

Challenges Faced by Military Families During and Post Deployment

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Goals

- Discuss issues of military cultural competence
 - Military Family Life
 - Nature of Combat Deployments
- Learn impact of deployment on couple
- Learn factors in readjustment and family reintegration
- Discuss changes in practice when working with military/Veteran couples and families

Disclaimer and Conflict of Interest Statement

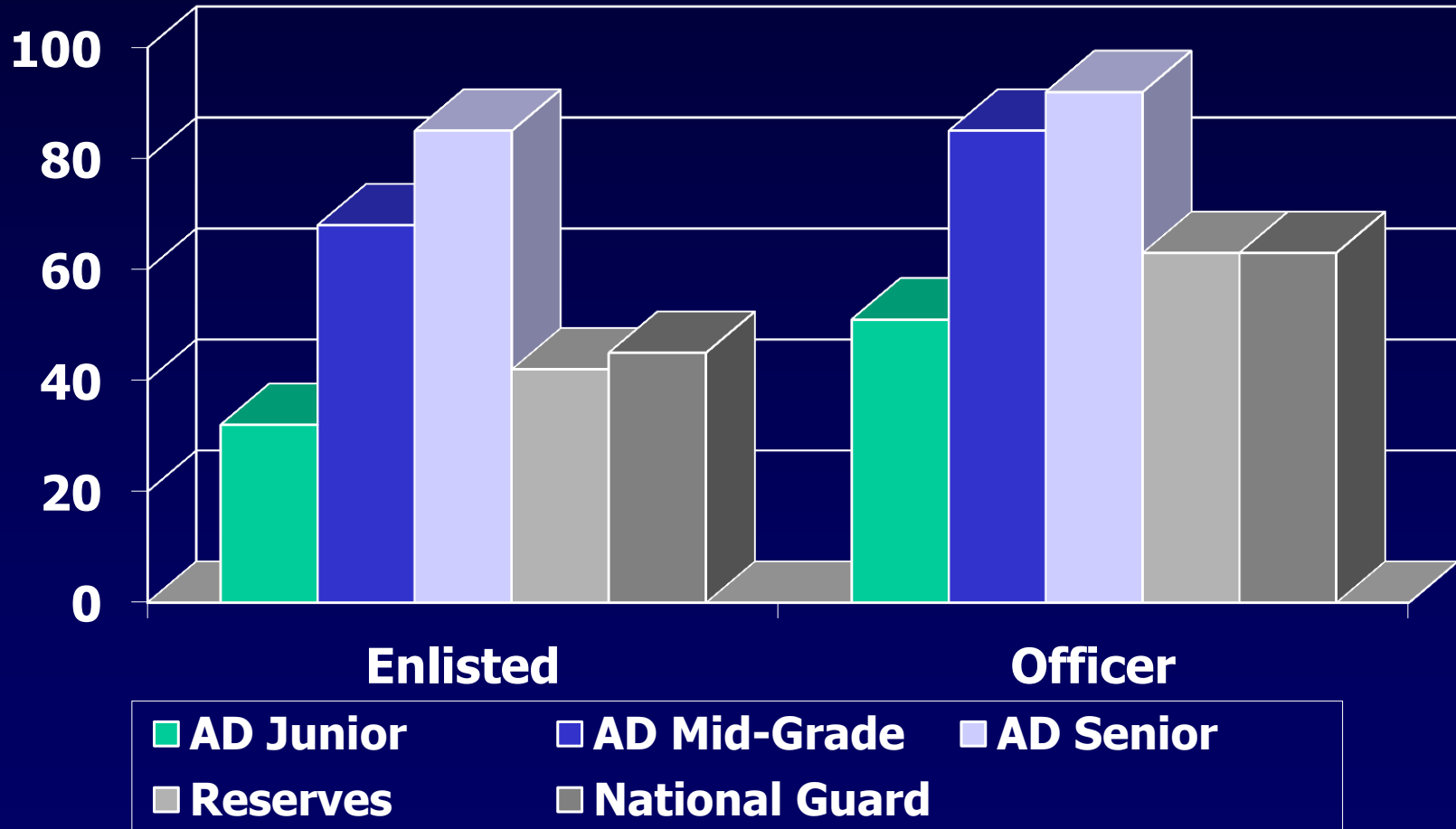
- Not speaking on behalf of the Department of Veterans Affairs
- Will list one resource which is a trade book on which I am the author and have a financial interest
 - (*Coming Back Together: A guide to successful reintegration after your partner returns from military deployment*, 2014, New Harbinger Publications)

