



**2<sup>nd</sup> Annual  
Traumatic Spectrum Disorders Conference:  
A Scientific Conference on the Impact of Military  
Service on Families and Caregivers**

**Track Outbriefs**





## Track Overviews

**TRACK 1: Caregiving** - This session will review the trauma-related caregiving including the latest research on caregivers from the Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) injured populations, highlight the caregiver experiences, share lessons learned from interventions with caregivers.

**TRACK 2: Child and Adolescent Development** - This session will provide an overview of the characteristics of child and adolescent development and identify how parental military deployment, service and reintegration affect overall family adjustment and well-being.

**TRACK 3: Family Functioning** - This session will review how current and prior military service affects adult relationships; highlight how the novel interventions to improve relationships are impacted by trauma; and describe the role of substance use in compounding family issues of persons with current or prior military service.



## Track 1: Caregiving

| Objectives  | Status  |
|---|---|
| <p>Review the trauma related caregiving including the latest research on caregivers from the Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) injured populations</p> | <ul style="list-style-type: none"> <li>• Practice changes associated with the Polytrauma Rehabilitation Centers' Family Care Collaborative</li> <li>• Four polytrauma rehabilitation centers; however there are still gaps</li> <li>• Family Caregiver Map to bridge the gap and promote family interaction, standardize family care and reduce family uncertainty about rehabilitation</li> </ul>  |
| <p>Highlight the caregiver experiences</p>  | <ul style="list-style-type: none"> <li>• Caregivers are facing increased challenges due to multiple deployments.</li> <li>• Military family communities play an essential role in caregiver support during deployments and reintegrating a spouse back to life at home.</li> <li>• Talking through experiences from the perspective of the spouse who is deployed and the spouse that stayed at home, is critical for proper healing, rehabilitation, and reintegration.</li> <li>• There are many resources available to caregivers but they are not local to caregivers on military bases and sometimes difficult to access.</li> <li>• Proper training for caregivers to identify potential warning signs can allow for early intervention and help Service member's get the help they need sooner.</li> </ul> |
| <p>Share lessons-learned from interventions with caregivers</p>   | <ul style="list-style-type: none"> <li>• Families are not always ready to hear the diagnosis of TBI</li> <li>• Families do not want volunteer community assistance, but do want professional assistance from DoD and VHA.</li> <li>• Families are concerned about the social, employment, and financial repercussions for having suffered TBI, especially financial.</li> </ul>   |





## Accomplishments/Outcomes

- Caregivers tested with strong baseline health and well-being show a better reaction to traumatic brain injuries to their pre-school aged children.
- In the first 5-8 years following a brain injury, studies have shown that divorce rates are lower than the national average.
- Caregivers have been able to identify potential mental health concerns with their spouses early on through the many resources now available to caregivers.



# Issue/Roadblock Identified

| Issue / Roadblock   | Proposed Mitigation   |
|---|---|
| Increase in demand for civilian caregivers is expected to increase 34%, but the availability of caregivers is projected to grow only 1%                               | Improve wage rates, benefits and provide career ladders for caregivers to make caregiving a more attractive career or profession  |
| Caregiving research is methodologically and analytically complex. Caregiving is often shared. Having reports only from primary caregiver could become a disadvantage. | Expand research efforts to collect data from primary and secondary caregivers. Follow up with participants on a regular basis to confirm the study caregiver remains the same |
| Duration of employment is sometimes limited for caregivers  | Support programs and other means of recognition for these individual's work   |
|   |   |



## Next Steps/Assistance Requested

### Next Steps

Provide education to assist caregivers as well as caregiver providers

Examine the relationship of caregiving on caregiver and survivor health outcomes.

