

STRENGTH HOME

Preventing Violence in Military Families

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ADVANCING SCIENCE AND PROMOTING UNDERSTANDING OF TRAUMATIC STRESS

Social Information Processing Model

- Men who use IPV exhibit cognitive deficits (e.g., faulty attributions, irrational beliefs) that impact interpretation (**decoding stage**)
- Men who use IPV have difficulty generating a variety of nonviolent responses (**decision skills stage**)
- Men who use IPV lack the skills to enact a competent response (**enactment stage**)
- The process influenced by “transitory factors” such as alcohol use, traumatic brain injury, etc.

Survival Mode Model

- Vigilance to threats in warzone leads combat veteran to enter into survival mode inappropriately when stateside
- Perceive unrealistic threats
- Exhibit hostile appraisal of events
- Overvalue aggressive responses to threats
- Exhibit lower threshold for responding to the threat

IPV Risk Factors

- 1) PTSD
- 2) Depression
- 3) Alcohol Use Problems
- 4) Traumatic Brain Injury

PTSD and IPV

- Service members without PTSD not more violent than civilians (Bradley, 2007)
- Rates in the National Vietnam Veterans Readjustment Study (Kulka et al., 1990)
 - Veterans with PTSD = 33%
 - Veterans without PTSD = 13.5%
- Meta-analytic results (Taft et al., 2011)
 - PTSD and physical IPV: $r = .42$
 - PTSD and psychological IPV: $r = .36$

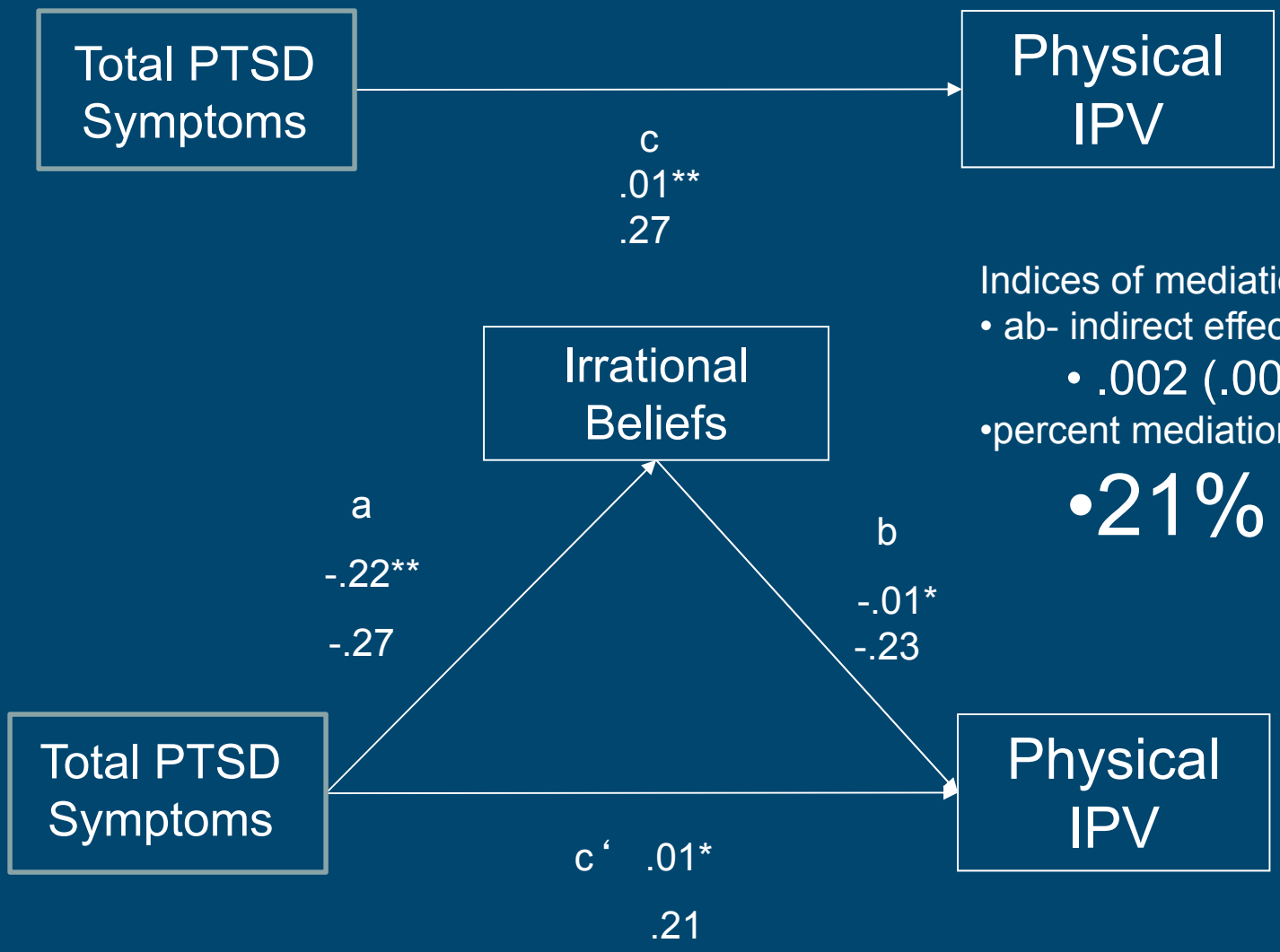
PTSD and IPV

Re-
experiencing

Avoidance/
Numbing

Hyperarousal

e.g., Taft et al., 2007



Indices of mediation

- ab- indirect effect (90% CI)
 - $.002 (.000042, .00316^{**})$
- percent mediation- $ab/(c' + ab)$

