

From operational stress to relational stress: An examination of intimate relationship related thoughts in a sample of Canadian Forces veterans

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Introduction

- ◆ In 2013, 16.5% of Regular Force Canadian Armed Forces personnel reported mental health symptoms characteristic of an Operational Stress Injury (OSI; e.g., depression, posttraumatic stress disorder [PTSD], alcohol-related problems).
 - ◆ OSIs are associated with individual distress, as well as intimate relationship and family difficulties.
- ◆ Cognitive-behavioural therapy (CBT) is the most effective counselling treatment for OSIs.
 - ◆ Cognitive-behavioural conjoint therapy (CBCT) is a relatively novel adaptation to standard CBT treatment protocols that aims to target both PTSD symptoms and couple distress.
 - ◆ CBCT is a promising treatment avenue for PTSD, as well as other OSIs; however, research on specific thoughts associated with intimate relationship distress within a Canadian military context is still limited.
- ◆ The present study examined the relationship between different OSI symptoms and specific intimate relationship-related thoughts in a sample of Canadian Armed Forces veterans.
- ◆ The research was exploratory; accordingly, there was no specific *a priori* hypothesis. That said, depression and PTSD numbing symptoms were expected to be more strongly associated with negative intimate relationship-related thoughts.

Methods

- ◆ A sample of 1721 (94%=men) Canadian Armed Forces veterans completed self-report measures and questions about intimate relationships-related thoughts as part of a larger mail out survey conducted by Veterans Affairs Canada in 1999.
- ◆ Measures
 - ◆ *Alcohol Use Disorders Identification Test* (AUDIT). A 10-item questionnaire assessing two dimensions associated with alcohol-related problems (amount consumed; alcohol-related consequences).
 - ◆ *Center for Epidemiological Studies – Depression Scale 14 items* (CES-D-14). A 14-item scale assessing depressive symptoms in the past week.
 - ◆ *Posttraumatic Stress Disorder Checklist – Military version* (PCL-M). A 17-item scale assessing DSM-IV-TR PTSD symptom clusters (i.e., re-experiencing, avoidance, numbing, hyperarousal) in military samples.
- ◆ Intimate relationship-related thoughts were assessed with three questions. Items were marked as endorsed if the respondent answered *somewhat true* or *very true*.
 - ◆ “My partner does not understand me”
 - ◆ “My partner does not show enough affection”
 - ◆ “I find it very difficult to find someone compatible with me”
- ◆ Logistic regression analyses were performed with intimate relationship-related thoughts as dependent variables.
 - ◆ Age and marital status were included as covariates.
 - ◆ PTSD symptom clusters were assessed separately to reduce multicollinearity.

Results

- ◆ Demographics of the sample are presented in Table 1.
 - ◆ On average participants were 50.38 years old ($SD = 10.83$) and in a relationship for 22.98 years ($SD = 12.73$).
 - ◆ The majority of the sample had been deployed ($n = 1033$; 60.9%). The average number of deployments was 1.62 times ($SD = 0.49$).
 - ◆ Participants reported symptoms consistent with PTSD ($n = 225$, 13%), depression ($n = 612$, 35.5%), and alcohol-related problems ($n = 45$, 3.2%).
- ◆ Bootstrapping was used to maximize the robustness of the null hypothesis significance tests within the regressions.
- ◆ Final models for the thought “my partner does not understand me” are presented in Table 2.
 - ◆ Alcohol use (OR 1.10, CI [1.02-1.17]), depression (OR 1.06, CI [1.03-1.08]), and numbing (OR 1.05, CI [1.00-1.11]) PTSD symptoms accounted for significant variance in feeling understood by one’s partner.
- ◆ Final models for the thought “my partner does not show enough affection” are presented in Table 3.
 - ◆ Depression (OR 1.06, CI [1.04-1.09]) accounted for significant variance in not perceiving enough affection from one’s partner.
- ◆ Final models for the thought “I find it very difficult to find someone compatible with me” are presented in Table 4.
 - ◆ Age (OR 1.04, CI [1.01-1.07]), depression (OR 1.13, CI [1.07-1.19]), and numbing PTSD symptoms (OR 1.15, CI [1.02-1.30]) accounted for significant variance in finding it difficult to find a compatible partner.

