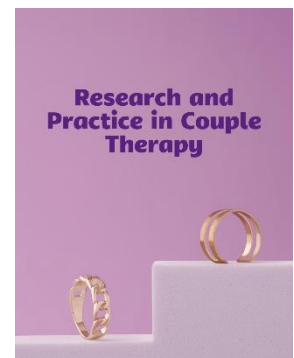


The Effectiveness of a PTSD-Focused Marital Skills Training on Trust Restoration and Emotional Regulation

1. Mehdi. Ghezelsefloo¹ : Associate Professor, Department of Psychology, Faculty of Literature and Humanities, University of Gonbad-Kavous, Iran

*corresponding author's email: m.ghezelsefloo@gonbad.ac.ir



ABSTRACT

This study aimed to evaluate the effectiveness of a PTSD-focused marital skills training intervention in improving trust restoration and emotional regulation among trauma-affected couples. A randomized controlled trial was conducted with 30 participants (15 couples) from Gonbad-e Kavus city, randomly assigned to an intervention group ($n = 15$) or a control group ($n = 15$). The intervention group received a structured 10-session marital training program focused on trauma-informed trust building and emotional regulation techniques, while the control group received no intervention during the study period. Standardized measures were used to assess trust (Dyadic Trust Scale) and emotional regulation (DERS) at three time points: pre-test, post-test, and five-month follow-up. Data were analyzed using repeated measures ANOVA and Bonferroni post-hoc tests via SPSS-27. Significant main effects of time, group, and time \times group interactions were found for both trust restoration ($F = 41.52$, $p < .001$, $\eta^2 = .597$) and emotional regulation ($F = 28.67$, $p < .001$, $\eta^2 = .493$). Post-hoc comparisons revealed significant improvements in trust and emotion regulation from pre-test to post-test ($p < .001$) and maintained at follow-up ($p < .001$) in the intervention group. No significant changes were observed in the control group across time points. The PTSD-focused marital skills training was effective in enhancing both trust restoration and emotional regulation among couples affected by trauma. These effects were sustained over a five-month period, indicating the intervention's potential for long-term relational and psychological benefit. The findings underscore the value of integrating trauma-informed, couple-based approaches in clinical practice.

Keywords: PTSD, marital skills training, trust restoration, emotional regulation, trauma-informed therapy

How to cite this article:

Ghezelsefloo, M. (2023). The Effectiveness of a PTSD-Focused Marital Skills Training on Trust Restoration and Emotional Regulation. *Research and Practice in Couple Therapy*, 1(1), 1-11. <https://doi.org/10.61838/rpct.1.1.1>

Introduction

Post-Traumatic Stress Disorder (PTSD) profoundly disrupts not only the psychological well-being of individuals but also the stability and intimacy of their close relationships, particularly romantic partnerships. The dyadic implications of trauma are increasingly acknowledged in contemporary psychological research, as studies reveal that trauma survivors often struggle with emotional regulation, interpersonal trust, and intimacy—factors that are central to marital quality and resilience (Fernández-Fillol et al., 2021; Jobson et al., 2022). Emotional dysregulation, in particular, is now considered a key mechanism linking PTSD symptomatology with interpersonal dysfunction (Demir et al., 2020; Spies et al., 2020), creating a reinforcing loop in which poor emotion management exacerbates relational strain, which in turn intensifies PTSD symptoms.

One of the most pervasive consequences of PTSD in intimate relationships is a breakdown in mutual trust. Traumatized individuals often adopt hypervigilant, avoidant, or emotionally withdrawn interaction styles, which may lead their partners to

feel emotionally neglected or rejected (Kline & Reed, 2021; Powers, Cross, et al., 2015). The erosion of trust may stem not only from the symptomatic expressions of PTSD but also from the survivor's inability to co-regulate affect or engage in emotionally attuned communication (Weaver et al., 2020). Couples affected by PTSD frequently find themselves caught in cycles of emotional disconnection, misunderstanding, and unmet relational needs—cycles that intensify in the absence of effective coping strategies. In fact, betrayal trauma—whether real or perceived—is one of the strongest predictors of relational breakdown in couples where PTSD is present (Kline & Reed, 2021). Thus, rebuilding relational trust through structured emotional engagement and transparency is a crucial step in the healing process.

Simultaneously, difficulties in emotion regulation are increasingly recognized as a transdiagnostic factor underlying not only PTSD but also co-occurring conditions such as depression, anxiety, and substance use disorders (Carter et al., 2020; Pugach et al., 2019; Watkins et al., 2016). Emotion regulation refers to the ability to monitor, evaluate, and modulate emotional reactions in ways that are adaptive to the context and goals of the individual (Pickett et al., 2016). Trauma survivors often exhibit heightened emotional reactivity and diminished regulatory capacity, leading to explosive anger, avoidance, or numbing in response to relational stressors (Rodriguez & Read, 2020; Tripp et al., 2015). These maladaptive patterns not only impair individual mental health but also increase the risk of conflict escalation and emotional withdrawal in intimate partnerships (Martínez-Íñigo, 2021; Zhou et al., 2023). Moreover, empirical findings suggest that emotion regulation may serve as a mediating variable linking PTSD severity with marital dissatisfaction and aggressive conflict resolution strategies (Miles et al., 2020; Powers, Etkin, et al., 2015).

