

# Post-Deployment Stress: Helping Veterans and Their Families



In all wars, healthy young people are trained to effectively perform during violent, chaotic assault but at the risk of lasting psychological damage. To survive, they are required to kill human beings never met; to witness the violent death of comrades; to withstand the loneliness of being continents away from home, in an unsafe place, lacking familiar food, customs or language; to develop a keen awareness of risks both physical (hyper-vigilance) and interpersonal (avoidance, suspicion, distrust.)

In the strange and dangerous realm of combat, successful soldiers are trained to depend on “War Zone Skills”<sup>1</sup>. These are based on an array of attitudes, beliefs and practices that frequently require the soldier

to do the opposite of what would otherwise come naturally: substituting rage for terror, submission to authority for the right to know what is going on, a cool and detached silence instead of confronting, running or weeping.

For most, if not all, returning soldiers, there will be emotional aftermath ranging from mild Adjustment problems (e.g., trouble sleeping in a bed, impatience in the absence of reliable routines and orderliness in home or work environments), to Traumatic Grief Reactions and Anxiety, to Major Depressive and Post-Traumatic Stress Disorders (PTSD). In the case of PTSD, symptoms often do not emerge for 3-6 months or only after a secondary trauma (e.g., an accident or car crash) occurs.

*According to a large scale study of veterans deployed between 2001 and 2005, at least 18% have developed PTSD or Major Depression; 19.5% suffer from traumatic brain injuries.*<sup>2</sup>

These disorders as experienced among the general public typically require professional intervention, and if not arrested, can lead to further complications such as abuse of alcohol and other substances, un/under-employment, homelessness, health problems, and death.

## **Key Differences About the Wars in Iraq and Afghanistan**

The current wars in Iraq and Afghanistan are distinctly different from all prior wars, in ways that increase the risk of psychological injury to veterans, as well as distress in their families:

- No prior conflict has relied so heavily on Reservists and National Guardsmen as opposed to active duty service members. Active duty

service members typically serve two tours while reservists often serve three or more.

- There are no “battle lines”, hence there are no “safe zones” either.
- Since “battle lines” cannot be determined, regulations which used to reduce direct combat exposure for women no longer apply.
- We are now seeing the highest rates (9:1) of wounded to killed in US history.
- Due to medical advances, far more soldiers are surviving multiple injuries, which frequently include severe damage to the head, face and extremities.
- Survivors of physical injuries may require multiple surgeries and years of rehabilitation; many will have irreversible deformities; some may never again feel able to take up a normal place in their families and community.
- Beginning with Viet Nam, media coverage has been far more immediate and extensive, which tends to overload families back home and creates a false sense of connection between the soldier and family; in reality, the longer the time away, the more frequent the tours, the farther apart they grow.
- Cell phones and internet access inside the war zone can confuse, distract and overwhelm the soldier who in previous wars needed only to focus on the immediate orders and needs of self and combat unit.
- Studies of Post-WW II soldiers found that only 25% of all soldiers ever discharged their weapon in combat. With advances in weapons technology, weapons training, dramatically different combat tactics and multiple tours of active duty, the

number of firings and kill rates for today’s soldier far exceed those of any prior war.

- The return from the front to the kitchen table has never been so rapid. During the World Wars, returning vets spent weeks on ships with other soldiers, sharing traumatic war experiences and providing time for them to grieve lost comrades and to share other emotions. Today’s combatant can often be home for dinner in 24 hours, having neither time to grieve nor to adjust to the very different role expectations at home.

### **The Impact of War on Families**

Support provided to military families varies depending on whether the soldier is active duty versus the Reserves and National Guard. Families who live on military bases are subject to constant reminders of what loved ones risk in battle. For spouses and children of soldiers there is the ever present tension surrounding the coming and going of one’s own soldier, along with the vicarious loss experienced when parents and spouses of classmates and neighbors do not come back alive and whole. On the other hand, families on military bases tend to understand from the get-go about these risks, and they have benefit of ongoing community support, between and during leaves.

For many members of the Reserves and National Guard, combat duty may never have been seen as a possibility at the time of enrollment. Families of the National Guard and Reserves are not clustered on bases; they are scattered throughout the country, and are virtually invisible within their own communities. This reduces opportunities for mutual support as well as timely and

accessible services for these military families. Reservists often serve three or more tours while soldiers in active duty typically serve two.

Even if the soldier returns without significant medical problems (hearing loss, brain injury, ambulatory problems), the potential for post-deployment job loss or change is very real and adds to family stress. This is especially worrisome for non-career, military families. Whether soldiers return to the same job, or find a new one, reintegration to the civilian workforce will be a difficult transition given the drastically different social norms and structure in the “war zone.”

