



# NHMRC September Webinar Transcript

## Reaching Out to Military Couples

Moderator: Patrick Patterson

September 24, 2008

11:30 a.m. CST

## Reaching Out to Military Couples

**Operator:** Ladies and gentlemen thank you for standing by. Welcome to the National Healthy Marriage Research Center September 2008 Webinar.

During the presentation all participants will be in a listen-only mode. As a reminder, this conference is being recorded Wednesday, September 24, 2008. I would now like to turn the conference over to Patrick Patterson. Please go ahead.

**Patrick Patterson:** Thank you (Rhonda). Good afternoon everyone and welcome to the September 2008 National Health Resource Centers Webinar for the month. This is our final Webinar for fiscal year 2008. And so we're delighted that you all have joined us.

Our topic for today is one that we received several rounds of comments and suggested, feedback about having something like this, focus on that topic. And so we're delighted to have a panel of experts and folks who've done this work for some time to share their knowledge doing this actual Webinar.

Our topic for today is reaching out to military couples. We know that there's several of you that either are working with family's who've been either deployed, partner family's been deployed or folks are just returning. And so we hope to add a lot on that topic today.

Two points that I want to make real quick, we had an earlier email that went out with the wrong attachment. So we had a computer error there. But we just resent an email with a link to all the presentation slides for today's Webinar.

So I apologize for that, had an error early on. But we just sent the email with a link to the actual Webinar slide for today's Webinar. So that is for you to use as we present today's Webinar.

I'm delighted to share that our presenters for today's Webinar are Dr. (Shelly McDermott) from Purdue University, Katherine Robredo, Director of the Rocky Mountain Family Academy at the Front Range Institute and Chaplain (Ronald Martin Minnick), Joint National Guard Chaplain Service.

As we get started I'll open up with a few housekeeping notes. For today's Webinar we are recording. So for those of you that take copious notes you might continue. But just know that we'll be recording this and the recording as well as a FAQ document for today's Webinar will be posted on our Website. That is [www.healthy-marriageinfo.org](http://www.healthy-marriageinfo.org) seven to nine business days after the Webinar concludes.

The second thing that I want to make sure you guys are aware of, it's been a month since we've done these is how you might submit a question. We love our Webinar technology.

And so to give you feedback on how to submit a question I ask (Stephanie Walker) to give us a one on one on asking a question. (Stephanie)? We might have lost (Stephanie). I will...

**Stephanie Wofford:** Sorry Patrick, I'm here.

**Patrick Patterson:** Oh super.

**Stephanie Wofford:** I'd like to draw everyone's attention to this slide on the screen. At the top of your counsel you should see Q&A. If you click on that Q&A a little drop down box will appear which will allow you to type your question. And then you can click the Ask button to submit your question.

You can also take that little drop down window, drag it onto your desktop and it will stay open for you so that you can ask multiple questions if you'd like.

For everyone who submits a question via this technology you will get an automated response that thanks you for your question and lets you know that it was forwarded to the facilitator.

We will monitor those questions in the background. And the reason we do this is that frees up your counsel so that you can ask another question if you'd like.

Thank you Patrick.

**Patrick Patterson:** Two quick reminders before we get started. One is at the end of each presentation I'll ask a few questions that have come in. And at the very end I'll do a general Q&A.

So while you hear a presenter presenting, feel free to continue to submit questions throughout the actual presentation. We'll try to get to as many of those that we can. And for those that we don't we'll do a frequently asked question document that kind of summarizes responses to common questions throughout today's Webinar. So we're excited and looking forward to getting started.

The second reminder that I'll do is also to our presenters to make sure that they mute their lines when they're not presenting during this morning's Webinar.

Our objectives for today's Webinar, we have multiple objectives that we're going to try to achieve in the time that we have. I'll start with the ones that we already focused on based on feedback from participants.

The first one is to discuss the research behind the affects of deployment and reintegration of military families and they're marriages.

The second objective for today's Webinar is to discuss and provide information on how post traumatic stress

disorder, PTSD and traumatic brain injuries can affect military marriages and their family's.

The third is to discuss when marriage education or marital counseling is appropriate for dealing with military related issues.

The fourth is to highlight support and resources -- there are many that are out there -- available to military couples and marriage family's regarding educating them on marriage education.

The fifth is to provide information to healthy marriage educators about reaching out to military family's through various channels.

And the final objective for today's Webinar included in these is to discuss how to work with the military to offer marriage education classes to military personnel.

With that I'm going to introduce our first presenter, Dr. (Shelly McDermott). She is the Associate Dean of the College of Consumer and Family Sciences and a Professor in the Department of Child Development and Family Studies at Perdue University where she directed Center for Family's and also Military Family Research Institute.

Dr. (McDermott) is a Fellow at the National Council on Family Relations and a winner of the Worklife Legacy Award on Family's and Working Institute. Dr. (McDermott)?

**Shelly McDermott:** Good afternoon everyone or good morning where you are. I'm very glad to be with you today. I don't think that my slides are quite up yet. Oh, there they come. There we go.

So my role today is to talk a little bit about what we know from research about marriage in the military. And so I thought I would just give you some quick highlights of research that we have done and others have done certainly not as a complete compendium but hopefully some ideas that can be helpful background for you.

I'll start just with a brief outline. I'm going to do a little bit about just background about deployment and what we know about deployment and marriage and then some work from our own research about what military family's tell us about their process of reintegrating following deployment in particular.

Some of this I'm sure of may be old news to you. But just in case it's not I have some fast facts about deployment, the numbers of deployments that we've had so far, about 1.5 million person deployments to Iraq and Afghanistan. But of course within that are large numbers of people who have been multiple times.

We've maintained a force of about between 100,000 and 170,000 in Iraq since 2003. Over 1/4 of a million Guard and Reserve members have been deployed to Iraq and Afghanistan. And about half of all service mem-

bers are married. About 1/3 have both spouses and children.

But the important piece of information there is that there are actually more family members than there are service members. So we're talking a very large population of people, particularly once you incorporate the Guard and Reserve into your thinking.

In terms of deployment and health, that's made the news a lot. In some ways the news coverage is accurate and in other ways it's not.

To date there has been over 4000 deaths that is widely reported in the news and over 30,000 wounded in action. Explosives cause a very large proportion of wounds and injuries in this war. And many of the people who are coming home wounded from this war are people who would have died in earlier wars. So it's a good news story in a sort of backwards kind of way.

One of the innovations of this war is that every service member returning from deployment now completes two screening instruments related to both physical and mental health immediately upon return and then 60 to 90 days-ish later.

And I'm giving you data there about the reports that we're getting about symptoms that folks are reporting at these different - on these different measurement occasions.

One thing to note is that members of the reserve component which includes both the National Guard and Reserve are reporting typically higher levels of symptomology both immediately upon return but then especially 60 to 90 days later. They tend to accelerate more in the first few weeks and months following return from deployment than active duty folks do.

And although a number of explanations for that have been explored, I don't think the data are clear about exactly why that is.

You can especially see that in the last bullet point on this slide where three months following return the percent who are referred for mental health concern is over 40% in the reserve component. So that's pretty high and pretty serious.

One misconception that I think it's easy to get from the news media is that PTSD is the number one diagnosis or concern following return from deployment. And that's actually not the case. It's much more likely that people will be sent for depression or anxiety. And then PTSD.

