Programs for Service Members and Veterans

Casey Taft, Ph.D.
National Center for PTSD, VA Boston Healthcare System
Boston University School of Medicine
The Social Information Processing Model

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

Holtzworth-Munroe, 1992
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

Chemtob et al., 1997
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
Irrational Beliefs

Total PTSD Symptoms $\rightarrow$ Irrational Beliefs $\rightarrow$ Physical IPV

Indices of mediation
- $ab$- indirect effect (90% CI)
  - $0.002 (0.000042, 0.00316**)$
- percent mediation $= \frac{ab}{c' + ab}$
  - $21\%$

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

* $= p < .05$; ** $= p < .01$
Other Contributing Factors

1. Depression
2. Alcohol use problems
3. Traumatic brain injury
4. Power conflicts
5. Trust issues
6. Self-esteem problems
IPV Intervention
Lack of Empirically Supported Interventions

• No 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
• Do not consider role of trauma
• Deemphasize psychiatric factors (PTSD) and biological factors (head injury)
• Not considered “therapy”
• Large, impersonal groups
• Longer groups pose challenge for deployment/training schedules
• No military IPV prevention interventions
Strength at Home: Couples’ Program
Couples’ Program Objectives

• Centers for Disease Control and Prevention
• Goal to develop/evaluate model program for preventing IPV in returning service members/Veterans
  • Relationship distress but no current violence
Couples’ Program Phases

- **Phase I (Sessions 1-3): Psychoeducation**
  - Education on trauma and impact on relationships
  - Promoting insight into relationship difficulties
  - Core themes

- **Phase II (Sessions 4-5): Conflict Management**
  - Roots of conflict management style
  - Assertiveness training
  - Time Outs to de-escalate difficult situations

- **Phase III (Sessions 6-10): Communication Skills**
  - Listening skills
  - Emotional expression
  - Communication “traps”
Phase I (Pilot Sample) Characteristics

- 29 assessed
  - 5 ineligible, 6 withdrew
- 18 completers
  - 12 Caucasian, 3 African American, 3 Hispanic/Latino
  - Average age = 41 years
  - Relationship length average = 9.3 years
  - 61% married
  - 56% have children

Taft, Howard et al., in press
Veteran-perpetrated physical IPV unchanged at post-treatment...

Partial Eta Squared = .002
...but large reductions in physical IPV by 6-month follow-up

Partial Eta Squared = .241
Partner-perpetrated physical IPV unchanged at post-treatment...

**Female-Perpetrated Physical Aggression**

![Graph showing decline in female-perpetrated physical aggression over time, with two conditions: active treatment and supportive treatment. Partial Eta Squared = .006.](image)

Partially Eta Squared = .006
...but moderate reductions in physical IPV by 6-month follow-up

Partial Eta Squared = .071
Veteran-perpetrated psychological IPV unchanged at post-treatment…

Partial Eta Squared = .001
...but large reductions in psychological IPV by 6-month follow-up

Partial Eta Squared = .121
Partner-perpetrated psychological IPV moderately reduced at post-treatment...

Partial Eta Squared = .103
...and further reductions 6 months later

Partial Eta Squared = .047
Phase II (Randomized Clinical Trial) Sample Characteristics

- 156 enrolled
  - Dropout rates:
    - 13% of those in Strength at Home
    - 34% of those in Supportive Therapy
  - 80% Caucasian, 13% African American, and 7% of another ethnicity
  - Age 24-59 years, 41 years on average
  - In relationship 6 months – 25 years; 8.1 years on average
  - 76% married
  - 74% have children
Veteran Physical IPV Perpetration

Pre-Tx | Post-Tx | 6mo Follow-up | 1yr Follow-up
Supportive | SAH-C
Veteran Psychological IPV Perpetration

- Pre-Tx
- Post-Tx
- 6mo Follow-up
- 1yr Follow-up

- Supportive
- SAH-C
Partner Physical IPV Perpetration

- Pre-Tx
- Post-Tx
- 6mo Follow-up
- 1yr Follow-up

- Supportive
- SAH-C
Partner Psychological IPV Perpetration

![Graph showing Partner Psychological IPV Perpetration](image)

