

## **RATIONALE FOR OPERATION ENDURING FAMILIES PROGRAM**

### **Returning Service Members and Veterans**

Since September 11, 2001, more than two million American troops have been deployed in support of the Global War on Terrorism (VHA Office of Public Health, 2010). As of 2009 (the most recent data available), more than 40% of troops have served in multiple deployments and more than 263,150 service members have had more than two deployments (IOM report, 2010). Not since the Vietnam War has such a large group of soldiers returned from combat, and never before have troops faced such a rapid cycle of deployments.

The men and women serving in Iraq and Afghanistan face a range of difficult and stressful situations. Tanielian and Jaycox's (2008) RAND report on trauma exposure in Operation Enduring Freedom (OEF) / Operation Iraqi Freedom (OIF) veterans found that 50% report having a friend who was seriously wounded or killed, 45% report seeing dead or seriously injured noncombatants, 45% report witnessing an accident resulting in serious injury or death, 23% report being physically moved or knocked over by an explosion, 23% report being injured (with 10% requiring hospitalization), 10% report engaging in hand-to-hand combat, 5% report witnessing brutality toward detainees/prisoners and 5% report being responsible for the death of a civilian. While experiencing these events does not necessarily lead to psychological problems, research is clear that the amount and intensity of trauma exposure increases the risk of service members developing mental health problems, substance abuse problems and engaging in more risk-taking behaviors (Killgore, 2008).

Recent research suggests that the returning service members face a range of adjustment difficulties upon homecoming, including insomnia, irritability and concentration difficulties (Shea, Vujanovic, Mansfield, Sevin & Liu, 2010). Often service members and veterans report

feeling anxious, having difficulty connecting to others, and missing the structure and camaraderie of military service. While these problems often resolve on their own, they can be stressful for the returning service members/veterans and their families. Educating service members/ veterans about these reactions, normalizing their experiences, and educating service members/veterans and family members about areas of concern and mental health treatment options can be helpful in supporting these men and women settle back into life at home.

Some service members/veterans go on to develop more serious mental health issues including PTSD, depression, substance abuse, and relationship difficulties. For example, divorce rates and high rates of anger control problems are elevated for this population (Sayer et al., 2010). The most recent MHAT report found that at 6 months post deployment 35.5% of troops have symptoms of anxiety disorders or depression (MHAT V, 2008). Of those troops, between 5 and 15% meet criteria for PTSD (Tanielian & Jaycox, 2008). Substance abuse is another significant and common challenge for returning service members/veterans. One study found that 12.5% engaged in heavy weekly drinking, and 53% engaged in binge drinking (Jacobsen et al., 2008). Many returning service members and veterans are interested in seeking services to support them in reintegration. While stigma and other barriers currently prevent some service members and veterans who screen positive for a mental health disorder from getting care, slightly more than half currently do seek care (MHAT-V, 2008).

### **Including Families**

The service member/veteran's deployment to a warzone and its aftermath do not occur in a vacuum. The family is actively involved in every step of the process, often shouldering increased responsibilities and experiencing considerable worry during deployment. Reintegrating the service member or veteran back into the family unit can be a challenging experience for everyone, and all family members face important tasks associated with the

transition (Bowling & Sherman, 2008). Some OEF/OIF veterans report difficulties reconnecting with their families. For example, of Global War on Terrorism veterans referred for a behavioral health evaluation at a large VA medical center, over ¾ reported at least one family issue, 40% reported feeling like a “guest in their home,” and 25% said that their children were afraid of them or not warm to them (Sayers, Farrow, Ross & Oslin, 2009). Furthermore, it is well known that PTSD is related to a variety of difficulties in intimate relationships (Monson, Taft & Fredman, 2009). Thus, the ripple effects of deployment and trauma on family life are considerable.

The Department of Defense (DoD), VA and other mental health providers have a unique opportunity to work with this population to provide early intervention and support and to work to prevent more long-term problems. It has been our experience that a treatment approach that focuses on normalizing the common issues associated with readjustment, strengthening existing social support and family relationships, and providing appropriate referrals is most helpful. As such, the Operation Enduring Families Program is psycho-educational in nature and designed to work with both the returning service member/veteran and his/her family members. Family members are included in treatment for three reasons. First, given that reintegration into family life is one of the major challenges of returning from combat, it makes sense to include the family in services focused on reintegration. Second, family members themselves often face significant stressors while their service member is deployed and also often struggle with issues of readjustment. Many of the symptoms of PTSD, particularly avoidance symptoms, have a significant impact on family life and it is important to help families deal with these symptoms. Third, service members and veterans themselves report a strong desire to include their families in mental health services.

Inclusion of families in care is consistent with numerous recent VA, DoD and SAMHSA efforts. For example, two of the joint VA/DoD Integrated Mental Health Strategy (IMHS)

plans (#16 on Family Resilience and #17 on Family Members' Roles) focus on increasing engagement and services to families across the continuum of care. Efforts to increase service members/veterans' understanding and coping abilities are encouraged by this program. In the VA system, Public Law 110-387: Veterans' Mental Health and Other Care Improvements Act of 2008, included "marriage and family counseling" in the list of services that can be provided in support of veterans' treatment plans. Similarly, SAMSHA's recent plan, *Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014*, focuses on fostering recovery by including families in care. Thus, including families in care is supported by veterans/families' stated wishes, research findings, and recent national legislation and strategic plans.

### **Reducing Barriers to Care**

Many returning service members and veterans are not receiving needed resources or support because of fears of the stigma associated with mental health treatment. This program was designed to be held outside of the mental health clinic, to be informational in nature, and to provide a relaxed atmosphere in which returning service members/veterans and their families can discuss their concerns. Our hope is that the structure of the group will make it more likely that people will attend and begin to access the services available to them through the DOD, VA, and other community agencies. It is also important that those developing a group select a time and location that is feasible to attend for those who work. We have found that evening classes are far more accessible and better attended than those held during work hours.