



RETURNING FROM THE WAR ZONE

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A Guide for Families

HOMECOMING

The days and weeks after homecoming can be filled with excitement and relief. Your loved one has returned from war. However, there may also be times when family members experience uncertainty and feel distant from one another. It feels as if your loved one might still be fighting a war, rather than truly being home.

This pamphlet is for military families, like yours. It will help you to understand and help your loved one with their adjustment during homecoming. In the time after your loved one returns from overseas duty, the family may experience a *state of transition*. During this time, family members typically describe a range of emotions including excitement and relief, and at times, stress, tension or concern. All of these emotions are a normal part of family readjustment following deployment to a war zone. Your spouse, child, or loved one may seem distant, uninterested, or even overly critical and impatient with others. These types of behaviors may be best understood as combat stress reactions. At first, these reactions may appear troublesome and difficult to deal with. Learning more can help your family cope. In this pamphlet, similar behaviors and symptoms are described. You will learn about ways to offer and find assistance for your loved one, and information that will help you communicate better.

Both families and the person who was deployed have great expectations about homecoming. One expectation is that the family will be exactly the same as it was before the deployment. During separation, however, families naturally change. Children have grown and spouses have taken on new responsibilities. New friendships may have formed. Your loved one has changed as well. War zone exposure is a life changing experience. Healthy transitions in the days and weeks following homecoming include *taking time to become reacquainted* with each other, as well as talking and listening to each other to re-establish trust, intimacy and openness.

Healthy transitions may also require you to know about some of the issues facing military service members returning from the war zone. Some service members have real difficulties and struggle during their transitions back home. Because many service members face redeployment back to overseas duty, it is especially important to address these difficulties during this time back home. This pamphlet helps family members to identify problems resulting from combat stress. Information is provided about ways to obtain assistance to positively cope when combat stress reactions affect the service member and the family.

EXPERIENCES IN THE WAR ZONE

During deployment, service members may have taken part in missions and operations that exposed them to stressful or life threatening experiences. Service members may have been shot at, seen the death or injury of American personnel, as well as civilian and enemy combatants, or even witnessed the death or injury of other American personnel or people they knew. Service members may have been injured as a result of bombings, blasts, weapons or accidents. And, all of these experiences and others occurred in a hot, dry desert environment without any of the normal comforts of home.

Frequent Combat Experiences Reported by Members of the U.S. Army, 2003

	<u>Afghanistan</u>	<u>Iraq</u>
Being attacked or ambushed	58%	89%
Receiving incoming fire	84%	86%
Being shot at	66%	93%
Seeing dead bodies or remains	39%	95%
Knowing someone seriously injured or killed	43%	86%

WHAT IS A COMBAT STRESS REACTION?

Service members respond to traumatic situations in different ways. Some service members report feeling upset or “keyed up” even after they return home. They may continue to think about events that occurred in combat, sometimes even acting as if back in a combat situation. These “combat stress reactions” (also called acute stress reactions) can last for days or weeks and are a normal reaction to combat experiences. Most service members who experience combat stress reactions will recover naturally. Others, however, continue to struggle with the memories of their combat experiences and their reactions to it. You may notice this creates problems in their relationships with you, other members of their family or with friends, or troubles at work or with finances. Their sleep may be very disrupted. If the service member continues to experience these reactions and if it begins to cause problems for the family, the condition may indicate a prolonged combat stress reaction or what is termed in the civilian world post-traumatic stress disorder or PTSD.

WHAT ARE THE SYMPTOMS OF PTSD?

You may have heard of PTSD, in relation to combat experiences or other intense or traumatic situations, but have questions about what it means exactly. Basically, PTSD is a set of reactions that can be normal immediately following a traumatic event such as combat, but when these reactions continue long after the combat or traumatic event has finished, it can become PTSD. PTSD varies widely in how severe it can be, from mild and short lasting to severe and chronic. These reactions can cause problems in getting

along with family and friends, functioning on the job or at school, or adjusting to the transition back to civilian life.