While the veteran’s return means relief, gratitude, and celebration, most families will also experience significant post-deployment distress. Even when soldiers return in good physical and emotional condition, parents and spouses often experience significant grief over the young person who went to war but is not the same upon return. After the exhausting wait – for help with the children and the bills and the chores – families may experience frustration, resentment, and impatience at how long it is taking for their loved ones to “step up.” Many veterans may, however, be intentionally holding back from fully participating in order to not disrupt the family. Having recently killed and been exposed to many horrors, returning combat veterans often see themselves as “toxic” and may, as a result, attempt to create emotional and physical distance from loved ones.

Prior relationship expectations – of friend, intimate partner, father – are likely to go unmet for longer than the family anticipated. The loneliness may feel even more acute now that their loved ones are home but continue to be emotionally

detached and more dependent on comrades than on family. The returning veteran may unintentionally elicit fear, hurt, anger and defiance by continuing to practice “war zone skills” (e.g., cleaning guns when anxious, insisting on absolute adherence to schedules, yelling and ordering rather than instructing and requesting.)

The soldier’s younger siblings or his/her own older children may have taken on additional responsibilities while the soldier was away (such as watching out for younger siblings or helping out with the family business), tasks for which they are now ridiculed for doing or from which they are involuntarily retired. Younger children may have grown up with so little actual contact with the absent soldier to be unable to establish close and trusting feelings toward him or her. Children who were attached to the parent pre-deployment often express anger and ambivalence upon their return because they have not been able to express feelings of fear and abandonment about the parent’s absence. Idealization – of the innocent child back home that the soldier imagined while in battle, and of the heroic soldier the child longed for each night while they were separated – now causes mutually unmet expectations, disappointment, and deep feelings of betrayal, hurt and alienation.

On the whole, neither soldiers nor family members are adequately prepared to expect and understand the myriad emotions likely to be experienced by each other, or the ways in which each member has matured and changed.

### **Living With An Emotionally Wounded Soldier**

All of these family dynamics are that much worse when the returning soldier also suffers

from depression and/or PTSD. The various participants have a harder and harder time with separations and reunifications because of unresolved guilt, and unexpressed hopes and fears. Conflicts tend to be more frequent but less likely to be expressed in the open. When conflicts do come to the fore, the potential for malignant spirals and physical danger, both actual and perceived, increases. Inappropriate and unhealthy coalitions form. Underlying relationship problems (such as latent personality disorders, tendency to abuse alcohol and other substances, tolerance for disrespect and aggression, enmeshment, partnership ambivalence, communication deficits) are magnified.

For returning veterans there are additional factors to consider in assessing the severity of these conditions, for the soldier and for the family, post-deployment:

- formal training in weaponry and self-defense
- characterological profiles associated with domestic violence/batterers<sup>3</sup>
- how to distinguish “normative war zone skills” from clearly pathological indicators.
- “Warrior Ethos” that can interfere with self-identification and seeking help<sup>4</sup>

### **A Note To Families About How To Prepare**

It may take a long time for a loved one to understand, accept, and forgive the soldier’s decision to leave for war, risking injury and death. There will be worse days and better days for the families left behind. It will help to be reminded that soldiers’ loved ones can do things to help the soldier do his or her job so they can come back home, alive and

whole. Carrying unnecessary guilt and worry about what will happen to the family back home can only serve to distract the soldier from doing what is necessary to survive. Helping each family member to handle themselves during painful and stressful times will make a big difference for everyone concerned.

It is important for family and other loved ones to get information and support – if possible, before deployment.

It is especially important to think about and to plan for partings and returns. For example, it is probably not a good idea to bring the whole family for “a last goodbye” at the airport just before take-off. Instead, plan to spend the better part of the last day or two at home together: avoid big parties, complicated activities and public goodbyes.

Preferably before but at least immediately after the soldier leaves, figure out where you and your family can get support if needed. Do attend seminars for pre- and post-deployment families made available through the service branch and/or Veterans Services Agency. If possible, get counseling going for yourself and your children before the veteran returns.

With a little searching, you are likely to find a variety of services and programs that are free of charge and specifically geared to the needs and veterans and their families; some also provide opportunities for family members to volunteer or participate even when the soldier is away from home. The following are good places to locate resources and support:

- Family Readiness Groups (FRGs) through the soldier’s branch of service

- Military OneSource 800-342-9647 ([www.militaryonesource.com](http://www.militaryonesource.com))
- Veteran Service Centers:  
Eastern US: (800) 905-4675  
Western US: (866) 496-8838
- Veterans Families United Foundation ([www.veteransfamiliesunitedfoundation.org](http://www.veteransfamiliesunitedfoundation.org))
- The Veterans Administration ([www.va.gov](http://www.va.gov))
- New York State Division of Veterans Affairs (<http://veterans.ny.gov>)
- Semper Fi Parents of the Hudson Valley ([www.semperfiparentshv.org](http://www.semperfiparentshv.org))
- The Soldiers Project ([www.thesoldiersproject.org](http://www.thesoldiersproject.org))
- Give An Hour ([www.giveanhour.com](http://www.giveanhour.com))
- Local Departments of Mental Hygiene, Family Services, United Way
- County-level Departments of Social Services
- State-Level Psychological Association (in New York: [www.nyspa.org](http://www.nyspa.org))

View the following pamphlet online: [What Families should Know and What Families Can Do](#)<sup>5</sup> (Rand Corp.)

