

The Role of Social Support in Exposure Therapy for Operation Iraqi Freedom/Operation Enduring Freedom Veterans: A Preliminary Investigation

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RESEARCH HIGHLIGHTS:

- Previous research has shown evidence of the importance of social support in the prevention and treatment of PTSD symptoms. For combat veterans, social support may be a particularly important aspect of treatment because of the considerable social upheaval of deployment.
- Prior research has shown lower social support to be associated with greater PTSD symptom severity.
- Increased emotional and informational support for veterans was significantly associated with a better treatment response for PTSD symptoms; however, tangible support, affectionate support and positive social interactions were not associated with better treatment outcomes.

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ABSTRACT:

“The lack of social support has consistently been identified as a relevant factor in the development, maintenance, and treatment of posttraumatic stress disorder (PTSD). Prospective studies with combat veterans have supported the erosion model of social support in the development of PTSD. This model posits that increased PTSD symptoms lead to diminished social support over time. Additional epidemiological work that has investigated mental health and functional impairment in recently returning Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) veterans has suggested that interpersonal problems coincide with the onset of PTSD. Despite research that suggests OIF/OEF veterans experience high rates of PTSD and associated interpersonal problems, no studies have examined social support in relation to treatment response in this group. The current study examined the role of four theorized functional aspects of social support—emotional/informational support, positive social interactions, affectionate support, and tangible support—on pretreatment PTSD symptom severity and treatment response in a sample of OIF/OEF veterans receiving exposure-based psychotherapy. Findings showed that positive social interactions were negatively correlated with pretreatment symptom severity, and emotional/informational support was positively related to increased treatment response. Together, these findings suggest that specific types of social support may have an important influence on the course of exposure treatment.”

Implications

FOR PRACTICE

Various measures of social support play an important role in exposure-therapy treatment outcomes for OEF/OIF veterans with PTSD. Since lower positive social interactions were found to be associated with an increase in PTSD symptom severity at the beginning of treatment, clinicians should be aware of the vital role social support plays in PTSD symptom severity and development in veterans. Of the social support measures examined in this study, only emotional and informational support were associated with treatment outcomes, possibly because this type of social support enabled veterans to feel a sense of security and safety, more readily engage in the exposure of difficult stimuli and improve their overall coping mechanisms. During exposure-therapy treatment, clinicians should encourage family members and friends to emotionally support OEF/OIF veterans during their treatment. Since the results indicate that tangible support may actually lead to increased feelings of disability in veterans with PTSD, clinicians and family members may need to exercise caution in offering this kind of support. Affectionate and tangible support were found to be unrelated to both PTSD symptom severity and treatment response, so treatments utilizing these forms of support may need further study. Overall, those offering social support to veterans with PTSD undergoing exposure therapy should be encouraged to express their emotions, show empathy and offer support and advice outside of therapy to facilitate positive treatment outcomes for veterans.

FOR POLICY

Since emotional and informational support facilitates positive outcomes for veterans with PTSD undergoing exposure therapy, policy changes increasing the availability of these kinds of support can be greatly beneficial. Clinicians offering psychiatric services to veterans may need increased funding and systematic training to create interventions that include informing veterans and families of the relationship between social support, PTSD symptom severity and exposure therapy treatment. Policy makers should also consider new regulations increasing the visibility and participation of psychologists and counselors during deployment as a means of emotional and informational support to deployed military service members who experience traumatic events during deployment. In general, policies encouraging emotional support of all military personnel and veterans should be enacted to help buffer PTSD symptoms and encourage post-deployed veterans to seek emotional support and PTSD treatment during reintegration.

FOR FUTURE RESEARCH

Future research should incorporate longitudinal observational studies to examine how support can influence PTSD prior to treatment but after deployment. Future studies can also examine the association between social support and PTSD symptom severity over time, as other research has demonstrated an increase in PTSD symptom severity the longer the sufferer has gone without treatment. Researchers should explore the mechanisms behind increased emotional support enhancing responses to exposure therapy, the effect of particular symptom clusters of PTSD and why tangible support, positive social interactions and affectionate support appeared to be unrelated to treatment responses. Finally, future research should use a large, diverse sample of veterans, including those who were not seeking treatment at the time of study, as this research was based on a small sample of predominately male veterans who were actively seeking treatment.

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