But of course these things are also - they also tend to co-occur. So it's hard to separate them sometimes.

Let me go on to the next slide and start talking a little more about family issues. We all I think know some

things about how deployment is challenging. Deployment in Iraq and Afghanistan is challenging both physically and mentally of course.

It's a physically difficult environment. It's hot. Early in the war especially people didn't have good facilities for bathing or sleeping or eating or showering. And those sorts of things are better in some places now, but still it's a very dangerous deployment. People have to be alert all the time. And that takes a toll.

Of course missing family. The uncertainty of a combat deployment I think is a big worry for families and makes it very different from other kinds of deployments. And communication is a challenge, focusing on media coverage, figuring out how to be in touch with your family and what information to share I think is a chronic challenge of deployment.

Turning specifically to marriage I think there's pretty good evidence that deployment produces marital distress or at least is correlated with marital distress. An innovation of this war has been that data has been gathered every year from service members who are at the time deployed. And the data on this slide show you the reports that come from that.

You can see that in 2007 for the youngest service members or the most junior service members, about one in five were reporting that they were planning to divorce or separate which I think is pretty good evidence of relationship distress.

And that percentage tends to be lower early in a deployment and it rises as the deployment goes on. So by the 14th and 15th month in theater then of value is over 20%.

So certainly in the middle of deployment people are expressing relationship distrust. And that of course is of concern to all of us as well as to military leaders.

But it's also important never to forget that military family's are very resilient. They're selected to join the military in part because they have good characteristics. They have educations. They have an interest in military life.

Whenever they have opportunities to leave the military, the people who are the least well suited to military life or enjoy it the least tend to leave. And the people who like it and are well suited to attend a stay. So the longer you go on the more you have a force that has self selected for the lifestyle. And of course the military puts a lot of resources into trying to support them.

So these are very resilient family's which is not to say that there aren't a substantial minority who have difficulty, but it's important never to forget that they are very strong families as well.

The next slide when it comes up -- my computer kind of froze here for a minute - the next slide will talk about positives that people report from deployment. Deployment carries many positive features for both service

members and family's which don't always seem obvious to those of us who have not served in the military.

But service members will tell you that it's good for their career. It helps them to get qualifications to move up in their career. It's the thing they've trained for all their career. And they finally get to do what they've trained for.

It tests them and fuels them and strengthens them. And they feel that they grow.

And their family members feel the same way in many ways. Spouses often feel that they have been tested and they have survived the challenge and surmounted the challenge and they have grown.

People tend to appreciate their families. They talk about valuing their life back at home, thinking about it more than they had in the past and appreciating it when they come back.

So there really are a lot of positives to deployment that people experience. And sometimes I think we don't think enough about those when we're talking about the trials and tribulations of military families.

Specifically with regard to marriage the data, the hard data really contradict the mountain of anecdotal evidence that I'm sure that we of all heard. There have been stories in the news. I've had service members tell me. I've had first sergeants tell me, other people tell me that, you know, their unit came home from deployment and all the marriages fell apart. And there's a ton of anecdotal evidence about that.

But in the best effort I've seen so far to comprehensively look at the data by looking at the master personnel file for DOD along with DOD's deployment data, so not self report from service members but actual records for the population, there's very little evidence that deployment or military service are producing divorces.

I realize that flies in the face of, you know, what everyone thinks they know. And I'm puzzled by it too. But it was a good study. And so all I can say is that the jury is out. Because whenever we think deployment is doing to these marriages, it's not showing up in those large scale membership.

It is true however that the marriages of female service members are now and have traditionally been more fragile than those of males. They're more likely to be in dual service marriages which are challenging.

They're often of course requiring that their partner follow them from job to job. And that's a challenge. And so I think that's a place where we probably haven't spent enough concern is the fragile marriages of female service members.

I wanted to say a little bit about processes of reintegration. And this comes from the research that we have conducted at the Military Family Research Institute. Much of it is small scale with an effort towards kind of digging into detail as opposed to the large scale kinds of surveys that the military is more likely to do on its own.

But we're struck by the complexity of the transition back to marriage following deployment. There are many transitions in all parts of the marriage that any person in an intimate relationship has to work through whether or not the relationship is in good shape, whether or not they've been together a long time and regardless of the nature of deployment.

For example, people have to kind of train each other back to marriage. The marriage has evolved during their separation. The family routines at home have changed. The way that the partners talk to each other has changed. So they have to kind of teach each other how they're both now coming to the relationship.

Power structure shifts during deployment. Probably the most common example we hear is about spouses who gain control of her money for the first time during deployment and may not be so interested in handing the checkbook back when the service member returns. That's a very simple straightforward example that I'm sure it's not the only one about shifting power structures.

Language. We don't talk a lot about this but members communicate differently during deployment than they do when they come home. You know, now they're not in a deployed environment. They're not in an environment that's predominately male, predominately military. And being able to readjust language back to each other is important.

Routines have changed as I mentioned. People need to adapt to that. Family work must be reallocated. The spouse obviously has had to take down a lot of things during deployment. They may be very anxious to give them back. They may not. They may want a different deal. That all has to be worked out.

Leisure activities change. Service members I think when they come back really - they may not be aware of it but they're grieving the loss of the relationships of the people they were so close to during deployment in some cases. And that can create challenges both for them and their families in trying to reestablish relationships with family members.

And of course the sequelae of deployment that every service member is at risk for the physical consequences and psychological consequences. Those have implications for family life.

It's very well known to talk about the stages of deployment, the deployment cycle. And it's very common to predict that service members will have a honeymoon with their partners when they return from deployment.

We tried to look into that a little bit. And I don't think we have definitive evidence yet. But I just want to urge some caution in how we talk about that in the sense that our data suggest that there's diversity. So this curvilinear pattern of a honeymoon meaning high wellbeing in the relationship early on and then a dip and then a recovery some people do show that pattern.

But there also appear to be folks who show a quite stable pattern that things are good when they first get

home and they just stay that way and then a much less stable pattern that's less predictable in terms of shape.

So I would urge caution in leading folks to believe that they should really firmly expect a particular pattern. There is diversity across couples. There is also diversity within couples. And this I think was really kind of an eye opener for us.

The dip when it did happen happened later than we had thought. We had - the emotional stages of deployment or the deployment cycle literature would lead you to suggest it would come two months or three months following return. In our data so far it's looking later than that.

But the other thing that's really important is that we're not seeing really tight synchrony between spouses. And so in fact when we ask people again in a small study, but when we asked them in the first few weeks following return from deployment, who do they turn to for social support, it took about three weeks for the spouse to show up on that list.

And our - what we take away from that is the possibility that partners really have sort of stepped outside the marriage in a way during deployment and they're kind of circling the marriage when they come back figuring out how to get back in and come back together.

I don't mean to suggest that people have stepped outside in terms of infidelity. That's a big fear and it's a big issue. But it's not what I mean here.

I just mean that people have had to turn away from their partner for social support and for other things that they use to rely on their partner on. And now they're trying to sort of figure out how to get back there.

And this graphic that I've got up on the screen kind of illustrates what we think we see. And I'm wondering if these orbits around the marriage sort of get tighter and tighter and tighter and eventually people are kind of back within the fold.

But it takes a little while for that to happen. And only after that happens can all of the negotiations and transitions that I outlined earlier happen. So those are some things that I think we know from research about military family's and marriage.