•21%

Note: unstandardized (top) and standardized (bottom) regression coefficients

* = $p < .05$; ** = $p < .01$

Depression

- Co-occurring depression among the strongest risk factors for violence among veterans with PTSD (Taft et al., 2005)
- Depressive feelings connected with anger-related feelings, thoughts, and memories in associative networks (Berkowitz, 1990)

Alcohol Use Problems

- Trauma and PTSD related to binge drinking (Adams et al., 2006)
- Self-medication hypothesis
- Alcohol disinhibits aggression through impact on executive functioning (Giancola, 2000)

Traumatic Brain Injury

- 19% of returning soldiers report possible TBI during their deployment (Tanielian & Jaycox, 2008)
 - Associated with executive function deficits
 - Among those with PTSD, TBI can lead to difficulties inhibiting behavior
- TBI rates 40% - 61% in domestic abusers

Core Themes

- 1) Trust
- 2) Self-Esteem
- 3) Power Conflicts
- 4) Guilt and Shame

Trust

- Trauma may have been caused by someone who was supposed to be trustworthy
- Others may have made poor decisions or mistakes
- May feel they can't trust anyone or others are out to hurt or betray them
- Mistrust can carry over into relationships
- Controlling behavior may result

Self-Esteem

- May unfairly blame self for trauma
- Low self-esteem leads to relationship insecurity, controlling behavior, and IPV

Power Conflicts

- Exposure to trauma may contribute to a sense of powerlessness
- Feelings of powerlessness contribute to power conflicts in relationships
- IPV theories highlight beliefs related to power in relationships (Pence & Paymar, 1993)

Shame

- Veteran may experience trauma-related shame
- Aggression may represent maladaptive effort to avoid shame and associated feelings of weakness, inferiority, and worthlessness (Gilligan, 2003)
- Shame hinders responsibility-taking

IPV Intervention

Lack of Empirically Supported Interventions

- No prior randomized clinical trial has shown treatment effects in military population (e.g., Dunford, 2000)
- Those receiving interventions in other settings average 5% reduction in recidivism relative to untreated groups (Babcock et al., 2004)
- Barriers to examining IPV interventions
 - Randomizing violent men to no-treatment controls
 - Arrest and monitoring associated with IPV reduction
 - Lack of victim contact

Limitations of Existing Interventions

- Not tailored to military populations
- Are not trauma informed
- Deemphasize psychiatric factors (PTSD) and biological factors (head injury)
- Many are not considered “therapy”
- Large, impersonal groups

Strength at Home

Program Objectives

- Department of Defense
- Department of Veterans Affairs
- Model program for treating IPV in service members/Veterans

Structure and Format

- Veterans or active duty servicemen who have engaged in recent IPV
- Closed groups
- 12 weekly 2-hour sessions
- 5-8 veterans per group
- Male and female co-therapist
- Additional monitoring, treatment, and support

