

January 24, 2012

Research Brief

Cognitive-behavioral Coping Strategies Associated with Combat-related PTSD in Treatment-seeking OEF–OIF Veterans

Publication: *Psychiatry Research* (2011), 189 (2), pp. 251-258

Keywords: thought control; avoidance; coping strategies; diagnosis; symptom severity; posttraumatic stress disorder; military veterans.

Research Highlights:

- Veterans with a positive screen for PTSD scored higher than veterans without a positive screen for PTSD on measures of worry, self-punishment, social control, behavioral distraction, and avoidance coping strategies.
- Worry and social avoidance coping were positively related to PTSD symptoms, and greater perceptions of understanding from others were negatively related to these symptoms.
- A structural equation model revealed that scores on a measure of postdeployment social support were negatively associated with scores on measures of maladaptive cognitive coping (i.e., worry, self-punishment) and avoidance coping (social and non-social avoidance coping) strategies, which were positively associated with combat-related PTSD symptoms

Authors: Pietrzak, Robert H., Ph.D., Harpaz-Rotem, Ilan., Ph.D., Southwick, Steven M., MD.

Abstract:

“Posttraumatic stress disorder (PTSD) is associated with intrusive trauma-related thoughts and avoidance behaviors that contribute to its severity and chronicity. This study examined thought control and avoidance coping strategies associated with both a probable diagnosis and symptom severity of combat-related PTSD in a sample of 167 treatment-seeking Operations Enduring Freedom and Iraqi Freedom (OEF–OIF) Veterans. Within one year of returning from deployment, Veterans completed a survey containing measures of combat exposure, coping strategies, psychopathology, and postdeployment social support. Veterans with a positive screen for PTSD scored higher than Veterans without a positive screen for PTSD on measures of worry, self-punishment, social control, behavioral distraction, and avoidance coping strategies. Worry and social avoidance coping were positively related to PTSD symptoms, and greater perceptions of understanding from others were negatively related to these symptoms. A structural equation model revealed that scores on a measure of postdeployment social support were negatively associated with scores on measures of maladaptive cognitive coping (i.e., worry, self-punishment) and avoidance coping (social and non-social avoidance coping) strategies, which were positively associated with combat-related PTSD symptoms. These results suggest that maladaptive thought control and avoidance coping may partially mediate the relation between postdeployment social support and combat-related PTSD symptoms in treatment-seeking OEF–OIF Veterans. Consistent with cognitive therapy models, these findings suggest that interventions that target maladaptive coping strategies such as worry, self-punishment, and social avoidance, and that bolster social support, most notably understanding from others, may help reduce combat-related PTSD symptoms in this population.”

Implications

For Practice

Post stress disorder is associated with the intrusive trauma-related thoughts and avoidance behaviors that contribute to its severity and chronicity”. Evidence shows that these maladaptive cognitive symptoms are prevailing in veterans with PTSD. In order to searching for treatment, the authors suggest practitioners to ameliorate the PTSD symptoms of veterans, which may help reduce maladaptive cognitive coping and promote engagement in more adaptive coping strategies (e.g., problem-focused coping). The study recommends practitioners to target maladaptive avoidance strategies, especially social avoidance, in psychotherapeutic interventions for PTSD in OEF-OIF veterans. Most notably, it is crucial to increase veterans’ beliefs about their ability to manage and control stressful life events, and this may help them facilitate more adaptive coping and mitigate trauma-related distress. Other treatments such as facilitation of a positive cognitive explanatory style, approach/active coping, and greater social resources and support may be helpful in decreasing the severity of PTSD symptoms. This study also finds that compared to their non-PTSD counterparts, veterans with PTSD were more likely to engage in social control and behavioral distraction strategies, which indicates that seeking relevant knowledge and practice regarding how to manage unwanted thoughts and interrupting ruminative and/or intrusive thoughts might be effective in treating the patients with PTSD. Further, psycho-educational interventions, particularly from family members and close friends are proved to be helpful in decreasing symptoms. Therefore, the study also suggests informing family members and closing friends about the post-deployment mental health needs of veterans, as well as cognitive-behavioral interventions that address interpersonal difficulties in this population.

For Policy

Posttraumatic stress disorder is one of the most prevalent psychiatric disorders in Veterans of Operations Enduring Freedom and Iraqi Freedom, with approximately one in six veterans meeting screening criteria for this condition(Tanielian and Jaycox, 2008; Thomas et al., 2010). The major finding of this study clarifies the association between PTSD and intrusive trauma-related thoughts and avoidance behaviors. These results suggest that maladaptive thought control and avoidance coping may partially mediate the relation between post-deployment social support and combat-related PTSD symptoms in treatment-seeking OEF-OIF veterans. Therefore, programs and policies aiming at this issue should be aware of this association and target maladaptive strategies such as worry, self-punishment, and social avoidance. Also, this study sheds some light on the effectiveness of social support on the treatment of PTSD. In particular, warmth from family and friends will substantially help alleviate the combat-related PTSD symptoms among OEF-OIF veterans. Therefore, providing support to veteran families should be also considered during our policy making as well as implementation process.

For Future Research

There are several limitations in this study, ranging from a cross-sectional design, a sample from a single VA hospital, and employment of a self-report methodology, which call on the future studies to address these issues. Prospective studies should evaluate the temporal association between PTSD and cognitive-behavioral coping strategies. Further research in larger, more representative samples of treatment-seeking OEF-OIF veterans is needed to examine the generalizability of these study results. Future researchers should also explore more sophistic methodology other than self-report. Additional research is needed to evaluate the processes by which symptomatic veterans and other trauma-exposed individuals navigate their social support networks, and to assess which aspects of social support may be most helpful in facilitating successful recovery from PTSD.

Author Information

Pietrzak, Robert H., Ph.D.

Assistant Professor of Psychiatry
Yale School of Medicine
(860) 638 • 7467
robert.pietrzak@yale.edu

Harpaz-Rotem, Ilan., Ph.D.

Assistant Professor of Psychiatry
Yale School of Medicine
(203) 937 • 4760
ilan.harpaz-rotem@yale.edu

Southwick, Steven M., MD.

Professor of Psychiatry
Yale School of Medicine and the Child Study
Center
(203) 932-5711 x2464
steven.southwick@yale.edu