

VA's Changing Mission: Research Focusing on Families and Caregivers of Veterans with Trauma

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“When men and women are deployed, one issue is whether you can turn off in your head what’s happening at home. Or whether you connect and worry. So you stay present in Iraq or Afghanistan or wherever, or, on a daily minute-by-minute basis your thinking’ about is he doin’ that paper route, how is he doin’ in school...?”

Reserve/National Guard Service
Women (Sadler HSR&D DHI-05-059)



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“I had to be one of those ones that had to flip the switch. And then, that switch just stayed off. I didn’t wanna deal with it (home) any more.”

Reserve/National Guard Service
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“Yes, I have 2 small children and one thing I didn’t realize, it was harder on me to come back home. Oh, it was like, you’re here! You’re home! I was like, *wait*. And then I felt bad because I was selfish. That was hard. That really took me by surprise. I didn’t expect that at all.”

Reserve/National Guard Service
Women (Sadler HSR&D DHI-05-
059)



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“I’m so glad I’m comfortable with the person I talk to over there (VAMC). I talk to her about it (being raped) and I have yet to be able to talk to my husband about it. And it’s really, really hard on me. And he doesn’t know why I’m angry...”

Reserve/National Guard Service
Women (Sadler HSR&D DHI-05-
059)



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VA's Changing Population

- VA is seeing OEF/OIF Veterans sooner after war
- Approximately half of US forces deployed to Iraq and Afghanistan are Reserves or National Guard (R/NG)
- More than 212,000 females have been deployed during OEF/OIF



VA Treatment Time

- Median time from OEF/OIF service separation to first VA clinic < 3 months (Seal et al, 2007).
- Median time from first VA clinic to first Mental Health Diagnosis 13 days (Seal et al, 2007).
- Study Sample: 103,788 Veterans returning from Iraq and Afghanistan seen at Department of Veterans Affairs Facilities



Women in the Military

- Women now represent:
 - 15% active duty
 - 20% new recruits
 - 17% Reserve/National Guard
- Equalization of hardships/risks
 - 71% with 1+ combat exposure
- Fastest growing segment of new VA users
 - Currently 5-7% of VA users, but >40% OEF/OIF market penetration
- Different sociodemographics
 - >60% under age 45, rise in minorities

Murdoch, et al. Women and war: what physicians need to know. JGIM, 21:S 5-10, 2006



Impacts on Family

Pre-Deployment

- Anger and protest
- Emotional detachment
- Family stress
- Marital disagreements

Deployment

- Emotional destabilization and disorganization
- Sadness, depression, disorientation, anxiety, loneliness
- Sleep disturbances
- Health complaints
- Financial problems some find the midpoint of deployment as the time of greatest stress
- Fear for safety of deployed service member

Reunion

- Apprehension over redefined roles and power dynamics

Post-Deployment

- Honeymoon period
- Resentment over loss of independence
- Insecurity about place in reconfigured system
- Service member may have difficulty disengaging from combat missions orientation
- Domestic violence



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Johnson, SA, Sherman, MD, Hoffman, JS. (2007). The psychological needs of U.S military service members and their families: a preliminary report. American Psychological Association Presidential Task Force on Military Deployment Services for Youth, Families and Service Members.

Post-Deployment Marital & Family Problems

- **PTSD and depression are highly prevalent** in returning OEF/OIF Veterans.
- In first year post-deployment Iraq/Afghanistan war **Veterans' trauma symptoms significantly predicted lower marital satisfaction in the Veteran and partner within the first year post-deployment** (Goff et al, 2007).
- Recently returned military Veterans with depression or PTSD are about **5 times more likely to have problems with family adjustment than Veterans without these diagnoses** (Sayers et al, 2009).