The elephant in the living room that I'm not talking about very much here is that now the reunion period is also a pre-deployment period. And there are many folks who the day they get home know that they immediately need to begin preparing for their next deployment.

And this concerns me greatly as a researcher and as an advocate for families because what I think we can see is people kind of choosing not to fully re-engage with their families while they're home as a way of protecting themselves for the next separation.

And you can see that in the quote that's here. And that the longer the war goes on and the more repeated deployments we have, the more I worry about this not just for service members but also for family members.

I'll end with a couple of slides. And I realize there's some extra slides at the end of this that don't really need to be there. They were just extras that I thought about using and decided not to.

But resources for educators and practitioners - oh, and I see a typo that I'll fix too. I listed three. Military One Source you may already know about. It's a one stop shop for service members and family members to be able to get information about a variety of aspects of military life. But it's also a place where educators can go to learn about information that might help them work more effectively with military families.

To Give an Hour Foundation has embarked on a large project to provide services for free to service members and their families. That's mostly for therapists. But there may be some resources there for educators. And I assume that there are people on the line who would fall into that category.

Then there's some DOD sites that list information about deployment, self assessment tools and other information that you might find useful.

Finally I included a slide about on the Military Family Research Institute and what we do and gave you the Web site address for MFRI and for me, my email address in case you have questions that you would like to pose to me offline. And with that I will conclude.

**Patrick Patterson:** Thank you Dr. (McDermott). That was a very informative presentation. We've had a - even in our table here just kind of oohs an ahhs at some of the things you've said already.

So there's several things we want to raise questions about.

The first one that really stuck out to me was the no evidence that deployment elevates divorces which again you say flies in the face of what we hear commonly that by virtue of media or just anecdotally. So that was pretty interesting.

**Shelly McDermott:** Yes, that was a head scratcher. And, you know, it may be that there are pockets of units or subgroups. This is the thing that's always tough I think when you're sitting in military is that on balance the military population is a pretty well functioning population. Everybody has an income. Everybody has an education. Everybody has job security. Everybody has healthcare.

And so when you look at things at the level of the population average, things look quite good. And for most families they are.

But there is this subgroup always of people who are having a very difficult time. And it may be that there's a

subgroup that is important and is experiencing divorce, is experiencing distress but the numbers are not large enough to move the numbers at the level of the population. And those probably would be the analyses that, you know, next need to go on.

Although this is a - it's Rand data, Benjamin Carney whom many of you I'm sure know, did the analyses. And you don't see it among people who've been deployed more. You don't see it in the Guard more than the Reserve for more than active component. I mean he looked for lots of ways to find it. And he just didn't find it.

**Patrick Patterson:** Wow. We have a number of folks on the line who are either federally funded to do this work or they may not have any Federal funds but actually work with couples in different ministries in different programs.

Is there any, from the data that you've seen, is there any one thing that programs can try to intervene against and try to support in these marriages when these folks are either being deployed or returning from deployment? Is there any one thing that folks are focused on if they are working with military family's and trying to make sure the relationships are maintained?

**(Shelly McDermott):** Well, you know, I'm a researcher more than I'm a practitioner. So people need to hear everything I say through that lens.

But my instinct is -- and I think the relationship quality literature is consistent with this -- that couples who can communicate effectively with each other have a much better chance of being able to cope with everything else that comes down the pipe than couples who can't.

And what I see is that couples have a lot of negotiating they have to do particularly after deployment but even before and even during deployment. I don't know if any of you have seen the Doonesbury threads that have been going on about communication during deployment. You have a service member who's come off patrol and is really stressed and, you know, trying to protect his or her spouse and they really want to talk about it.

The spouse is angry because there's something that happened at home that day and is feeling like they're not getting the kind of attention that they deserve. And all of a sudden you have a problem and both partners are probably worried now about infidelity and the security of the relationship. And it was unnecessary.

But because they don't have the skill developed to be able to communicate about communicating, they can't negotiate their way through that moment. And so if there was one thing I was going to work on I think, that would be the place that I would argue that we should look.

**Patrick Patterson:** That's fascinating. I have a slew of questions to try to get out. I'm going to try to ask one more question.

Is there anything, any data, any research that suggests technology is helping right now? I know with now the Web...

**Shelly McDermott:** You know, I think it's next. Here's the problem. You can watch the world live on CNN. And so families experience sometimes almost an addiction where they keep watching for their unit, their family member's unit. So that's a bad thing. And of course children, they're trying to manage children's exposure to the war is challenging. So that's negative.

People can have instant access to their partners through cell phones and satellite phones and email. That can be a good thing. And children can talk to their parents while they're deployed and exchange all kinds of, you know, video conferences and all that. That's all great.

The problem is if you have dysfunctional communication and a troubled relationship with your partner, instant access to all that negativity isn't necessarily a good thing. And let's not forget that these people have to be vigilant every minute. They can't be out there obsessing about, you know, things that they can't fix and worried about that for fear it takes their attention off their job.

And this is one of the reasons why I think it's even more important that couples be able to manage their communication. Because now they have to make decisions about it that in World War II nobody had to make. You know, you got your mail every six weeks whether you wanted it or not. You didn't have the choice. Now people have the choice.

That means they have to manage it.

**Patrick Patterson:** That is a great response. And it actually kind of leads us into our next presentation.

There are several other questions that we'll probably get to before we finish up. But thank you again.

**Shelly McDermott:** Thank you.

**Patrick Patterson:** Our next presenter, Katherine Robredo. Katherine's a therapist in private practice in Colorado Springs Colorado, Director of the Rocky Mountain Family Academy at the Front Rate Institute and has 27 years of experience as a marriage and family therapist and a life skills educator.

Katherine is a (popular) presenter and teaches workshops on marriage, parenting and facilitator training throughout the country.

Katherine is the co-developer with (Maureen Griner) of the popular Warm It Up facilitators program and (work-flow). Katherine, the time is yours.

**Katherine Robredo:** Yes, hi. Can you all hear me?

**Patrick Patterson:** Yes.

**Katherine Robredo:** Okay great, sorry. Yes, this is Katherine. And I'm happy to be part of this. As the last person was presenting it, just so much of the stuff that she had to say was similar to a lot of things that I've experienced.

I work with a lot of people who are returning or going to deployment. I am - my private practice is located right outside the gates of Ft Carson which has deployed, you know, thousands and thousands of people since the war first began.

So I'm working with some families that I've seen since 2003 through all kinds of different cycles of deployment. And so I'm really glad to be able to kind of give the clinical kind of look at what I see going on with folks here.

So I'm going to be talking about some of that. Some of these slides we'll probably just go through without talking about. But if we could have the next slide I can talk about it. Okay.

And I did have a picture show that went with this but I didn't include it in today's Webinar. But I do have photo images. I've got about - probably about 85 actual photographs that are taken by embedded journalists in Iraq in Afghanistan that if people are interested and they can contact me and I will send it to them. They're pretty graphic photographs, but I think it's important for people to see what a lot of our troops are actually going through when they're overseas.

Okay, one of the things that makes this war very different is that we've got longer and more frequent deployments. In fact I just saw a soldier last week who was getting ready to go back to his third 12 month deployment to Afghanistan. And of course the impact on family gets greater with each deployment.

We also have a activation large scale of Reserve - Reservists and National Guard which we've never seen before applied on such a big scale.

