

Psychological sequelae of combat violence: A review of the impact of PTSD on the veteran's family and possible interventions

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Research Highlights:

- Veterans' posttraumatic stress disorder (PTSD) can impact their spouses and families in a variety of ways. Emotional and behavioral withdrawal, emotional numbing, and anger issues in veterans with PTSD can damage familial relationships and lead to significant psychological symptoms and distress for veterans' family members.
- More social and clinical interventions are needed on behalf of veterans' families, especially those families living with a veteran suffering from PTSD. Current programming for veterans and their families focuses on family members' well-being as ancillary to the mental health of the veteran, and does not address the primary and specific challenges faced by families of veterans with PTSD.
- The majority of literature on PTSD in combat veterans focuses on male veterans and their wives, however, there is a growing need for research on female veterans, including those with PTSD and their families.

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Abstract:

“This review of the literature reveals that veterans’ posttraumatic stress disorder (PTSD) following exposure to combat violence affects veterans’ familial relationships and the psychological adjustment of family members. Previous study within other trauma populations has conceptualized the negative impact of an individual’s traumatic stress on his/her family members as “secondary traumatization.” This review examines the processes by which secondary traumatization occurs within combat veterans’ families. Research has identified PTSD as mediating the effect of veterans’ combat experience on the family. Veterans’ numbing/arousal symptoms are especially predictive of family distress; while, to a lesser extent, veterans’ anger is also associated with troubled family relationships and secondary traumatization among family members. Empirical modeling of additional factors involved in secondary traumatization is needed. Marital/family interventions have largely focused on improving relationships and reducing veterans’ symptoms, rather than targeting improvements in the psychological well-being of the spouse and children. Interventions directly addressing the needs of significant others, especially spouses, are advocated. The potential for increased effectiveness of PTSD interventions and possible cost-savings attained by improving relationships and reducing caregiver burden are also discussed.”

Implications

For Practice

In order to promote further study of the social effects of veterans' PTSD and address the hardships occurring in their families, we will need to dedicate a significant amount of time and resources to these topics. The expenditure of time and resources dedicated to improving veterans' families' mental health and well-being will be well-spent as the positive results will not only benefit the wives and children of veterans, but also the veterans themselves. A portion of such a program should be directed toward the creation and maintenance of support groups and other clinical resources for spouses and families, with a specific focus on the primary concerns and mental health of the families. The reduction of spousal and family distress and isolation should be emphasized as a significant and primary treatment outcome. Practical implications of this paper include the need for further collaboration among institutions and social organizations serving veterans to expand services to the families as well. The Veterans Administration should work together with community groups to increase creative options for families, including social activities and additional clinical services. Veterans' families face multiple challenges and clinicians, agencies, and community organizations can help them on this journey to improved mental health and well-being. Pooled resources with common goals developed and administered with compassion by experts trained to recognize and intervene in the aftermath of trauma will effectively reduce the psychosocial, psychiatric and financial cost of war-related PTSD on our veterans' families' lives.

For Policy

The major policy implications of this study focus on the development of family services through the Veterans Administration and other governmental institutions. Because the mission of the Department of Veterans Affairs (VA), by congressional mandate, states that care of veterans' families is only justified if it facilitates veterans' care, few policies specifically target spousal or family welfare. However, this need not be the case, as studies have shown for decades that familial and social support predict vulnerability to PTSD (Card, 1987; Fontana & Rosenheck, 1998; King, King, Fairbanks, Keane & Adams, 1998) and that the welfare of families has a significant impact on veterans' health care delivery. Recent policy changes prioritizing the welfare of veterans' families have developed as families play an increasingly important role in veterans' health and well-being as they age. In 2001, the Veterans Health Administration named family participation in veterans' care among its priorities for services. Results from this review of the literature suggests, however, that the family is less likely to have the resources or ability to provide that care if family members are suffering from significant psychological distress due to the challenges of living with someone with PTSD. Thus, this emphasis on familial involvement in care may overload already stressed caregivers in the case of PTSD veterans' families. Policy makers should accompany this new directive with a focus on family needs, especially family caregivers' needs. Living with a family member suffering from PTSD has clear and specific challenges and programming should be tailored to meet these specific needs. Currently, there is a lack of services specifically targeting social and skills building activities tailored for the PTSD family suffering from demonstrable isolation. These services must consider the family members as the primary recipient of care and the reduction in the family member's distress as the primary outcome in the intervention. Although the family relationships with the veteran would not be the primary focus in such programming, the direct benefit to the veteran of improving family life and supports would be substantial and the caregiving ability of the family would increase. Spouses of veterans have most frequently requested services to meet their own needs, including help with stress reduction, depression, and resources aimed at decreasing the isolation so often imposed by the condition of PTSD.

For Future Research

This paper suggests multiple areas for future research on the effects of PTSD on veterans' families. The empirical research on veterans' relationships with families after reintegration following deployment has consistently shown that PTSD is the significant mediator of familial distress. These results suggest that substantial familial distress is far more likely to occur in families where the veteran suffers from PTSD following combat than in families where the veteran experienced combat, but did not develop PTSD. One area for future research might focus on understanding the processes through which distress is transmitted to families of veterans with PTSD through the use of theoretical modeling and multivariate evaluation of the roles of other variables identified as significant in the current PTSD literature. In addition, there is a significant need for research on the effectiveness of intervention paradigms for families of veterans, and research identifying ways to increase engagement in therapy focusing on partners and family members. The assessment of the family should first triage the need and then develop interventions according to the specific identified problem. The development of interventions should reflect the specific need of the family, ranging from the development of educational material, internet resources, VA and community support groups with structured interventions, to interventions designed to specifically target secondary traumatization symptoms administered by a mental health professional. Currently, family members can access services only as ancillary to the veteran's care and treatment goals; however, these interventions are not sufficient to the family member or to the veteran. The development of programs considering the family member the primary recipient of care is critical to the mental health of veterans' families and to the full recovery of the veteran. Finally, future study must also investigate the impact of trauma and PTSD within the families of female veterans, a growing population within the armed forces with little empirical literature. Finally, investigations into the impact of PTSD on the family must expand to other types of trauma within and outside the military including interpersonal violence and rape.