When One Spouse Returns from Deployment: Tips for MRE Practitioners Working with Military Couples

In addition to the everyday challenges civilian couples face, military couples also have to cope with dangerous deployments.

Family priorities often must come second to military orders. When one spouse returns from deployment and begins the homecoming process, the couple may feel as if they are on an emotional rollercoaster. They may experience intense anticipation, anxiety, restlessness, impatience, and excitement. It is also typical to feel resentment, disappointment, frustration, and grief over losses of freedom or independence. It may take the couple several months to find a healthy balance in their relationship again after the deployment. Furthermore, it is common for military couples to deal with Post-Traumatic Stress Disorder (PTSD). Practitioners must prepare the couple to recognize the signs and symptoms of PTSD as the spouse may be the first person to notice these symptoms. Marriage and relationship education (MRE) practitioners working with military couples need to let the couple know these feelings are very common.

After the euphoria of having the deployed spouse safely back home wears off, problems may emerge during the “immediate reintegration phase” (about 0-6 months after homecoming). These problems often involve renegotiating the relationship. Couples may struggle with communication, balancing responsibilities and decision-making in the relationship, or finding emotional and physical intimacy. Other problems may be more serious mental health concerns, such as PTSD. By working on communication, social support, and balancing responsibilities, you can provide the couple skills to develop a stronger marriage and to become more resilient, even in the face of PTSD or other mental health problems after a deployment. This tip sheet provides practitioners working with couples upon return from deployment recommended skills to work on during MRE classes.
Skills to Focus on in Your MRE Classes

Many of the skills taught in an MRE curriculum address issues often faced by military families. Facilitators should use examples pertinent to military families. Facilitators should also normalize and explain that certain feelings and behaviors are likely to occur and then provide the couple with strategies to address these challenges.

Communication: Healthy couples regularly express a wide range of emotions in respectful and non-violent ways. However, the couple may have had very limited opportunities to confide in one another during the deployment. Service members may have become used to sharing only mission-specific information with those in their troop and may have stopped opening up about their inner feelings. Spouses who were at home may have lots of questions about the deployment and may expect to feel emotionally close right away. Both spouses may be struggling to communicate what they experienced during the deployment and how their lives have changed as a result.

• What You Can Do: Encourage the couple to practice good communication skills and emotional expression in all situations. Let them know the ability to calmly and openly talk things out will help them overcome relationship obstacles and homecoming challenges. Make sure they understand the process takes time; they have to be patient. The exercises and homework activities should be centered on reconnecting. Scheduling time for date nights and other bonding activities is key. Recommend the couple spend a certain amount of time in conversation that includes touch (like hand-holding) and eye-contact. Allow each spouse to think of an activity that will help him or her connect to the other and give them homework to complete before the next class.

Friends and Family Time: Service members may have developed strong ties with battle buddies and feel only these service members can truly understand them. Spouses may have new friends who supported them in the deployed spouse’s absence. Conflict and trust issues may arise if the couple is not honest with one another about their new sources of support and what these sources mean to them. Talk to the couple about this issue and why it matters.

• What You Can Do: Encourage the couple to introduce their friends to each other and to be honest about their friends’ roles in their deployment journey. Help the couple compromise on how social and family time should be spent. Empha-
size that special time for each other is critical to keep the “flame” going. Another reason to work on building social support is to help the spouse who was not deployed. While he or she wants to empathize with the spouse who just returned from deployment, he/she may be susceptible to taking on their service member spouse’s feelings and symptoms. Couples with stronger social support are at a lower risk of this (Fals-Steward & Kelley, 2005). By connecting the couple with people who have gone through similar things, you help reduce the couple’s stress. Let them know they are not alone and that there are outlets to help them cope. One way to work through this is an exercise involving creating a list of social supports.

Sharing Decision-Making: During deployment, service members had to maintain strict control over their environment for survival. At home, spouses were the leaders of the house. Problems can arise if service members continue to give orders like they did during military service. Spouses may become upset and not understand why the service member is acting so “uptight.”

It may be helpful to have the couple participate in an exercise that allows them to reflect on how their chores “used” to be split up. Then, it may be fun to practice their new communication skills to either 1) take the chores back or 2) renegotiate a chore. Sometimes getting back into the act of performing simple tasks can ease the couple back into a routine. Explain that getting back into a routine will take time.

• What You Can Do: Work with the couple to identify the responsibilities most important to each of them. Provide information to the civilian spouse about why order and predictability may be especially important for the service member. Encourage the couple to try sharing certain responsibilities. If that doesn’t work, they can use their speaker-listener techniques to talk about changing things around.