One of the concerns that we have there is that with a lot of the reservists their family's live in places where they don't get the benefit of being around a military base. They don't have their family support groups. They don't have that, you know, central place to get support to find access to resources. They don't have resources to military hospitals and things like that. So we're seeing a huge contingent of reservists in National Guard.

The other thing that's happening with the reservists is when troops like Ft Carson, we've had about 10,000 troops deployed in the last couple of weeks. They are getting - their jobs here are being done by Reservists and National Guards. So you might see folks that have been activated, not sent overseas, but they're doing like a year and half rotation at some of the bases near you. And again, their family's are not with them.

This War's different because there's a lot of urban warfare. It's a very different sort of war. A lot of them are doing night warfare. They're going house to house. It's just, you know, but what I hear the guys say a lot is that one of the hardest things for them is to really distinguish who the enemy is that when you're in Iraq and Afghanistan it's such a foreign country we don't - they don't even have, you know like the visible queues of language even, written language.

And so a lot of the guys I talk to talk about how hard it is to adjust to that, that everything is foreign to them and that you can't tell basically who's terrorist and who are not. And so there's a lot of high stress there.

As the earlier presenter said we're seeing massive injuries that, you know, up until this war people simply wouldn't have survived. And what we do know is that we're seeing people come back with just a huge amount of physical wounds and, you know, a range of disabilities including traumatic brain injury which I'll talk a little bit about later.

We're seeing a real high percentage of PTSD, post traumatic stress disorder and traumatic brain injuries.

The latest research I got from the Veterans Administration was that they are seeing one out of four veterans are seeking services within their first year home for mental health issues, usually a post traumatic stress disorder, also seen a lot of traumatic brain injuries which initially we're not - people did not pick up on the fact that they were suffering from traumatic brain injuries. And so they weren't getting the kind of treatment that they really needed to get.

PTSD on marriages, I'm working with a lot of families where the spouse, usually the husband in this case, comes back with post traumatic stress disorder. And that certainly compromises parenting if somebody suffers from post traumatic stress disorder.

You see sometimes a higher risk of family violence, sexual issues, some aggressive behavior, a lot of avoidance, that's people just really withdrawing from the situation that they're in.

And then for the spouse I'm seeing a lot of what I would call caregiver burden that a lot of the couples that I work with, the wife really feels overwhelmed, is looking forward to her husband to come home to kind of help her out. And then she finds out well, I've got to kind of managed him for a while too with his symptoms.

And I didn't include a slide that had the symptoms of post traumatic stress disorder but I probably should've.

But some of the symptoms - I'm assuming a lot of you know that, post traumatic stress disorder is a stress disorder that would be diagnosed lasting longer than 30 days.

If it's less than 30 days it would be acute distress disorder. But post traumatic stress disorder can show up anytime 30 days after the perceived threat and can become a very chronic condition.

So we see people, you know, at acute levels of stress, at - with delayed PTSD and then with the chronic post traumatic stress disorder.

A lot of the symptoms and especially what I see here working with so many army folks is a hyper vigilance. They just cannot manage well in by going to stores, going out to movies, going to schools, being around crowds where they've got that hyper vigilance where they're just always on alert.

And I think that that's a good result of, you know, all the brain chemistries of the flight or fight syndrome getting activated while they're overseas for so long.

And what I have seen with PTSD is some of the folks I work with who never left the base might have as serious PTSD as somebody that was doing, you know, battles for the year that they were they are, that it's really, a lot of it is what you've been exposed to. But a lot of post traumatic stress is the idea, your own perception that you have been in danger, that your life has been in danger.

And a lot of the folks that work with that stayed on bases most of the time that were overseas could still hear the mortars, could feel the vibrations of the gun fighting and things like that. So they are - they often present as feeling -they feel real guilty that they have PTSD because they don't feel like they did any of the work. But then when you explain to them, you know, the whole chemical part of PTSD, they're able to understand why they have that.

So we've got the hyper vigilance, got irritability, sleep disturbance which usually is around chronic nightmares, depression, anxiety. Substance abuse used to mask symptoms or to treat symptoms, not substance abuse that one might use, you know, to relax or just hang out but that the motivation for using the substance is to actually help manage some of the symptoms that they have.

Anger, flashbacks, isolation, alienation, a lot of survivor guilt and then a real emotional detachment. That's what I'm seeing with a lot of the folks. And what they'll describe -- and this is how it affects families and couples -- is that they really begin to emotionally detached about six months before they actually leave.

While they're there they have to of course be emotionally detached from their family in order to concentrate well enough to do a job. But they also have to be emotionally detached from what goes on around them.

When I'm talking to people that had actually been in experiences where they've had to kill people, you know, just as humans the only way they can really deal with that is by stepping outside of that. So you see a lot of this detachment.

And then of course when people come home and try to get back into normal activity this detachment that's actually helped them while they were gone now becomes an issue. And that's really hard for people to deal with.

Affects some marriages again. A lot of the people I see - and I see mostly couples, big problem is that they have difficulty coping with their partner's post traumatic stress disorder because they don't understand what it is or they personalize it.

So a lot of the spouses I work with -- and again in my case is mostly the female spouses are the ones that are not off to war -- that they really are having difficulty coping with their partner.

They want to take care of them. They want him to reconnect with the family. They want to be a family again and they just don't understand the PTSD.

I asked a lot of the wives that I'm working less, I said if I could teach, you know, one thing in this whole Webinar that you want people to understand what would it be? And they said that they need people to understand that they tend to personalize their husband's behavior when it really is a PTSD but that they get so caught up emotionally that they end up personalizing it even though they know that it's really not about them.

And again with yourself is you're going, you know, when somebody is suffering post traumatic stress or brain injuries, they're going to continue to have greater responsibility for managing the household.

The earlier speaker talked about communication. And communication's very difficult when somebody's very emotionally withdrawn. And a lot of the clients I work with talk about, you know, they're feeling like they're walking on eggshells all the time.

Some of the best things people can do if you're married to somebody who's got some post traumatic stress, one is to really learn about it and understand. And from most of the folks I work with even if I'm just working individually with the soldier I will ask them to have at least, you know, one session with their spouse so that we can talk about what specifically is going on with their spouse that they can - so that they can understand it better.

People really need the support of family and friends. The base is - I'm in Colorado, and I know like Ft. Carson and the other military bases here have got excellent support groups, information. You know they've got everything these folks need available. But people have to get on base and use the resources. And a lot of times people are reluctant to do that.

They need support groups. And marriage counseling is often really important. I might see somebody a few times individually, you know, dealing with post traumatic stress or the traumatic brain injury. But eventually it usually leads into marriage counseling where I'll either see them or make a referral to somebody else.

Another important part of this -- and I'll, real briefly because I know this is about marriage but -- is that, you know, children with as many people as we've had deployed I could say at this point in time there's probably about 1.2 million American children who have had at least one parent deployed since the war began.

So for a lot of the kids they can really experience the trauma of their parents, you know, when they're seeing their parents have a flashback. It can be very upsetting. When they see their parents having really bad dreams it can be frightening. And you end up almost with a role reversal where instead of the parents hearing or worrying about the child's wellbeing it's the other way around where the children really worry about their parents wellbeing.

And I'm currently working with several children whose parents are in either Afghanistan or Iraq and I'm also working with a couple of kids who sadly have lost their parents in this war. So there's just, you know, I'm kind of worried about what's going to happen with all these children.