Continue to evaluate the Family Caregiver Map and implement in new locations



## Track 2: Child and Adolescent Development

### Objectives

Provide an overview of the characteristics of child and adolescent development

### Status

- **Accomplished through the discussion of child and adolescent development, in particular focusing on the military culture and deployment cycles**

- **Attachment issues are a development task in infancy and early childhood. Deployment may have an impact on how children bond with the deployed or at home parent.**

- **Peer affiliation and relationships are developmental tasks for middle childhood and adolescence. Peers, teachers, organizations may be a source of support for this age group.**

- **Pre-frontal cortex continues to develop into early adulthood (age 25). Issues of maturation may be a concern for service personnel**

- **At adolescence, youth have the capacity for empathy, taking others perspectives and managing emotions. This may help them understand and compensate for parental distress (particularly of at home parent) by taking on adult roles in the home.**

- **Children may be inherently resilient, but they need support to foster and sustain this resilience.**



## Track 2: Child and Adolescent Development (cont.)

| Objectives  | Status  |
|---|---|
| <p>Identify how parental military deployment, service and reintegration affect overall child and family adjustment and well-being</p> | <ul style="list-style-type: none"><li>• <b>Deployment's Impact:</b> 1 million U.S. parents have deployed since 9/11, directly impacting 2 million U.S. children</li><li>• <b>Multiple emotional stages during the deployment cycle,</b> with each cycle lasting 6-12+ months</li><li>• <b>Increased stress among caregivers and children during deployment:</b> Multiple studies show that not only is deployment linked to increase levels of stress among caregivers, but there is also a link between the caregiver and child's level of stress</li><li>• <b>Continued levels of stress among children upon Service Member's return:</b> Even upon a Service Member's return, one study suggests that the level of the child's anxiety is likely to decrease, but not disappear, creating the potential for continued issues.</li><li>• <b>Likelihood of redeployment raises additional long-term issues:</b> One study suggests a significant relationship between number of months deployed and reporting of children with depression, and caretaker distress.</li></ul> |





## Issue/Roadblock Identified

| Issue / Roadblock   | Proposed Mitigation  |
|---|--|
| <p>Need to break through the barrier of the stigma, helping them realize that children and families are not alone. Many times the messages are not being heard by those who need it.</p>                  | <p>Work with organizations to help spread the message to parents and spouses in a simple, straightforward manner.</p> <p>It is important for children and adolescents to know that asking for help is a sign of strength.</p>  |
| <p>It is difficult to attribute, particularly at adolescence, attitudes and behaviors that might be a function of typical development or a responses to deployment experiences.</p>                       | <p>Need for the development of measures by developmental stage that indicates the normative effects/responses of deployment.</p> <p>Children accomplish major developmental milestones at each of the stages/cycles of deployment. What does it mean to a child and a parent to miss these milestones. More research is needed.</p> <p>More studies addressing the developmental tasks of infancy, early childhood as experienced in military families are needed.</p> |
| <p>Need for additional research in the area of deployment and family stress using physiologic measures, longitudinal approaches with control groups, as well as qualitative studies.</p>                  | <p>More funding is needed to support systematic examinations of the impact of deployment on family stress.</p>   |
| <p>How effective are evidence-based interventions? One size does not fit all, especially given the different needs of Reservists and National Guard member as well as variations across the services.</p> | <p>Interventions need to be tailored to the individual and family context. Some civilian interventions like the TAP model are applicable to military families.</p> <p>The Military one source is a premiere model of intervention, service provision, and outreach,</p>  |



## Track 2: Child and Adolescent Development

- Issue/Roadblock
- There are emotional stages of development--
- Proposed Mitigation
- The adjustment stage may provide a window of opportunity to build on the strengths of the family to promote resilience, and listen to the voices of children.



## Next Steps/Assistance Requested

### Next Steps

Develop a better understanding the “Meaning of Experience,” specifically the meaning that children assign to the deployment experience.

Continue to explore the roles of formal and informal supports, in particular focusing on the role of grandparents.

Continue to listen to children to better understand the entire family picture, as often children can be the gateway to understanding the issues that their parents and siblings are experiencing.

Need to think about supporting parenting and parent function in order to support kids.