There are three primary types of reactions or “symptoms” that make up PTSD. Remember, immediately following a traumatic experience, symptoms are commonly experienced by most people. If these symptoms persist months after the event, they may indicate more serious conditions.

1. RE-EXPERIENCING

Continuing to think about combat or feeling as if one is still in combat

2. AVOIDANCE AND NUMBING OF EMOTION

Not wanting to discuss the traumatic event, feeling detached from others, feeling shut down emotionally

3. AROUSAL

Having a hard time relaxing or feeling “on guard,” feeling jumpy, unable to sleep, unable to concentrate, excessive concerns about security, getting angry easily

1. RE-EXPERIENCING. Sometimes after a service member has returned from combat, they may continue to think about things that happened in the war-zone. They may have nightmares about events they have witnessed or actual combat situations. At times, they may feel as though they are actually back in the war-zone. Others report that upsetting images of the war-zone can flash into their mind making it difficult to think or concentrate. Sometimes, these images are “triggered” by reminders, such as sights or sounds or smells that remind them of their combat experience.

2. AVOIDING REMINDERS AND NUMBING OF EMOTIONS. It seems normal to not want to think about distressing thoughts and to avoid upsetting reminders. However, individuals with combat stress reactions or PTSD often go to great lengths to prevent recalling memories or discussing their past experiences. They may also avoid reminders of their experience. Your loved one may appear to withdraw emotionally or physically from family and friends. They may resist or even become angry when asked to talk about their feelings or behaviors. They may use alcohol, drugs, or prescription medications to avoid thinking or feeling. This avoidance is a reaction to their combat experience and is not a sign that they are no longer committed to their family and relationships.

3. AROUSAL. Besides re-experiencing and avoidance, the service member may have difficulty letting their “guard down.” Sometimes service members describe feeling jumpy or easily startled. They might closely examine people or places to look for signs of danger or attack. They may be overly protective of children and fear for the child’s safety. Feeling keyed up can also make it harder for them to sleep and concentrate and can cause irritability.

PTSD is treatable. Acting early can prevent PTSD from becoming worse and negatively influencing your relationship, the service member's career and the family's well-being. Read on to learn what types of treatments are available.

HOW OFTEN IS PTSD DIAGNOSED IN VETERANS?

Among American Vietnam theater veterans, 31% of the men and 27% of the women have had PTSD in their lifetime. Preliminary findings suggest that PTSD will be present in at least 18% of those serving in Iraq and 11% of those serving in Afghanistan. PTSD

Although most veterans do not develop PTSD, a sizeable minority will have PTSD for some period of their life. Preliminary findings suggest rates of PTSD will be at least 18% for Iraq veterans and 11% for Afghanistan veterans.

has been observed in all veteran populations that have been studied, including World War II, Korean conflict, Vietnam, Persian Gulf, Operation Enduring Freedom and Operation Iraqi Freedom veterans. It also has been found in United Nations peacekeeping forces deployed to other war zones

around the world. PTSD is not only a problem for veterans, however. It occurs both in adults and children who have been exposed to extremely stressful situations (such as assault, rape, disasters or serious accidents), men and women, Western and non-Western cultural groups, and at all socioeconomic levels. A national study of American civilians conducted in 2005 estimated that 7% of people have had PTSD in their lifetime.

WHAT CAUSES COMBAT STRESS REACTIONS OR PTSD?

Mental health professionals do not know why some people have PTSD reactions to traumatic situations and other people don't, but we do know that it does NOT say anything about the strength or character of the person suffering. Again, there is no relationship between how strong a person is and these symptoms; many people who are brave or strong end up with PTSD symptoms after going through a traumatic experience.