And also as part of the post traumatic stress a person's going to avoid places. And that really impacts where they're able to take their children.

I worked with many returning folks who say gosh, I'd love to go to my kids' soccer game but I can't be in the crowd. You know, I'd love to go to my child's music program but I can't sit still that long to sit through a performance without getting really agitated. So really need to start looking at what about the kids.

I'm going to skip through that. That will be available for you but I'll skip through the kids part and get back to talking more about the post traumatic stress.

I've included a slide here on inter generational transmission of trauma. And basically what that is about is how trauma can be passed down from generation to generation. Really our only research I think at this point on children of trauma have been children of holocaust survivors and children whose fathers were in the war in Vietnam. And so really a good research area would be looking at transmission of trauma in this generation of kids.

But basically that's that idea that family silence teaches children to avoid the discussion of events, situations, thoughts and emotions. Over disclosure by the person who has the primary trauma can create trauma in the child and that kids might over identify with their parents symptoms.

**Patrick Patterson:** Katherine?

**Katherine Robredo:** Yes?

**Patrick Patterson:** Hey, this is Patrick. We've got probably enough time for two more slides.

**Katherine Robredo:** Oh, okay. That's what I'm trying to figure out here.

The overview of - let's see, overview of mental health issues that I think people need to keep in mind is that this war has an enormous level of stressors, stressors meaning environmental stressors, you know, physical

stressors, the mental health stressors. A lot of the stressors that people are experience is the hard conditions that they're living in.

They're living in, you know, places where it can be 120 degrees and blinding sandstorms that last for several days or way up in the mountains in Afghanistan where it's, you know, they're doing work in very, very extreme, you know, harsh and cold conditions, huge risk of death or injuries primarily from explosives which are the IEDs, Improvised Explosive Devices.

I'm seeing a lot of folks that have seen others get hurt and killed. I'm working with a lot of people including women that have had to kill others including killing small children, killing teenagers. And when they come back with all that it's very difficult for them.

There's been also a high level of report of sexual assault and or sexual harassment by a lot of the female soldiers that are now returning from the war. And I think that'll be it for me because it sounds like I've gone over my time. So I hope you all can access the rest of these slides.

**Patrick Patterson:** Thanks Katherine. These slides are on the resource centers Web site. Wonderful presentation. We had a number of questions that came in for you. I'll try to go through at least a couple of those before we move to our last presenter.

The first question I'll read it as written. How would you advise program practitioners to engage in conversation with the spouse about possible PTSD?

**Katherine Robredo:** What I would do is ask to -is to contact the spouse. I don't know if they're talking about they've already been contacted by them or not.

But I've got handouts that I've made on you know, describing what post traumatic stress disorder is, the difference between the acute and the chronic and the delayed and then the kind of treatment issues that are involved.

So what I do with the spouse is, you know, educate them on what it is that their partner's going through and then educate them on the whole therapy process that we'll be going through. And I try to include the spouses if I can.

**Patrick Patterson:** Oh that's great. That's great. One other question. Are there marriage education classes, books or other resources that can help the couple learn about PTSD so they know what might occur when a spouse returns from serving overseas? I'll reread the question.

**Katherine Robredo:** Okay.

**Patrick Patterson:** Are there marriage education classes, books or other resources that can help the couple learned about PSTD, PTSD, excuse me, so they know what might occur when a spouse returns from serving overseas?

**Katherine Robredo:** Okay, I teach a whole bunch of different marriage workshops. And I teach a lot for the military. I usually teach the Prep Program. And when I'm teaching to military folks I will always include a segment on what posttraumatic stress is, on what traumatic brain injuries are and the symptoms of those. I think those are really important.

As far as specific books, there's none that I can really think of that would address couples. But I tell you, one of the best movies I've ever seen that I saw all recently -- and the folks that I work with, the clients, really have thought this was a great movie -- is a movie, it's called *In the Valley of Elah*.

And it is this kind of the story, it follows like a unit of soldiers overseas and then their return home. And it really illustrates post traumatic stress in so many different ways, how it affects the individual, how it affects the families, how it affects the folks in the unit.

So I would recommend that everybody rent that movie. It's called *In the Valley of Elah*.

**Patrick Patterson:** Thank you Katherine. We're going to also after the Webinar post, if you give us permission, your information for folks who want to contact you after (unintelligible).

**Katherine Robredo:** Sure. Yes.

**Patrick Patterson:** So we'll do that as well. Wonderful presentation, very informative as well.

I'll now move to our last presenter for this Webinar, Chaplain (Ronald Martin Minnick).

He's a readiness and reintegration chaplain supporting the soldier, airmen and family ministry with the Joint National Guard Chaplain Service. He's also assigned to the 29th Combat Aviation Brigade of the Maryland Army National Guard.

He was the first Army National Guard Chaplain to serve as a Task Force Chaplain for the multinational force and over observers peacekeeping mission in the Sinai, Egypt with the 29th Infantry Division in 1995.

With that I'll turn it over to Chaplain (Ronald Martin Minnick).

**Ronald Martin Minnick:** Good afternoon. I can see that my presentation is coming up. And we'll move on to the next slide which is just a summary slide showing the progression of what we refer to as strong Bonds.

Strong Bonds is the army program that was created originally under the name Building Strong and Ready Families to address many of the issues definitely first amongst couples that military service creates whether it be on deployments or just stateside duty because you have separation without deployment when people go on training duties.

Also before I continue in my slides, I just want to add two things to what my colleagues have said. And of course I concur 100% with what information they have shared both from my personal experience from deployment and from what we have been seeing amongst our military couples that everything that they have been concluding that has been through their research is what we have been seeing as military chaplains amongst our married couples, especially married couples with children.

Also, the PREP Program, the Prevention Relationship Enhancement Program originators PREP Inc. is currently doing a five year research study on the affects of marriage enrichment on couples primarily at two different post.

We are soon to receive the first years research on the effects of what marriage enrichment is doing in a positive way for those couples to help them stay married.

We already know that the results with the preliminary information has confirmed that the satisfaction level goes up after going through marriage enrichment of any kind, definitely with the prep. And also it remains high even months after someone goes through a marriage enrichment weekend with the prep materials. What we are currently offering in regards to PTSD, post traumatic stress disorder or post traumatic stress syndrome, because everyone experiences combat operational stress reaction if you've been in combat, is the program Battle Mind.

Battle Mind was created through our Army Medical Command to not only help with resiliency of troops but to provide information to the family members. So that's one thing that is available through the military. Battle Mind is normally taught by either behavioral health members of the military, both civilian and military members or by chaplains and chaplain's assistants.

Okay, let's get to the slides.

The history started in 1999 with just a few events. We have expanded to all three components. That means the active duty, the Army Reserve and the National Guard. And the National Guard includes both Army and Air Guard.

So as you can see we've gone through just a few events to hundreds of thousands of events. And they're just continuing to grow.

The funding was very minor. Now it is a major support that we are receiving through the process of the pro-

gram objective memorandum which enables us to get support in the budget of the military.

We also have seen increasing funding in the Guard because at first it was just an Army program. And now it is both an Army and Air program. What we originally had that was a Strong Bonds program was just marriage enrichment. And now that program has included both singles as well as family. And what we mean by family is that it's a training that's provided for not only the service member and spouse but also their children as young as age six. And so all three components now because of the increase in funding are able to support Strong Bond in all three components.

