

Family functioning problems, combat deployment, and trauma

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2nd Annual conference on Trauma Spectrum
Disorders

December 10, 2009



Major questions

- Why is family important?
- What domains should we measure?
- Brief review of research on combat deployment and couples/families
- Reintegration study results and implications for the field
- Gaps in the research

Why examine family issues in the context of combat deployment?

- Trauma has negative impact on family interaction/reintegration
- Family members can be a source of support and conflict
- Family problems can complicate treatment
- Family problems can increase vulnerability
 - Pre-deployment conflict, domestic violence
 - Demographic-related vulnerabilities: e.g., early age of marriage, lower education

What family domains matter?

- Marital stability/marital dissolution
- Marital satisfaction
- Communication, conflict, domestic violence
- Flexibility of roles, cohesion
- Parenting
- Demographic-related vulnerabilities: e.g., early age of marriage, lower education

Impact of Combat Deployment

- Conventional wisdom
 - Popular press: Increased divorce rates
 - Personal experiences
 - Observation of families and veterans actively coping, problem solving, dealing with struggles
- Results of research
 - Mixed general impact of deployment *per se* on subjective measures (Newby et al., 2005)
 - Little evidence of general impact of OEF-OIF deployment *per se* on dissolution in large Rand (Karney & Crowne, 2007) study, other recent studies
 - Negative impact of pre-existing difficulties and vulnerabilities (e.g., educ., early marriage)
 - Clear evidence of long-term negative impact of trauma on social functioning, couple/family functioning (NVVRS)

Study Questions

- What explains the link between trauma-related psychiatric problems and poor marital/family functioning?
- Are overall family problems associated with severity and prevalence of psychiatric problems?
- What specific symptoms are associated with reintegration problems

Method 1

- Veterans from Iraq & Afghanistan conflicts
- Referred from Primary Care for behavioral health evaluation
- Prompted by clinical screening (clinical reminder system)
- Evaluated by telephone at the Philadelphia VA Medical Center

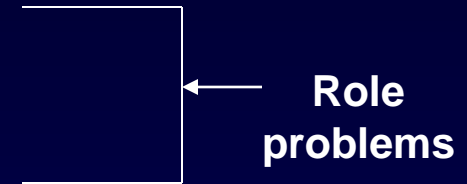
Method II

- Telephone evaluation
- Measures
 - PHQ-9 for depression
 - M.I.N.I. structured interview for other symptom domains
 - At-risk drinking
 - Substance abuse screen

Method III

- Family readjustment (for those with partners)

- Unsure of division of responsibilities in household
- Disagreements w/ partner on responsibilities
- Children not acted warmly, acted afraid
- Felt like a guest or outsider in home
- Relationship successful vs. troubled



- Domestic abuse last 6 mo. (partnered + recently separated/divorced)

- Shouting, pushing or shoving in disagreements or arguments
- Anyone got hurt in disagreements or arguments
- Afraid of current or former partner
- Anyone hurt children or threatened to hurt children
- Partner (or former partner) afraid of you
- You feel unsafe from a previous partner

- Guns in the house?

Demographic Characteristics I

| | Married/ live-in | Sep/ Divorced | No partner | |
|--------|---------------------|------------------|------------|-------------------|
| Male | 83 (41.7%) | 40 (20.1%) | 55 (27.6%) | 178 (89.5%) |
| Female | 3 (1.5%) | 8 (4.0%) | 10 (5.0%) | 21 (10.5%) |
| Total | 86 (43.2%) | 48 (24.1%) | 65 (32.7%) | 199 (100%) |

↓
N = 134

Demographic Characteristics II

- Age, M = 32.7
- 90% male
- 32.2% Black, 53.3% White, 14.5% other
- 54.3 % with children
- 50.0% Army, 17.1% Marines, 11.4% Navy, 15.0% National Guard
- Days from return, M = 585.6 days

