

# **Citizen Soldiers Changed Forever: The Impact of OEF/OIF on Reserve & National Guard Troops and Their Families**

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



# We Will:

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- Look at the impact of deployment and return on soldiers with special emphasis on the National Guard and Reserve
- Discuss the particular challenges they pose for the extended families of National Guard and Reserve Soldiers
- Talk about how SOFAR: Strategic Outreach to Families of All Reservists have tried to help these families
- Make recommendations about what we think needs to be done for these families

# Families

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- There is no such thing as a soldier without a family.
- When a soldier deploys the whole family serves.
- When a soldier returns, the whole family is impacted

# “We Are Family”

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- Assuming each soldier has 7 close family members (spouse, children, mother, father, fiancées, siblings), 11.5 million people are directly impacted by OEF and OIF.
- Utilizing concept of 6 degrees of separation including another 6 people (grandparents, grandchildren, uncles, aunts, nieces nephews, cousins, close friends and colleagues) at least 70 million people are directly impacted by OEF and OIF
- The military thinks of “Family” as a spouse and children. Family is much broader than that.

# One Soldier, Many Family Members

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# Ambiguous Loss

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- When a family member is deployed, the family suffers from ambiguity. The family member is “there, but not there”. There is physical absence but psychological presence. (Boss, 2006)
- This ambiguous loss creates a barrier to coping and grieving.
- This is exacerbated by the ways in which the war is in the living room and the living room is in the war.
- When the soldier returns home with mental health problems, the soldier is physically present and emotionally absent, another version of ambiguous loss.

# Dad or Mom Go to War

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- There are currently over 700,000 children with at least one parent deployed (Rutledge, 2007).
- 38% active duty women are mother
- Approximately 75% of all Reservists are parents, and as of April, 2007 over 60,000 National Guard and Reservists service members who have served in Iraq and Afghanistan have at least one child at home (Department of Defense, 2007).

# One third of family members impacted by the war are between the ages of 0 and 18

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# Who Are These Children?

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- Children of Soldiers, Siblings of Soldiers, Nieces, Nephews, Cousins of Soldiers
- Grandchildren of Soldiers
- When the 399th, the Medical Hospital Unit, deployed in August, 2006, the oldest soldier to deploy was age 62. The youngest child left behind was age 2 weeks.

# Where Are These Children?

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- When we define the family unit in this way, we realize these children are everywhere, yet often invisible.
- “Suddenly Military Kids”, those of Reserve and National Guard members may be the only child in their school with a deployed parent.
- Teachers, pediatricians and other providers need to ask, “Is any one in your family serving?”

# How many are impacted?

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- Since 2001, 1.69 million soldiers have deployed more than 2.2 million times in the Global War on Terrorism
- At the beginning of OEF, 80 % of the troops deployed were National Guard and Reserve
- May, 2008, less than 50 % are National Guard and Reserve
- Yet some National Guard and Reservists have deployed two and three times
- As of 1/31/07, 416,990 National Guard and Reserve have fought in and returned from OEF and OIF since 2001

# PTSD and TBI: Signature Wounds of OED and OIF

## A Public Health Crisis

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- 1 in 5 soldiers will suffer trauma
- 300,000 individuals currently suffer from PTSD or major depression and that 320,000 individuals experienced a probable TBI during deployment. About one-third of those previously deployed have at least one of these three conditions, and about 5 percent report symptoms of all three. Some specific groups, previously understudied—including the Reserve Components and those who have left military service—may be at higher risk of suffering from these conditions.

# National Guard and Reserve seem to suffer greater mental health consequences

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- 50% of Guard and Reserve suffer from diagnosable mental health conditions upon return from combat as compared with 41% active duty military and 31% marines
- Of all suicides by veterans, 2001-2005, 55% were veterans of OEF and OIF. Of the OEF and OIF vets, 53% were National Guard and Reservists.
- The number of suicides among veterans of wars in Iraq and Afghanistan may exceed the combat death toll because of inadequate mental health care, the U.S. government's top psychiatric researcher said. (Thomas Insel, NIMH, 3/5/08)

# The Effects of War Trauma

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From the Rand Report:

“What are the costs of these mental health and cognitive conditions to the individual and to society? Unless treated, each of these conditions has wide-ranging and negative implications for those afflicted. We considered a wide array of consequences that affect work, family, and social functioning, and we considered co-occurring problems, such as substance abuse, homelessness, and suicide.