This has definitely been due to the result of the Army's emphasis called Army Initiative Number 2 that emphasizes providing support to our volunteer force for our geographically dispersed family members.

So this is a concern not only for naturally the Reserves, Army Reserve and National Guard, but also the active duty. Because some of our active duty families go home to states that have no military installations.

And so it is becoming a joint effort of all three components to support our married family members with these events regardless of their component. We all receive funding therefore we can all be invited and included in each other's events.

The next slide that will come up will show you the basic standards for the Strong Bonds couple event. And even though PREP you might say is the grandfather or grandmother of marriage enrichment for what we do with Strong Bonds, it is not the only program now.

So all of the programs that are included which involve Laugh Your Way to a Better Marriage, Seven Healthy Habits, Links which is the couple's format of PICK which is the singles curriculum which stands for Premarital Interpersonal Choice and Knowledge or How Not to Marry a Jerk or Jerkette.

And we also have various other one's that I can't even go into with the amount of time that we have that the Chief of Chaplains has improved to include so that we have great variety.

Because most couples after going through one program want another experience. And we are offering these Strong Bonds events both pre-deployment before people leave as well as when they return. This is all part of the Army contingency plan for the support of deployment through all of its phases - pre-deployment, deployment and redeployment as well as post -deployment.

So they always are encouraged to have these events as an overnight away from the military setting. We have funding that provides multiple forms of support, not only the cost of getting there and being there, but also for the curriculum and child care. And our primary trainers, are chaplain staff and chaplain assistants.

But we can also include family program staff as well as volunteers, spouses, anyone that we can put through

the training. It's just require that at least 51% of a weekend is conducted by chaplains and chaplains assistants.

All of these programs must turn in an after action report, an AAR to not only state how many people attended, how much did you spend, but what were some of the lessons learned? How well did it go? What was the satisfaction level of participants in the curriculum?

And that's why they complete surveys before they take that course and before they leave from taking the course.

The next slide and the slide following we'll just go through quickly because there's similar information just showing you what the single curriculum requirements are which are very similar to the couple's curriculum for marriage enrichment minimum amount of hours that people should have as part of the training that involves the actual PICK curriculum, Premarital Interpersonal Choices and Knowledge or How Not to Marry a Jerk or Jerkette.

So it's very similar, should be an overnight. There's funding to support things. The funds can only support training. They cannot be used as with the couple's for things that are more recreational.

This is where we sometimes look for the support of what we refer to as non-appropriated funds or donations. These events in the military are through what are called appropriated funds, budgeted funds.

The next slide will just show you the basics for the family wellness curriculum which is provided and from Family Wellness Associates. And that will state very similar objectives in terms of how much curriculum you should use, what's paid for and again, make sure that the after action reports and surveys are completed.

They are submitted to the chaplain who's in charge of oversight of Strong Bond for their component. So the three of us that are doing this as the primary points of contact are Chaplain (Michael Strong) who's the active duty chaplain who is the main source that we all look too with the Director of Ministry Initiative, office of the Chief of Chaplains of the Army.

The other the person for the Army Reserve and of course Chaplain is Chaplain (Mac Griffith) who is out of Atlanta, Georgia where he's headquartered and of course myself in charge of oversight of the program for the Army Guard as well as the Air Guard.

What we do to make sure that there's standardization of all of this information to all three components is that we have trainings that are provided to train anyone who is eligible whether they be chaplains, chaplain's assistance, family program staff, volunteers, spouses. And they're held throughout the United States.

This year we are planning on four that will be sponsored by the active duty army that will involve all three com-

ponents.

As you can see we held one here this year in Rome, Georgia on the grounds of (Berry) College at Windshape Center. We held one in a hotel setting in Seattle, Washington. And then I held one just for primarily the Air Guard but involved also members of the Army Reserve and active duty at McGee Tyson International Guard Base which is Knoxville, Tennessee.

What we have created again as a joint effort when the next slide comes up is a Web site, the Strong Bonds Web site which is [Strongbonds.O-R-G.org](http://Strongbonds.O-R-G.org). And of course what that means is that anyone can access this Web site. You have levels for both civilians as well as chaplains and chaplains assistants and family program staff so that they can get the materials and information that they need so they can register for events which can be done online.

The information shows where these events are throughout the United States. And of course with the National Guard that involves 54 states and territories.

If you're wondering who the territories are, they are Guam, the Virgin Islands, Puerto Rico and the District of Columbia.

We also do Webinars to help people understand how to use the Web site and to sometimes get other information. Because Strong Bonds Web site and also includes information about suicide prevention and intervention because our Strong Bonds program was heavily tied into the family life chaplains who are chaplains that are trained with a master's in family therapy, currently at two training centers, one at Fort Hood and one at Fort Benning, were soon to increase the number of family life chaplains by adding them to the Army Reserve and the Army National Guard.

The next slide will show you what we require to do some of our programs if I can get to that.

This is what we call an eye chart. So I'm not going to expect you to be able to read it. But the information is there in summary form.

What oversees this, what provides the support, the authorization, the funding, the guidance, the use of funds is the joint forces travel rig. And it is of course subsectioned with a specific section for Chaplain lead programs. This is in Chapter 88 of the joint forces travel rig. It is Section 582. It's Paragraph 1789, again, chaplain lead programs authorized support showing that we can have immediate family members meaning spouses as well as legal dependents participate in the Strong Bonds programs and that it pays for all the services required to hold these events to pay for the basic cost of course getting to the event, food at the event, lodging at the event, childcare materials meaning that curriculum that we provide the service members from PREP for last year way or Seven Healthy Habits or Links -- all these different marriage enrichment curricula that are supported by the Chief of Chaplains.

So that is the basic presentation that I have. So as where Patrick leads us, I'll answer what questions I can.

**Patrick Patterson:** Thank you Chaplain (Martin Minnick), wonderful presentation, very informative as well.

They were a number of questions that came in from different persons across the country.

So I'll try to answer - ask a couple of those for you specifically. And then we'll open it up for our general Q&A. I'll just kind of go through as many questions as I can. I've got a bunch of papers in front of me with questions from folks. So I'll try to manage that process with all three of you guys as well.

So specifically for you Chaplain (Martin Minnick), the first one is and is there any way for others outside of the military to do the Strong Bonds family curriculum?

**Ronald Martin Minnick:** Family curriculum. What you would want to go to would be Family Associates, to Google Family Wellness Associates. And that would enable you to see what the Family Wellness curriculum is like through their Web site.

**Patrick Patterson:** And it was Family Associates?

**Ronald Martin Minnick:** Family Wellness Associates. Just Google Family Wellness Associates.

**Patrick Patterson:** Okay. Another question that came in several different ways -- and this is very helpful -- the audience on the line is largely folks who were doing this work outside of the military.

So the question is across the branches is there a common person, common point of entry for programs that want to avail their services to military families?

**Ronald Martin Minnick:** That want to utilize these different programs? Is that what that regards to?

**Patrick Patterson:** In two ways. You can utilize the programs that are available. But also for those who have a deployed spouse and want to provide services to the person that's here in the states is there a way to get in touch with these programs to get them to the bases to talk to these families?

**Ronald Martin Minnick:** Okay. So if you're trying to direct people to participate in the programs.

**Patrick Patterson:** Right.

**Ronald Martin Minnick:** With the active duty, you would contact the Installation Chaplain's Office on the post or base where you are located. That is the main point of contact for the active duty for the programs.