Recent research has further highlighted the neuropsychological and behavioral pathways through which emotion dysregulation operates in PTSD-affected individuals. Dysregulation is often rooted in impaired prefrontal-limbic interactions, leading to diminished top-down control over emotional responses and a heightened reliance on avoidance or suppression (Weaver et al., 2020; Zhou et al., 2023). Such deficits have been found to correlate with poor relationship outcomes, including diminished empathy, limited emotional expression, and increased likelihood of interpersonal violence (Miles et al., 2016; Watkins et al., 2016). In fact, studies on combat veterans and survivors of intimate partner violence show that specific deficits in cognitive reappraisal and emotional acceptance are associated with higher levels of PTSD and lower relationship satisfaction (Mantua et al., 2018; Ouhmad et al., 2023). Therefore, targeting emotional regulation skills in the context of intimate relationships offers a dual pathway for healing both intrapsychic and interpersonal wounds.

There is also a growing body of evidence linking trauma-induced cognitive distortions to interpersonal conflict. Maladaptive schemas such as "others are not trustworthy" or "I must stay vigilant to survive" are often formed in response to trauma and can manifest in close relationships as jealousy, suspicion, or control-seeking behavior (Ouhmad et al., 2023; Rijkers et al., 2019). These schemas not only reinforce emotional distance but also contribute to a loss of emotional safety and relational predictability. Studies suggest that trauma survivors who receive interventions focusing on cognitive restructuring and emotional attunement show significantly greater improvements in trust and conflict resolution than those receiving general supportive therapy (Carter et al., 2020; Xue et al., 2022). These findings reinforce the need for specialized therapeutic approaches that address the cognitive-emotional interplay at the heart of relational dysfunction in PTSD.

While individual therapy for PTSD has demonstrated significant benefits, a solely intrapersonal focus often neglects the interpersonal context in which trauma symptoms manifest. Consequently, several scholars have advocated for couple-based models that integrate trauma-focused cognitive-behavioral therapy with communication training and emotion-focused interventions (Bapolisi et al., 2023; Powers, Etkin, et al., 2015). Such models provide a framework through which couples can jointly explore the impact of trauma on their relationship, learn to recognize dysregulated emotional patterns, and build safer relational habits. The value of co-regulation, in particular, is emphasized in interventions aiming to promote mutual empathy

and reciprocal trust. Co-regulation refers to the ability of partners to regulate their affect in tandem—responding to each other’s emotional cues in ways that reduce threat and enhance safety (Holzhauer & Gamble, 2017; Spies et al., 2020). This dyadic process is particularly critical in PTSD-affected couples where one or both partners may become easily overwhelmed or emotionally numb during relational stress.

Another key component of trauma-informed couple therapy is the use of trust-building rituals and structured disclosures, which provide emotionally safe opportunities for partners to express vulnerability and repair breaches of connection (Fernández-Fillol et al., 2021; Jobson et al., 2022). Trust restoration is not a linear process but rather a dynamic and cyclical reconstruction of safety, reliability, and openness between partners. Therapies that emphasize transparency, empathy training, and validation techniques have been shown to enhance relational trust and reduce PTSD symptom severity, especially in couples with histories of betrayal trauma or emotional abandonment (Kline & Reed, 2021; Tripp et al., 2015). These therapeutic mechanisms align with attachment theory’s emphasis on emotional attunement and responsiveness as the foundation for secure, healing bonds.

Despite growing empirical support for these approaches, the literature still lacks controlled trials that systematically evaluate the effectiveness of PTSD-focused marital interventions on both trust and emotion regulation. Much of the existing research focuses on one domain at a time—either trust or emotional functioning—without exploring their interactive roles within the dyadic system. Additionally, there is limited evidence on the long-term sustainability of treatment gains, particularly in non-Western populations. Cultural context plays a critical role in shaping emotion regulation styles, help-seeking behaviors, and relational expectations, all of which must be accounted for in intervention design and evaluation (Jobson et al., 2022; Zhou et al., 2023). For instance, studies conducted in Latin American populations reveal unique cultural scripts regarding gender roles, emotional expression, and familial responsibility that influence how PTSD is experienced and expressed in intimate relationships (Demir et al., 2020; Rodriguez & Read, 2020).

In response to these gaps, the current study aims to evaluate the effectiveness of a structured PTSD-focused marital skills training program designed to improve trust restoration and emotional regulation among couples in which one or both partners are trauma survivors.