Rates of Psychiatric Symptom Domains

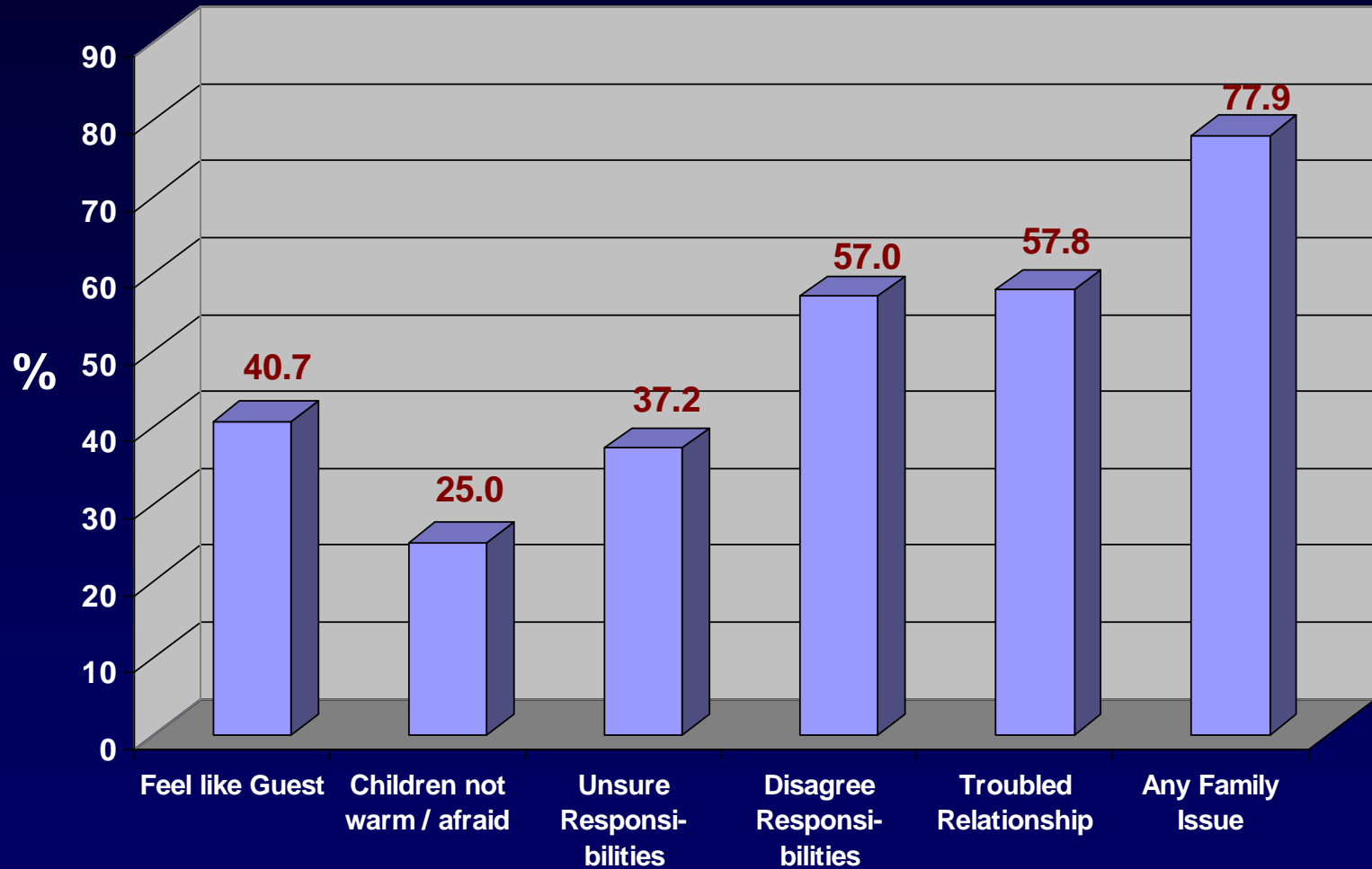
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| | Any Depr. | Major Depr. | Gen. Anx. | Mania | PTSD | Panic Dis. | At-risk Alc. | Drug use |
|--|--------------|----------------|--------------|-------|------|---------------|-----------------|-------------|
|--|--------------|----------------|--------------|-------|------|---------------|-----------------|-------------|

| | | | | | | | | |
|-------|------|------|------|------|------|-----|------|-----|
| N=199 | 72.0 | 39.5 | 45.7 | 12.1 | 47.2 | 7.5 | 35.2 | 3.5 |
|-------|------|------|------|------|------|-----|------|-----|