PTSD is not a result of something the person wants or has chosen. In fact, we know that most people would not choose to have PTSD. Life factors that are related to PTSD include: greater exposure to life threatening situations, prior trauma, and poor social support. Remember, these are reactions that people sometimes experience after life-threatening situations that can often be dealt with given help.

OTHER COMMON REACTIONS

DEPRESSION. Depression can vary from person to person, but generally, depression involves feeling down or sad more days than not, and losing interest in hobbies or activities that used to be enjoyable or fun. The service member may feel low in energy and be overly tired. Depression also involves a feeling of hopelessness or despair, or

the feeling that things are never going to get better. Depression may be especially likely when a person has had personal losses connected with their deployment such as the death of close friends. This sometimes leads a depressed person to think about hurting or killing him or herself. Because of this, it is important for your family member to get help for depression. If you notice that your loved one seems to be feeling down most of the time or less interested in things they used to enjoy.

SUICIDAL THOUGHTS. War experiences and combat stress reactions, especially personal loss, can lead a depressed person to think about hurting or killing themselves. If you think your family member may be feeling suicidal, you should directly ask them. You will NOT be putting the idea in their head. If anyone you know has a plan to hurt themselves and the means to do it (e.g., I have a gun and will shoot myself), and cannot make a contract with you to stay safe, you should call 911 immediately. For more information, contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or www.suicidepreventionlifeline.org/

ANGER OR AGGRESSIVE BEHAVIOR. Anger and irritability are symptoms of PTSD and often associated with fear or loss of control; someone who is physically tense tends to be angry as well. A typical example is over-reacting with anger to a slight provocation. Frustration over the inability to control PTSD symptoms (feeling that PTSD symptoms "run their life") can make a person angry. Thinking about things that happened at the time of trauma (the unfairness of the situation) can also lead to anger.

Although anger is a natural and healthy emotion, it can be expressed in either healthy or unhealthy ways. Intense feelings of anger and aggressive behavior can cause marital, relationship, and family problems, job problems, and loss of friendships. Because angry feelings keep people away, they also stop a person from having positive connections and getting help. Some service members may be especially over-protective of kids, or have angry reactions to normal child behaviors. These types of reactions may actually be the service member's own fears about possible dangers the children could be exposed to.

If anger or aggressive behavior is related to threatened or actual violence against you or other members of your family, it is especially important to seek care from the police, or professional counselors (chaplains, behavioral health, primary care, nursing, family assistance program) to address the anger and combat stress reactions.

ALCOHOL AND/OR DRUG ABUSE. "Self-medicating" by drinking or abusing drugs is a common way many cope with upsetting traumatic stress reactions. This is often related to other readjustment concerns, as a person tries to deal with the difficult thoughts, feelings, and memories related to their war zone experiences by using drugs or alcohol to numb themselves. When a person wants to avoid the memories or feelings associated with combat, alcohol or drugs may seem to offer a quick solution, but they actually lead to more problems. If you notice your family member beginning to lose control of drinking or drug use, it is important to assist them in getting appropriate care.

SELF-BLAME, GUILT, AND SHAME. Sometimes service members, in trying to make sense of their war experiences, take too much responsibility for bad things that happened, for what they did or did not do or for surviving when others didn't (sometimes referred to as survivor guilt). Guilt and self-blame are common for those who have been through difficult combat situations, as the individual tries to make meaning of what happened. Understand that the individual may even feel as if they have committed a moral or religious transgression, even if they were following orders.

EFFECTS ON YOUR FAMILY LIFE

Returning service members face several challenges as they transition back home. One of these challenges, as noted, is to feel safe, comfortable and trusting again with family members. Part of the transition involves developing lines of communication with one's spouse, children, friends, colleagues and others.

Your loved one should not be challenged or feel forced to communicate about his or her combat experiences. Rather, the service member should be provided with opportunities to talk about his or her experiences, reactions, and feelings with people who will not be judgmental or respond negatively to the information. You should participate in such discussions if invited to do so. In addition, it may be helpful for the service member to speak with a counselor about his or her experiences or concerns about sharing the details of war experiences with family members.