*Notes on Military
Cultural Competence*

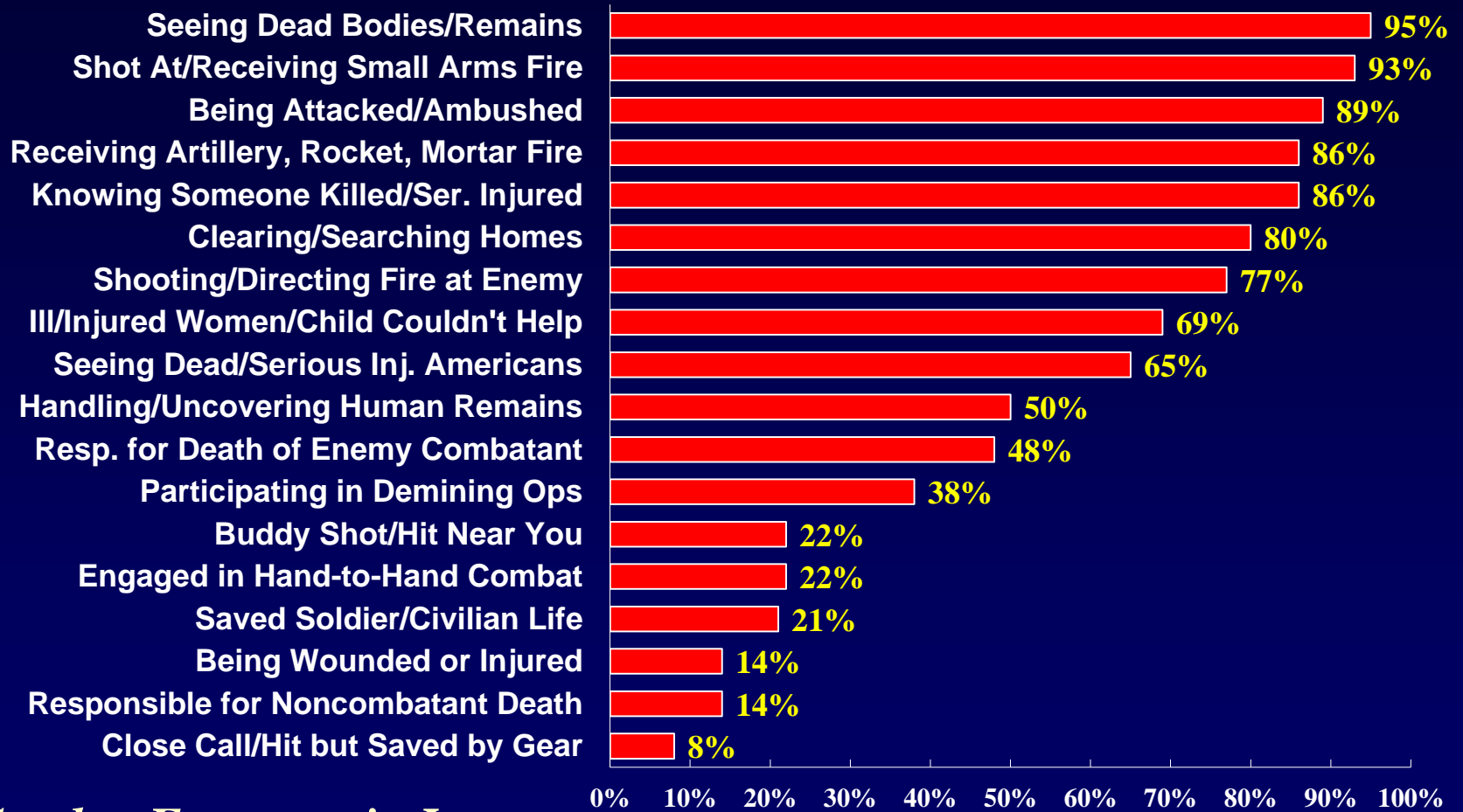
Military Family Life

- Frequent family relocations
- Non-military spouse has some limits on career development
- National Guard and Reserve deployed in greater numbers in Iraq and Afghanistan conflicts
 - Initially lower levels of family support
 - Financial problems (did not anticipate deployment and lost income)

Army Families Percent of Soldiers Married



What does it mean to be deployed to a combat zone?



Combat Exposure in Iraq

Hoge, et al, 2004, NEJM

Military Cultural Competence

- Importance of military training/cultural issues
 - Military training, culture and combat experiences can be factors in treatment
 - Veterans' sense of separateness and differences with non-Veterans
 - “Sense of mission” loss after retirement
 - “Moral” injury for many due to taking lives or witnessing things they could not prevent
- See list of resources for online trainings

*Individual and Couple/Family
Impact of Combat Deployment*

Disruption During Deployment

- Separation and changes in support structure
 - Increased difficulty for NG, Reserve component, or not being near a base
- Financial distress leading to relocation
 - temporary relocations of family members
 - parental stress, maternal depression
- Increased child symptoms
 - behavior problems

Factors in Managing Deployments

- Preparatory period to deployment
 - Higher “op-tempo” prior to deployment
 - Emotionally “shutting down” as soldier prepares for mission (can be lengthy due to uncertain departure dates)
- Communication during deployment
 - Higher frequency desired by all
 - More possible in past 10-15 years
 - Thought to be universally good
 - Caveats

Issues with Deployment Communication

- Electronic communication can be frequent (~50% daily)
 - Mail, care packages, satellite phone, text via standard phone, phone into base, webcam (Skype/Oovoo/Facetime)
- Seen as a way to stay connected to kids, to partner
- Possibly disruptive to service member performance
 - Particularly with distressed couples