## Topics for Further Study/Discussion

### Topics

- Civilians who are deploying in non-combat roles, but are serving in combat support roles.
- Is there a connection between unit separation and family reintegration? What is the role of sense of loss/grief for unit and family reintegration?
- What is the current definition of family? Does this include: cohabitants, same sex partners, and/or friends?
- At what stage should family members be included in PTSD treatment/therapy?
- The role of gender in coping with the stressors of deployment and military service





## Track 3: Family Functioning

### Objectives

- ✓ Review how current and prior military service affects adult relationships
- ✓ Highlight how the novel interventions to improve relationships are impacted by trauma
- ✓ Describe the role of substance use in compounding family issues of persons with current or prior military service



## Track 3: Family (Couples) Functioning

| Objectives   | Status  |
|--|---|
| <p>✓ Review how current and prior military service affects adult relationships</p> | <ul style="list-style-type: none"><li>• <b>A minority of armed forces members and veterans report problematic family relationships in epidemiological samples; in clinical samples, the rates are much higher</b></li><li>• <b>Data on marriage dissolution in the armed forces are contradictory; prevalence is higher after the development of a trauma spectrum disorder but not clear if deployment itself is a risk factor</b></li><li>• <b>Families can be a source of support or strain</b></li><li>• <b>Women in the military have higher rates of marital dissolution and appear to have much more role strain related to family duties. Single mothers are at high risk of leaving the armed forces.</b></li><li>• <b>Interpersonal violence is likely a more significant problem than we think; a dx of SUD or PTSD likely increases prevalence. Failing good screening, we lack critical information to develop programs to keep individuals safe</b></li><li>• <b>National guard and reservist families are at particular risk in the reintegration phase, when supports such as FRGs are less accessed.</b></li></ul> |



## Track 3: Family (Couples) Functioning

| Objectives   | Status   |
|--|--|
| <p>✓ Highlight how the novel interventions to improve relationships are impacted by trauma</p> | <ul style="list-style-type: none"><li>•Programs to promote couples' resiliency based on a public health model (Project FOCUS) appear likely to strengthen then families, but data are lacking</li><li>•There are several ongoing trials of couple-based or family – based interventions for PTSD. These interventions are being conducted individually or in groups. These programs may confer additional advantages in terms for improving relationship distress or adjustment difficulties in partners.</li><li>•We are still 2-3 year out from knowing scientific findings.</li></ul> |



## Track 3: Family (Couples) Functioning

| Objectives   | Status  |
|--|---|
| <p>✓ Describe the role of substance use in compounding family issues of persons with current or prior military service</p> | <ul style="list-style-type: none"><li>• <b>SUD worsens most aspects of couple functioning– increases violence, complicated PTSD, may increase dissolution rates</b></li><li>• <b>Behavioral Couples Treatment for SUD is the most well-established marital intervention strategy.</b></li><li>• <b>New trials integrating treatment for SUD and PTSD in a couples format are promising.</b></li></ul> |





## Accomplishments/Outcomes

| Presenter                | Takeaways   |
|--------------------------|---|
| Dr. Sayers               | <ul style="list-style-type: none"> <li>• Conclusion: "Complicated reintegration" describes a process of normal reintegration interrupted by psychiatric difficulties</li> <li>• Identified research gaps: What are normal developmental processes in family reintegration, what is the impact of training-related, combat behavior on the family, in the absence of PTSD or depression, what is couple or family level resilience?</li> </ul> |
| Dr. Gerlock              | <ul style="list-style-type: none"> <li>• Research is focused on intimate partner violence (IPV)</li> <li>• Recommendations: VA needs to know how to ask about IPV and then what to do, need provider and system level response, families need education about post-deployment readjustment</li> <li>• Ultimately it is the service member's responsibility to stop the abusive situation</li> </ul>   |
| Dr. Erbes<br>Dr. Polusny | <ul style="list-style-type: none"> <li>• Collaboration between the VA and Minnesota Army National Guard</li> <li>• RINGS longitudinal cohort study: In theater screening and follow up study of couples and PTSD</li> </ul>   |
| Dr. Kimerling            | <ul style="list-style-type: none"> <li>• Examined role strain amongst women in the military</li> <li>• Women face additional pressures of minority status within the military and gender and family roles</li> <li>• Suggested tools include peer and spousal support</li> </ul>  |
| Dr. Ford                 | <ul style="list-style-type: none"> <li>• Communicate to patients what is happening in the brain. Alarm &gt; Filing &gt; Thinking</li> <li>• Skills to cope, SOS: 1. Slow down (sweep your mind clear) 2. Orient Yourself (focus on one thought) 3. Self check (stress level, personal control)</li> <li>• FREEDOM: focus, recognize, emotion, evaluate, define, options, make a contribution</li> </ul>                                       |



