



**national  
healthy marriage  
resource center**

# Reaching out to Military Couples

National Healthy Marriage Resource Center Webinar  
September 24, 2008 ✦ 12:30 pm-2:00pm (EDT)

## Presenters:

Patrick Patterson, National Healthy Marriage Resource Center

Shelley MacDermid, Purdue University

Katherine Robredo, Rocky Mountain Family Academy

Chaplain (LTC) Ronald E. Martin-Minnich, 29<sup>th</sup> Combat Aviation  
Brigade, Maryland Army National Guard



# How to Ask a Question...

The screenshot shows a web browser window titled "Microsoft Office Live Meeting - livemeeting.com - NHMRC July Webinar Practice Session". The browser's address bar and tabs are visible. The main content area displays a Q&A interface with a text input box containing the text "Type your question here." and an "Ask" button. Three numbered instructions are overlaid on the screenshot:

- 1. Click on the word "Q&A"** (Yellow callout box pointing to the "Q&A" tab in the browser interface)
- 2. Type your question in the top box** (Orange callout box pointing to the text input box)
- 3. Click on the word "Ask" to submit your question** (Green callout box pointing to the "Ask" button)

# Learning Objectives

**Webinar participants will learn:**

- **Provide the research and discuss the effects of deployment and reintegration on military marriages and their families.**
- **Discuss and provide information on how post-traumatic stress disorder (PTSD) and Traumatic Brain Injuries can affect military couples and their families, as well as when marriage education or marital counseling is appropriate.**



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[www.healthymarriageinfo.org](http://www.healthymarriageinfo.org)

# Learning Objectives

**Webinar participants will learn:**

- **Highlight supports and resources available to military couples and marriage educators working with military couples.**
- **Provide information to healthy marriage educators about reaching out to military families through various channels, and how to work with the military to offer marriage education classes to military personnel.**



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# Coming Home: Military Deployment and Marriage

Shelley MacDermid Wadsworth, Ph.D.  
Military Family Research Institute  
Purdue University



# Outline

- Deployment background
- Deployment and marriage
- Resilience in military families
- Processes of reintegration
- Resources for educators and practitioners

# Fast Facts About Deployment

- About 1.5 million person-deployments to Iraq and Afghanistan so far (Embrey, 2008)
- Since 2003, between 100,000 and 170,000 troops in country ([www.globalsecurity.org](http://www.globalsecurity.org))
- Over 250,000 Guard and Reserve members have been deployed to Iraq and Afghanistan (Waterhouse & Bryant, 2008)
- About half of all service members are married; about one-third have both spouses and children (2005 Demographics Report)

# Deployment and Health

- To date, 4106 deaths and 30,182 wounded in action ([www.globalsecurity.org](http://www.globalsecurity.org))
- Explosives cause very large proportion of wounds and injuries (Owens, Kragh, Wenke, Macaitis, Wade & Holcomb, 2008)
- Psychological health-related screening following return from deployment (Milliken, Auchterlonie, & Hoge, 2007):
  - Depression symptoms (10.3% Active component (AC); 13% Reserve component (RC) service members)
  - Interpersonal conflict (14% AC, 21.1% RC)
  - Interpersonal aggressive ideation (2.2% AC, 4.0% AC)
  - Alcohol (11.8% AC, 15% RC)
- Three months following return, percent referred for mental health concern, EAP or already under mental health care (17.5% AC, 40.7% RC)

# Deployment Challenges

- Characteristics of the deployment
  - Duration, danger, physical demands, heavy workload
- Family issues
  - Missing them, worrying, cheating
- Communication
  - Access, content, media
- Uncertainty
  - Mentioned later

# Deployment and Marital Distress

- In 2007, the adjusted percent for married male, E1-E4 Soldiers 9 months in theater was 17.0% (who were planning to divorce or separate); the adjusted percent for NCOs was 12.3% and the adjusted percent for Officers was 3.5%. ... Values significantly differed across ranks, but did not differ from 2006 to 2007.
- The number of months deployed is related to married Soldiers' reports of whether they plan to divorce or separate. In the first few months of the deployment, approximately 6% of NCOs indicate they are planning on getting a divorce. In contrast, by the 14<sup>th</sup> and 15<sup>th</sup> month in theater, the value is over 20%.