Effects of PTSD on the Family

- Vietnam veterans with PTSD are between three and six times as likely to divorce than Vietnam veterans without PTSD.
- Veterans diagnosed with PTSD, compared to those without PTSD, are more likely to be violent with partners and children, with rates as high as 63% for some type of physical violence in the past year.
- Partners of Vietnam veterans with PTSD reported markedly reduced satisfaction in their lives and greater demoralization compared to partners of Vietnam veterans not diagnosed with PTSD.

Another challenge during transition is adjusting to changes in the family. Be aware that problems that existed between spouses or partners before deployment may return. War experiences have changed the person who was deployed. Children have grown and developed new skills in school. Spouses or other family members may have assumed more responsibilities and control of the family. All parties need to work and adapt to a new and mutually acceptable family pattern.

Sometimes the everyday stress of family life can feel overwhelming for the service member. He or she may become more irritated or react more strongly to typical family issues. As noted above, anger and aggression are common combat stress reactions. However, these reactions may frighten spouses and children, and even the service member. Continued angry outbursts or over-reacting to everyday situations might indicate that you or the service member should get help.

Men and women may differ in the way in which they integrate back into the family. To cope with stress, men may isolate more and leave the home to be with friends or buddies. Women may need to communicate more of their experiences with their partners. Some male partners may experience resentment or misunderstanding towards the returning woman veteran, and are reluctant to sympathize both with her accomplishments and difficulties experienced in a combat area. In a war zone, both women and men often report experiencing camaraderie with their buddies that may be difficult to recreate in civilian life.

Men and women both may face challenges coming home to their children. Children may feel resentment, abandonment, sorrow or anger when a parent leaves. During deployment, a child may have learned to rely more on the parent who remained at home. Homecoming may bring back the child's normal fears of separation. It's important not to take these uncomfortable feelings and challenges personally, but instead reassure the children and communicate with others within the family or in counseling. This is very important in helping the family as a whole.

Problems with family relationships or relationships with other people should not be overlooked. Initial difficulties can turn into marital separation and divorce, family violence, and caregiver burden. Communication is essential to working through these problems. You may want to consider talking to a counselor yourself for support and assistance.

HOW TREATMENT WORKS

Combat stress reactions usually go away over time. But, if they don't, a person might develop PTSD. The good news is that there are effective treatments for PTSD and the other problems mentioned above. Counseling for combat stress reactions or PTSD is really very practical and involves common sense steps. The person has regular conversations with a trained professional, in order to think about their current situation and how they want to change it. They learn more about PTSD and how it is affecting them and those around them. In addition they may speak with other service members who served in combat operations, to give and receive support.

Service members and their families may receive treatment for war zone related problems from a number of qualified sources. These include chaplain services, mental or behavioral health services located with hospitals or clinics, primary care physicians or nursing, and family assistance programs. Many veterans, including National Guard and Reserve members, and active duty service members will receive treatment for PTSD at

the Department of Veterans Affairs (VA) PTSD treatment programs and Readjustment Counseling Service Vet Centers. Most treatment is performed in an outpatient treatment setting in which the service member continues to live at home and attends individual appointments and groups.

Wherever the service member seeks help, treatment usually focuses on the following:

- Assessment. Treatment typically begins with a discussion with a counselor about problems the service member has faced since returning.
- Learning about PTSD. Through discussions with the counselor and classes with other service members or veterans, the person will learn about combat stress reactions and PTSD and how it affects them and their loved ones.
- Learning coping skills or “tools.” There are a lot of skills that can help in recovery, including skills for lowering physical tension, skills for communicating more effectively with family and friends, and skills for handling anger and conflict with others. Treatment involves learning new ways of dealing with the things that make the person frightened, depressed, angry, or sad.