Domestic Violence and Trauma

- 54% reported shouting, pushing, or shoving conflicts with partner
- 25% report child acts afraid of or cold towards veteran
- 28% acknowledged partner is afraid of them
- Almost 25% reported guns were in the home

Study Sample: 199 Iraq/Afghanistan veterans referred to Behavioral Health Unit at Philadelphia VA. 10% women, 90% men. (Sayers et al, 2009)



Women Warriors: Balancing Family and Service

- A large percentage of female soldiers cite “the amount of time separated from family” as the most important reason for leaving the military before retirement
- Female service members are much more likely to be a single parent than male troops (DoD, 2006).
- More than 30,000 single mothers have deployed to Iraq and

Afghanistan as of

Mar  
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Erin Mulhall, “Women warriors: supporting she
“who borne the battle”. October 2009

OEF/OIF Spouses and Mental Health

Spouses have similar rates of:

Depression: 15% service members; 13% spouses/partner

Suicide risk: 7% service members; 9% spouses/partner

PTSD: 16% service members; 22% spouses/partners
(spouse PTSD etiology is non-military exposures)

Study Sample: 285 R/NG; men(56%), women(44%) deployed at least once

The Journey Home: Connecting Soldiers, Families, and Communities, 2009. Adrian Blow, PhD; Barbara Ames, PhD; Phil Reed, PhD; Lisa Gorman, MA; COL James Anderson, PhD. Michigan State University and Mic



OVERVIEW OF VA FUNDED STUDIES SPECIFIC TO ● DEPLOYMENT, FAMILY AND CAREGIVING



OEF/OIF Research - Families, Caregiving, Reintegration, Comorbidities

Mental Health\Substance Abuse

Predicting Post-Deployment Mental Health Substance Abuse and Service Needs

The Impact of OEF/OIF Veterans Mental Health on *Caregivers*

PTSD/Substance Abuse Treatment for OEF/OIF Veterans

Telephone Mental Health Screening of Community Veterans

Evaluation of *Family* Outreach Mental Health Programs for OEF/OIF Veterans

Web Intervention for Veterans at Risk for PTSD and Substance Abuse

PTSD

Perspectives on Enhancing *Family* Involvement in Treatment for PTSD

Relationships and PTSD Study: Detection of Intimate Partner Violence

Mild TBI/PTSD Comorbidity and Post-Deployment Outcomes in National Guard Soldiers

Participation in PTSD, Who Starts, Who Stays, and Who Drops Out

PTSD, Anger, Cognition, and *Partner* Violence Among Combat Veterans

PTSD-Focused Cognitive Behavioral Therapy on *Partner* Violence: A Pilot Study



OEF/OIF Research - Families, Caregiving, Reintegration, Comorbidities

Reintegration

Pilot Study of Reintegration and Service Needs for Women Veteran Mothers

Community Reintegration for OEF/OIF Veterans: Research Collaboration

A Computer Adaptive Test to Measure Community Reintegration

Community Reintegration Problems and Treatment Preferences Among OIF/OEF Veterans

Sexual Trauma

Combat, Sexual Assault, and Posttraumatic Stress in OEF/OIF Military Women

Physical and Sexual Assault in Deployed Women: Risks, Outcomes and Services

Online Interventions for Female OEF/OIF Reserve/National Guard War Vets

MST Effect on PTSD and Health Behavior: A Longitudinal Study of Marines

Manualized Treatment for Veterans with Sexual Trauma

Education

Dissemination Evaluation of Educational Materials for Puerto Rican OIF/OEF Veterans and *Families*

Education Materials for Puerto Rican Veterans and Their *Families* (OEF/OIF)



OEF/OIF Research - Families, Caregiving, Reintegration, Comorbidities

Polytrauma/ TBI

Understanding and Meeting the Needs of Informal *Caregivers* to Improve Outcomes for TBI Patients with Polytrauma

Factors Affecting Return to Work among OEF/OIF Veterans with Polytrauma

Team Based Initiative: Support for TBI *Families*

Treatment of OEF/OIF Veterans Neuropsychiatric Outcomes Following TBI

Evaluation of Polytrauma Brain Injury Rehabilitation Transitional Program

Telerehabilitation for OIF/OEF Returnees with Combat-Related Traumatic Brain Injury

