

Family Cohesion and Posttraumatic Intrusion and Avoidance Among War Veterans: A 20-Year Longitudinal Study

Zerach, G., Solomon, Z., Horesh, D., Ein-Dor, T. (2013). Family cohesion and posttraumatic intrusion and avoidance among war veterans: A 20-year longitudinal study. *Social Psychiatry, Psychiatry and Epidemiology*, 48, 205-214.



The 20 year longitudinal relationships between post traumatic symptoms and family cohesion were assessed in a group of Israeli Veterans from the 1982 Lebanon War. Veterans with combat stress reaction (n=108) were compared to those without the reaction (n=80) over three time points, namely 1, 3 and 20 years after the war. Veterans in the combat stress reaction group reported higher intrusion and avoidance symptoms and lower family cohesion over time compared to those without stress reactions.

Key Findings:

- Combat stress reaction Veterans reported higher intrusion (nightmares, intrusive thoughts and feelings) and avoidance (numbed responsiveness, avoiding feelings and situations associated with the trauma) symptoms over a 20 year period compared to non- combat stress reaction Veterans. Although there was decline in symptoms for both groups over time, the decline was steeper for the combat stress reaction group.
- Combat stress reaction Veterans had lower levels of family cohesion over time compared to the non-combat stress reaction Veterans.
- Both groups of veterans (with and without combat stress reactions) reported an increase in family cohesion over time.

Implications for Programs:

- Programs could be developed to support families of Veterans with combat stress reactions due to the documented decreased family cohesion in these families.
- Programs could specifically target intrusion and avoidance symptoms in their curricula due to the persistence of these problems in some Veterans with combat stress reactions.

Implications for Policies:

- Policies could designate additional resources for family education for those Veterans dealing with combat stress reaction and related symptoms.
- Given the chronicity of many of the combat stress reaction symptoms, continued support for using evidence-based treatments for mental health difficulties among military Service members and Veterans may be beneficial.

Avenues for Future Research:

- Future research could enhance the longitudinal design by including pre-combat assessment of key variables.
- Additional research could include non-self-report measures (e.g., interview data) and gather data from multiple family members.
- A full assessment of PTSD symptoms could be used which may provide additional information about fluctuations in symptoms and family cohesion over time.

Background Information

Methodology:

- Veterans were assessed 1 year, 3 years, and 20 years after the 1982 Lebanon War; Response rates at the 20-year point were 60% for those with combat stress reaction and 69% for those without the reaction.
- Participants completed questionnaires on intrusion and avoidance (partial PTSD) symptoms, family environment, and demographics.
- Latent trajectories modeling was used to examine changes in avoidance and intrusive symptoms and family cohesion over time; differences between the combat stress reaction and non- combat stress reaction groups were assessed using structural equation modeling.
- Correlations assessed the interrelations between the study variables.
- Autoregressive Cross-Lagged modeling was used to examine the bi-directional association between avoidance and intrusion symptoms and family cohesion over time.

Participants:

- 208 Israeli male Veterans
- 128 of the Veterans were diagnosed with combat stress reaction; 80 did not have a combat stress reaction but were matched on age, education, rank, and duty assignment

Limitations:

- Loss of participants over the time points may result in a skewed sample and findings.
- Self-report measures may risk reporting biases.
- The lack of pre-combat assessment of family functioning and intrusion and avoidance symptoms limits the ability to infer causality.
- Additional fluctuations in symptoms and family cohesion may have been missed due to the large lag time between the second and third assessments (17 years).

Assessing Research that Works

Research Design and Sample					Quality Rating:
	Excellent (★★★)	Appropriate (★★★)	Limited (★★★)	Questionable (★★★)	★★★★
The design of the study (e.g., research plan, sample, recruitment) used to address the research question was....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Research Methods					Quality Rating:
	Excellent (★★★)	Appropriate (★★★)	Limited (★★★)	Questionable (★★★)	★★★☆☆
The research methods (e.g., measurement, analysis) used to answer the research question were...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Limitations					Quality Rating:
	Excellent Minor Limitations (★★★)	Appropriate Few Limitations (★★★)	Limited Several Limitations (★★★)	Questionable Many/Severe Limitations (★★★)	★★★☆☆
The limitations of this study are...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Implications					Quality Rating:
	Excellent (★★★)	Appropriate (★★★)	Limited (★★★)	Questionable (★★★)	★★★☆☆
The implications of this research to programs, policies and the field, stated by the authors, are...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Not applicable because authors do not discuss implications					
Overall Quality Rating					★★★☆☆