Research Brief

Family Reintegration Difficulties and Couples Therapy for Military Veterans and Their Spouses

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Research Highlights:

- Current research shows that there is a negative association among combat deployment, military families and spousal relationships, however with the proper resources military families can navigate these difficulties long-term, succeeding in family reintegration.
- Family reintegration after wartime deployment can be particularly difficult in cases where there are preexisting family issues in addition to service members’ injuries and psychological trauma from combat. These issues, which may include financial problems, child behavioral challenges, depression, and infidelity, can cause significant challenges for couples with a service member returning from deployment in the OEF-OIF conflicts.
- Existing treatments do not provide a comprehensive model for assisting service members with family reintegration in complex cases. However, behavioral couples’ therapy (BCT) provides a flexible and useful framework to address the complexity of problems facing OEF and OIF veterans and their families.

Abstract:
“There is compelling evidence that mental health problems complicate the process of family reintegration of military service members after a wartime deployment. Couples in which one spouse has recently returned from military deployment in Iraq or Afghanistan and are experiencing marital problems can present a significant treatment challenge. There is little empirical evidence regarding effective treatments for this population, and these couples tend to exhibit a wide range of difficulties, including the following: conflicts about reintegration, problems with posttraumatic stress disorder and/or depression, chronic injury, infidelity, and personal and social challenges associated with rejoining civilian life. Behavioral couples’ therapy provides a useful framework for intervention with these couples, combined with individual treatment and education about the impact of combat deployment. This paper discusses considerations for integrating these treatment approaches and future clinical and research needs for these couples.”

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Implications

For Practice
This article focuses on treatment options and family reintegration for couples with a recently returned service member who served in the OIF and OEF conflicts. Veterans of these conflicts and their partners face unique difficulties upon their return from duty. The family reintegration process can become even more difficult for these families when there are preexisting vulnerabilities in marital relationships, in addition to service members’ injuries or psychiatric complications. This study presents case illustrations of work done with OIF/OEF veterans and their spouses using BCT. Clinicians can use behavioral couples’ therapy as a framework for addressing the complex problems of military couples because of its proven flexibility and effectiveness with a broad range of couples. BCT can be used to address role transitions experienced by both spouses when a veteran returns from deployment. Clinicians can use BCT to assist couples with communication of thoughts and feelings, making decisions about household responsibilities, reestablishing family routines, and general transition-related problem solving. Through the use of BCT, clinicians can encourage both spouses and veterans to express any negative feelings and work together to establish new patterns, adjusting to their new situations.

For Policy
Policy makers should ensure that military couples and families receive support throughout the reintegration process as veterans return from active duty. Currently, all military families are supplied with some forms of assistance to help cope with deployment, including literature and family readiness groups. In addition to these forms of universal preparation for all military families, the most vulnerable couples and families should be targeted for more assertive preventative intervention, especially during war-time deployment. Policy makers can also support military families by providing funding and training for clinicians to specialize in BCT and other therapies especially useful for these families.

For Future Research
The results of this study highlight several gaps in the research surrounding military couples’ needs after deployment and return from active duty. Researchers can address these gaps in a multitude of ways, primarily focusing on the lack of research on therapies that effectively address multiple comorbidities in military families. Currently, no research exists that provides support for a specific therapy in addressing the needs of military couples with multiple problems, including those present before enlistment. There is also a lack of empirical research evaluating the effectiveness of programming, literature, and family readiness groups provided to families before deployment, which should be performed to improve the quality of these programs for veterans and their families. Researchers could also pursue the study of family reintegration processes when service members return from deployment, including the impact of war trauma on these processes and the development of empirical theories of reintegration in the context of wartime deployment. These theories could provide a useful framework for the development of interventions for these military families. Finally, researchers and clinicians can work together to improve treatment protocols and outcomes for more complex cases. For example, clinicians may have to make difficult decisions in treatment priorities for veterans with PTSD in situations where there are also issues with marital infidelity, domestic violence, or other struggles with family reintegration. Empirical data can make a significant contribution to the development of treatments and programs that are effective and supportive of military families’ marital unions and reintegration processes.

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“in service to those who have served”