

**REVELATIONS COUNSELING & CONSULTING, LLC  
THERAPEUTIC MOMENTS – SUMMER 2017**

***We Are Family***

*Living life is fun and we've just begun  
To get our share of this world's delights  
High, high hopes we have for the future  
And our goal's in sight  
We, no we don't get depressed  
Here's what we call our golden rule  
Have faith in you and the things you do  
You won't go wrong, oh-no  
This is our family Jewel—  
Sister Sledge, 1979*

**Tackling Post-Traumatic Stress as a Family Unit**

***Adapted from an article written for Laughs for the Troops, a not-for-profit 501c3 organization***

In our counseling practice, we have found that treatment of post-traumatic stress is most effective when it is conceptualized as both an individual and a family system issue. While there is not a significant body of research within peer-reviewed journals regarding the effects of post-traumatic stress disorder (PTSD) on the family, its clinical significance is readily apparent when counseling clients within the community of military personnel, law enforcement, and other occupations where there is a higher risk for exposure to emotional trauma.

Among high-risk families for PTSD, military families endure especially challenging stressors due to extended deployments that often last for a year or more. During these periods, families must naturally adapt to the absence of the “deploying service member spouse” with new roles, rules and hierarchies. These adaptations may manifest into new parental styles of discipline as the children age, and other lifespan circumstances may also influence how the “homebound spouse” will manage finances and organize other family activities. Moreover, if the service member spouse is deploying for combat operations, they will likely be exposed to multiple traumatic events including near-death experiences, perhaps witnessing the death of close friends, and often observing human atrocities that they would simply prefer to forget. This will almost certainly influence changes in the relational dynamics of the family when the service member spouse returns home.

Reintegration with the family system when the service member spouse returns home is inevitably met with some tension based on how the roles, rules and hierarchies have changed. Hierarchies, in particular, may subvert prior leadership roles the service member spouse had held—and, since leadership is such an intrinsic facet to the identity of military personnel, the returning service member spouse may perceive the role-shifts as disrespectful and likely internalize his/her role as being dispensable.

If PTSD is another factor influencing this reintegration, then the family problems can deteriorate quickly. Relational conflicts elevate anxiety within the family and exacerbate the psychological health of the returning service member spouse. It is reasonable to assume that some measure of post-traumatic stress will be present when the service member returns. Some studies indicate that nearly 20 percent of returning service members will suffer from a clinical diagnosis of PTSD, and another 40 percent will report “stress-related symptoms” that impair their adjustment to returning home and “significantly compromise reintegration into a full, productive life” (Jonas, O'Connor, Deuster, Peck, Shake, & Frost, 2010, p. 6).

Even if a service member does not meet *clinical* criteria for PTSD, families must appreciate that almost every combat-related deployment will result in exposure to emotionally traumatic events. In addition, when service members remain in high-stress and high-risk environments over a period of weeks to months, the absence of sleep and reinforced hypervigilance will likely result in more anxiety, irritability and an inability to relax (Hoge, 2004, as cited in Department of Veterans Affairs and Department of Defense, 2010, p. 63; Peterson, Luethcke, Borah, Borah, & Young-McCaughan, 2011, p. 165).

How does the family respond when they suspect that their returning service member spouse/parent is suffering from PTSD? Perhaps the first thing to keep foremost in every family member's mind is simply an awareness of the intense experience that their returning service member spouse/parent may have endured. Does he seem to isolate himself from the family? Does she avoid crowded places and choose not to join the family on shopping trips, soccer games, or swim meets? Is he having trouble sleeping at nights? Has sleep become such a problem that she decides to move out of the bedroom that she previously shared with her spouse? Does he seem to be drinking every evening, and usually having more than four drinks every night? Does he seem irritable and not willing to communicate? Does she become violent or seem to suddenly explode into anger over minor incidents? Does he seem disinterested in hobbies or activities that were previously enjoyable? Have arguments and increased distancing between the returning service member and her spouse become apparent?

Clinical diagnosis of PTSD generally involves some measure of each of the following: (a) intrusive thinking that is connected to emotionally traumatic events, (b) avoidance of situations that invite the possibility of re-experiencing the trauma (e.g., crowded areas), and (c) the unmistakable evidence of hyperarousal or hypervigilance. You may also notice negative self-commentary that does not seem consistent with the person you knew before deployment.

If the relational bond between spouses becomes strained, even a sub-clinical presentation of post-traumatic stress can become problematic for the service member, and the underlying anxiety can worsen for all family members. Some research actually points to a secondary transmission of PTSD symptoms within the family system. This usually occurs as communications between the parents become frayed, and the children are left with attempting to interpret what they are observing. They may see their parents as sad, angry or distant, but “they are incapable of understanding the meaning of what is taking place in their home” (Dekel & Goldblatt, 2008, p. 285). Through both identification and parental projection by the returning service member, both the spouse and children can subconsciously adopt secondary transmission effects of PTSD. In other words, by “avoiding” the problem the family essentially learns to “accommodate it” and

they consequently reinforce unhealthy symptoms of fear, avoidance, hypervigilance and irritability.

So, what can you do? The first step is to approach your service member spouse and communicate to them what you are observing. It will be a natural response for him or her to resist treatment at first. Let them know how important they are to you, and that you can tell that something is troubling them—and that they haven't been themselves of late. State your confidence that having them seek assistance with a competent therapist will help both them and you. Let them know that seeking treatment simply means that the entire family may need help readjusting—and that just seeking good counsel to help them deal with the tension of returning home can often be of great benefit to them.

If your service member spouse still resists, let them know that you still intend to seek treatment for yourself and possibly the family. There are multiple points of access for quality behavioral health specialists that are trained in PTSD, including: Military OneSource (<http://www.militaryonesource.mil>; 1-800-342-9647); Veterans Crisis Line (<https://www.veteranscrisisline.net>; 1-800-273-8255; text to 838255); the Department of Defense Peer Support Outreach and Call Center (<https://www.betherepeersupport.org>; 844-357-7337), the Coaching into Care Program offered by the Department of Veterans Affairs (<http://www.mirecc.va.gov/coaching>; 888-823-7458). You can even seek an appointment for a therapist through your TRICARE benefit and self-refer for treatment.

A good family therapist will not only help you with adjusting to the return of your service member spouse, they can also provide guidance on how to assist in their recovery. They may even encourage you to bring your children to one or more sessions. In addition, your seeking of treatment will likely be an encouragement for him to join you in Couples therapy. Couples therapy can often be an excellent conduit for your service member spouse to develop an initial rapport with a therapist and to reduce the stigma associated with mental health services. Through this Couples work, they will almost certainly come to realize the need to work on their own individual issues.

The most important thing to remember within the family is just how deeply the service member spouse/parent connects with the value of loyalty to his or her "unit". The ultimate unit for the service member is the family—at the heart of their service to country, they have been willing to give the greatest of sacrifices to ensure liberty, freedom and safety for their family and future generations. Make sure they know how much you appreciate that fact, how much they mean to you, and how proud you are of their service to our great Nation. Valor and honor are deeply ingrained in the spirit of the Soldier, Sailor, Airman, or Marine. When they understand just how hard you will fight for them, recovery and healing begins.

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