Special Considerations: PTSD and TBI

Post-Traumatic Stress Disorder

PTSD symptoms can develop after someone experiences a traumatic event (such as combat or warfare) in which their life or the life of someone close to them was in danger, seriously hurt, or killed. It is important for practitioners to make the class aware of the symptoms of PTSD and ensure participants know what resources are available. Let participants know PTSD is an anxiety disorder from which people can recover. Many symptoms will naturally go away after time. However, if these symptoms are seriously interfering with the couple’s life, causing considerable distress, or have persisted for four weeks or more, encourage the couple to seek out PTSD treatment. PTSD can cause serious problems in relationships if left untreated. In fact, research shows that the emotional numbing and avoidance symptoms of PTSD are the
most damaging to relationships. PTSD includes four symptom groups:

1) re-experiencing the trauma in memories, flashbacks, or nightmares;

2) avoiding people, places, conversations, thoughts or feelings that are reminders of the trauma;

3) feeling emotionally numb or feeling a restricted range of emotions; or

4) feeling hyper-vigilant or "keyed up" and always on the lookout for danger even when the situation may not be dangerous.

It is important to educate couples about how to identify these signs. Explain that sometimes symptoms develop right after the trauma; in other cases, it may take several months. Symptoms may present as:

- using substances to numb feelings;
- lack of interest in hobbies enjoyed before the deployment;
- lack of interest in socializing;
- frequent nightmares;
- problems falling or staying asleep;
- feelings of hopelessness;
- lack of planning for the future;
- problems concentrating;
- excessive concern for safety (like patrolling the home, checking locks repeatedly, sleeping with or near a weapon);
- excessive anger or irritability or acting on a "really short fuse;"
- increased risk-taking behaviors like dangerous driving;
- feeling emotionally "shut off;" or
- problems expressing emotions.

Whenever possible, have a PTSD expert talk to your class. Always have information readily available about where to get help.

As a practitioner, make sure you understand and are familiar with the signs of PTSD. It is also important to discuss with your program manager a protocol to follow should you recognize signs of PTSD that may be dangerous. You may want to involve a domestic violence professional familiar with PTSD and military family issues in these discussions as well.

See the resources listed at the end of this tip sheet for more detailed information for family members dealing with PTSD and information on effective treatments for PTSD. Some of these treatments are couples-based and others are individual-based.

**Traumatic Brain Injury**

Be aware of the impact of traumatic brain injury (TBI) on veterans of the conflicts in Iraq and Afghanistan. TBIs can range from a mild concussion to complete loss of consciousness. TBIs can occur during blasts, falls, or other combat experiences; the impact can be long term. Sometimes, service members may have a mild TBI and not know it. The symptoms of mild TBI can be similar to those of PTSD, thus it is important to diagnose and treat appropriately. Encourage your class to be screened at the nearest VA facility. It is vital for class participants to understand TBI, how it affects their relationship, and where to go for help.

**Key Takeaway Points:** The experience of deployment and reintegration into home life can be a stressful time for a couple. Prepare the couple...
for this by normalizing that homecoming is stressful (sometimes more so than the actual deployment!). Following these recommendations will allow marriage practitioners to:

• encourage the use of good communication skills, emotional expression, and active listening as a couple;

• encourage building up social support networks; and

• be aware of resources available to veterans and couples for healthcare and specific mental health issues like PTSD or TBI.

**Additional Clinical Resources for the Military Couple:**

Veteran’s Administration: www.va.gov

Vet Center: www.vetcenter.va.gov

NCPTSD: http://www.ptsd.va.gov/

Military One Source: www.militaryonesource.com

Give an Hour: www.giveanhour.org

Suicide Hotline: 1-800-273-8255

VA PTSD Program Locator: http://www2.va.gov/directory/guide/ptsd_flsh.asp


Helping a Family Member who has PTSD: http://www.ptsd.va.gov/public/pages/helping-family-member.asp


Additional Information for Practitioners:

Understanding Military Culture: http://www.ptsd.va.gov/professional/ptsd101/course-modules/military_culture.asp

Trauma and PTSD Overview: http://www.ptsd.va.gov/professional/pages/types-of-trauma.asp

Understanding Complex PTSD: http://www.ptsd.va.gov/professional/pages/complex-ptsd.asp

PTSD Treatments: http://www.ptsd.va.gov/professional/pages/treatment.asp


NHPMRC Facilitator Toolkit: http://www.healthymarriageinfo.org/app.cfm?event=facilitatortoolkit.home

NHPMRC Fact Sheet: Marriage and Divorce in the National Guard and Reserves

NHPMRC Tip Sheet: Managing Your Marriage After Deployment

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