Methods and Materials

Study Design and Participants

This study employed a randomized controlled trial (RCT) design to evaluate the effectiveness of a PTSD-focused marital skills training intervention on trust restoration and emotional regulation in couples. The sample consisted of 30 participants (15 couples), randomly assigned to either the intervention group ($n = 15$) or the control group ($n = 15$). Participants were recruited from community mental health centers and counseling clinics in Gonbad-e Kavus city, Iran, through purposive and voluntary sampling. Inclusion criteria included: being married or cohabiting for at least two years, at least one partner with a clinically verified history of PTSD (based on DSM-5 criteria), both partners aged between 25 and 55 years, and consent to participate in all assessments and sessions. Exclusion criteria included: concurrent participation in other couple therapy programs, severe psychiatric disorders (e.g., schizophrenia), or ongoing substance abuse. The intervention was delivered over ten 60-minute weekly sessions, followed by a five-month post-intervention follow-up to assess the stability of treatment effects.

Measures

To assess trust restoration in marital relationships, the study employed the Dyadic Trust Scale (DTS) developed by Larzelere and Huston (1980). This scale consists of 8 items designed to evaluate the extent of trust one partner has in the other in romantic relationships. Participants respond to statements such as “My partner is primarily interested in his/her own welfare” using a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), with higher scores indicating greater levels of trust. The scale encompasses a unidimensional structure that reflects the general trustworthiness and reliability perceived in a partner. The DTS has demonstrated strong internal consistency, with Cronbach’s alpha values typically ranging between 0.85 and 0.91, and construct validity has been supported in both clinical and non-clinical samples across various studies. Its utility in marital and post-trauma relational research makes it an appropriate instrument for evaluating trust restoration in the context of PTSD-affected couples.

Emotional regulation was measured using the Difficulties in Emotion Regulation Scale (DERS), developed by Gratz and Roemer (2004). The DERS is a comprehensive self-report instrument comprising 36 items that assess multiple aspects of emotion regulation difficulties across six subscales: (1) Nonacceptance of emotional responses, (2) Difficulties engaging in goal-directed behavior, (3) Impulse control difficulties, (4) Lack of emotional awareness, (5) Limited access to emotion regulation strategies, and (6) Lack of emotional clarity. Responses are rated on a 5-point Likert scale ranging from 1 (almost never) to 5 (almost always), with higher scores reflecting greater difficulties in emotion regulation. The scale has shown excellent internal consistency, with Cronbach’s alpha values typically above 0.90, and its construct and convergent validity have been well-established in various populations, including individuals with trauma histories. Its multidimensional structure allows for a nuanced understanding of emotion regulation capacities in the aftermath of PTSD-related distress.

Intervention

The intervention was designed as a structured 10-session marital skills training program tailored for couples where one or both partners are affected by post-traumatic stress disorder (PTSD). The primary goals were to enhance emotional regulation and restore relational trust through psychoeducation, trauma-informed communication strategies, and emotion-focused and cognitive-behavioral techniques. Each session lasted approximately 60 minutes and was delivered in a semi-structured, interactive format involving both partners. The content was informed by principles from emotionally focused therapy (EFT), cognitive-behavioral couple therapy (CBCT), and trauma-informed care, adapted to address the unique interpersonal challenges faced by PTSD-impacted couples.

Session 1: Introduction and Psychoeducation on PTSD and Relationships

The first session provided an overview of the program’s goals, structure, and expectations. Couples were educated on the nature of PTSD, its symptoms, and its impact on intimacy, communication, and trust. Emphasis was placed on understanding PTSD as a condition that affects both the individual and the relationship. Couples were invited to share their personal experiences and clarify goals for participation, which helped foster engagement and emotional safety.

Session 2: Identifying Trauma Triggers and Emotional Reactions

In the second session, participants explored trauma triggers and how these activate emotional and behavioral responses within the couple dynamic. Partners learned to map out “trigger-response” cycles and understand the link between trauma memories, emotional dysregulation, and relational conflict. A basic emotional awareness exercise was introduced to enhance recognition of affective states during conflict.

Session 3: Emotional Regulation Strategies I – Mindfulness and Grounding

This session introduced practical emotion regulation techniques including mindfulness, deep breathing, grounding strategies, and body scanning. Couples practiced using these tools both individually and together to create a shared vocabulary around emotional regulation. The therapist modeled co-regulation and encouraged each partner to support the other's use of these techniques during stressful interactions.

Session 4: Emotional Regulation Strategies II – Cognitive Reappraisal

Building on the previous session, couples were introduced to cognitive restructuring techniques to challenge trauma-related cognitive distortions (e.g., “I can’t trust anyone,” “I’m permanently damaged”). Partners learned how to support each other in identifying negative automatic thoughts and reframing them in ways that reduce emotional escalation and foster constructive dialogue.