- **Pre-Tx**
- **Post-Tx**
- **6mo Follow-up**
- **1yr Follow-up**
Veteran Emotional Abuse Perpetration

Pre-Tx | Post-Tx | 6mo Follow-up | 1yr Follow-up

Supportive

SAH-C
Partner Emotional Abuse Perpetration

Pre-Tx | Post-Tx | 6mo Follow-up | 1yr Follow-up

Supportive

SAH-C
Veteran PTSD

![Graph showing PTSD levels over time for Pre-Tx, Post-Tx, 6mo Follow-up, and 1yr Follow-up. The graph compares Supportive and SAH-C treatments.](image-url)
Partner PTSD

![Graph showing Partner PTSD levels over time with lines labeled Supportive and SAH-C.]

- Pre-Tx
- Post-Tx
- 6mo Follow-up
- 1yr Follow-up
Veteran Depressive Symptoms

- **Pre-Tx**
- **Post-Tx**
- **6mo Follow-up**
- **1yr Follow-up**

Lines indicating symptom levels:
- **Supportive**
- **SAH-C**
Partner Depressive Symptoms

![Graph showing Partner Depressive Symptoms with time points Pre-Tx, Post-Tx, 6mo Follow-up, 1yr Follow-up.]

- Supportive
- SAH-C
Veteran Dyadic Adjustment

- Pre-Tx
- Post-Tx
- 6mo Follow-up
- 1yr Follow-up

Graph comparing changes in support and SAH-C over time.
Partner Dyadic Adjustment

![Graph showing Partner Dyadic Adjustment over time with pre-Tx, post-Tx, 6mo follow-up, and 1yr follow-up data points for Supportive and SAH-C categories.](image-url)
Strength at Home: Men’s Program
Men’s Program Objectives

• Department of Defense
• Department of Veterans Affairs
• Goal to develop/evaluate model program for treating IPV in service members/Veterans
• No prior randomized clinical trial has shown treatment effects in a military population
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”
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
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

Physical IPV Variety Score

- Mild: d = 1.53, Pretreatment
- Severe: d = 1.09, Pretreatment
- Total: d = 1.46, Pretreatment

- 6-month Follow-up

- 0 to 5 scale
Psychological IPV Frequency Score

- Mild: $d = 1.07$
- Severe: $d = 0.66$
- Total: $d = 1.08$

Legend:
- Pretreatment
- 6-month Follow-up
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%
In-person assessed for eligibility (n=155)

Excluded for:
- Lack of interest/lost contact (n=8)
- Psychosis (n=1)
- Refused partner contact (n=1)
- No abuse (n=2)
- Other (n=8)

Randomized
(Bos n=32)
(Pvd n=103)

Allocated to SAH-V intervention
(Bos n=11)
(Pvd n=56)

Allocated to ETAU
(Bos n=21)
(Pvd n=47)

Post-treatment assessment
(Bos n=8 plus 1 retro)
(Pvd n=41 plus 4 retro)

Assessed at 12 weeks
(Bos n=20 plus 1 retro)
(Pvd n=37 plus 6 retro)

3 months follow-up
(Bos n=8 plus 1 retro)
(Pvd n=41 plus 4 retro)

Assessed at 24 weeks
(Bos n=20 plus 1 retro)
(Pvd n=37 plus 6 retro)

6 months follow-up
(Bos n=10)
(Pvd n=42)

Post-treatment
(Bos n=19)
(Pvd n=39)

Attended Delayed SAH-V:
(at least 9 sessions:
Bos n=7, Pvd n=18)
(at least 6 sessions:
BOS n=9, PVD n=26)
Change in Physical IPV Perpetration

\[ F(2, 240) = 5.33, p < .005, \eta_p^2 = .04 \]
Change in Psychological IPV Perpetration

\[ F(2, 238) = 4.58, \ p < .05, \ \eta_p^2 = .04 \]