- Service members self-limit, emotionally detach
 - To decrease emotional disruption, to protect the partner
- Sources of distress: unpredictability, variability
 - Comm blackout = bad news, potential harm of service member

Carter et al. (2011, 2014); Cigrang et al. (2014); Sayers et al. (2014)

Descriptions of Communication

- Missed or unpredictably of calls lead to anxiety, worry
“...several times where he was late for whatever reason getting on Skype with me and it would be like an hour or two where I had his funeral planned and, you know, just to go there is not fun...”
- Some level of detachment
“...It hurt my feelings, but now I kind of think it was like a disengagement thing, where he kind of turned it off...”
- Protection of partner from worry
“...There’s a lot of it he didn’t tell me...it is sheltering, but at the same time it’s just stuff that nobody needs to know...”

Sayers et al. (2014)

Post-deployment Impact and Family Reintegration Issues

Individual Impact of Combat

- Up to 42% have mental health issues in post-deployment period for OEF-OIF combat Veterans
 - Highest rates: reserve/national guard from Iraq
 - 15-25%, each, for PTSD or depression
- Mild Traumatic Brain Injury (TBI) (~25%)
- Frequent complaint: musculoskeletal pain (~50%)
- Disclosure of combat experiences likely increases SO support, decreases PTSD

Hoge et al. (2004); Gaylord (2006); Milliken et al. (2007); Spelman et al. (2012); Balderrama-Durbin et al. (2013)

Couple/Family Adjustment

- “Honeymoon” period is not universal
 - Less than half, low point 4 – 9 months after return
 - “Linear” pattern-about half
 - “Bounce” pattern-small % (highly variable)
- Decline in couple satisfaction
 - Pre-existing distress, trauma-related symptoms, poor social support
- Increased divorce rate (AF sample)
- PTSD → relationship physical aggression, $\rho = .42$
 - Stronger association in military males
- Positive and negative effects reported among married soldiers
 - Improved relationship 9.4%, Missed important family events 15.4%, Deteriorated relationship 11.6%