[http://www.armymedicine.army.mil/reports/mhat/mhat\\_v/Redacted1-MHATV-OIF-4-FEB-2008Report.pdf](http://www.armymedicine.army.mil/reports/mhat/mhat_v/Redacted1-MHATV-OIF-4-FEB-2008Report.pdf)

# Resilience in Military Families

September 24, 2008

Slide 7



# Deployment Positives

- Providers and especially members described numerous and significant positives of the deployment:
  - Good for the military career
  - Personal growth for member and – if married – the spouse

To a lesser extent:

- Enhanced life with spouse and extended family
- Become closer to extended family and friends
- Enjoy the military lifestyle

# Deployment and Marital Stability

- Little hard evidence that deployment or military service elevate divorce rates, although there is a puzzling mountain of anecdotal evidence
- Marriages of female service members are more fragile than those of males

(Karney & Crown, 2007)

# Processes of Reintegration

September 24, 2008

Slide 10

Re-entering marriage is a major post-deployment task for most couples. Both partners may face:

- New expectations -- Partners must ‘train’ each other back to the marriage, re-learning how to depend upon and accommodate each other.
- New power structures – Power disputes drive many of the marital negotiations following return from deployment.
- New language – Members must reduce bluntness and use of military terms, and increase emotional content and sensitivity (e.g., adjusting to children’s developmental status).
- New routines – Members may feel displaced and need to find new ways to participate in family routines and rituals.
- New responsibilities – Family work must be re-allocated, and work tasks may also be new.
- New leisure –Each partner may experience weakening of friendships that were very important during deployment. Each partner must adjust to different access to privacy than that experienced during deployment. Partners must begin to create a new shared history.
- New stresses – Physical, social and psychological consequences of combat deployment present challenges to members and partners.

# Three Patterns of Change in Well-Being Were Observed

- Linear
  - High, stable well-being.
- Curvilinear
  - Moderate well-being initially, with a substantial dip six months or more following return – the classic “honeymoon” pattern the stages of deployment would predict.
- Bounce
  - Moderate-to-high well-being, with variability during reunion.

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# When there was a “Honeymoon” How Long Did it Last?

Among participants who reported a curvilinear pattern, the lowest levels of well-being were reported between 12 and 36 weeks following return.

- A year following return, reserve families reported that the most difficult aspect of the reunion experience was re-learning how to be interdependent with their spouse
- It took several weeks following return for spouses to consider one another a source of social support. Instead, they mentioned members of their extended families or their military units.
- The end of the ‘honeymoon’ came at different times for members and spouses – it was an individual, not a joint, experience.



"For me, reunion is kind of bitter-sweet, because you know it's only temporary. And then you get to hear, 'I wish you were not going' repeatedly. And it gets to be very difficult. When I plan to go home, is it really worth it? You know it costs a lot to go home and then you are only there for a short period of time. And you know that the clock is ticking. And that's pretty stressful."

**('Bob', member, Yokosuka, 620)**

# Resources for Educators and Practitioners

- **Military OneSource**

<http://www.militaryonesource.com/skins/MOS/home.aspx>

- **Give an Hour**

<http://www.giveanhour.org/skins/gah/home.aspx>

- **DoD sites**

<http://www.militaryhomefront.dod.mil/>

<https://www.militarymentalhealth.org/welcome.asp>

# The Military Family Research Institute at Purdue University

- Supporting military communities
- Strengthening civilian communities
- Generating new knowledge
- [www.cfs.purdue.edu/mfri](http://www.cfs.purdue.edu/mfri)
- shelley@purdue.edu

# Casualties of War: Veterans and Their Families

**Katherine Robredo, LCSW**

**Rocky Mountain Family  
Academy**



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[Robredo@earthlink.net](mailto:Robredo@earthlink.net)

[Coloradospringstherapy.com](http://Coloradospringstherapy.com)



# Causalities of War Images

# Veterans and Cities



# How is this war different?

- Longer and more frequent deployments
- Activation of Reserve/National Guard
- Urban warfare
- Hard to distinguish “enemy”
- Massive injuries
- High percentage on PTSD and TBI's



# Effects of PTSD on Marriages

- Compromised parenting
- Higher risk of family violence
- Sexual issues
- Aggressive behavior
- Avoidance
- Caregiver burden



# Effects on marriages

- Difficulty coping with partner's PTSD
- Greater responsibility for managing household and family
- Lack of communication between couple
- “walking on eggshells”



# How to help partner

- Learn about and understand PTSD
- Don't personalize behavior
- Support of family/friends
- Use resources available on base or other
- Support groups
- Marriage counseling