## Rand Report Continued

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The presence of any one of these conditions can impair future health, work productivity, and family and social relationships. Individuals afflicted with any of these conditions are more likely to have other psychiatric diagnoses (e.g., substance use) and are at increased risk for attempting suicide. They have higher rates of unhealthy behaviors (e.g., smoking, overeating, unsafe sex) and higher rates of physical health problems and mortality. Individuals with any of these conditions also tend to miss more days of work or report being less productive. There is also a possible connection between having one of these conditions and being homeless. “

# More Consequences of Returning From War

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- 20% of returned married troops are planning a divorce.  
A report by the Army's Mental Health Advisory Team (MHAT) in February surveyed mental health specialists working with soldiers in Iraq and Afghanistan. It quoted one as saying: "Fifteen month deployments are designed to destroy marriages." (Reuters, 5/6/08)
- Problems in relationships in families are 4 times higher after return from deployment

# Still More

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- 42% soldiers feel like a guest in their own homes
- 17% of women in the military report sexual abuse
- 57% of women report sexual harassment
  
- All these impact the soldier's family during reunion and reintegration

# Child Abuse and Neglect

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- The study, by Gibbs et al., funded by the U.S. Army Medical Research and Materiel Command, shows that the overall rate of child abuse and neglect was more than 40 percent higher while a soldier-parent was deployed for a combat tour than when he or she was at home.
- The greatest increase in the rate of child abuse and neglect occurred when soldier-husbands deployed, leaving mothers at home to care for the children. In these cases, the rate of physical abuse nearly doubled, and the rate of neglect, in which parents do not properly care for their children, was nearly four times higher.

# *Journal of Epidemiology (2007)*

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“Among soldiers with at least one dependent, for every one percent increase in the number of active duty soldiers departing or returning, we saw an approximately 30 percent increase in the rate of substantiated maltreatment cases,” ...  
“These findings indicate to us that both departures to and returns from operational deployment impose stresses on military families and likely increase the rate of child maltreatment.”

# What The Families Face

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Anxiety and depression may be caused by separation and fear for their soldiers' safety. Untreated anxiety and depression may lead to infidelity, divorce, domestic violence, drug and alcohol problems, suicidality, PTSD.



SOFAR is a pro bono project, operating under the umbrella of PCFINE, Psychoanalytic Couples and Institute of New England, a 501.3c.

SOFAR provides support, psychotherapy, psycho-education and prevention services to extended family of National Guard and Reserves deployed in OEF and OIF from Alert through Reunion and Reintegration.

SOFAR is endorsed by the American Academy of Pediatrics.





SERVING FAMILIES DURING:

ALERT

MOBILIZATION

DEPLOYMENT

REUNION/REINTEGRATION



# SOFAR's Goals:

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- Build resilience
- Prevent and/or treat secondary trauma
- Prevent intergenerational transmission of trauma in the children of soldiers and marines who served in the Global War on Terrorism

# **SOFAR's Call to Action: Insufficient Mental Health Services**

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- When OEF began, National Guard and Reservists and their dependents were eligible for one mental health visit without a co-pay.
- Currently, they receive only six visits without a co-pay.
- Many families cannot afford the co-pay.

# Insufficient Mental Health Services

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- “The [Defense Health Board Task Force on Mental Health] also found that the DoD is failing to provide adequate mental health care to military family members. Although the soldier's rates of PTSD and depression increased substantially.... the 4 fold increase in concerns about interpersonal conflict highlights the potential impact of this war on family relationships and mirrors findings from prior wars" (Miliken, Auchterlonie and Hoge (2007))

# National Guard and Reserve Families:

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- Are decentralized
- May be the only ones in the community with a deployed or returned soldier
- May have a soldier who is cross leveled, so there is no Family Readiness Group available
- The same is true for extended family of active duty military

# Families Are The Invisible Casualties of War

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- Any experience good or bad shapes and reshapes the family.
- Experiences of separation and even loss can become opportunities for growth.

# War Makes Every Parent Function as a Single Parent

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Children's difficulties: medical, social, academic and psychological must be dealt with by one parent alone; or by one parent attempting to protect the soldier parent from stress at home.