((Crosstalk))

For the army, again, you would contact the post or Installation Chaplain's Office or the Base Chaplain's Office. That is the main point of contact for the active duty for local programs.

For the Army Reserve, you would contact Chaplain (Mac Griffith). And I'll post that. I was told you'll send us information that you want us to put in print so that you can email Chaplain (Mac Griffith). Because the Army Reserve is doing it through their Ready Reserve Command.

For the National Guard, you would contact myself or you could contact the Joint Forces Headquarters Chaplain's Office in the state or territory in which you are located.

The other way that you can find out where the programs are, where you are located is to go to the Strong-bonds.org Web site and log on as a user. Ask for permission just as a user. And it enables you to find events in any of the components throughout the United States, those that are of course posted on the Web site.

**Patrick Patterson:** Thank you very much. That was a very popular question that came in from a bunch of folks.

Ronald Martin Minnick: And one thing I would like to add before we move on is because the people might be interested in contacting this Chaplain about his research or I should say Chaplain Candidate.

Chaplain Candidate Captain (David Jones) has recently completed a paper which should be published now doing his thesis work with the Department of Psychology University of Utah. It's entitled Psychological Symptoms and Marital Satisfaction in Spouses of Operation Iraqi Freedom, Veterans Relationships with Spouses Perception of Veterans Experiences and Symptoms.

And what is notable that they have discovered through their research is that the spouses marital distress is greater when they perceive the soldier has PTSD symptoms but does not acknowledge the symptoms.

The other significant finding is that when the soldier does have PTS symptoms and the spouse perceives that the soldier experienced a high level of combat exposure during deployment the spouse reports lower marital distress.

But when you have the opposite that the soldier has symptoms but the spouse perceives that there was low combat exposure, there is a higher level of a reporting spouses marital distress. It is though the spouses are saying it is expected that there will be the PTS symptoms, post traumatic stress symptoms when there was combat exposure.

But if there is not a lot of exposure and there is still PTS symptoms, they can't understand what to attribute it

too. And this unknown adds to their distress.

So this is why I concur with my colleagues that the more that we can educate our family members on the affects of PTSD and why you will see it in different ways depending upon the level of exposure that it really doesn't matter what level of exposure that they have had, everyone has had some combat operational stress reaction. And depending upon the resiliency of the soldier member they will react differently.

So again, I totally agree with what people have been saying through their research that don't expect every one to have the same type of reaction from the same type of experience. Don't expect everyone to behave the same, react the same when they're dealing with reintegration and trying to get back into their family.

It all depends upon how good a relationship someone has had, how good their communication skills have been -- many, many different variables. Thank you.

**Patrick Patterson:** That's wonderful feedback, wonderful information. And it prompts the question that I asked earlier of Dr. (McDermott). From your experience Chaplain (Martin Minnick), if programs are working with families who a member has just been - is being reintegrated back after deployment, is there a single place that they should focus their efforts if they're trying to help this family kind of reunite while strengthening the relationship? Is there one or a couple places that they should focus if they are working with these couples?

**Ronald Martin Minnick:** The primary issue is communication. If people can talk about their experience.

And that's the hard part because the service member sometimes does not want to share the experiences and expose the family to the horrors of trauma of what they've gone through.

But they have to. They have to somehow share it with the family member so that the family member can understand why sometimes they are removed and quiet, why they're having sometimes things they don't want to talk about, nightmares or flashbacks.

If you talk about it, if you get it out in the open, you can be helped. This is why the Veterans Administration is so important. This is why counseling of any kind is so important. This is why the free counseling through Military One Source is such a great thing because you can also do online counseling through Military One Source or you can be refer to counseling support in your local area.

The reason why the online counseling was started is because of the distance that some people have to travel to get to appointments.

So anything that we can do to get the troop to talk, to get the service member to talk about what they're going through, the more likely they will recover and the more likely they will be able to reconnect and reintegrate with their family.

**Patrick Patterson:** Excellent. Excellent. I have a couple of questions that have come in for other panelists.

I'm going to open it up for general Q&A. I'll ask direct questions to one of three of you guys or I may ask a question that all three of you might want to chime in on. So I'll start with a couple questions for Dr. (McDermott).

One of them based on your research -- and this might be a question that Chaplin (Martin Minnick) may want to chime in on also is, is there any evidence that the military ranking system has something to do with who experiences the most marital relationship dissatisfaction? The lower the number of declassification to the higher. Is there any data that supports who experiences the most issues relationship-wise?

**Shelly McDermott:** Well certainly the Chaplain should chime in here. But I believe the evidence would show that things are more challenging at lower pay grades. But I'm not sure that it would make a lot of sense to conclude that it's the rank structure that's doing it.

Because the military is in upper out promotion system, age and pay grade and time and service are completely correlated practically. So the lower pay grades are also the youngest people. They're also the people who make the less, the least money. They're also the people who have the most sort of hands on difficult jobs. And they may be the people who more because they're still training up so many things. So there are a lot of things that go along with being at a lower pay grade that might be related to marital problems.

And of course these are the people who haven't selected out. The officers are people who have chosen several times to stay in presumably because it suits them and their families.

**Ronald Martin Minnick:** Yes, I concur because there are multiple factors. Sometimes with the Guard you have a higher level of education. You have older troops. And so you may not see as many problems with lower ranking as you would with the active duty. That tends to be a much younger population with your lower ranking enlisted.

But the issues of marital distress, marital complications due to deployment have no rank issues. You can have this no matter what the person's rank is, no matter what their education is.

And sometimes with higher levels of responsibility it can be even more difficult for people to seek help and to participate in these types of events.

So this is why sometimes for our officers we will hold separate events due to their concern about sharing certain things about themselves with lower ranking members.

**Patrick Patterson:** Wonderful, wonderful. This is a question that came in for Katherine. Is there any good information on the affects of PTSD or traumatic brain injury on the children in the household?

I'll repeat the question. Any good information on the effects of PTSD or (TBI) on the children in the household?

**Katherine Robredo:** As far as I know like I said earlier, there really, the only hard research that I've seen on the effects of PTSD on children has been based largely on holocaust children and Vietnam veterans. Just starting to get some information.

If you go to the VA Web site, their home page that you can search and find an area that talks about post traumatic stress. And they'll reference some of the research, current stuff that's available on children, and also the National Center on Trauma. They've got some newer research on what's going on with kids.

But again it's like I said earlier, that's an area that boy, it's just really wide open and I think needs a lot of work since we're just beginning to start seeing a lot of the affects of the war, and, you know, how it's impacted so many children.

**Ronald Martin Minnick:** Yes. What we have seen in the National Guard is an increase in suicide, either suicide that is of course not achieved or suicide attempts amongst our younger children of deployed troops.

We have also provided information on the Web site, that is the Guards Family Web site about youth which is [www.guardyouth.O-R-G](http://www.guardyouth.O-R-G) that tells of the family members what they can look for and the reactions of children to deployment at the different ages.

Because as you can imagine it varies depending upon how young or how old the child is as to how they react to separation and deployment and reintegration.

You will also be able to get information on Military One Source regarding this with children as well as My Army Life Too, T-O-O.com. And these are sources to help family members find answers and questions and who can they turn to, direction as to who they can turn to when they're noticing problems with their children as well as between themselves and their spouse during reintegration.