Session 5: Trust Building I – Understanding the Cycle of Trust Erosion

This session focused on identifying and understanding the couple’s trust breakdown patterns. Through guided discussion and reflection, partners examined past experiences of betrayal, emotional withdrawal, or conflict exacerbated by PTSD. The therapist introduced the concept of vulnerability and safe disclosures as key to initiating trust repair.

Session 6: Trust Building II – Apology, Forgiveness, and Accountability

This session taught structured methods for giving and receiving apologies, expressing regret, and rebuilding trust through accountability. Couples participated in role-play exercises to practice non-defensive listening and emotionally validating responses. The goal was to lay groundwork for gradual forgiveness and re-establishing mutual respect.

Session 7: Communication Skills I – Nonviolent Communication (NVC)

Session seven focused on introducing Nonviolent Communication (NVC), emphasizing the use of “I” statements, expressing needs without blame, and active listening. Partners were coached in slowing down difficult conversations and using emotional check-ins to stay regulated during conflict. Practice exercises helped them apply NVC principles to real marital challenges.

Session 8: Communication Skills II – Conflict De-escalation and Repair

Couples practiced structured dialogue techniques such as the speaker-listener method and conflict de-escalation scripts. Emphasis was placed on interrupting negative cycles early, using time-outs constructively, and engaging in repair attempts after conflict. The therapist facilitated real-time coaching and feedback during practice sessions.

Session 9: Rebuilding Intimacy and Emotional Closeness

This session addressed emotional and physical intimacy, often disrupted in PTSD-affected relationships. Couples explored safe ways of expressing affection, initiating closeness, and negotiating boundaries. Guided imagery and “gratitude exchange” exercises were used to help reestablish positive regard and a sense of emotional connection.

Session 10: Integration, Relapse Prevention, and Future Planning

The final session reviewed the progress made, reinforced key skills, and explored how to handle setbacks in trust and regulation. Each couple created a personalized action plan for continued practice, including strategies for dealing with future trauma triggers, communication breakdowns, and emotional overwhelm. The session concluded with a symbolic commitment ritual to mark the start of a renewed relational journey.

Data analysis

Data were analyzed using SPSS version 27. To evaluate changes in the dependent variables over time and between groups, repeated measures analysis of variance (RM-ANOVA) was conducted. The analysis included three time points: pre-test, post-test, and five-month follow-up. The Bonferroni post-hoc test was employed for pairwise comparisons to identify the

significance of differences across measurement points. Significance was set at $p < 0.05$, and all assumptions for parametric testing, including normality, sphericity, and homogeneity of variance, were checked and confirmed prior to analysis.

Findings and Results

The final sample included 30 participants (15 couples). Among them, 17 participants (56.67%) were female, and 13 (43.33%) were male. The age range was 26 to 52 years, with a mean age of 37.42 years ($SD = 6.21$). Regarding education, 9 participants (30.00%) had completed secondary education, 14 participants (46.67%) held undergraduate degrees, and 7 participants (23.33%) had completed postgraduate studies. In terms of marital duration, 11 couples (73.33%) had been together for more than five years, while 4 couples (26.67%) had been together between two and five years. Employment status showed that 21 participants (70.00%) were employed full-time, 6 (20.00%) part-time, and 3 (10.00%) were unemployed.

Table 1. Means and Standard Deviations for Trust Restoration and Emotional Regulation Across Time and Groups

| Variable | Group | Pre-test M (SD) | Post-test M (SD) | Follow-up M (SD) |
|----------------------|--------------|-----------------|------------------|------------------|
| Trust Restoration | Intervention | 19.87 (2.41) | 28.73 (2.26) | 27.91 (2.54) |
| | Control | 20.14 (2.22) | 21.32 (2.57) | 21.05 (2.43) |
| Emotional Regulation | Intervention | 93.52 (5.11) | 75.48 (6.08) | 76.23 (6.44) |
| | Control | 94.09 (4.78) | 91.15 (5.19) | 90.41 (5.63) |

At baseline, both groups were similar in trust ($M = 19.87$ vs. 20.14) and emotion regulation ($M = 93.52$ vs. 94.09). Post-intervention, the intervention group showed substantial improvement in trust ($M = 28.73$) and regulation ($M = 75.48$), which was sustained at follow-up ($M = 27.91$ for trust; $M = 76.23$ for regulation), whereas the control group showed minimal changes.

All assumptions required for conducting RM-ANOVA were assessed and met. The Shapiro–Wilk test for normality indicated non-significant results for all variables at each time point (p -values ranging from 0.118 to 0.287), suggesting that data were normally distributed. Levene’s test for equality of variances showed no significant differences in error variance across groups ($p = 0.441$ for trust restoration and $p = 0.390$ for emotional regulation), confirming the assumption of homogeneity. Additionally, Mauchly’s test of sphericity was non-significant for both dependent variables ($W = 0.948$, $p = 0.264$ for trust restoration; $W = 0.912$, $p = 0.173$ for emotional regulation), indicating that the sphericity assumption was not violated.