# What about the children?

- Re-experience of trauma- vivid flashbacks,
- Dreams, intense emotions can be very frightening
- Role-reversal- children worry about parent's well-being
- Parent's avoidance of places/people impacts ability to do "normal" things



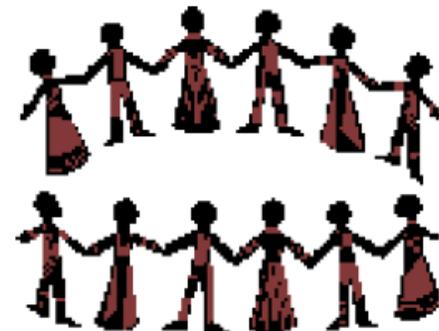
# What about the children?

- Irritability and low frustration tolerance may be experienced by child as hostility and not feeling loved by parent
- Avoidance and emotional numbing of parent may cause child to blame self
- Children misunderstand symptoms



# Typical reactions of children

- The “over-identified” child
- The “rescuer”
- The “emotionally uninvolved” child



## Higher risks for children

- Behavioral, academic and interpersonal problems
- Parents perceive child as depressed, anxious, aggressive and/or hyperactive
- Perception of child having difficulty making and keeping friends
- Higher risk for anxiety and depression

# Risks for Children

- Chaotic family can make it difficult to establish positive attachments to parents
- “Secondary traumatization”- may start to experience parents symptoms

# Risks for Adolescents

- Poor attitude towards school
- Negative attitude towards Vet
- Higher levels of depression and anxiety
- Lower scores on creativity

# Inter-generational Transmission of Trauma

- Family silence teaches child to avoid discussion of events, situations, thoughts and emotions
- Over disclosure can create trauma
- May over identify with parent's symptoms

# Helping Children

- Explain PTSD and reason parent has difficulty
- Assure child they are not responsible for parent's problem
- Age appropriate therapy
- Support/treatment groups



# Overview of Mental Health Issues for Veterans

- High level of stressors
- Risk of death or injuries
- IED's
- Seeing others hurt and killed
- Killing others
- Sexual trauma- includes sexual assault and/or harassment

# How This War is Different

- Environmental stressors- desert and high mountains
- Biological and chemical weapons
- National Guard and Reserve activated
- Insufficient training and supplies
- Longer and more frequent deployments



# Veteran's Administration Statistics

- At present, 31% of returning soldiers and marines diagnosed with PTSD.
- 15% diagnosed with depression
- 1 in 4 report alcohol abuse to manage symptoms
- 1 in 3 Vets who served in Iraq seen for mental health issues within one year of return



# Veterans less likely to seek help due to:

- Being seen as “weak”
- Being treated differently by others
- Feel others will lose confidence in them
- Fear of being “labeled” and unable to find employment
- Self-image



# Treatment for PTSD

- Cognitive-Behavioral Therapy
- Exposure treatment
- Stress management skills
- Anger management skills
- Communication Skills
- Weekly hope and adjustment log



# Treatment for PTSD

- EMDR
- Group Therapy
- Creative therapy (art, music...)
- Psychotropic medication
- Autogenic training

# Positive coping actions

- Learning about trauma and PTSD
- Talking about traumatic experiences to supportive person
- Relaxation skills
- Therapy
- Medication regimen to manage insomnia, nightmares, anxiety, irritability, anger and depression

# Common Negative Coping Actions

- Alcohol and other drugs
- Social isolation
- Anger
- Emotional numbing
- avoidance



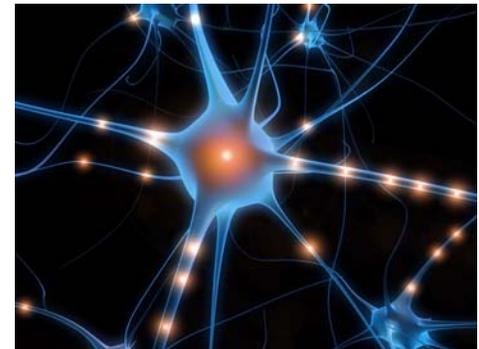
# Traumatic Brain Injuries

- “signature” injury of this war
- VA estimates 22% of combat casualties have TBI
- VA screens all Iraq and Afghanistan conflict veterans for TBI