**Patrick Patterson:** Thankful you. That's helpful information. That's fascinating which you just said also about the youth side as well.

We have probably time for two more. This is a question for all three of you.

Based on your experience, what's the setting for programs that are trying to serve these families? Is it individually? And most - I should say most of the programs that are I would say federally funded do most of our services in somewhat of a group setting where it's just pure teacher to student type of relationship, but it's didactic in a way but also there's communication across participants that support the lessons from the actual curricular.

But what's the setting? Is it in a family setting where you bring the kids in and you share information there? Is it

just one on one with the actual military personnel and their spouse?

Or is it most preferred to be in that group setting as I just described, the multi programs operator? Either all three if you can respond to that question?

**Katherine Robredo:** Well I'll just jump in since nobody else did. I - one of my experiences has been as cochair of the DOD Task Force on Mental Health and we took testimony at 38 sites around the world around mental health issues and family issues.

And I think one of the conclusions I come away from that with is that you really need lots of different kinds of tools in your toolbox. Family's are diverse and their problems are diverse. And some people do really well in groups and they're joiners and they'll go and other people will not.

And if you can't get them to go then you've got no chance of being effective.

And so I would say there's a place for groups. There's a place for family unit kinds of things and for individual and couple kinds of things. The trick is getting the right folks into the right format.

**Ronald Martin Minnick:** Yes, I say amen to that because you're definitely not going to have everyone participate in our marriage enrichment events because they're voluntary. These are optional events. They do not have to attend them even though they're offered to them at no charge.

So sometimes you have to do one on one because people either can't or won't go top a group event.

You also are dealing with the male, female different personality issues whereas some males will not go to any event where they have to talk about their feelings and they'd don't want to do workbooks and things like that.

So that's why some of the seminars that we have for couples have a variety of formats to try and help get the information to people who have these images in their mind about what marriage enrichment weekends will be like.

So that's why I totally agree that you have to have multiple settings, you have to have multiple opportunities.

**Katherine Robredo:** Yes, and I would agree with that also. I'm working, you know, some people that, you know, love to be in a group and talk about their experiences, others that don't want to talk to anybody about what happened to them.

So I think you - what we have at the clinic I work at is we offer, you know, groups for kids. We offer of groups for active duty. We do couples, workshops. But we also do, you know, a lot of individual work with individuals and also with couples and children because they're all at different places.

**Patrick Patterson:** Thank you. One last question. This is directed at Captain (Martin Minnick). A lot of our programs our partnership driven. They usually are not serving the community in isolation. And one of the questions that has come in a couple different ways is in a partnership style or format, how would you advise outside of just contacting the military, how would you advise programs to work with the military to serve couples where we're actually doing this together versus in isolation?

**Ronald Martin Minnick:** That's difficult because it depends upon the component that you're talking too. With the Maryland Guard we're Partners in Care which is of course when I'm a part of, the Maryland National Guard. And we encourage relationships to be built with community organizations.

Now this is still part of the orientation of the general Army through the Army Integrated Family Support Network. Because again we're dealing with people located in states in areas where you have to coordinate with other organizations that are nonmilitary to provide the support to couples.

So again, you want to contact your installation chaplains in the community where you located.

At least I know for funding, if someone wants to give a grant or give support to the active duty, you have to go through the Morale Welfare and Recreation Division on that installation to donate funds. A chaplain on the active duty cannot receive nonappropriated funds directly.

With the Army Reserve you would have to contact a Ready Reserve command and find out how you could provide support to a Ready Reserve command in regard to supporting families for marriage and strengthening their family relationship. For the National Guard because we're state oriented obviously you would have to contact the Joint Forces Headquarters and speak with the chaplain. The Joint Forces Headquarters chaplain in each state and territory has a Joint Forces Headquarters Chaplain office and find out how can we reach out, how can we participate?

Because the Partners in Care program that I've discussed for Maryland, that's how that works. You contact the Joint Forces Headquarters chaplain whose Chaplain Colonel (Sean Lee), and he works out a formal relationship with a memorandum of understanding with those organizations in the community that want to support families in the Guard.

**Patrick Patterson:** Thank you. I will begin the close of our Webinar with a note of thanks to each of our presenters, Dr. (Shelly McDermott), Katherine Robredo and Chaplain (Martin Minnick) Our next set of slides I want to walk through is very important for us to get your feedback on how today's Webinar went.

So we'll actually going to go through a few questions to get your feedback. We'll actually have a few poll questions that will appear on the screen. You'll have a chance to vote.

Once you voted and the screen moves you can't change the vote. But when the screen is still alive you can

actually change the vote until we change the question.

So I'll start with our first question. I have a better understanding of the findings that have emerged from research on the affect of deployment and integration on military managers and their families.

Have a better understanding of the findings that have emerged from research on the effect of deployment and reintegration on military marriages and their families.

Next question. I better understand how PTSD and traumatic brain injuries can affect military couples and their families.

I better understand how PTSD and traumatic brain injuries can affect military couples and their families.

Next question. For marriage education practitioners, I feel better prepared to recognize when marriage education is appropriate for military couples and referrals outside of my organization should be made.

For marriage education practitioners I feel better prepared to organize when marriage education of the focused military couple and when referrals outside my organization should be made.

Next question. I learned about resources available to military couples and marriage educators working with military couples.

I learned about resources available to military couples and marriage educators working with military couples.

I think that was our final question. We are - I'm sorry, there's one more question. I found today's Webinar to be interesting and useful. I found today's Webinar to be interesting and useful.

I will close with these final reminders and comments. This has been a wonderful fiscal year of Webinars we've done. Again, the last year before we began the series we had asked from across the country what practitioners wanted to hear. We tried to customize the series to meet that need. And this fiscal year we've heard wonderful feedback and also suggestions for how we might improve going forward.

And so to continue that, if you have additional comments beyond the poll question we just raised, please email me at Patrick Patterson. My email address will be [info@healthymarriageinfo.O-R-G](mailto:info@healthymarriageinfo.O-R-G). Again, you can email Patrick Patterson at [info@healthymarriageinfo.O-R-G](mailto:info@healthymarriageinfo.O-R-G) or provide feedback to your Federal project officer if you're a Federal grantee.

A few reminders. If you want to find the latest and newest information on the healthy marriage and programs and research across the country, please visit our Web site [www.healthymarriageinfo.O-R-G](http://www.healthymarriageinfo.O-R-G). I'll repeat that, [www.healthymarriageinfo.O-R-G](http://www.healthymarriageinfo.O-R-G).

We have a few things that are coming up in the future that we're excited about that you'll see at our Web site. But please continue to visit our Web site.

Stay tuned. We'll be looking forward to starting our fiscal year 2009 series of Webinars coming here shortly. We'll be sending out announcements about our topic and presenters moving forward. And we'll also be in continued contact with grantees and programs across the country to find out what other topics might we considered for this upcoming year besides the one that we've planned for you.

The last point that I'll make is today's Webinar materials have already been posted to the Web site. We will have a recording of today's Webinar and a frequently asked questions document posted within seven to nine business days after today's Webinar. I just want to say thank you again for a wonderful year and please continue to sign on.

Good night.

**Operator:** Ladies and gentlemen, that does conclude the conference call for today. We thank you for your participation and ask that you please disconnect your line.

END