In addition, the service member or veteran may be offered additional treatment options:

- Medications. Treatment may involve consulting with a psychiatrist or primary care doctor about possible medication. Medications can offer relief for anxiety, depression, irritability, nightmares or insomnia often associated with PTSD. They can also make it easier to participate in other counseling activities.
- Telling the trauma story. Discussing difficult combat situations and sharing one’s feelings can be painful. There may be a concern that this pain may overwhelm the individual with sadness, pain, grief, or anger. But talking about traumatic experiences can be very helpful for recovery if the person is able to talk to someone they learn to trust and take a fresh look at their experiences and their opinions about them. Often, this kind of therapeutic talking takes place over many discussions, and gradually, service members or veterans often find that the memories become more controllable, and less painful or frightening.

Treatment may last a few weeks or months or for several years. Usually, contact with a counselor is more frequent at first, and gradually becomes less regular as the service member learns different strategies for dealing with thoughts, feelings, memories, and relationships.

COMMON THERAPIES USED TO TREAT PTSD

COGNITIVE-BEHAVIORAL THERAPY (CBT) has been shown to be the most effective treatment for PTSD. CBT involves working with cognitions, or thoughts, to change emotions, thoughts, and behaviors. There are several types of CBT:

- Exposure therapy uses careful, repeated, detailed imagining of the trauma (exposure) in a safe, controlled environment, to help the person face and gain control of the fear and distress that was overwhelming in the trauma.
- Cognitive Restructuring is an approach in which clients identify and examine upsetting thoughts about their trauma, challenge those thoughts, and replace them with more balance and accurate ones.
- EMDR (Eye Movement Desensitization and Reprocessing) involves elements from both treatments above; having people move their eyes back and forth while re-imagining the source of their trauma. Although research suggests that the eye movements are not necessary, EMDR is an effective treatment.
- Stress Inoculation Training reduces symptoms through anxiety reduction techniques, teaching coping skills, and correcting inaccurate thoughts related to the trauma.

MEDICATION can reduce PTSD symptoms as well as the anxiety, depression, and insomnia often experienced with PTSD. Several kinds of medication have been tested and shown to cause improvement in symptoms, and some others have shown promise. Medication can help relieve distressing symptoms and make it possible for you to participate in other types of talk therapy that have been shown to be effective.

ROLE OF THE FAMILY IN TREATMENT

Adult family members can help the returning veteran by learning and understanding some of the possible stressors and emotions a veteran may experience after being away from home for a period of time, especially when he or she has served in a war zone. Family members' most important role is to be genuine, loving, supportive and assertive in expressing their own needs and expectations, rather than to hide their needs and emotions in an effort to protect the service member or veteran.

At the same time, adult family members need to be supportive and respectful of the veteran's need for real time to adjust. Spouses or partners need to be prepared for change, and be ready to adapt to sharing control of the family and important tasks and goals. It is important that partners and spouses demonstrate their trust in the service member's role as parent and support mutual decisions.

Family members should be ready to learn and accept new skills or tools for coping used by the service member. For example, having a discussion about potential "triggers" will allow both partners to understand what might cause an upsetting reaction. A positive attitude towards treatment and readjustment can go a long way to making a return to civilian life an easier transition.

It is also important to remember that all individuals in the family relationship count. The spouse or partner at home should be prepared to seek counseling for themselves and children if needed. Oftentimes couples counseling can help to identify the needs of individual family members in this regard.

FAMILY'S ROLE IN ENCOURAGING VETERAN TO SEEK HELP

Adult family members are often the first to notice problems in a service member's adjustment. Family members also need to be aware of negative impacts on children and adolescents if the returning service member is experiencing difficulties. While a veteran needs some practical time to acclimate, problems that continue over several months may be on the way to becoming negative habits and family patterns. Encouraging the veteran to seek help might be considered if the service member or veteran is using negative strategies to cope with stress, such as substance use, withdrawal and isolation, or strong emotions that seem inappropriate in front of the family. Try to communicate concerns to the veteran in a non-blaming and understanding manner.