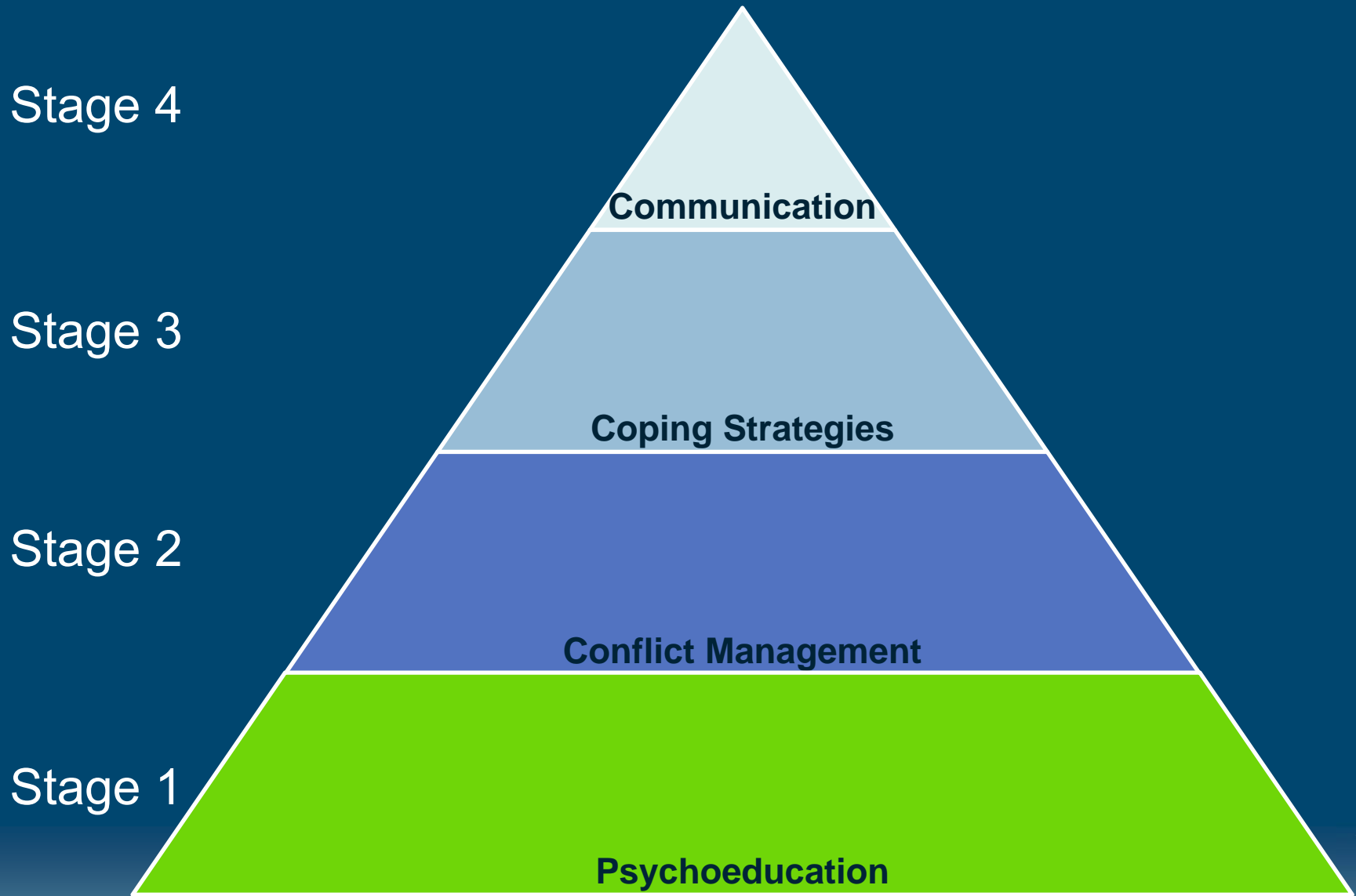
Intimate Partner Involvement

- Contacted every three months
- High (>70%) rate of contact
- Safety planning, hotline numbers, mental health services, other support
- Perceptions of IPV
- Program feedback

Interventions Informing Strength at Home

- Intervention for IPV perpetration (Murphy & Scott, 1996)
- Cognitive Processing Therapy for PTSD (CPT; Resick & Schnicke, 1992)
- Cognitive-Behavioral Conjoint Therapy for PTSD (CBCBT; Monson & Fredman, in press)

Program Stages



Strength at Home Stages

- Stage I (Sessions 1-2): Psychoeducation
 - Pros/cons of abuse
 - Forms of IPV and impacts of trauma
 - Core themes
 - Goals for group

Strength at Home Stages

- Stage II (Sessions 3-4): Conflict Management
 - The anger response
 - Self-monitor thoughts, feelings, physiological responses
 - Assertiveness
 - Time Outs to de-escalate difficult situations