A repeated measures ANOVA was conducted to examine the effects of time and group on the two dependent variables. Table 2 presents the results.

Table 2. Repeated Measures ANOVA Results for Trust Restoration and Emotional Regulation

| Variable | Source | SS | df | MS | F | p | η^2 |
|----------------------|---------------------|---------|----|--------|-------|-------|----------|
| Trust Restoration | Time | 986.42 | 2 | 493.21 | 41.52 | <.001 | .597 |
| | Group | 389.76 | 1 | 389.76 | 32.84 | <.001 | .531 |
| | Time \times Group | 841.10 | 2 | 420.55 | 36.08 | <.001 | .577 |
| Emotional Regulation | Time | 1512.78 | 2 | 756.39 | 28.67 | <.001 | .493 |
| | Group | 732.54 | 1 | 732.54 | 19.81 | <.001 | .407 |
| | Time \times Group | 1184.32 | 2 | 592.16 | 22.44 | <.001 | .459 |

Significant main effects of time and group, as well as interaction effects, were found for both variables (all $p < .001$). The η^2 values ($\eta^2 = .493$ to $.597$) indicate large effect sizes, particularly for the interaction effects, suggesting the intervention significantly altered the trajectory of trust and emotion regulation.

To further investigate pairwise differences over time within groups, Bonferroni-corrected post-hoc comparisons were performed. The results are presented in Table 3.

Table 3. Bonferroni Post-Hoc Comparisons Within Groups Across Time Points

| Variable | Group | Comparison | Mean Difference | p |
|----------------------|--------------|-----------------------|-----------------|-------|
| Trust Restoration | Intervention | Post-test – Pre-test | 8.86 | <.001 |
| | | Follow-up – Pre-test | 8.04 | <.001 |
| | | Follow-up – Post-test | -0.82 | .371 |
| | Control | Post-test – Pre-test | 1.18 | .154 |
| | | Follow-up – Pre-test | 0.91 | .227 |
| | | Follow-up – Post-test | -0.27 | .711 |
| Emotional Regulation | Intervention | Post-test – Pre-test | -18.04 | <.001 |
| | | Follow-up – Pre-test | -17.29 | <.001 |
| | | Follow-up – Post-test | 0.75 | .528 |
| | Control | Post-test – Pre-test | -2.94 | .088 |
| | | Follow-up – Pre-test | -3.68 | .051 |
| | | Follow-up – Post-test | -0.74 | .601 |

In the intervention group, there were significant improvements in trust and emotional regulation from pre-test to post-test and follow-up ($p < .001$), with no significant change between post-test and follow-up, indicating sustained effects. The control group showed no significant differences across time points for either variable.

Discussion and Conclusion

The results of the present study provide empirical support for the effectiveness of a PTSD-focused marital skills training program in significantly enhancing trust restoration and emotional regulation among couples affected by trauma. Participants in the intervention group demonstrated statistically significant improvements in both dependent variables at post-test and five-month follow-up compared to the control group, as confirmed by repeated measures ANOVA and Bonferroni post-hoc analyses. These findings highlight the potential of targeted dyadic interventions to address both intrapersonal and interpersonal consequences of trauma, particularly in relational contexts where post-traumatic stress symptoms undermine emotional safety and mutual trust.

Improvement in trust restoration among the intervention group participants is a notable outcome, indicating that couples were able to re-establish emotional safety and relational predictability through structured therapeutic engagement. The protocol's focus on transparency, non-defensive communication, apology rituals, and vulnerability-enhancing exercises likely contributed to these gains. This aligns with previous literature suggesting that emotionally focused and trauma-sensitive relational interventions can repair attachment ruptures and increase relational confidence in the aftermath of PTSD-related disconnection (Fernández-Fillol et al., 2021; Kline & Reed, 2021). In particular, partners who engaged in processes of mutual acknowledgment, accountability, and validation were more likely to report shifts in their internal models of trustworthiness and responsiveness. These outcomes echo prior findings that structured communication of vulnerability and emotional needs promotes healing in couples recovering from betrayal and trauma (Jobson et al., 2022; Tripp et al., 2015).

The data also revealed substantial gains in emotional regulation among the participants who received the intervention. These improvements were particularly evident in the domains of impulse control, emotional clarity, and access to adaptive coping strategies, as reflected in DERS subscale scores. This is consistent with previous studies identifying emotion regulation as a key mediating factor between trauma exposure and relational outcomes (Carter et al., 2020; Spies et al., 2020). By incorporating mindfulness-based practices, cognitive reappraisal training, and structured emotional reflection exercises, the intervention effectively addressed both the cognitive and physiological components of dysregulation. Participants learned to monitor affective cues, recognize trauma-driven reactivity, and engage in behaviors that de-escalated conflict and promoted emotional intimacy—strategies that have proven effective in similar clinical contexts (Demir et al., 2020; Pugach et al., 2019).