### **Know The Signs of Emotional Distress**

It is helpful for families to be able to recognize a variety of behaviors associated with Depression, Anxiety and PTSD. The following can be subtle but meaningful signs of emotional distress – for the veteran or family member:

- Social withdrawal
- Avoiding certain situations
- Changes in eating habits

- Irritability, short temper, mood swings
- Tearfulness, hopelessness
- Excessive reliance on self-soothing behaviors
- Nightmares
- Problems falling asleep
- Excessive sleep
- Unexplained absences
- Unexplained disappearance of money

Suicidal thoughts, self-injury and harm to others are never acceptable. These should all be discussed with a qualified mental health professional for immediate assessment.

Other symptoms that should not be ignored include property damage (example: punching walls), substance abuse (including drunkenness, prescription medications or illegal drugs), and symptoms of post-traumatic stress disorder (exaggerated startle response, flashbacks, intrusive and unwanted thoughts.)

Reuniting with and reintegrating the family is stressful and can take months or longer. While celebration is appropriate, it is important to focus first on the needs of the soldier and immediate family and to delay big parties and demanding activities, at least in the beginning. The family needs to have time to be reacquainted privately. It is probably not a good idea to meet a vet at the base upon discharge but to arrange for a small and private welcome at home.

If psychological problems emerge, offer to participate in therapy with the veteran, as long as this would not cause further harm to a family member. Social support is especially powerful therapy: encourage veterans to stay in touch with service-related organizations and friends, even if that means

they are not home as much.

Shame is the biggest obstacle to seeking treatment – be clear, calm, concerned and persistent about getting whatever your family needs to adjust and to heal, but avoid embarrassing, humiliating, coercing, threatening or bullying people to participate in therapy.

### **Promote The Belief That Veterans Deserve and Benefit From Treatment: A Special Word For Mental Health Professionals**

Clearly, there is a growing need for mental health treatment on behalf of returning warriors and their families. The demand for treatment, among those affected by the recent wars in Iraq and Afghanistan, is likely to continue for decades to come. It is the authors' hope that this article will inspire many colleagues to take up this important work.

However, we also believe that, in order to provide the greatest benefit and the least risk of harm to military families, these families must be treated as a “special population.” Whether explicit or implicit, all mental health professionals are obliged to provide appropriate care, which includes addressing treatment groups and issues about which one is adequately trained. As such, if you plan to work with military families but have no first hand combat experience, it is incumbent upon you to learn as much as you can about military procedure, structure and culture. Having contact information and access to local resources and benefits for military families (example, VA, VSA) is also important.

You will need to be ready to provide a veteran-friendly treatment environment from the very first contact. It is important to be

very clear about how you work, what you plan to focus on, limits of confidentiality, etc. It is essential that you be able to set aside judgments, assumptions and opinions you may hold about warfare and about military culture so that you can truly listen to each veteran's unique story, honor each family's unique history and aspirations, help each case discover its own, unique path to recovery and growth.

It is especially important to differentiate learned “war zone” behaviors from more serious indicators of underlying pathology. The following is a most useful review and is available on the internet: Behaviors of Veteran Readjustment Problems and the Impact to Family/Friends<sup>6</sup> It is equally important that the professional accurately identifies and addresses truly pathological and/or dangerous patterns of behavior such as those that have been consistently found to be associated with domestic violence.<sup>7</sup>

When you meet a soldier, thank him or her for their service to their country. Ask about which branch of service they joined, where they were based, where they were assigned to duty. Add military background questions to your standard intake protocol. Provide a safe place where they can tell their story. It will help to receive training in EMDR or other evidenced-based treatment for Combat-related PTSD. Help military families access your services by joining Tricare, the medical insurance plan for military personnel. Volunteer time: contact [www.TheSoldiersProject.org](http://www.TheSoldiersProject.org), or [www.GiveanHour.org](http://www.GiveanHour.org).

### Footnotes

- 1, 6. Behaviors of Veteran Readjustment Problems and the Impact to Family/Friends. [www.VeteransFamiliesUnitedFoundation.org](http://www.VeteransFamiliesUnitedFoundation.org) See also [www.hooah4health.com/deployment](http://www.hooah4health.com/deployment); [www.militaryonesource.com](http://www.militaryonesource.com)
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### Acknowledgements

*This article was originally published on the website of the New York State Psychological Association (NYSPA), in connection with public education activities on Veterans Day, 2009.*

The authors wish to thank members and supporters of the **Veteran Family Support Alliance (formerly the Hudson Valley Veterans Project Planning Group)**, and for the inspiring presentations at NYAMFT's November 8, 2009 Conference entitled "A Warrior's Return" by Jemal Doute, MA, Rev. Sean Levine, Eva J. Usadi, MA, and Susan Blum, MD.

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