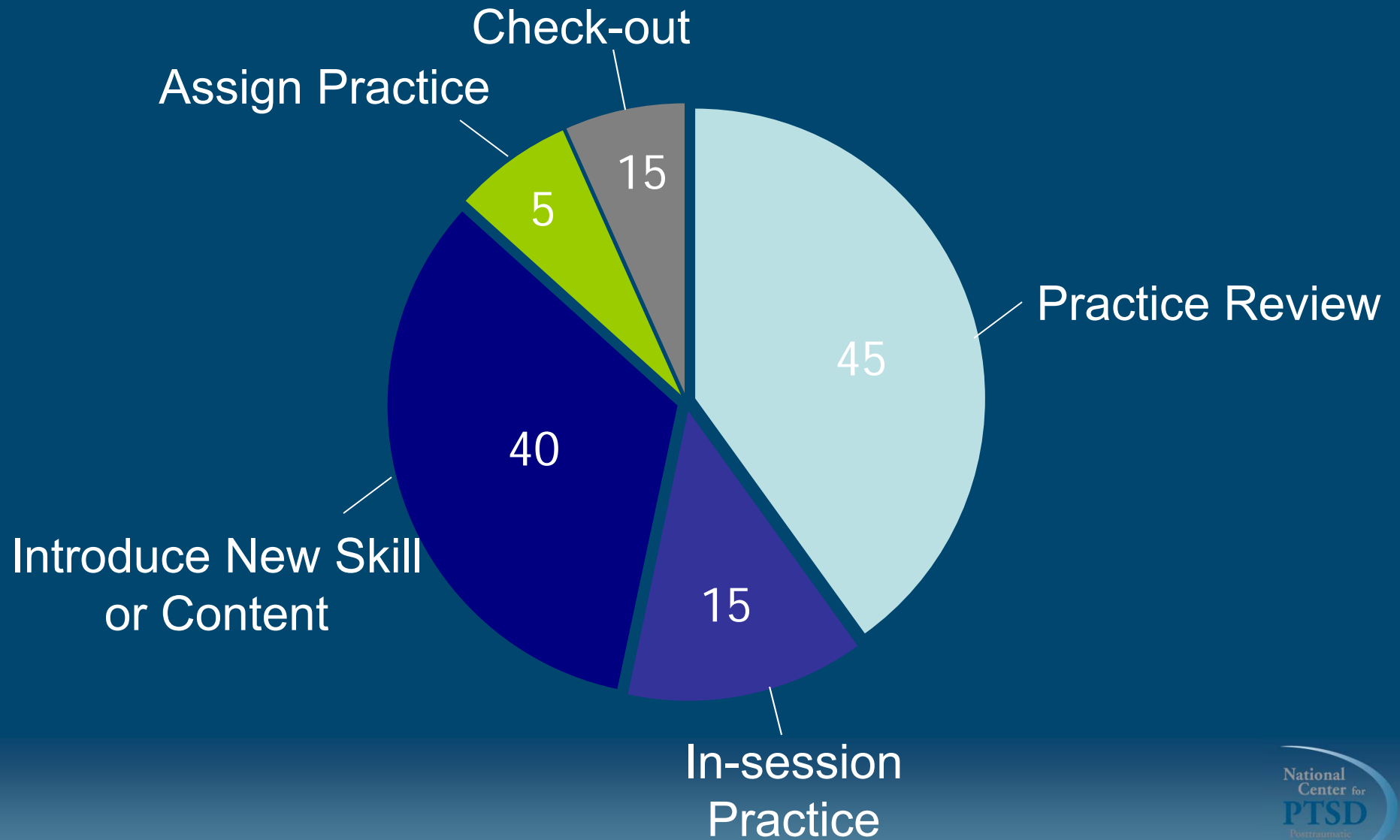
Strength at Home Stages

- Stage III (Sessions 5-6): Coping Strategies
 - Anger-related thinking
 - Realistic appraisals of threat and others' intentions
 - Coping with stress
 - Problem-focused versus emotion-focused coping
 - Relaxation training for anger

Strength at Home Stages

- Stage IV (Sessions 7-12): Communication Skills
 - Roots of communication style
 - Active listening
 - Assertive messages
 - Expressing feelings
 - Communication “traps”