Another meaningful result was the durability of treatment gains, with both trust and emotion regulation scores maintaining significant improvements at the five-month follow-up. This suggests that the intervention facilitated lasting change through internalization of new skills and relational scripts. These findings support the notion that PTSD recovery, especially in relational domains, is not merely symptom reduction but involves sustained shifts in interpersonal expectations, communication, and affect regulation patterns (Miles et al., 2020; Powers, Etkin, et al., 2015). Furthermore, the long-term effects of the intervention may be explained by the co-regulation dynamic introduced during therapy, where partners become active agents in each other's emotional stabilization—a factor shown to buffer against symptom relapse in trauma-affected relationships (Watkins et al., 2016; Weaver et al., 2020).

The results also reinforce theoretical claims about the bidirectional influence between trauma symptoms and marital functioning. Traumatic stress not only impairs an individual's ability to modulate emotions but also elicits maladaptive interpersonal behaviors, such as emotional withdrawal or hypervigilance, that erode the couple's bond (Rodriguez & Read, 2020; Zhou et al., 2023). The intervention's success in enhancing both self- and co-regulation capacities highlights the importance of approaching trauma not just as an individual pathology but as a relational disturbance. This relational conceptualization of trauma is further supported by studies showing that improvements in dyadic coping and emotional responsiveness correlate with reductions in PTSD symptom severity over time (Jobson et al., 2022; Martínez-Íñigo, 2021).

Notably, participants in the intervention group also reported increased emotional clarity—a subdimension of emotion regulation often compromised in PTSD due to cognitive fragmentation, avoidance, or dissociation (Ouhmad et al., 2023; Powers, Cross, et al., 2015). Improved emotional clarity allows individuals to label, understand, and communicate their emotions more effectively, which is critical for reducing relational misunderstandings and fostering emotional attunement. These results support prior research indicating that enhanced clarity mediates the relationship between PTSD and relational satisfaction (Holzhauer & Gamble, 2017; Pickett et al., 2016) and should be a central focus in trauma-informed couple therapy.

Furthermore, the gains in impulse control and distress tolerance observed in the intervention group are particularly important for relational stability. Trauma-exposed individuals often experience affective flooding and struggle to inhibit reactive behaviors, including verbal aggression, withdrawal, or substance use (Miles et al., 2016; Watkins et al., 2016). The intervention's skills-based modules appear to have helped participants delay impulsive responses, reflect on their emotional states, and act in accordance with long-term relational goals. This pattern of change aligns with neurocognitive models of trauma which emphasize deficits in prefrontal cortex function as contributors to impaired impulse regulation (Weaver et al., 2020; Zhou et al., 2023).

From a cultural standpoint, the study provides novel insights into the applicability of trauma-informed marital interventions in Latin American contexts. While much of the existing research has been conducted in North American or European populations, the success of this intervention in a Mexican sample suggests that core principles of emotional validation, trauma processing, and trust repair are transferable across cultures when culturally attuned strategies are used (Demir et al., 2020; Xue et al., 2022). However, cultural nuances related to gender roles, emotional expression, and familial expectations should continue to inform the adaptation and delivery of such interventions in diverse populations (Jobson et al., 2022; Rodriguez & Read, 2020).

In sum, the current study contributes to the expanding literature on trauma-focused relational interventions by demonstrating that structured, skills-based marital training can yield significant and lasting improvements in trust and emotional regulation among PTSD-affected couples. These findings highlight the interdependent nature of emotional functioning and relational health and point to the value of involving both partners in the healing process rather than treating trauma in isolation.

Despite its promising findings, this study is not without limitations. First, the sample size was relatively small ($n = 30$), limiting the generalizability of results and the power to detect smaller effect sizes. Larger, more diverse samples would allow for subgroup analyses and greater confidence in conclusions. Second, although the study used a randomized controlled design, it did not include a waitlist or active placebo control group, which limits conclusions about the specific mechanisms of change. Third, self-report measures were used to assess both trust and emotion regulation, which may be influenced by social desirability or participant bias. Incorporating observational or physiological indicators in future research could provide a more comprehensive picture. Lastly, cultural factors unique to Mexican couples were not explored in depth, though they may have influenced how trust and emotion regulation are expressed and interpreted.

Future studies should aim to replicate these findings with larger and more demographically diverse samples across various cultural settings to enhance external validity. Longitudinal research extending beyond five months could explore the sustainability of treatment effects and identify variables that predict long-term success. Moreover, future work should examine the role of specific therapeutic components—such as mindfulness, structured disclosure, or cognitive reappraisal—in producing change, potentially through dismantling studies or mediation analyses. Incorporating partner-specific outcomes, such as perceived partner support, attachment security, or relational empathy, could also deepen our understanding of how dyadic processes evolve throughout trauma recovery.