Peer Visitation for OEF/OIF Veterans with Polytrauma/BRI and Their *Caregivers*

Medical Needs/Comorbidities

Gender and Medical Needs of OIF/OEF Veterans with PTSD

Gender and Medical Needs of OIF/OEF Veterans with PTSD II (Substance Use Disorders)

Stigma, Gender, and Other Barriers to VHA Use for OEF/OIF Veterans



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Other Relevant Family and Caregiving Research

Caregiving

The Effectiveness of FMPO in Improving the Quality of Care for Persons with Severe Mental Illness

Can *Family Caregiver* Involvement Improve TIDES Outcomes

Evaluation of *Caregiver* Guidebooks

Measuring Quality of *Family* Experience of Patients with Serious Illness

Development of a Peer Visitation Program for SCI Veterans and *Caregivers*

Web-Based Informational Materials for *Caregivers* of Veterans Post-Stroke

Caregiving Appraisal of *Caregivers* of Chronically Ill Veterans



EXAMPLES OF RESEARCH: A QUICK LOOK AT CURRENT VA RESEARCH



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VA Research on Outreach to OEF/OIF Service Members & Family

Goal → To understand the process of OEF/OIF outreach and factors impacting successful care of families

At DoD family briefings, family members are asked to notice PTSD\TBI symptoms, and be caretakers and advocates

VA is not recognized by service members or family members as a source of help for families as often as TRICARE

- Sample: One to one interviews with veteran and partner.

Heather Reisinger,
PhD, Iowa City VA



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Research on VA Family Outreach

- Families seek readjustment help from whoever is willing to provide it - IF their social network indicates the care source is trustworthy and competent
- The challenge is helping families obtain comprehensive and “seamless readjustment” help. Whose responsibility is this?

Heather Reisinger, PhD,
Iowa City VA



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Health & Safety of Women in the Reserves, National Guard & Active Duty Military

Goal:

Study service women's combat and deployment experiences and PTSD risk

Determine antecedent risks of sexual violence, consequent health outcomes & factors influencing VA access

Focus groups with Midwestern cohort officers/enlisted

- Significant post-deployment mental health problems
- Lack of knowledge about mental health symptoms and how to access VA care
- Barriers to reporting post-deployment problems & care seeking
- Unmet or delayed mental health care
- Couple and parenting re:  **Research & Development**
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- Social Isolation

Anne Sadler, PhD, RN, BM Booth, BL Cook, MA
Mengeling, JC Torner; Iowa City VA

Reintegration and Service Needs of Women Veteran Mothers

- Focus groups with deployed OEF/OIF women Veteran mothers
 - Feelings of isolation and having difficulty communicating with family and friends
 - Family members' expectations for them to return to their former roles and “old selves”
 - Feeling need to compensate for being away
 - Feeling “out of sync” with children, partners, and family



Stigma, Gender and Other Barriers to Care: *Preliminary Focus Group Findings*

Goal → Explore the unique contribution of stigma-related factors to VA health care seeking in national sample of female and male OEF/OIF Veterans

Reluctance to acknowledge mental health problems due to perceived stigma

Tendency to want to “tough it out” with respect to mental health problems

Concerns about impact of using VA on career and confidentiality of records

General sense VA is for Veterans who are older and men

Dawn Vogt, PhD
Boston VA, National Center for PTSD



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Women Veterans Cohort Study

Goal → To evaluate use, costs and outcomes among female and male OEF/OIF Veterans after separation from service

Preliminary Findings →

- Most prevalent conditions among women:
 - Back problems, joint problems, PTSD, depression
- Many gender differences, women have:
 - More depression, less PTSD
 - More connective tissue and skin disorders
 - Less hypertension, hyperlipidemia, diabetes or coronary artery disease
 - Less alcohol or drug abuse