| Presenter                  | Takeaways  |
|----------------------------|--|
| Dr. Saltzman               | <ul style="list-style-type: none"> <li>• Preventive, skill based approach</li> <li>• Sources of resilience in couples: knowledge, shared benefits, structure and flexibility, communication, core related skills (emotional regulation, goal setting, problem solving)</li> <li>• Suggested tool: Narrative timeline activity: appreciate differences, develop a shared narrative and mission</li> </ul>   |
| Dr. Sherman<br>Dr. Fischer | <ul style="list-style-type: none"> <li>• REACH project: Reaching out to Educate and Assist Caring and Healthy Families</li> <li>• For those studied there was an increase in relationship satisfaction</li> </ul>  |
| Dr. Monson                 | <ul style="list-style-type: none"> <li>• Overview of CBCT for PTSD intervention: disorder-specific intervention, 15 sessions, manualized, 1.25 hour sessions</li> <li>• Treatment shows promise for lowering PTSD symptom severity especially for numbing and improved relationship satisfaction</li> <li>• Future Directions: head-to-head trial, dually traumatized/PTSD couples, relationship satisfaction as moderator, conjoint versus couple, modular delivery of the therapy</li> </ul> |
| Dr. Schumm                 | <ul style="list-style-type: none"> <li>• Alcohol Use Disorders (AUD) and PTSD treatments should be integrated</li> <li>• Couples based treatment for AUD and PTSD shows promise</li> <li>• Four stage model of recovery: 1. Stop alcohol use and promote safety, 2. Improve relationship and reduce PTSD avoidance, 3. Reduce "stuck" thinking patterns, 4. Continuing recovery plan.</li> </ul>   |
| Dr. Sautter                | <ul style="list-style-type: none"> <li>• Structured Approach Therapy f (SAT) or PTSD in OEF/OIF Veterans</li> <li>• SAT treatment for PTSD not for the treatment of marital or relationship problems</li> <li>• Reviewed 12 session approach, shows promised to increase empathetic communication, decrease PTSD, and increase rational acceptance of uncomfortable emotions</li> </ul>  |



# Session Takeaways

- Many military and veteran couple relationships are strong, but deployment and trauma spectrum disorders take a toll
- Be careful about interpreting data from samples
  - Epidemiological vs. clinical populations and what are the community norms
- Family integration: we don't know much about this process, but it means losing something as well as gaining something
- Families can be a source of strain or support
- Pay attention to assessment screening procedures, they will direct what you learn and what you do from there
- Special populations struggle (e.g. single mothers)
- What is the couple's treatment intervention goal?
  - Improvement in psychopathology, reduce relationship distress, or facilitate individual treatment?



## Next Steps/Assistance Requested

### Next Steps

Develop a better understanding of the family reintegration experience and how psychiatric problems complicate “normal” processes

Need more data on what consumers actually want in terms of family support/intervention

Develop more transdiagnostic interventions (e.g for affect regulation)

Continue to test developed interventions rigorously

Continue to develop 1) access to research populations and 2) access to treatment