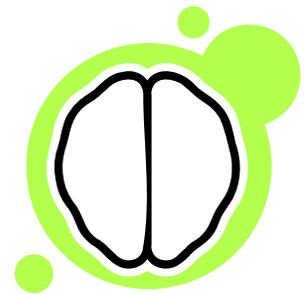
# TBI Symptoms

- Short-term memory loss
- Difficulty concentrating
- Easily disoriented
- Impaired judgment
- Headache or migraines
- Slurred speech



# TBI Symptoms

- Seizures
- Fatigue
- Depression
- Increased anxiety
- Impulsive behavior
- Easily agitated
- Lower tolerance for light and noise



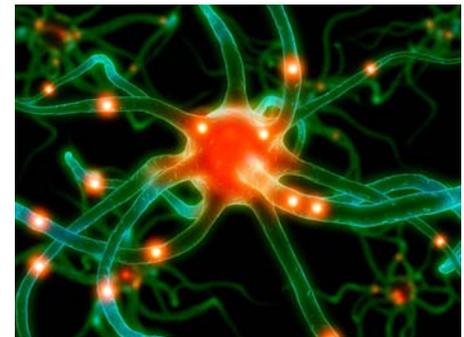
# Long-term effects of TBI

- 10-25% may develop chronic post-concussive symptoms in 3 categories:
- Somatic
- Cognitive
- physical



# Levels of TBI's

- Mild: loss of consciousness less than 30 minutes
- Post-traumatic amnesia less than 24 hours
- Glasgow coma score of 13-15



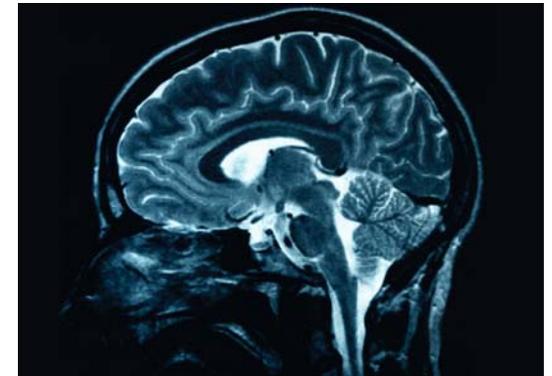
# Levels of TBI's

- Moderate:
- Loss of consciousness more than 30 minutes
- Post-trauma amnesia more than 24 hours
- Glasgow coma score of 9-12



# Levels of TBI's

- Severe: Includes all symptoms of moderate with a Glasgow Coma Scale less than 9



# TBI Treatment

- Occupational therapy
- Physical therapy
- Adaptation skills
- Education on brain injuries
- Learn techniques to help spouse manage cognitive and physical problems
- Psychotropic medication

# Transition From War Reactions

- Hyper vigilance
- Don't "fit in"
- "in a daze"
- Life doesn't feel real
- Can't relate to what is important to others (i.e.: football, petty issues)
- Difficulty relating experience to others



# Transition Reactions

- Frustration with others not understanding experience.
- Feel “shaky”
- Anxiety
- Guilt feelings
- Anger about “politics” of war

# Comprehensive assessment of Vets and families Include:

- Work functioning
- Interpersonal functioning
- Recreation and self-care
- Physical functioning
- Psychological symptoms
- Past distress and coping skills
- Previous traumatic events
- Deployment related experiences