Discussion

- ◆ The present study is one of the first to examine specific thoughts which may be associated with intimate relationship distress in a Canadian military sample.
 - ◆ OSI symptoms contributed to negative intimate relationship-related thoughts in married/common-law veterans, as well as single veterans.
 - ◆ Depression symptoms may be a greater source of relationship distress than PTSD symptoms or alcohol-related problems.
- ◆ Based on the current study results, thoughts related to not feeling understood by one’s partner or perceiving difficulties finding a compatible partner would benefit from being targeted during OSI treatments, including but not limited to PTSD treatment (e.g., CBCT).
- ◆ Several limitations provide direction for future research.
 - ◆ The current analyses were correlational and assumptions of directionality would need to be verified in a prospective longitudinal study.
 - ◆ Intimate relationship-related thoughts were assessed with three items that have not previously been psychometrically validated. Future research should rely on psychometrically validated measures of relationship functioning (e.g., Dyadic Adjustment Scale).
 - ◆ The current sample did not include veterans from more recent deployments (e.g., Afghanistan). Future research should assess the relationships of interest in recently deployed veterans and derive comparisons with the current study results.

Table 1: Sample Demographics

Descriptive Statistics	n	%
Marital status		
Married/Common-Law	1446	84.2
Single/Separated-Divorced/Widowed	271	15.8
Education		
High school or less	756	45.5
Post-secondary education or diploma	771	46.4
University undergraduate/graduate	134	8.1
Rank		
Non Commissioned/Subordinate Officer	1319	78.8
Junior Officer	157	9.4
Senior/Flag Officer	190	11.3

Table 2: Logistic regression: Partner does not understand me

Block	Predictor	χ^2	p	B(SE)	OR	CI 95%
1	Age	0.04	>.05	-.01(.01)	0.98	0.97-1.01
	Years relationship		>.05	-.01(.01)	0.99	0.97-1.01
2	CES-D-14	0.15	.001	.06(.01)	1.06	1.03-1.08
	AUDIT		.02	.09(.04)	1.10	1.02-1.17
3	PCL-M Re-exp	0.15	>.05	-.001(.02)	1.00	0.96-1.04
3	PCL-M Av	0.15	>.05	-0.04(.05)	0.96	0.87-1.06
3	PCL-M Numb	0.15	.04	.05(.03)	1.05	1.00-1.11
3	PCL-M Hyper	0.15	.05	.05(.02)	1.05	1.00-1.10

Note: * $p < .05$; ** $p < .01$; CES-D-14 – Center for Epidemiological Studies – Depression Scale 14 items; AUDIT – Alcohol Use Disorders Identification Test; PCL-M - Posttraumatic Stress Disorder Checklist – Military version; Re-exp – Re-experiencing; Av – Avoidance; Numb- Numbing; Hyper – Hyperarousal.

Table 3: Logistic regression: Partner does not show enough affection

Block	Predictor	χ^2	p	B(SE)	OR	CI 95%
1	Age	.02	>.05	-.02(.01)	0.98	0.96-1.01
	Years relationship		>.05	.003(.01)	1.00	0.99-1.02
2	CES-D-14	.07	.001	.06(.01)	1.06	1.04-1.09
	AUDIT		>.05	.05(.03)	1.05	0.98-1.12
3	PCL-M Re-exp	.08	>.05	-.03(.02)	0.97	0.93-1.01
3	PCL-M Av	.08	>.05	-.08(.05)	0.92	0.84-1.02
3	PCL-M Numb	.08	>.05	.03(.02)	1.03	0.98-1.08
3	PCL-M Hyper	.08	>.05	.04(.02)	1.04	1.00-1.08

Note: * $p < .05$; ** $p < .01$; CES-D-14 – Center for Epidemiological Studies – Depression Scale 14 items; AUDIT – Alcohol Use Disorders Identification Test; PCL-M - Posttraumatic Stress Disorder Checklist – Military version; Re-exp – Re-experiencing; Av – Avoidance; Numb- Numbing; Hyper – Hyperarousal.

Table 4: Logistic regression: Difficulty finding someone compatible

Block	Predictor	χ^2	p	B(SE)	OR	CI 95%
1	Age	.02	.02	.04(.02)	1.04	1.01-1.07
	CES-D-14	0.30	.001	.12(.03)	1.13	1.07-1.19
2	AUDIT		>.05	.11(.08)	1.11	0.95-1.30
	PCL-M Re-exp	0.30	>.05	-.02(.05)	0.98	0.89-1.07
3	PCL-M Av	0.30	>.05	-.03(.11)	0.97	0.78-1.21
3	PCL-M Numb	0.33	.03	.14(.06)	1.15	1.02-1.30
3	PCL-M Hyper	0.30	>.05	-.03(.05)	0.98	0.89-1.07

Note: * $p < .05$; ** $p < .01$; CES-D-14 – Center for Epidemiological Studies – Depression Scale 14 items; AUDIT – Alcohol Use Disorders Identification Test; PCL-M - Posttraumatic Stress Disorder Checklist – Military version; Re-exp – Re-experiencing; Av – Avoidance; Numb- Numbing; Hyper – Hyperarousal.