Cynthia Brandt, MD, MPH, & Sally Haskell, MD
VA Connecticut Healthcare System



National Survey of Women Veterans

- Goal → Assess health care needs, VA experiences, knowledge/awareness of VA eligibility and services, preferences for care
- Funded by VA Office of Public Health & Environmental Hazards (Women Veterans Health Strategic Health Care Group) & Research & Development (HSR&D)
 - Last such national survey conducted in 1985

- **Over 3,600 surveyed**
Donna Washington, SMC
VA Greater Los Angeles Health Care System

OEF/



Polytrauma/Blast Related Injury (PT/BRI) Queri conducts, promotes, and coordinates research to achieve its mission and fulfill its goals

- Goal: Optimize caregivers'/family members' ability to provide supportive assistance to Veterans with impairments resultant from polytrauma and blast-related injuries

- Objectives within goal:
 - 1) Describe healthcare needs and preferences of TBI/polytrauma caregivers and family members
 - 2) Describe the economic burden for family members of caring for a Veteran with moderate to severe TBI/polytrauma
 - 3) Standardize and improve family-centered care available for family members of polytrauma inpatients
 - 4) Improve functioning and reduce burden among family members and caregivers



PT/BRI Queri conducts, promotes and coordinates research to achieve its mission and fulfill its goals

Impacts/products anticipated over the next 3 years

- Reports disseminated to VA leadership, clinicians and investigators findings from research that describes caregiver needs as they vary by patient and caregiver characteristics and include recommendations for services and policy to reduce caregiver burden.
- Dissemination to VHA of a cross-cutting caregiver research agenda to improve service delivery to family member caregivers
- Documenting the spread of family-centered care throughout the Polytrauma System of Care
- Documenting continued use of the Family Care Map web-based clinical tool in Polytrauma Rehabilitation Centers or identifying reasons for disuse of the Family Care Map

Nina Sayer (Minneapolis QUERI Director)



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Peer Visitation for OEF/OIF Veterans with Polytrauma

Peer Visitation for Caregivers of OEF/OIF Veterans with Polytrauma

What is peer visitation?

- Peer visitation provides individuals with a particular injury/illness with an opportunity to interact with a peer who has successfully managed a similar condition
- For caregivers, PV is offered to and by family members of injured troops

Research questions

- 1) How effective is the training of PV using our materials?
- 2) How effective is PV?
- 3) Are there benefits associated with being a PV?

Future Directions: complete trials within 2010, apply for funds for multi-site trial in late 2010

Rhonda M. Williams, Ph.D. VA Puget Sound Health Care System
Pat Isenberg, MA. Amputee Coalition of America
Lou French, Ph.D. Walter Reed Army Medical Center



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Families of Patients with Polytrauma: Understanding the Evidence and Charting a New Research Agenda

- Population: caregivers/families of patients with polytrauma
- Mission: to find how families function and cope after a loved one has sustained polytrauma
- Research Needs: to understand how families function and adapt to loved ones' polytrauma, financial impacts, changing family roles, treatment beliefs, communication and information needs, access to care, psychosocial adjustment, training needs. Focus on both providers and families.

Griffin, J.; Friedemann-Sanchez, G.; Phelan, S.; van Ryan, M.
Journal of Rehabilitation Research & Development, Vol.46, No.6,
2009, pages 879-892.



In Summary

Post deployment health, family, & caretaker research are top VA priorities

Treatment and research paradigms for OEF/OIF combat Veterans are:

- 1) Veteran focused (family education/support)
- 2) Family and caregiver focused (treatment of needs of the entire family and the caregiving system)

Translating current research into practice will improve access to VA care and the delivery of appropriate services for Veterans with trauma and their families and caregivers.



“You can’t just come back home expecting everything to be the way it was before, because one, your family is not the same, you are not the same.”

Chicago Enlisted Reserve/National Guard Servicewomen



Thank You

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