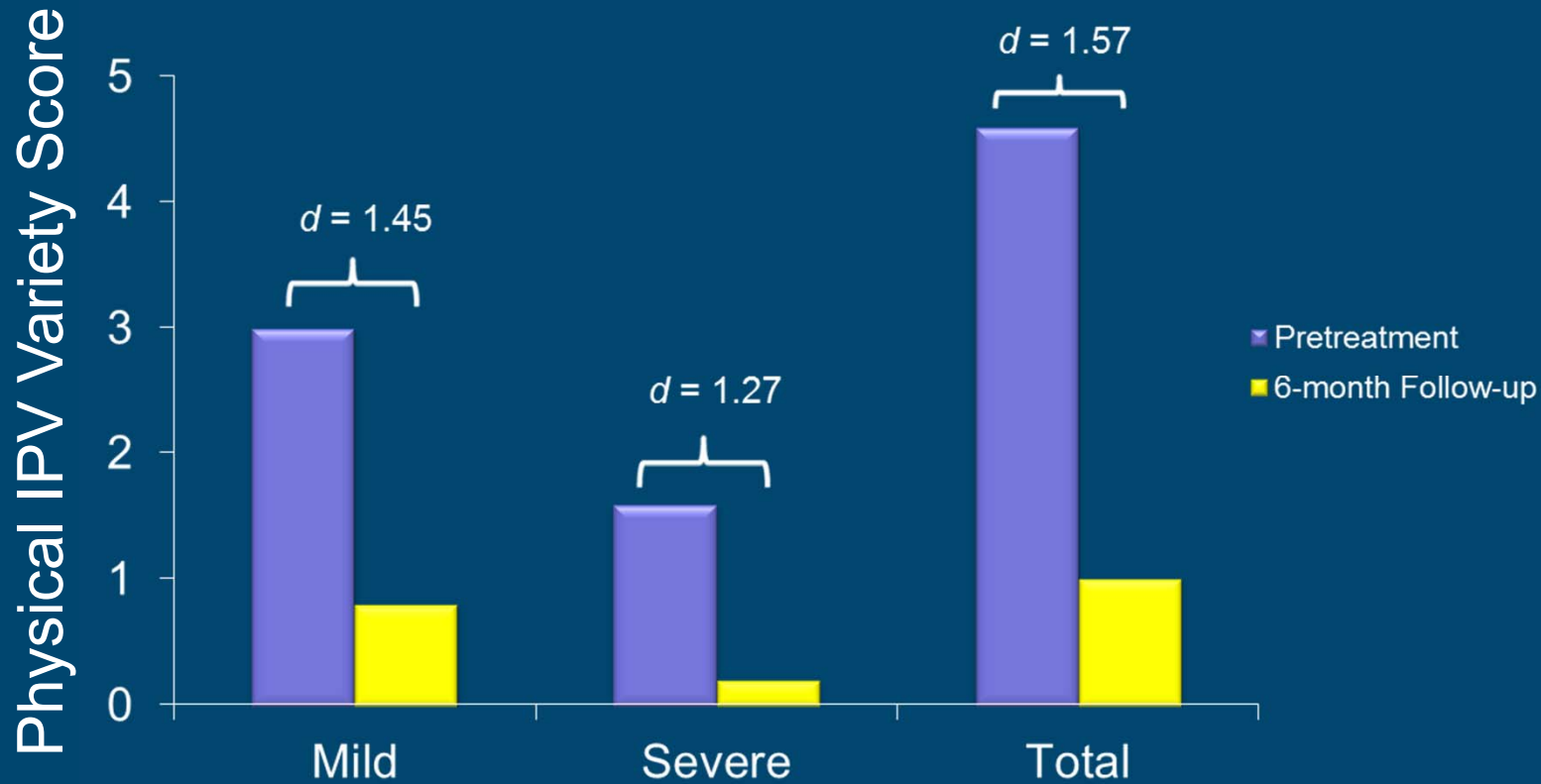
Overall Session Structure



Phase I (Pilot) Sample Characteristics

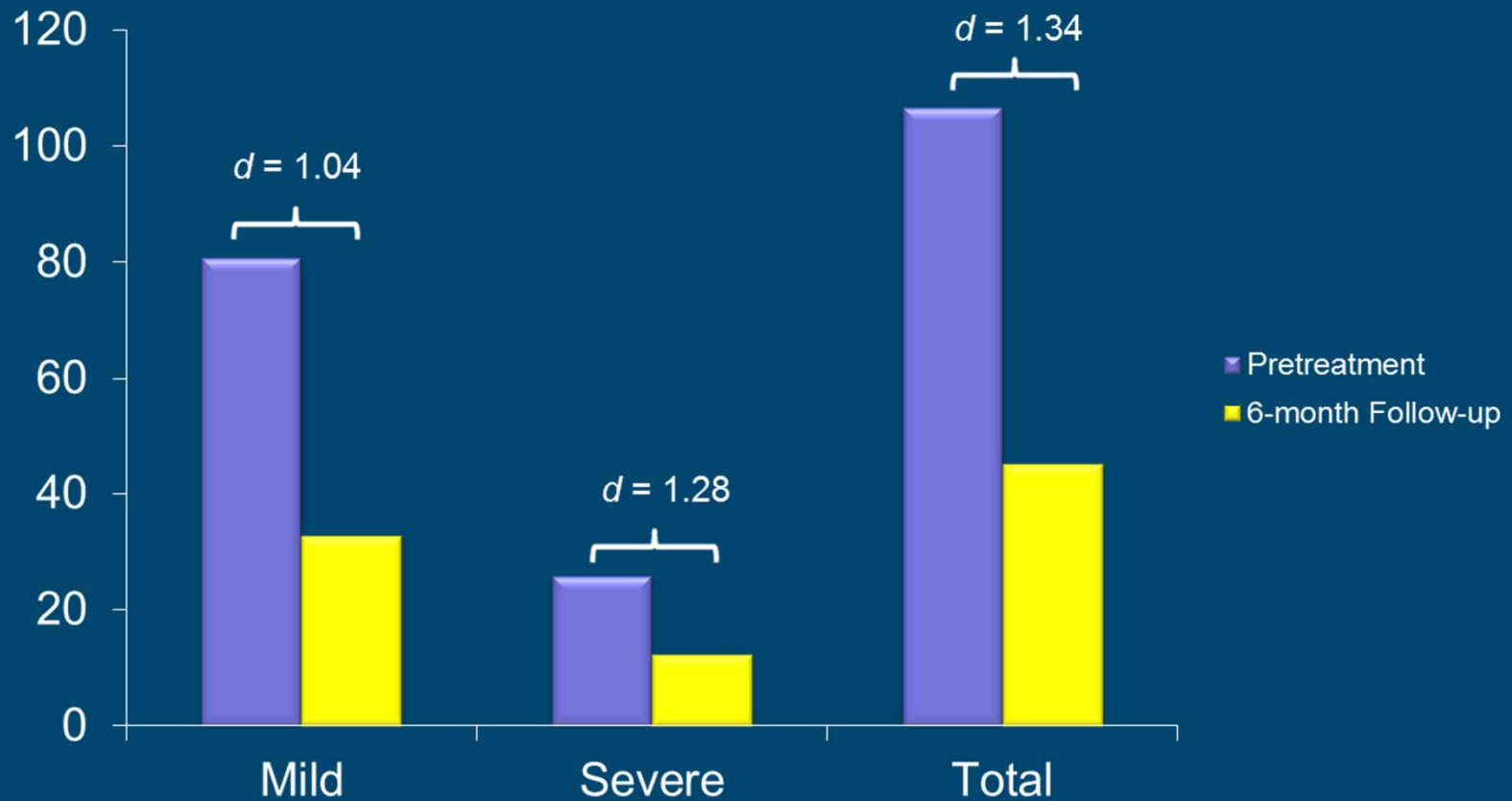
- 12 assessed
 - 5 failed to attend after initial assessment
 - 2 dropouts
 - 5 completed the intervention
- 5 completers
 - 4 Caucasian, 1 African American
 - Average age = 38.4 years
 - 4 married and living together, 1 in a relationship, not living with partner
 - 4 served in Iraq or Afghanistan, 1 in Vietnam

