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Article 16

Families in Crisis: When the Veteran Returns Home

Paper based on a program to be presented at the 2011 American Counseling Association Conference, March 27, 2011, New Orleans, LA.

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The events of September 11, 2001, changed the world forever. For the first time in modern history, the homeland of the United States was attacked in a significant manner triggering a military response against international terrorism supported by an extreme fundamentalist ideology. The all-volunteer-military, composed of both regular and reserve forces, has fought two wars on two fronts for nearly 10 years resulting in multiple deployments to an inhospitable region of the world that has experienced

centuries of political and religious strife. Soldiers have confronted an elusive armed civilian force and have faced a populous not necessarily eager to accept democracy or recognize the military presence as liberating.

The consequences of military service during wartime are felt long after the veteran returns home and affects the service member and the family. While the vast majority of military families cope effectively during and after deployment, research indicates that a segment of the veterans and their families can face enormous difficulties when transitioning to home (Shay, 2007). Never before in the history of the military has so much attention been given to the needs of families and the impact of military service on family dynamics. Civilian counselors, often unfamiliar with military culture and the emotional aftermath of war, are being called upon to provide counseling to veterans and their families. The need for civilian counselors will continue well into the future, as veterans reintegrate into civilian life.

As with any unique cultural group, counselors must be familiar with relevant aspects of the military culture in addition to the myriad of complex mental health issues facing veterans and their families (Martin, Rosen, & Sparacino, 2000). Counselors must have expertise in the treatment of issues such as loss and grief, career disruption, financial hardships, physical disabilities, violence and abuse, prolonged separations, substance abuse, and posttraumatic stress disorder (PTSD). In fact, with regard to PTSD, counselors need to be aware of research indicating that veterans exposed to more combat display more PTSD symptoms, and women generally tend to display higher levels of PTSD symptoms than men (Taft, Panuzio, Schumm, & Proctor, 2008). Sexual abuse perpetrated by military on military members is now receiving attention in the VA by being included as part of the standard intake evaluation. The VA now has group therapy specifically for these victims.

The veteran, spouse, and family members are all affected by these issues in unique ways. In treating veterans and their families, counselors must have a working knowledge of family systems issues, specifically triangulation, homeostasis, scapegoating, communication patterns, parentification, family and marital rules, and boundary violations. Thus, counselors must understand the interaction of the complex variables associated with the military culture, the psychosocial and mental health issues, and systemic family dynamics to effectively counsel veterans and their families. It is also important to recognize that while families can be a great source of support for veterans, in some cases, such as domestic abuse, violence, and substance abuse, the involvement of the family in therapy may not be indicated (Gauthier & Levondosky, 1996). Counselors need to understand (1) the impact of the military culture on family dynamics and counseling, (2) the common sources of family conflict when service members return to the family structure, and (3) the specific counseling strategies and interventions that have demonstrated effectiveness in dealing with veterans and their families, and (4) available resources within the VA, such as the Strength at Home Programs (National Center for PTSD, 2010) for service members and their families struggling with anger, conflict and readjustment post deployment.

Since today's wars are more complicated in many ways than conflicts of the past, families are forced to confront the associated challenges. One major difference is the extensive use of reservists, who face the possibility of being activated. Family members of reservists and National Guard members were previously conditioned to having their

loved ones away for brief periods of training for reservist duty, typically two weeks per year. Yet family members remained confident in their return home when the required time had passed. The reservist family unit managed these brief stints of duty unchanged and relatively unaffected. The impact of the military culture was not as great on the routine lives of reservist families as it was on the family life of active service members. However, the deployments of both active duty service members and reservists for extended and repeated tours of duty in the Iraq and Afghanistan combat theaters have played havoc with family life. Active service members and their families live on base and have the base structure and military community support. Reservist families live in cities and towns isolated from other reservists. All family members experience this isolation and identity of being different from the other community denizens. Children in schools often feel lonely and may be the target of unpleasant comments regarding their parent in Afghanistan or Iraq. School adjustment counselors work to support children of the military in their schools and help them cultivate a sense of pride in their parent's service. Given the sheer numbers of service members involved in these two conflicts, there are good reasons for counselors to develop an understanding of the military as a culture unto its own.