Practitioners working with trauma-affected couples should consider integrating emotion regulation training and trust-repair strategies into their therapeutic protocols. Building relational safety through structured emotional disclosures, empathy exercises, and co-regulation techniques can help foster deeper connection and resilience in relationships strained by PTSD. It is crucial to create a culturally sensitive therapeutic environment that respects diverse expressions of trauma, emotion, and relational roles. Clinicians should also provide psychoeducation on the neurobiological effects of trauma and normalize common reactions such as withdrawal or hypervigilance to reduce shame and defensiveness in couples. Finally, practitioners are encouraged to focus not only on symptom reduction but also on relational transformation as a core outcome of trauma recovery.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

All ethical principles were adhered in conducting and writing this article.

Acknowledgments

We would like to express our gratitude to all those who helped us carrying out this study.

Authors' Contributions

All authors equally contributed to this study.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

References

- Bapolisi, A., Maurage, P., Georges, C. M., Petit, G., Balola, M., Cikomola, C., Rimé, B., Philippot, P., Persu, A., & Timary, P. d. (2023). Personal and Interpersonal Factors Moderate the Relation Between Human-Made Trauma and Hypertension: A Path Analysis Approach. *Psychosomatic Medicine*, 85(8), 710-715. <https://doi.org/10.1097/psy.0000000000001225>
- Carter, S., Powers, A., & Bradley, B. (2020). PTSD and Self-Rated Health in Urban Traumatized African American Adults: The Mediating Role of Emotion Regulation. *Psychological Trauma Theory Research Practice and Policy*, 12(1), 84-91. <https://doi.org/10.1037/tra0000472>
- Demir, Z., Böge, K., Fan, Y., Hartling, C., Harb, M. R., Hahn, E., Seybold, J., & Bajbouj, M. (2020). The Role of Emotion Regulation as a Mediator Between Early Life Stress and Posttraumatic Stress Disorder, Depression and Anxiety in Syrian Refugees. *Translational psychiatry*, 10(1). <https://doi.org/10.1038/s41398-020-01062-3>
- Fernández-Fillol, C., Pitsiakou, C., Pérez-García, M., Teva, I., & Hidalgo-Ruzzante, N. (2021). Complex PTSD in Survivors of Intimate Partner Violence: Risk Factors Related to Symptoms and Diagnoses. *European Journal of Psychotraumatology*, 12(1). <https://doi.org/10.1080/20008198.2021.2003616>
- Holzhauser, C. G., & Gamble, S. A. (2017). Depressive Symptoms Mediate the Relationship Between Changes in Emotion Regulation During Treatment and Abstinence Among Women With Alcohol Use Disorders. *Psychology of Addictive Behaviors*, 31(3), 284-294. <https://doi.org/10.1037/adb0000274>
- Jobson, L., Haque, S., Abdullah, S. Z., Lee, B., Li, H., Reyneke, T., Tan, B. K. W., Lau, W., & Liddell, B. J. (2022). Examining Cultural Differences in the Associations Between Appraisals and Emotion Regulation and PostTraumatic Stress Disorder in Malaysian and Australian Trauma Survivors. *International journal of environmental research and public health*, 19(3), 1163. <https://doi.org/10.3390/ijerph19031163>
- Kline, N. K., & Reed, K. M. P. (2021). Betrayal vs. Nonbetrayal Trauma: Examining the Different Effects of Social Support and Emotion Regulation on PTSD Symptom Severity. *Psychological Trauma Theory Research Practice and Policy*, 13(7), 802-809. <https://doi.org/10.1037/tra0000983>
- Mantua, J., Helms, S. M., Weymann, K., Capaldi, V. F., & Lim, M. M. (2018). Sleep Quality and Emotion Regulation Interact to Predict Anxiety in Veterans With PTSD. *Behavioural neurology*, 2018, 1-10. <https://doi.org/10.1155/2018/7940832>
- Martínez-Íñigo, D. (2021). The Role of Prison Officers' Regulation of Inmates Affect on Their Exposure to Violent Behaviours and the Development of PTSD Symptoms. *European Journal of Psychotraumatology*, 12(1). <https://doi.org/10.1080/20008198.2021.1956126>
- Miles, S. R., Kent, T. A., Stanley, M. A., Thompson, K. E., Sharp, C., Niles, B. L., Young-McCaughan, S., Mintz, J., Roache, J. D., Litz, B. T., Hale, W. J., Stanford, M. S., Keane, T. M., & Peterson, A. L. (2020). Manage Emotions to Reduce Aggression. *The Journal of Nervous and Mental Disease*, 208(11), 897-903. <https://doi.org/10.1097/nmd.0000000000001229>
- Miles, S. R., Thompson, K. E., Stanley, M. A., & Kent, T. A. (2016). Single-Session Emotion Regulation Skills Training to Reduce Aggression in Combat Veterans: A Clinical Innovation Case Study. *Psychological Services*, 13(2), 170-177. <https://doi.org/10.1037/ser0000071>
- Ouhmad, N., El-Hage, W., & Combalbert, N. (2023). Maladaptive Cognitions and Emotion Regulation in Posttraumatic Stress Disorder. *Neuropsychiatrie*, 37(2), 65-75. <https://doi.org/10.1007/s40211-022-00453-w>
- Pickett, S. M., Barbaro, N., & Mello, D. M. (2016). The Relationship Between Subjective Sleep Disturbance, Sleep Quality, and Emotion Regulation Difficulties in a Sample of College Students Reporting Trauma Exposure. *Psychological Trauma Theory Research Practice and Policy*, 8(1), 25-33. <https://doi.org/10.1037/tra0000064>

