

Putting Research to Work for Military Families



Focus:
Multiple
Branches

Veteran Couples Integrative Intensive Retreat Model: An Intervention for Military Veterans and Their Relational Partners

Monk, J. K., Ogolsky, B. G., & Bruner, V. (2016). Veteran couples integrative intensive retreat model: An intervention for military veterans and their relational partners. *Journal of Couple & Relationship Therapy*, 15(2), 158-176.
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SUMMARY: Posttraumatic stress disorder (PTSD) following deployment is often associated with distress, not just in Service members, but also in their partners. Service members' and their partners' PTSD symptoms were compared before, after, and six months following a couples retreat, which integrated several interventions (e.g., couples therapy, social support, yoga, massage). An array of interventions, as well as including significant others, may be beneficial for Service members' and military families' well-being.

KEY FINDINGS:

- Couples' symptoms of PTSD were significantly reduced from pre- to post-retreat, with fewer participants reporting significant PTSD symptoms post-retreat among Service members (81% vs. 31%) and partners (28% vs. 5%).
- Service members had more PTSD symptoms pre-retreat and more improvement than partners.
- Service members had slightly reduced PTSD symptoms from post-retreat to follow-up, whereas partners improved significantly from post-retreat to follow-up.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Provide classes for military couples following deployment about communication and how PTSD can impact relationships
- Offer services and activities, such as yoga, massage, and relaxation exercises, that may help reduce Service members' and families' stress following deployment
- Engage Service members in peer social support groups to discuss trauma and coping

IMPLICATIONS FOR POLICIES:

Policies could:

- Promote new research on brief mental health interventions for military couples
- Encourage collaboration between existing military programs and community organizations (e.g., Veterans organizations, service providers, faith-based programs) to ensure a wide range of support and resources are available for military families
- Recommend existing military programs for Service members experiencing PTSD allow Service members to involve and include their partners in program activities

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METHODS

- Data were from the National Veterans Wellness and Healing Center and included Veterans of any military with a PTSD diagnosis and their partners who had attended a Veteran Couples Integrative Intensive Retreat.
- Retreats included traditional couples' therapy, community and peer social support activities, psychoeducation, and wellness activities (e.g., yoga, relaxation, massage).
- Service members' and partners' self-reported PTSD symptoms and distress were assessed and compared across three time points (i.e., pre-retreat, post-retreat, and six month follow-up).

PARTICIPANTS

- Participants included 149 mostly male Service members, who ranged in age from 25-84 years ($M = 55.52$, $SD = 12.87$), and their mostly female partners, who ranged in age from 23-83 years ($M = 52.96$, $SD = 12.53$).
- Participants were White (54%), Latino (40%), Native American (5%), and Black (1%), and 83% were married.
- The majority of Service members had been deployed in Vietnam (63%), while others had been deployed in OEF/OIF (25%), the Gulf War (10%), the Korean War (2%), or World War II (1%).

LIMITATIONS

- Without a control group, it is unclear whether participants' symptoms improved due to the intervention.
- Because all intervention pieces (e.g., couples therapy, social support, massage, yoga, education) were combined, there is no way to know whether or not individual pieces were effective.
- It is unclear how participants were selected for the retreat, but those with symptoms and no diagnosis were selected on a "case-by-case basis," potentially introducing researcher bias.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Conduct a similar study with random assignment to treatment and control groups and collect additional outcome measures (e.g., relationship quality, program satisfaction, mental health)
- Compare effectiveness of each intervention component on military couples' symptom improvement
- Examine pathways through which partner involvement may increase intervention efficacy, including shared narratives and increased awareness of partners' mental health concerns

ASSESSING RESEARCH THAT WORKS



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