Impact of Military Culture on Family Life

Military Culture

Although beyond the scope of this paper, a brief review of specific aspects of military culture that impact most obviously on family life follows. Christian, Stivers, and Sammons (2009) contend that the core of the military culture in the United States is a collectivist value system that distinguishes the military from the civilian culture. The collective focus on the needs of the organization, group cohesion, and the primacy of the group goal contrasts significantly with the individual achievement perspective of the civilian culture. In the military, the mission is of primary importance (Martin & McClure, 2000, p. 15). Mission and the camaraderie of the forces take precedence over all else, including family. Expressions such as "a distracted soldier is a dead soldier" demonstrate the importance of a single focus on the mission to the exclusion of all else. This is not without good reason. The single focus on the collective unit and the mission saves lives. But the primacy of the mission can cause disruption for family members who believe that family is the service member's first priority. In truth, the service member belongs to two families, but all must recognize that the military family unit comes first. The Marines have a saying "If the Marines wanted you to have a wife, they would have issued you one," which exemplifies the military's recognition that married service members can be divided in their focus and place their unit or members of their unit in jeopardy on delicate missions.

Military life requires prolonged separations, which takes a toll on spouses and children alike. Infidelity and loss of relationship tops deployment concerns (Gomulka, 2010). The divorce rate for enlisted Soldiers and Marines was at a 16 year high in 2008, with 1,000 more divorces among enlisted Soldiers in 2008 than 2007, and male combat veterans were 62% more likely to have at least one failed marriage (Gomulka, 2010). Divorce rates for women in the Army and Marines Corps were three times that of male Soldiers and Marines (Gomulka, 2010), and statistics do not reflect true numbers. The

statistics don't account for divorces that occur 1-2 years after return to civilian life (Gomulka, 2010) when readjustment to home life can be most difficult.

It is no secret that despite substantial gains made by women in the military, the structure is still primarily male dominated. This is an important point for all therapists, especially female therapists, to recognize. Also, the military culture operates from a very hierarchical authoritarian leadership structure with clear, strictly enforced rules for behavior (Wertsch, 1991). Deviations from the rules can meet with swift and harsh consequences to insure future compliance and acceptance of the cultural norms.

Service members are deliberately socialized into a military culture with a specific values orientation. Beginning with boot camp, the service member is trained in the values of the organization and internalizes the role of a service member (Christian et al., 2009). At this time, family becomes subordinate to the military.

Ironically, when one joins the military, the service member voluntarily suspends many individual freedoms for the protection of the freedoms of others. Primary among these freedoms is the right to life for the military service member. By virtue of his/her agreement to serve, he/she also agrees to give life for country, if necessary. The constant threat of death is one that may affect the family more than the service member. Wertsch (1991) suggests that denial is a necessary coping mechanism for military personnel. One needs to deny the constant threat of death to focus on the mission, duty, and survival.

As a member of the military, in many ways, the service member gives up the right to free speech. Classified mission assignments are not shared with family. Secrecy is required for the safety of the unit and the country. Communication with family often occurs only on a need to know basis. Expressions such as "If I tell you, I'll have to kill you" are common civilian jokes but convey a much more serious message in the military. Additionally, service members are restricted from offering political opinions while in uniform.

While stoic attitudes of "suck it up and deal" or "get over it and drive on" are useful during active military service, it becomes counterproductive when the service member changes roles from warrior to patient. The stigma against seeking psychological help still exists despite valiant efforts in recent years to change the culture. There is also the fear that if the service member seeks help that this action may be a career advancement barrier.

Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF)

Today's conflicts are significantly different than past wars. OIF/OEF (Operation Iraqi Freedom/Operation Enduring Freedom) is the first time in the history of the United States that an extended war is being fought with an all volunteer force (Tanielian & Jaycox, 2008, p. 22). Veterans from these conflicts who seek counseling will come from very different service experiences and be at very different developmental life stages. An unmarried 20-year-old returning from overseas deployment is at a different developmental life stage than s(he) is at age 25 or 35 with a family and established career.

Counselors will need to understand the unique challenges impacting the veteran and family. Counselors will see retired active duty personnel who, when serving, tend to be younger (47% of active duty are between ages of 17 and 24), marry early, and remarry faster, all of which may lead to more family conflict and family disruption (Karney &

Crown, 2007). Military reservists comprise 28% of over 1.6 million military serving in OEF/OIF (Office of Under Secretary of Defense, 2007). They tend to be older, are more likely to be married, have children, and have been employed in the civilian work force for years before deployment (Frain, Bethel, & Bishop, 2010). The families of these “sudden military” and “citizen soldiers” struggle with the change from “weekend warrior” to active duty military. While the military family support systems have been doing a better job of helping families cope with the transitions, the reality is that most reservist families never expected the multiple deployments and hidden costs of active service, including emotional baggage, financial hardships, and isolation. Any preexisting marital or family concerns can be exacerbated by deployment

Effects on Marriage and Family Concerns

A review of the literature on family distress reveals sobering statistics. Lyons (2007), reports that 70% of couples where one spouse has been diagnosed with PTSD report marital distress. Veterans with PTSD are more likely to be divorced or considering divorce, engage in partner violence, and relate childrearing problems (Galovski & Lyons, 2004). The accounts of mental health concerns and interpersonal conflicts are significantly higher among National Guard/Reservists compared to active duty soldiers following return from Iraq (Milliken, Auchterlonie, & Hoge, 2007). Complicating the stress on families is the severity of physical disabilities affecting returning veterans, with 90% of military personnel injured in OEF/OIF returning to their families with injuries that would have been fatal in previous wars (Hyer, 2006).

