

Family and Couples Treatment for Newly Returning Veterans

PUBLICATION: *Professional Psychology: Research and Practice* (2011); 42(1), 47-55.

PUBLICATION TYPE: Peer-Reviewed Journal Article

KEYWORDS: Stress disorders, post-traumatic stress disorder (PTSD), psychotherapy, nightmares, treatment outcome, drop out

RESEARCH HIGHLIGHTS:

- Over 1.9 million people have been deployed as part of the Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) conflicts since 2001. Newly returned veterans and their families are faced with seeking psychological help for various problems, including post-traumatic stress disorder (PTSD), alcohol use disorders and traumatic brain injury (TBI) sequelae, which can all impact family functioning.
- Since veterans returning from OIF and OEF are more likely to be older, married and have families than veterans from previous service eras, it is essential that services provided to veterans involve their spouses and families.
- Military families may experience stress, anxiety, depression and an increase in child behavioral problems during parental deployment. By offering programs where family members can participate in treatment, both the veteran and the veteran's family can more successfully reintegrate into life post-deployment.

AUTHORS: Kerry Makin-Byrd, Ph.D.; Elizabeth Gifford, Ph.D.; Susan McCutcheon, R.N., Ed.D.; Shirley Glynn, Ph.D.

ABSTRACT:

“Civilian psychologists are being called on to assist the thousands of service members returning from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). Newly returning veterans are at risk for depression, post-traumatic stress disorder, and alcohol use disorders. In addition, veteran partners and families are at increased risk for stress and conflict. The following article provides clinicians with information on the impact of military service on the veteran and the family, then reviews ongoing family services available to veterans through the Veterans Health Administration (VHA). Finally, we describe recovery-oriented implications for practicing psychologists when treating veterans and their families.”

Implications

FOR PRACTICE

Veterans returning from the OIF/OEF conflicts are typically older, approximately half are married and more than one-fourth have children. Based on the increased likelihood of veterans from this generation having families, treatment and reintegration processes should involve a family component to provide for smoother reintegration. For example, one study found that about 78% of veterans seeking treatment report having at least one family issue. For private clinicians, an orientation to the unique issues of military and veteran families can help facilitate a successful reintegration process. A practicing psychologist must be aware of military culture, as well as the unique cultural differences these families and service members face. Individualized, consumer-directed treatment programs that emphasize the strengths of the individual and provide evidence-based treatment modules may be a way to significantly improve effective care for veterans and their families. The authors also suggest that clinicians focus on emotion regulation, including expanding the conceptualization of adaptive coping techniques and social supports for the veteran and his or her family beyond the clinician's own culturally derived ideas. Community members can provide veterans with support through veteran centers, online support groups and veteran sports and volunteer groups, many of which have been described by veterans as their preferred coping activities.

FOR POLICY

Many policies and programs currently available through the VHA for veterans and their families can also be used as a guideline for private and community-based programs. The VHA, Department of Veterans Affairs (VA) medical centers and very large community-based outpatient clinics currently provide consultation and family education programs for families of veterans with serious mental illnesses. In addition, the Support and Family Education program focuses on family-engaged treatment for veterans with PTSD, and has partnered with the National Alliance on Mental Illness to provide education to families. Integrative Behavioral Couples Therapy training has also been provided for VHA clinicians, with success rates as high as 71%. Multifamily Group Psycho-education has been developed to address the increased social isolation and burdens experienced by family members of veterans struggling with mental illness.

FOR FUTURE RESEARCH

Future research concerning family and couples treatment for military service members and their families should focus on evaluating various methods of involving family members in care and treatment programs. Future studies will need to involve large, diverse samples of veterans and military families receiving care from the VA, as well as private practices to determine the factors that most effectively facilitate successful reintegration for veterans post-deployment.

AUTHOR INFORMATION

Kerry Makin-Byrd, Ph.D.

VA Palo Alto Health Care System
California Stanford University School of
Medicine
Kerry.Makin-Byrd@va.gov

Elizabeth Gifford, Ph.D.

VA Palo Alto Health Care System and VHA

Susan McCutcheon, R.N., Ed.D.

Department of Veterans Affairs

Shirley Glynn, Ph.D.

VA Greater Los Angeles Healthcare
System