When the deployed soldier is a single parent or both parents are deployed, this may be done by a grandparent or another relative.

# Resilience

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- Outlook about life experiences predisposes soldiers and families to resilience as well as vulnerability.
- SOFAR wants to build resilience by addressing the predisposing issues, providing and expanding coping skills via support services, direct therapy services, psycho-education and outreach to teachers and pediatricians.

# Secondary Trauma

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- We all know our soldiers in harms way are vulnerable to psychological trauma.
- Sharing in the trauma of their soldier, or seeing, hearing, imagining what is happening makes families vulnerable to trauma too.
- This is called secondary trauma.
- SOFAR helps families cope with secondary trauma

# Intergenerational Transmission of Trauma

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- Suffering with PTSD, TBI and major depression can impair relationships, disrupt marriages, aggravate the difficulties of parenting, and cause problems in children that may extend the consequences of combat experiences across generations.
- People Whose Parents Have Untreated PTSD Are More At Risk to Develop PTSD
- We have to treat trauma to stop it from passing to the next generation.

# Bad Legacies

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- Unresolved trauma gets passed down to subsequent generations even though the behaviors may no longer be adaptive.
- That which goes unacknowledged and unspoken persists.
- Thoughts and feelings about the self can be passed down to the next generation. Self-hatred and fear may become a destructive family legacy.

# SOFAR Support Services

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- Attendance by volunteers at FRG meetings
- Team building for families
- Normalizing feelings by talking about them with peers.

# **SOFAR Support Services cont.**

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- Stress management through psychoeducation
- Putting a real face on mental health professionals
- Stemming isolation

**SOFAR builds trust in relationships**

# Psycho-education Provides the Individual with Knowledge of What to Expect

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- How they might feel:  
happy, sad, angry, ambivalent, guilty,  
despairing, anxious
- How they might react:  
Some do not know the difference between feeling and acting,  
so they are afraid to feel

Psycho-education also provides parents with information how children may be impacted at different stages of development and new ways to talk with their children.

# Therapy Services

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- Licensed psychologists, social workers, psychiatrists and psychiatric nurses provide free services in the therapists' office with a guarantee of confidentiality under the law.
- Therapists offer individual therapy to adults, adolescents, and children of any member of the extended family, including parents of soldiers, siblings, fiancés, grandparents, uncles, aunts, cousins.
- Therapists also offer couple, family therapy as well as psychopharmacology evaluations and follow up.

# Prevention

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- Acquiring new coping skills makes this difficult times in the lives of families more manageable.
- These skills may include how to identify, bear and communicate feelings in constructive ways to strengthen and not divide the family.
- The ability to anticipate periods of high stress and to proactively seek connection builds **RESILIENCE**.

# More Prevention

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- Teachers, parents and pediatricians are first responders in the lives of children.
- ‘SOFAR’ Guide to Helping Children and Youth Cope With the Deployment of a Parent in the Military Reserves’ is geared to making these first responders aware of the needs of these children and youth.
- Can be downloaded from: [www.sofarusa.org](http://www.sofarusa.org)

The  
**“SOFAR” Guide**  
for Helping  
**Children and Youth**  
Cope with the Deployment  
and Return of a **Parent**  
in the **National Guard**  
and **Other Reserve**  
**Components**



Strategic Outreach to Families of All Reservists



Strategic Outreach to Families of All Reservists

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# Recommendations

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- Collaborations with all state and federal agencies working with vets and families:
  - Veteran's Services
  - Department of Public Health
  - Department of Education
  - Department of Social Services
  - Department of Mental Health
  - VA's and Vet Centers
  - Veterans Service Organizations
  - Community Groups

# More Recommendations

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- Building bridges between military culture and mental health to reduce stigma of seeking mental health services
- Embed mental health clinicians in Family Readiness Groups
- End turf wars between insurers and other groups. Can we ever have too many mental health services?
- Encourage mental health state and national organizations to educate their members about the impact of returning vets on the larger community and train them to help
- Encourage DoD to develop programs for families of Reserve and National Guard

# Our Vision

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Our children will not just survive the impact of the war on their families.

They will thrive, passing on to the next generation a legacy of hope and resilience.

# About SOFAR

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