Getting your loved one to seek help is not always as easy as you may hope. A study of soldiers returning from Iraq found that only 40% of those that were experiencing mental health problems said they were interested in receiving help. Many returnees hesitate to receive mental health treatment for fear that it will hurt their image or even ruin their military careers. Family members' most important task may be to encourage the veteran to seek counseling and treatment. Effective treatments exist and early treatment can prevent worse problems from occurring. Encouraging the veteran to seek help is a benefit for all concerned.

WHERE TO GO FOR HELP

VA SERVICES

Once your family member has returned from deployment, they are eligible to receive cost-free health care and readjustment services through the Department of Veterans Affairs for any conditions related to combat service for two years following active duty. After two years, services are still available for a co-pay based on income. If they serve in the National Guard or Reserves and were deployed to a war zone, they are eligible for the same benefits. They must enroll to be eligible for these services. Fill out an application online at: www1.va.gov/health_benefits/

VA HEALTH CENTERS. VA health care centers are located across the country, and range from small, local clinics to large hospitals. At these facilities, service members can receive help for any problem, both physical and mental health problems. Many VA facilities have experts in Post Traumatic Stress Disorder and related problems your family member can talk with.

VET CENTERS. Vet Centers are another great resource for getting help after returning home. Vet Centers are located throughout the country and are primarily focused on helping veterans readjust to life after deployment. They offer readjustment and mental health counseling, and provide veterans and their families with resources for the experiences associated with post-deployment.

To access care at a VA or Vet Center, your family member will need to establish their status as a combat veteran by showing the Enrollment Coordinator at his or her local facility one of the following pieces of evidence when they apply for care, or any time.

- A DD-214 indicating service in a designated combat theater of operations; or
- Proof of receipt of the Afghanistan Campaign Medal; Iraq Campaign Medal; Armed Forces Expeditionary Medal; Kosovo Campaign Medal; Global War on Terrorism Expeditionary Medal (does not include Global War on Terrorism Service Medal); or Southwest Asia Campaign Medal; or
- Proof of receipt of Hostile Fire or Imminent Danger Pay (commonly referred to as “combat pay”) after November 11, 1998; or
- Proof of exemption of Federal tax status for Hostile Fire or Imminent Danger Pay after November 11, 1998.

To find out more information about veterans benefits, or to locate the VA nearest you, call 1-877-VETS or go to www.vba.va.gov/EFIF. For Vet Center information, call 1-800-827-1000 or go to www.va.gov/rcs.

VETERAN SERVICE ORGANIZATIONS (VSOs)

Another great resource for individuals returning from a war zone are Veteran Service Organizations (VSO). These organizations specialize in providing resources and assistance to military servicemen and women following deployment, and help bring individuals with similar experiences together. These groups are organized by branch of service, religion, ethnicity, war zone theater, purpose, and many other categories, as well as large organizations, such as the American Legion and Veterans of Foreign Wars, which are focused on the needs of veterans in general. To find out more or become involved with one of these organizations, check out www.va.gov/vso.

IN CLOSING

We hope you have found this pamphlet informative. Learning about what to expect when a loved one returns from a war zone, and about combat stress reactions and PTSD is an important first step to being able to recognize when help is needed. We want to emphasize that most combat related reactions are not permanent. In many cases, they will go away on their own. With early proper treatment, problems that impact your family and relationships may be minimized. When problems do continue, effective treatments are available. In most cases cognitive behavioral therapy (with or without medication) can either eliminate or at least improve stress reactions, alleviate functional

problems, and help stop family disruption. Remember, combat stress reactions are like any other physical injury from war. There is a range of how severe these invisible injuries are, just like there is a range of how severe physical injuries are. If problems do persist, treatment may help everyone lead a happier, more well-adjusted life.

For more information about stress-related disorders see www.ncptsd.va.gov