**do, LCSW**



**719-287-4496**

***Rocky Mountain Family Academy***



# Strong Bonds Update

**CH (LTC) Ron Martin-Minnich  
Soldier, Airmen and Family Ministry  
Joint National Guard Chaplain Service Office**

**23 September 2008 Update**

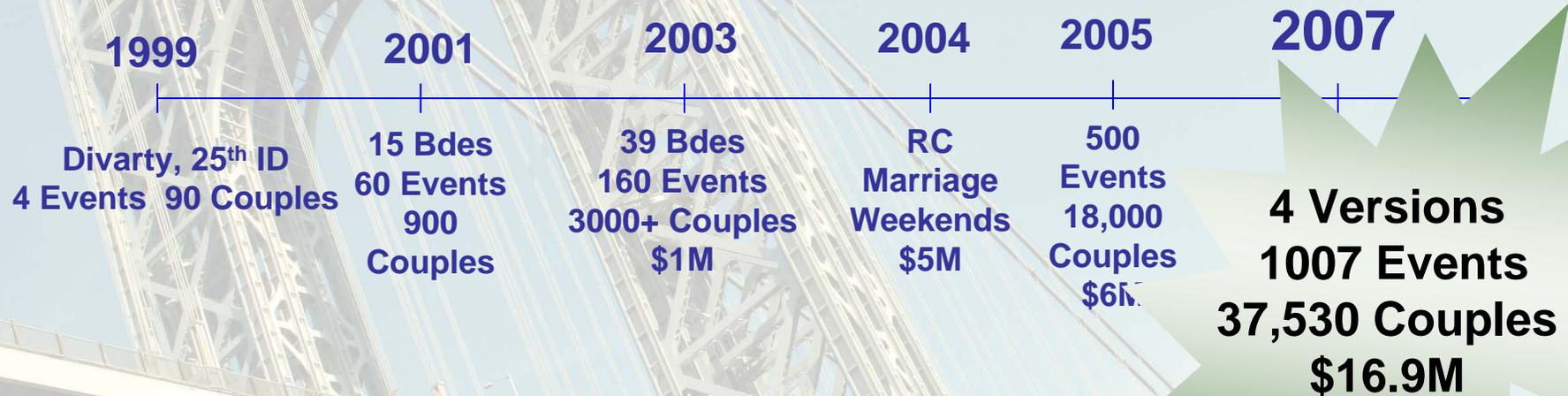


  
**Strong Bonds**  
*Building Ready Families*



# History of Strong Bonds

## *Expanding Impact*



### Army National Guard Strong Bonds in 2008

- \$7.1 Million – 285 events planned for couples/singles
- **Air National Guard Strong Bonds in 2008**
- \$1.3 Million – 110 events planned for couples



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# Which Components are Doing Strong Bonds Programs?



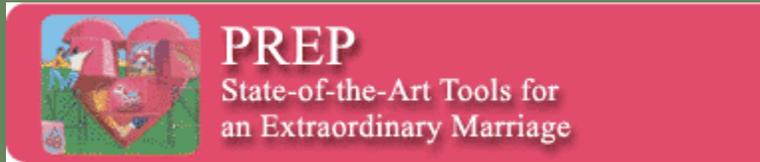
- *All Three Components:*
  - *Strong Bonds Couples*
  - *Strong Bonds Single Soldier*
  - *Strong Bonds Family*



  
Strong Bonds  
Building Ready Families



# Strong Bonds - Couples



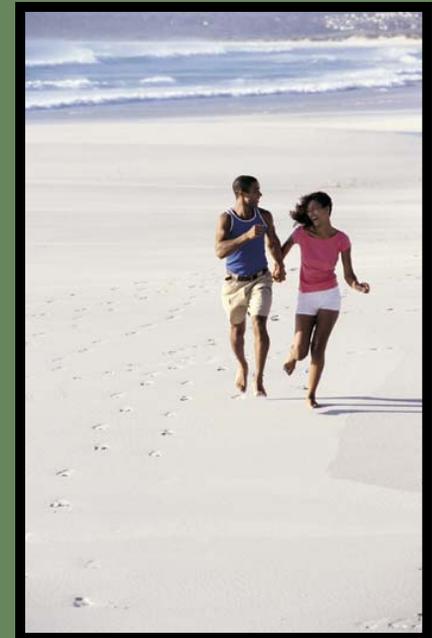
**PREP**  
State-of-the-Art Tools for  
an Extraordinary Marriage



**12 Hours To A Great Marriage**  
*Click Here To Learn More!*

## Standards:

- 1) **Twelve Hours of Programmed Training**
  - a) **All organized activities = Training Time**
  - b) **Minimum: 6 Hrs PREP**
- 2) **One Overnight Excursion**
  - a) **Funds can support training (e.g. transportation, lodging, food, curriculum child care, incidentals)**
- 3) **Chaplain Staff = Primary Trainers**
- 4) **Completion of AARs and Surveys**





## Strong Bonds -Single Soldier



### Why?

Marriage Success/Failure Set at Beginning  
90% of Single Soldiers will Marry

### Curriculum

Premarital Interpersonal Choices & Knowledge (**PICK**)  
“How to Avoid Marrying a Jerk(ette)”



### Objectives

- **Make Smart Choices**
  - Picking Partners
  - Building Relationships

### Strengths

- **Research Based**
- **Culturally Relevant**
- **Successful Pilots**
  - West Point/POM/Ft. Jackson





# Strong Bonds for Singles



**P.I.C.K. A PARTNER™**  
PREMARITAL INTERPERSONAL CHOICES & KNOWLEDGE



## Standards:

- 1) Ten Hours of Programmed Training
  - a) Minimum: 5 Hrs P.I.C.K. (from workbook)
  - b) All organized activities = Training Time
  
