this multidimensional construct may be equally amenable to intervention. Specifically, evidence suggests that alexithymic deficits associated with difficulty identifying and describing feelings are more responsive to treatment than those associated with the use of an externally oriented thinking style (Cameron et al., 2014).

We identified improvements in alexithymia as a key change process of interest in the current examination for several reasons. First, *SAH-M* includes content designed to address disruptions in the cognitive processing of emotion characteristic of both post-traumatic symptomatology and relationship problems. For example, *SAH-M* provides psychoeducation about the potential for trauma related symptoms to result in difficulties identifying and expressing emotions in relationships. *SAH-M* also offers skills training in conflict management, communication, and restructuring of negative thoughts. Each of these treatment components may function to promote greater introspection and to facilitate more effective identification and expression of feelings. However, whether or not *SAH-M* actually results in improvements in alexithymia remains an empirical question. Moreover, the potential contribution of alexithymia to the effectiveness of IPV intervention in veterans has yet to be examined. Answering these questions is a necessary step towards delineating factors that account for variability in treatment outcome. Indeed, scholars have highlighted the need for an increased focus on “component analyses” in clinical research, that is, investigations aimed at identification of core ingredients and treatment moderators, to optimize the effectiveness of evidence-based psychotherapeutic interventions (Emmelkamp et al., 2014).

Second, empirical evidence supports a robust and reliable association between alexithymia and posttraumatic stress disorder

(PTSD: Bartholomew, Badura-Brack, Leak, Hearley, & McDermott, 2017; Brady, Bujarski, Feldner, & Pyne, 2017; Frewen, Dozois, Neufeld, & Lanius, 2008; Monson, Price, Rodriguez, Ripley, & Warner, 2004; Söndergaard & Theorell, 2004), making alexithymia a primary construct of interest in the evaluation of a trauma-informed IPV intervention. For example, in a clinical sample of psychiatric inpatients, alexithymia scores were shown to be higher among those diagnosed with PTSD compared to those without the diagnosis (Evren, Dalbudak, Cetin, Durkaya, & Evren, 2010). Furthermore, alexithymia has been shown to moderate the relationship between the number of traumas experienced and PTSD symptoms, suggesting that the role of alexithymia in the development of PTSD becomes increasingly important for multiply traumatized individuals (Park et al., 2015). This finding is of particular relevance to veterans and service members, who may be exposed to numerous traumatic experiences during the course of their military service (Kok, Herrell, Thomas, & Hoge, 2012). Importantly, evidence suggests that alexithymia is negatively associated with the perceived ability to cope with trauma among combat veterans (Bartholomew et al., 2017). Moreover, in a meta-analysis investigating the prevalence of alexithymia in individuals with PTSD, Frewen and colleagues found that alexithymia was particularly characteristic of males with combat-related PTSD (2008). In total, these findings underscore relevance of alexithymia to trauma-exposed service members and veterans.

Third, alexithymia has been associated with impulsive aggression (Teten, Miller, Bailey, Dunn, & Kent, 2008). However, we are aware of no study to date investigating the association between alexithymia and IPV specifically. Because alexithymia is posited to restrict access to emotional information (Ogrodniczuk, Sochting, Piper, & Joyce, 2012), it is theorized to impede an individual's ability to form and maintain close relationships (Kennedy & Franklin, 2002; Ogrodniczuk et al., 2012). Consistent with this theory, alexithymia has been linked with a number of specific interpersonal deficits including poor empathic abilities (Grynberg, Luminet, Corneille, Grèzes, & Berthoz, 2010) and a lower capacity to see things from the point of view of others (Moriguchi et al., 2009). Furthermore, individuals who score high on measures of alexithymia are more likely to rely on suppression as a strategy for regulating emotional experiences (Chen, Xu, Jing, & Chan, 2011; Laloyaux, Fantini, Lemaire, Luminet, & Larøi, 2015). However, use of suppression has been shown to have the ironic effect of increasing autonomic arousal (e.g., Ohira et al., 2006) and negative affect (Dalglish, Yiend, Schweizer, & Dunn, 2009; Gross & John, 2003) both of which significantly diminish an individual's ability to effectively and flexibly resolve ambiguity or conflict in interpersonal situations (Ben-Zur, 2009). Thus, in the absence of more effective emotion regulation skills, individuals high in alexithymia may be more likely to use violence in relationships. In fact, emotion regulation difficulties in general are a well-established risk factor for use of IPV as demonstrated by numerous cross-sectional studies (Gratz & Roemer, 2004; Gratz, Paulson, Jakupcak, & Tull, 2009; McNulty & Hellmuth, 2008; Shorey, Brasfield, Febres, & Stuart, 2011; Stuart, Moore, Hellmuth, Ramsey, & Kahler, 2006). As such, interventions effective in remediating alexithymic difficulties may facilitate reductions in the use of relationship violence (Ogrodniczuk et al., 2012).

1. Current study

Although evidence suggests that alexithymia is associated with posttraumatic symptomatology, aggressive behavior, and interpersonal difficulties (e.g., Frewen et al., 2008; Monson et al., 2004; Söndergaard & Theorell, 2004; Teten et al., 2008), more research is needed to understand whether the trauma-informed treatment,

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