Physical IPV



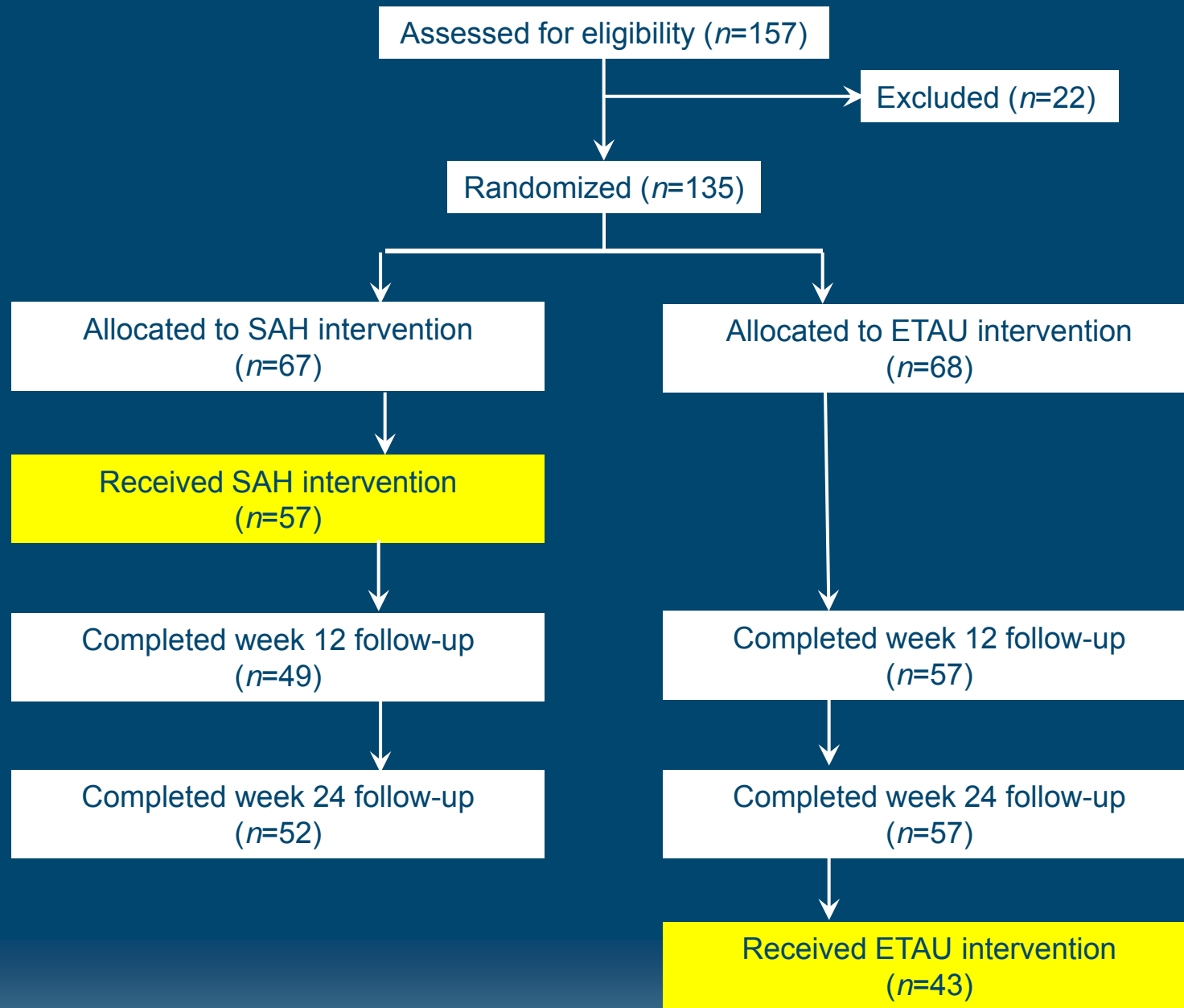
Psychological IPV

Psychological IPV Frequency Score

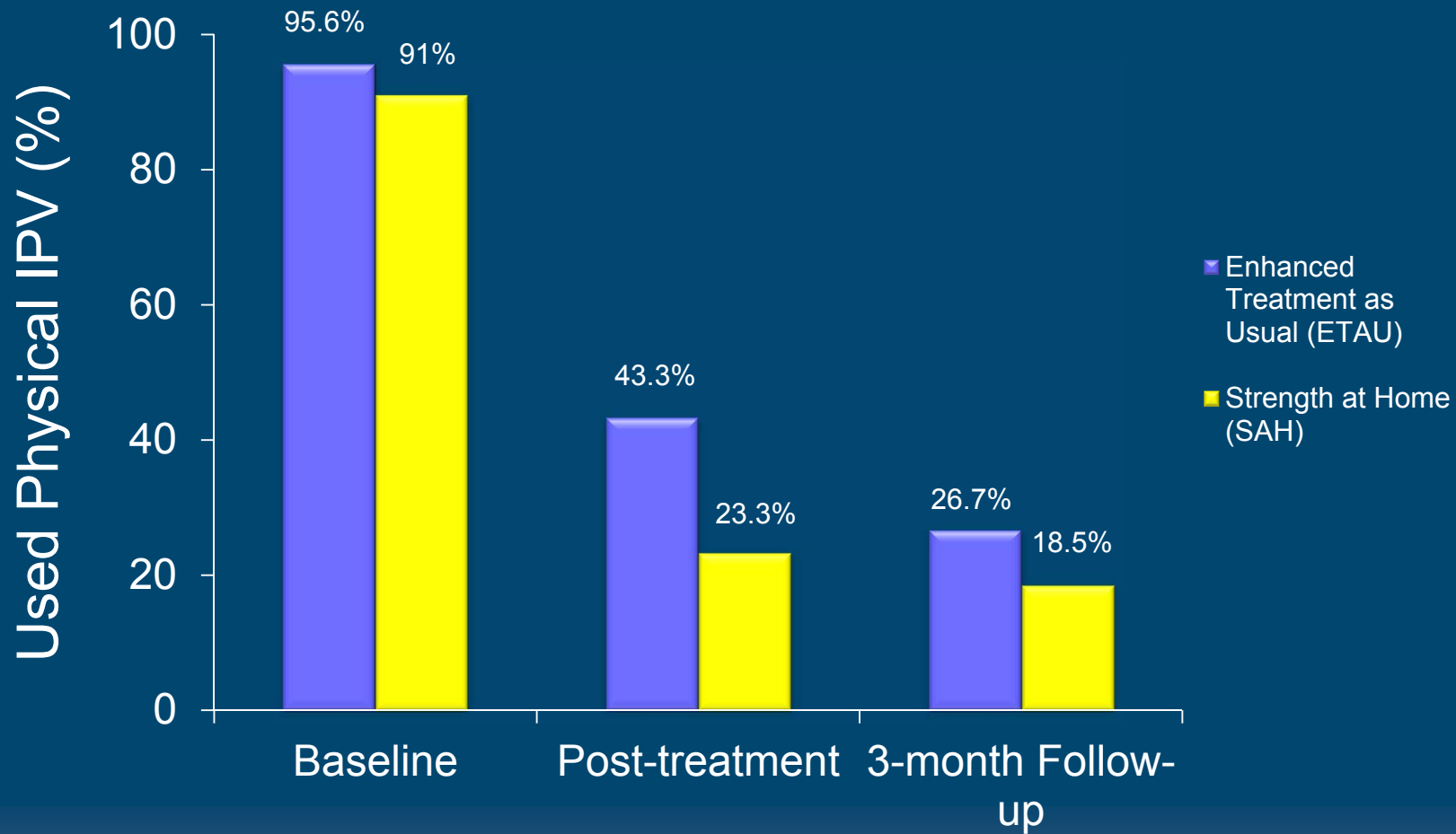


Phase II (Randomized Clinical Trial) Sample Characteristics

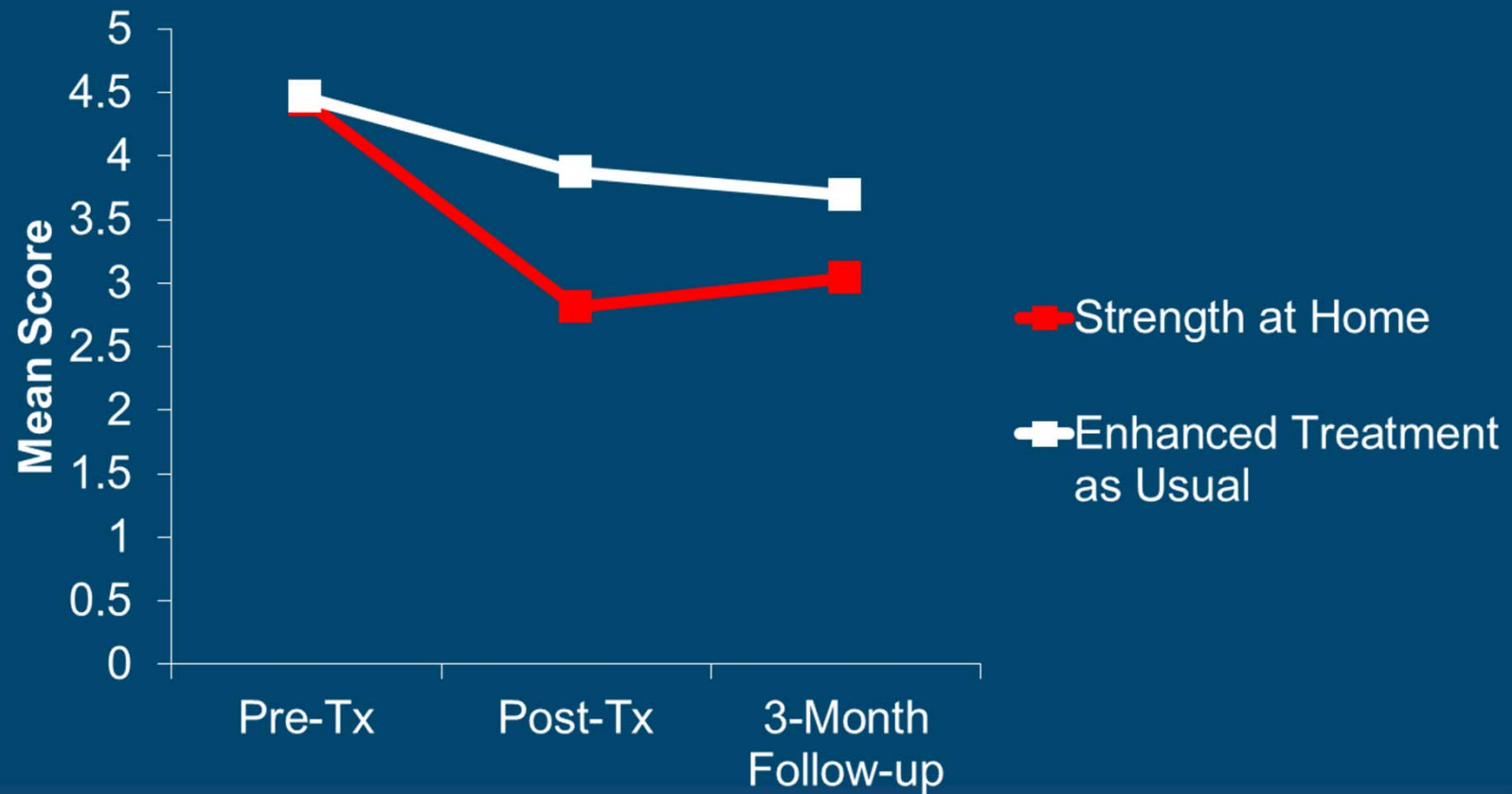
- 135 enrolled in study (67 to SAH-V intervention, 68 to ETAU)
- Average age = 38.10
- 77% White, 14% Black/African-American
- 34% married, 23% dating, 14% single
- 59% Court-involved
- 57% OEF/OIF/OND, 13% Vietnam, 8% Gulf War
- Treatment Completion (≥ 9 sessions): 55%