- Powers, A., Cross, D., Fani, N., & Bradley, B. (2015). PTSD, Emotion Dysregulation, and Dissociative Symptoms in a Highly Traumatized Sample. *Journal of psychiatric research*, 61, 174-179. <https://doi.org/10.1016/j.jpsychires.2014.12.011>
- Powers, A., Etkin, A., Gyurak, A., Bradley, B., & Jovanović, T. (2015). Associations Between Childhood Abuse, Posttraumatic Stress Disorder, and Implicit Emotion Regulation Deficits: Evidence From a Low-Income, Inner-City Population. *Psychiatry*, 78(3), 251-264. <https://doi.org/10.1080/00332747.2015.1069656>
- Pugach, C. P., Campbell, A. A., & Wisco, B. E. (2019). Emotion Regulation in Posttraumatic Stress Disorder (PTSD): Rumination Accounts for the Association Between Emotion Regulation Difficulties and PTSD Severity. *Journal of Clinical Psychology*, 76(3), 508-525. <https://doi.org/10.1002/jclp.22879>
- Rijkers, C., Schoorl, M., Hoeken, D. v., & Hoek, H. W. (2019). Eating Disorders and Posttraumatic Stress Disorder. *Current Opinion in Psychiatry*, 32(6), 510-517. <https://doi.org/10.1097/ycp.0000000000000545>
- Rodriguez, L., & Read, J. P. (2020). Momentary Emotional Responding and Emotion Regulation in PTSD-related Drinking Urge. *Experimental and Clinical Psychopharmacology*, 28(1), 99-111. <https://doi.org/10.1037/pha0000292>
- Spies, J., Cwik, J. C., Willmund, G. D., Knaevelsrud, C., Schumacher, S., Niemeyer, H., Engel, S., Küster, A., Muschalla, B., Köhler, K., Weiss, D., & Rau, H. (2020). Associations Between Difficulties in Emotion Regulation and Post-Traumatic Stress Disorder in Deployed Service Members of the German Armed Forces. *Frontiers in Psychiatry*, 11. <https://doi.org/10.3389/fpsy.2020.576553>
- Tripp, J. C., McDevitt-Murphy, M. E., Avery, M. L., & Bracken, K. L. (2015). PTSD Symptoms, Emotion Dysregulation, and Alcohol-Related Consequences Among College Students With a Trauma History. *Journal of Dual Diagnosis*, 11(2), 107-117. <https://doi.org/10.1080/15504263.2015.1025013>
- Watkins, L. E., Schumacher, J. A., & Coffey, S. F. (2016). A Preliminary Investigation of the Relationship Between Emotion Dysregulation and Partner Violence Perpetration Among Individuals With PTSD and Alcohol Dependence. *Journal of Aggression Maltreatment & Trauma*, 25(3), 305-314. <https://doi.org/10.1080/10926771.2015.1129657>
- Weaver, S., Birn, R. M., & Cisler, J. M. (2020). A Pilot Adaptive Neurofeedback Investigation of the Neural Mechanisms of Implicit Emotion Regulation Among Women With PTSD. *Frontiers in Systems Neuroscience*, 14. <https://doi.org/10.3389/fnsys.2020.00040>
- Xue, M., Yuan, Y., Chen, H., Liu, Y., Dai, M., Sun, H., Qu, J., Zhou, T., Zhou, J., Qu, J., Bu, Y., Ji, S., Hu, Y., Yao, Z., Feng, Y., & Gu, X. (2022). Perceived Stress and Symptoms of Post-Traumatic Stress Disorder in Nurses: A Moderated Mediation Model of Maladaptive Cognitive Emotional Regulation and Psychological Capital. *Frontiers in Psychiatry*, 13. <https://doi.org/10.3389/fpsy.2022.902558>
- Zhou, A., McDaniel, M., Xie, H., Mattin, M., Wang, X., & Shih, C.-H. (2023). Emotion Dysregulation Mediates the Association Between Acute Sleep Disturbance and Later Posttraumatic Stress Symptoms in Trauma Exposed Adults. *European Journal of Psychotraumatology*, 14(2). <https://doi.org/10.1080/20008066.2023.2202056>