

Veterans and their partners see less trauma and distress symptoms after intensive retreat

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Military veterans returning from combat situations face a higher risk—above most other populations—of developing posttraumatic stress disorder (PTSD). Symptoms, which may include flashbacks, night terrors, and intense emotional reactions, affect not only veterans, but also the partners of veterans. Previous studies have shown a significant association between PTSD and intimate relationship problems.

Although services exist to help [veterans](#) who are experiencing trauma symptoms, they are often underutilized. Family studies researchers at the University of Illinois would like to see that change. They recently assessed an existing weeklong, intensive retreat model for veterans and their romantic partners that includes therapeutic group and couple counseling, as well as relaxation activities. They determined that this model is successful in helping to reduce symptoms and distress for the participants.

Kale Monk, a graduate research assistant in the Department of Human Development and Family Studies at the U of I and lead author of the study said that many veterans with PTSD may not seek help because of the stigma associated with mental illness.

"After veterans complete their service, they may be reluctant to report some of these symptoms because they feel a sense of shame or that others would think less of them if they sought therapy," he explains.

"Many service members fear that seeking treatment will have negative consequences for their career or that their security clearance will even be

revoked."

He adds that another important reason veterans may not seek treatment is that they don't want to take time away from their families for long-term counseling and most services don't incorporate the partner or family. "Therapy could take anywhere from 8 sessions to months of treatment and that takes time away from service members reuniting with their families, and most people just want to go back to their lives after a long deployment. Service members and veterans indicate that they would be more willing to engage in treatment if it was brief and family focused."

Monk says this has prompted service providers to seek out brief workshops or retreats for veterans that also include their support systems.

In a recent study, Monk and colleagues assessed what they call the Veteran Couples Integrative Retreat (VCIIR) model—seeking to evaluate a specific, inclusive treatment for those who had served and may still suffer from trauma, and their partners. The model uses a holistic treatment approach including traditional therapeutic couple sessions and group psychoeducation, as well as yoga, massage, hiking, equine-assisted therapy, and other recreational wellness activities to promote relaxation.

For the current study, veterans must have had a diagnosis of PTSD or be experiencing PTSD symptoms, as well as a referral from a physician or VA clinic staff member in order to participate in the retreat.

During the weeklong retreat, participants engage in general psychoeducation, where they are given information about trauma, how it manifests, and what it looks like. Facilitators also share coping strategies for the veteran and the partner, such as how to handle stressors or

identify triggers.

"In addition to the couple sessions, participants learn as a group about these different symptoms and ways of managing stress. They break into groups and talk about issues that are really salient to them with others who will understand their situation because they are coming from similar experiences. This experience sharing and sense of camaraderie seems to be really important, validating, and normalizing. When participants are not in session, they are involved in different relaxation activities and things to get them back into nature to hopefully induce a relaxing state."

The model intentionally includes veterans from a variety of generations or combat eras to allow for interaction between older and younger veterans.

Using data collected from the National Veterans Wellness and Healing Center, a total of 149 veteran couples (298 individuals) completed assessments before and immediately after the retreat as well as assessments at a 6-month follow-up to determine the effectiveness of the model. Assessments included military and civilian versions of the PTSD checklist.

The results showed a significant reduction in trauma symptoms for veterans and a significant decrease in distress for partners after the retreat.

"Obviously we wanted [trauma symptoms](#) to decline for veterans, but what's additionally encouraging is that we also saw a reduction in distress for partners. Many times you see an initial boost or benefit from a treatment and then people go back to where they started at baseline. But this was really encouraging because at 6 months out, we noticed that these benefits seemed to be maintained for both couple members. That's one of the strengths of this retreat."

Monk stressed that not all veterans returning from combat experience PTSD symptoms and not all veteran couples experience relational difficulties. However, in the United States, the lifetime risk for all people of experiencing PTSD is 8.7 percent. Scholars estimate that the risk for veterans is 18 to 54 percent for Vietnam veterans and 16 to 30 percent for veterans of the recent conflicts in Iraq and Afghanistan, which illustrates that a significant proportion struggle even if most are doing well.

Sometimes partners may notice changes right away, but not all changes are indicators of PTSD. "Flat affect and a service member wanting to sleep right when they get home might be more indicative of exhaustion after a long deployment," he adds. "It can also take some time to notice some of the effects of combat. For some in our study, they struggled with symptoms for years. One Vietnam veteran indicated that he had been struggling for 40 years, but these retreats helped him identify where the distress was coming from."

Because of the model's potential success, the researchers are now replicating the study as 4-day retreats. "We are still finding similar outcomes as we did in the weeklong retreat study," Monk says. "In the new project we are also assessing relationship functioning in those that attend. Looking at the preliminary data, we're finding that the retreats may also improve relationship quality."

The retreats are currently free to veterans through grant funding and the contributions of communities where the retreats are held.

More information: J. Kale Monk et al, Veteran Couples Integrative Intensive Retreat Model: An Intervention for Military Veterans and Their Relational Partners, *Journal of Couple & Relationship Therapy* (2016). [DOI: 10.1080/15332691.2015.1089803](https://doi.org/10.1080/15332691.2015.1089803)

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