- 2) One Excursion (May be Overnight)
  - a) Funds can support training  
(e.g. transportation, lodging, food, curriculum  
child care, incidentals)
  
  - b) Funds can not be used to fund entertainment  
(e.g. Fishing Boat, Ski Lift Tickets)
  
- 3) Completion of AARs and Surveys





# Strong Family Bonds

## Curriculum

- Family Wellness
  - How to Parent in a Healthy Family
  - How to be a Child in a Healthy Family
  - Problem Solving
  - *Sex, Drugs, and You: Passing your Values to Your Children*



**FAMILY WELLNESS  
ASSOCIATES**

## Distinctives

- 25 Yr. Track Record
- Multi-Cultural
- Single Parent Focus
- Children Participate  
In the Training





# Strong Family Bonds



## Standards:

- 1) Ten Hours of Programmed Training
  - a) Minimum: 6 Hrs Family Wellness
  - b) All organized activities = Training Time
  
- 2) One Overnight Excursion
  - a) Funds can support training  
(e.g. transportation, lodging, food, curriculum  
child care, incidentals)
  
- 3) Completion of AARs Surveys





# Required Training to Provide Services



## 2008 Strong Bonds Training Conferences

- Three events sponsored by the OCCH Directorate of Ministry Initiatives planned in TY08 to provide training in the full menu of Strong Bonds curricula.
- 17 – 22 February in Rome, GA and  
4 – 9 May in Seattle, WA  
3 - 8 August at McGhee Tyson ANG Base





# Required Resources for Services



## Improved Strong Bonds Website

- The [www.strongbonds.org](http://www.strongbonds.org) website initiated in 2006 has been improved
  - “For Chaplains” Menu added to make Conference Registration simpler
  - Soldier/Family registration is now optional
  - AARs can be submitted via web
  - New Tech Support Available with webinars for instruction in the improvements
  - New Mail Manager that allows Chaplain/Assistants to send messages to each other and registrants for events





# Chaplain-Led Programs



- **SECTION 582. PERMANENT AUTHORITY FOR SUPPORT FOR CERTAIN CHAPLAIN-LED MILITARY FAMILY SUPPORT PROGRAMS.**
- (a) IN GENERAL- (1) Chapter 88 of title 10, United States Code, is amended by inserting at the end of subchapter I the following new section:
- **“§ 1789. Chaplain-led programs: authorized support**
- “(a) AUTHORITY. – The Secretary of a military department may provide support services described in subsection (b) to support chaplain-led programs to assist members of the armed forces on active duty and their immediate family members, and members of reserve components in an active status and their immediate family members, in building and maintaining a strong family structure.
- “(b) AUTHORIZED SUPPORT SERVICES. – The support services referred to in subsection (a) are costs of transportation, food, lodging, child care, supplies, fees, and training materials for members of the armed forces and their family members while participating in programs referred to in that subsection, including participation at retreats and conferences.
- “(c) IMMEDIATE FAMILY MEMBERS. – In this section, the term ‘immediate family members’, with respect to a member of the armed forces, means--
- “(1) the member's spouse; and
- “(2) any child (as defined in section 1072(6) of this title) of the member who is described in subparagraph (D) of section 1072(2) of this title.”.
- (2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1788 the following new item:
- “1789. Chaplain-led programs: authorized support.”.
- (b) EFFECTIVE DATE. – Section 1789 of title 10, United States Code, as added by subsection (a), shall take effect on October 1, 2003.





# Questions?



Strong Bonds  
Building Ready Families



# Mission



*Build Readiness  
by Strengthening Marriages  
and Relationships*

**Dedicated to  
Families**



**Solid Relationship**



**Ready  
Warrior**



*Strong Bonds  
Building Ready Families*



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**Thank you for  
participating in our poll.**

The National Healthy Marriage Resource Center is dedicated to helping your marriage education program succeed.

Please email us at [info@healthymarriageinfo.org](mailto:info@healthymarriageinfo.org) if there are other areas of research you would like the resource center to address in the future.

**[www.healthymarriageinfo.org](http://www.healthymarriageinfo.org)**



**Webinars are held the FOURTH Wednesday of each month.**

**A recording of today's Webinar will be available on the NHMRC Website in 7 to 9 days.**

**Please visit the website at:**

**[www.healthymarriageinfo.org](http://www.healthymarriageinfo.org)**

***Thank you and have a great afternoon!***



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