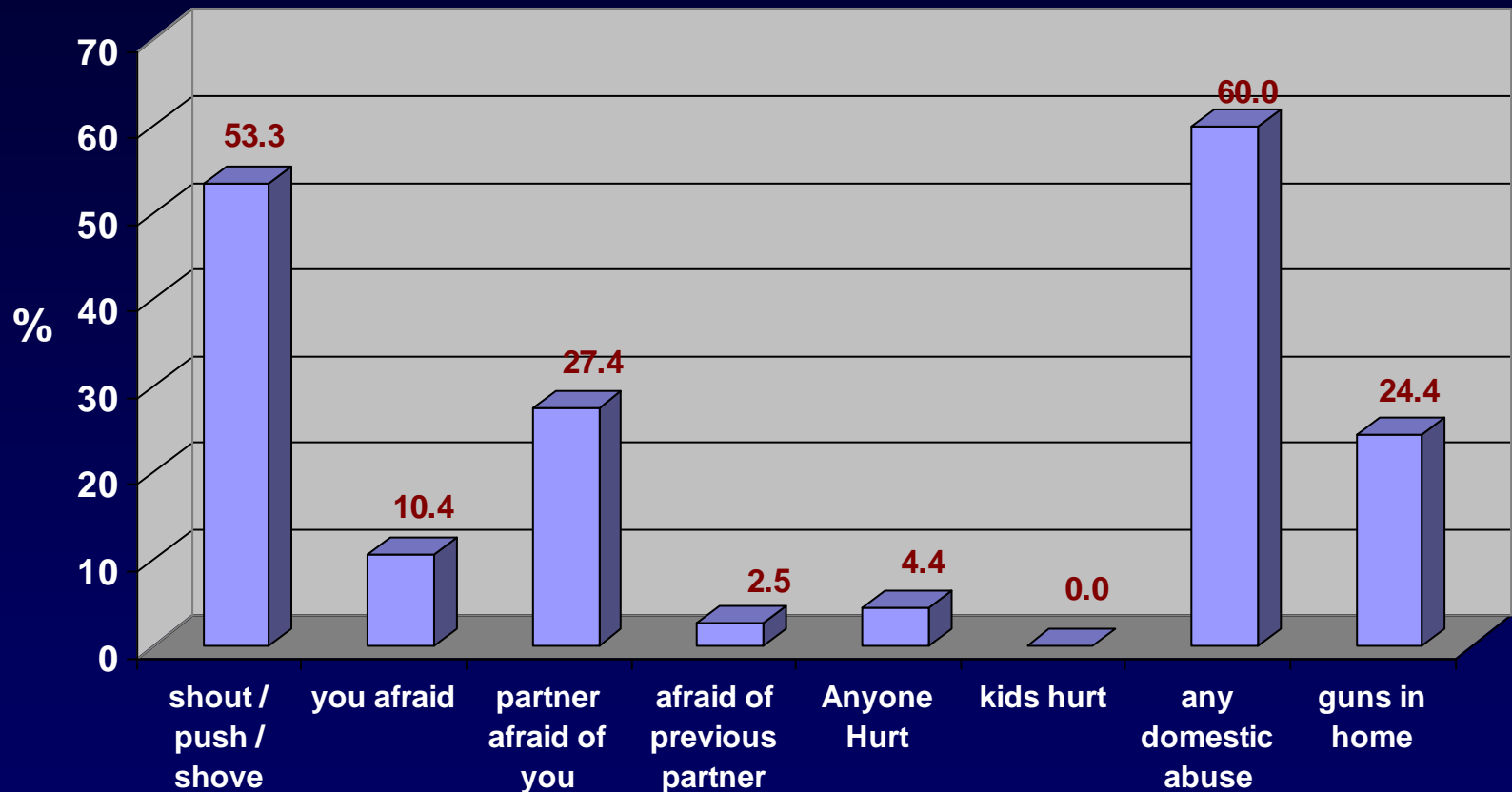
| | | | | | | | | |
|----------------------------|---------|---------|---------|---------|---------|--------|---------|-------|
| 95% confid. interval | 66 - 79 | 33 - 46 | 38 - 53 | 08 - 17 | 43 - 54 | 4 - 11 | 29 - 42 | 1 - 6 |
|----------------------------|---------|---------|---------|---------|---------|--------|---------|-------|

Partnered Veterans With Family Readjustment Issues



(N=86)

Partnered and Separated/Divorced Veterans With Domestic Abuse Issues



(N=134)

Family Issues, Domestic Abuse and Symptom Severity

| | PHQ-9 Depression |
|--|---------------------|
| Sum of Family Adjustment Items Partnered (N = 86) | <u>.39***</u> |
| Sum of Domestic Abuse Items Partnered + Separ. Divorced (N = 134) | <u>.25**</u> |

Pearson Correlations. ** $p < .01$. *** $p < .001$.

Psychiatric symptoms and family reintegration problems

- Major depression
 - 2.6 increased odds of being “unsure about responsibilities
 - 3.6 increased odds of “feeling like a guest in one’s own home”
- PTSD
 - 3.2 increased odds of “feeling like a guest in one’s own home”
 - 5.5 increased odds of “children afraid or not warm” to veteran

Conclusions

- “Complicated reintegration” describes a process of normal reintegration interrupted by psychiatric difficulties
- Newer cohort of 106 married OEF-OIF veterans confirms findings
- Family involvement in treatment important

Limitations

- Clinical population: not reflective of overall post-deployment rates of psychiatric disturbance
- Only veteran report
- Cross-sectional study

Gaps in Family Research

- What are normal developmental processes in family reintegration (i.e., renegotiating roles, routines, family bonds?)
- What is the impact of training-related, combat behavior on the family, in absence of PTSD or depression (i.e., BATTLEMIND behavior)
- What is couple- or family-level resilience?

Thank You!

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