Physical IPV Recidivism

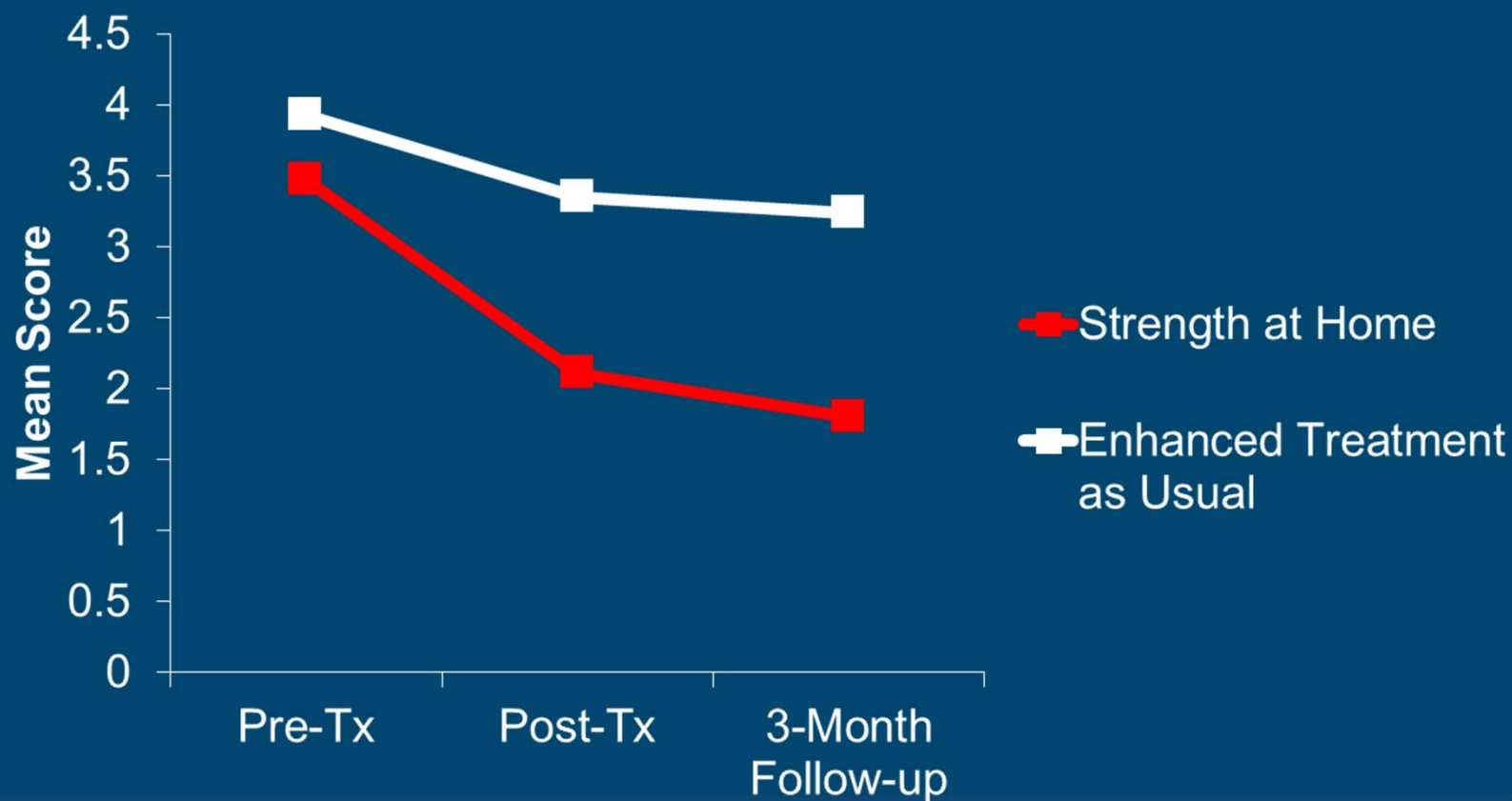


Psychological IPV



$B = -0.304$ ($SE = .135$)

Restrictive Engulfment



$B = -0.072$ (SE = .027)