Balderrama-Durbin et al. (2013), Cigrang et al. (2014), MacDermid (unpublished, 2006); Newby et al. (2005); Taft et al. (2011)

Frequent Post-deployment Issues

- Role and routine renegotiation is important.
- Loss of independence of spouse.
- Children continue to develop and change despite absence.
- Feeling like a “guest” at home.
 - Associated with major depression and PTSD
- Family role problems, marital dissatisfaction.
 - Associated with psychic numbing (PTSD), behavioral avoidance, experiential avoidance

Changes in Roles

Wives transition household responsibilities to returning husbands slowly during reintegration:

Veterans

- “She readjusted the living room...it took me a while to get used to it.”
- “I couldn’t just undermine the authority [with kids] that she made while I was gone...I had to do a lot of tongue-biting.”

Partners

- “I assumed he would jump right in, but he needed to get used to being back.”
- “When he comes back, he wants to be in on the decision making process...I don’t know if I’m willing to give that up.”

*Changes in Practice When
Working with Military/Veteran
Couples and Families*

Important Factors in Treatment

- High comorbidity, multi-problem
 - PTSD
 - Depression
 - Alcohol/substance abuse
 - Family Reintegration issues
 - Mild traumatic brain injury—mTBI
 - Musculoskeletal and other injury complaints
 - Infidelity or private concerns about infidelity

If a Veteran Does Not Want to Seek Treatment



When a Veteran you know needs help...

888-823-7458

CoachingIntoCare@va.gov

www.va.gov/CoachingIntoCare

Treatment Example

- Richard: 15 yr Army Veteran w/ PTSD & TBI, back injury, 2 children
- Julie: works part-time, MA drug/alcohol counselor
- Issues: Infidelity during deployment, chronic pain, chronic sleep problems, reintegration/re-adjustment issues, irritability, parenting differences
- Strengths: highly intelligent, little alcohol use

Implications for Working with Veteran Couples

- Respect for military cultural issues
 - Military training and combat experiences lead to reintegration problems (even without PTSD)
 - Veterans' sense of separateness and differences with non-Veterans

Implications for Working with Veteran Couples

- Long-term impact of PTSD symptoms and older Veterans
 - Legacy of chronic relationship problems, substance abuse, under-employment
 - Stigma of “Veteran” status
- No clear guidelines for treating comorbid conditions
 - Stigma and low education re: MH conditions are barriers

Assessment

- Spend a longer time on assessment.
- Identified reasons for treatment highly important.
 - Expressed reasons for treatment, multiple agendas
- Ensure all areas assessed.
 - military history, individual Tx needs

Additional Issues for Assessment

- Military service history
 - Deployments, relocations, exposure to trauma
 - Use of probes about deployments, MOS (military occupation specialty), get some description
 - Use standard measures (see resource list)
- Pain (0 – 10)

Focus of treatment

- Select priorities carefully.
 - Comorbidities, multi-problem situations, concurrent treatments.
- Help the couple to renegotiate roles.
 - Help improve problem solving skills in general.
- Help the couple manage affect.
 - Irritability, emotional withdrawal or constriction.
- Take into account military culture and training.
 - Discuss “command” style, “paranoia”.
- Help the couple deal with the meaning of the experience.
 - Helpful to see it as a challenge they overcame.
 - Normalize the experience.
 - In family sessions help children talk about their experience.

Treatment Example

- Richard & Julie: 15 yr Army Veteran w/ PTSD & TBI, 2 children
- Treatment
 - Stabilized conflict through communication guidelines, increasing positive interaction
 - Addressed relationship vulnerabilities related to infidelity
 - Addressed long-standing polarization of style differences (black/white rigid style vs. relational style)
 - Individual Tx, addressed Veteran's new realities (chronic pain), starting a new life

Thank you!

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