Polytraumatic injuries involving intensive treatment of both physical and psychological conditions make the transition from active duty to veteran much more difficult (Veterans Health Administration, 2005). Veterans, accustomed to the adrenaline rushes of active duty, often cope with boredom by engaging in risky behaviors and drug use. Families find themselves dealing with the veteran's extensive functional limitations. Re-experiencing, avoidance, and increased arousal form common PTSD symptom clusters that systematically interfere with family reintegration for many veterans (Sherman, Zanotti, & Jones, 2005). Traumatic brain injury has been identified as the "signature injury" of OEF/OIF (Stein & McAllister, 2009, p. 3), with many veterans also reporting depression, PTSD, psychic numbing, physical injury, and substance abuse (Seal, Bertenthal, Miner, Sen, & Marmer, 2007). Under the best of circumstances, any one of these problems alone would significantly strain a family relationship, but together, they often present overwhelming obstacles and require families to adapt and adjust.

Even without injuries, families suffer. Milliken et al. (2007) report relationship issues as one of the primary concerns of service members after deployment. Divorce rates are high. Infidelity and isolation take their toll. Children often exhibit emotional and behavioral problems when parents are deployed and continue to cope with the psychological costs of combat injuries after the veteran returns home (Huebner, Mancini, Wilcox, Grass, & Grass, 2007). Service members are often affected by grief (acknowledged and unacknowledged), shame, and guilt secondary to combat action (Rudd, 2009). With the availability of Skype, instant messaging, Facebook, and other means of communication, veterans may find themselves remaining emotionally attached to their units still engaged in combat on the battlefield. Survivor's guilt was a phenomena

related to PTSD that became apparent during the Vietnam conflict and characterized by veterans feelings of shame and guilt about still being alive while their fellow soldiers had died (Khousam & Kissmeyer, 1997, p. 692). Other studies of survivor guilt associated with combat situations address features of self-criticism (Yehuda, Kahana, Southwick, & Giller, 1994), witnessing atrocities against their own comrades (Yehuda, Southwick, & Giller, 1992), the perception of failure of responsibility (Emery & Emery, 1985), or the commission of wrong doing for personal survival (Yehuda et al., 1992).

Career disruption and financial problems complicate the return to civilian life. McNutt (2005) reports that only 73% of non-disabled reservists return to pre-deployment employers. The stress and losses for veterans are considerable. Counselors need to recognize that the issues facing returning veterans are then layered on top of the normal family conflicts. The variety of family constellations, such as two parent families, single parent families, step-families, the unmarried in committed partner relationships, significant others, parents of adult service members (who are often ignored or forgotten as a part of the veteran's family support network), and grandparents who assume caregiver roles, are complicated enough without the added stress of the veteran's wartime experiences.

When working with veterans, counselors need to remember that families can be sources of healing or additional distress (Sherman, Blevins, Kirchner, Ridener, & Jackson, 2008). Research indicates that family involvement increases social support and aids in managing PTSD and severe mental illness (SMI; Evans, Cowlshaw, Forbes, Parslow, & Lewis, 2010 Solomon, Mikulincer & Avitzuer, 1988). Sherman et al. (2005) found that high levels of social support decreased PTSD symptoms. Consequently, Evans et al. (2010) found that difficulty in family relationships increased PTSD symptoms and that veterans displaying high hyperarousal and avoidance symptoms may benefit most from couples or family therapy (p. 620).

But family therapy is not automatically indicated or appropriate for all veterans, as some families “don't care” or “have given up” when faced with the enormity of problems the veteran presents (Bowling & Sherman, 2008; Sherman et al., 2008). Research suggests that increased stress in the family (which can be a byproduct of family therapy) can trigger the veteran's PTSD symptoms and that family members hurt by a veteran's behavior are often reticent to provide support (Sherman, Zanotti, and Jones, 2005). Although many veteran best practice guidelines may recommend family involvement, very few families actually participate in family therapy due to multiple barriers in accessing and participating in treatment (Sherman et al., 2008).

Interventions

Family systems concepts and systemic interventions can be successfully applied to counseling veterans and their families, when family involvement is appropriate, warranted, and welcomed. Counselors can address issues related to homeostasis and the state of family equilibrium, through a negotiation of family roles and responsibilities. Families need to understand that what was may never be the same. Despite the desire to return to the past, families can't just hit the “rewind” and “play” buttons, as on a VCR and pretend that the deployment or active duty service never happened. Families, as well as the veteran, need time to grieve the losses and develop a new picture of what family

life will look like. The veteran often needs some alone time and may find support outside the family unit, in VA groups or VFW offices, but must find ways to stay attached to the family. Families need to establish new guidelines for family time and independent time. In general, a new level of homeostasis needs to be negotiated.

Triangulation, the involvement of a third party in a two-person system for the purpose of reducing tension, is another important family systems concept that is critical for counselors, as well as family members to avoid. A common dynamic with military families is the parentification of children as confidants by the home parent. When the child has been triangulated into the couple subsystem, the veteran's return to the family unit is all the more difficult, and the child experiences unnecessary stress during deployment and after.

In therapy, like in the family unit, the military can be triangulated into the marriage as a third party. Scapegoating the military has the potential to mask significant family of origin issues, preexisting non-diagnosed PTSD, non-resolved abuse issues from childhood, or multigenerational issues that were present long before the military service. In addition, the career goals of the service member can conflict with family goals. If not the military, the veteran or the children can be the identified scapegoat.

Family and marital rules often intersect with communication conflicts in military families. The military requirements for secrecy, classified missions, and a need to know basis often hamper normal family communication patterns. The military chain of command structure also inhibits free communication between parents and children and influences how decisions are made in the family. Expressions of intimacy may be difficult for the veteran who has become emotionally numb from combat experience. Social isolation and withdrawal, typical symptoms of PTSD, erode family support and social functioning. Communication expressed as anger impedes family problem solving and serves to distance the veteran from the support he/she needs the most (Erbes, Polusny, MacDermid, & Compton, 2008). Interventions that target improving couple relationships and facilitating more effective family problem solving and communication are important components of treatment to increase social support.

Boundaries, the rules and regulations that separate the family system from the external environment and provide definition for the subsystems within the family, are often blurred in military families. When children become confidants to the home parent or assume roles and responsibilities of the absent parent, conflict and confusion result when the veteran returns to the family unit. Family members need to clarify boundaries, respect privacy, and allow for the needs of all to be met. Family violence is one of the most egregious boundary violations and needs to be assessed early on in treatment. In cases of severe family violence, family therapy may be contraindicated.

When it is appropriate for families to be involved in treatment, model programs exist. Dausch and Saliman (2009) modified Family Focused Therapy (FFT), which was found to be effective for individuals with serious mental illness, to the treatment of families with a veteran who suffered a traumatic brain injury (TBI). The goal of this intervention is to build a cohesive family unit, increase interpersonal satisfaction, and help all family members cope with the TBI.

The REACH program (Reaching out to Educate and Assist Caring, Healthy Families), adapted from Multifamily Group Model, was developed at the Oklahoma City Veterans Affairs Medical Center to treat veterans diagnosed with PTSD and their families

(Sherman, Fischer, Sorocco, & McFarlane, 2009). The program focused on psychoeducation and strengthening family relations. While participants were very satisfied with the program, Sherman et al. (2009) recommended that research continue to evaluate its effectiveness with diverse groups.

Frain et al. (2010) recommend the use of the Resiliency Model of Family Stress, Adjustment, and Adaptation as a basis for understanding family dynamics and the influence of the family of the recovery process of injured veterans. This model addresses impaired problem solving skills and poor self care that often results from polytrauma. It also helps families to reframe disabling conditions and adapt to needs of the veteran.

Discussion

Families are an essential factor in the veteran's adjustment to civilian life. They can be both a source of strength and stress. Preventative therapy for families prior to the veteran's return to civilian life may help create a home environment conducive to promoting the well-being of the returning veteran. Helping families understand the potential issues that may arise may alleviate some of the stress associated with the inevitable approaching change in homeostasis. Furthermore, preventative therapy about what the veteran might expect from his/her family upon return to civilian life may be beneficial as well. The needs of both the family and the veteran must be addressed to facilitate a return to a healthy functioning family unit following the stress and separation of deployment. The military is and will continue to be overwhelmed by the sheer number of veterans from the OIF/OEF conflicts who require physical and mental health services. Yet, if the military prioritizes healthy reintegration to civilian life by providing services to veterans and their families, some of the challenges may be met. Civilian counselors will undoubtedly be called upon to help meet these demands for services both in the short term and for years to come. Therefore, an understanding of the military culture and its effects on family life will help therapists tailor their interventions to the unique characteristics of military families. Although further research is necessary to determine which multiple therapeutic approaches are of most benefit to the veteran and family, utilizing family therapy interventions may help address the pressing needs of the veteran and the veteran's family and reduce the time of turmoil for all.

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