

The Children and Families of Combat Injured Service Members

Trauma Spectrum Disorders Conference
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Overview of Combat Injury

- Over 38,000 service members have been injured in Iraq and Afghanistan
- Over 30,000 children have been affected by combat injury
- Range of combat injured family experience varies (timing of injury, type/severity of injury, family composition, developmental ages, preexisting challenges, post-injury course)
- Effects on families likely to be variable, complex and changing over time

Overview of Combat Injury

- Alternating periods of medical stability and instability/community relocation
- Most common causes of physical injuries are blast/concussive
- Injuries include musculoskeletal, spinal cord, disfigurement, amputations, burns, impairments
- “Invisible Injuries” – TBI/PTSD
- Development of co-morbid psychiatric conditions
- Research in this area evolving



Combat Stress Contributions

Impact of Combat Exposure on Service Members

- high level of traumatic combat exposures (witnessing injury or death, exposure to dead bodies, hand-to-hand combat, blast injuries) Hoge et al. 2004
- resultant psychiatric sequelae and other morbidity (depression, PTSD, substance use disorders, cognitive disorders, physical injury, TBI) Hoge et al, 2004; Grieger et al, 2006, Milliken et al, 2007; Tanielian & Jaycox, 2008

Transgenerational Effects of PTSD In Vietnam Vet relationships/families

- Vietnam veteran families with PTSD evidence severe and diffuse problems in marital and family adjustment, parenting and violent behavior (Jordan et al .1992)
- Broad relationship problems/difficulty with intimacy correlated with severity of PTSD symptoms (Riggs et al. 1998)
- PTSD adversely effects interpersonal relationships, family functioning and dyadic adjustment (MacDonald et al. 1999)

Family Impact of PTSD in Vietnam Vets

Mediating Factors

- *emotional numbing/avoidance* component of PTSD most closely linked to interpersonal impairment in relationship with partners and children (Ruscio et al. 2002, Galovski & Lyons 2004)
- Co-morbid *veteran anger and depression* as well as *partner anger* also mediate problems in Vietnam Vet families with PTSD (Evans et al. 2003)

Family Problems Among Recently Returned Military Veterans

- Sayers et al, 2009
 - Three fourths of married/cohabitating combat vets reported family problem in past week
 - Feeling like guest in household (40.7%)
 - Children acting afraid or not being warm (25.0%)
 - Unsure about family role (37.2%)
 - Veterans with depression or PTSD had increased problems
- Gerwitz et al, 2010
 - Increases in NG combat vet PTSD symptoms associated with poorer couple adjustment and greater perceived parenting challenges

Impact of Parental Combat Furthering the Research Agenda

- Little information on the impact on children and families due to injury of parent during wartime
- May extrapolate from studies done in other injured/ill parent populations
- TBI literature suggests relationship between functional impact/non-injured parent functioning on child and family outcomes
- Unique child responses based upon combat parental injury are expected
- Parental psychiatric illness also impacts negatively on children and can complicate course of family recovery

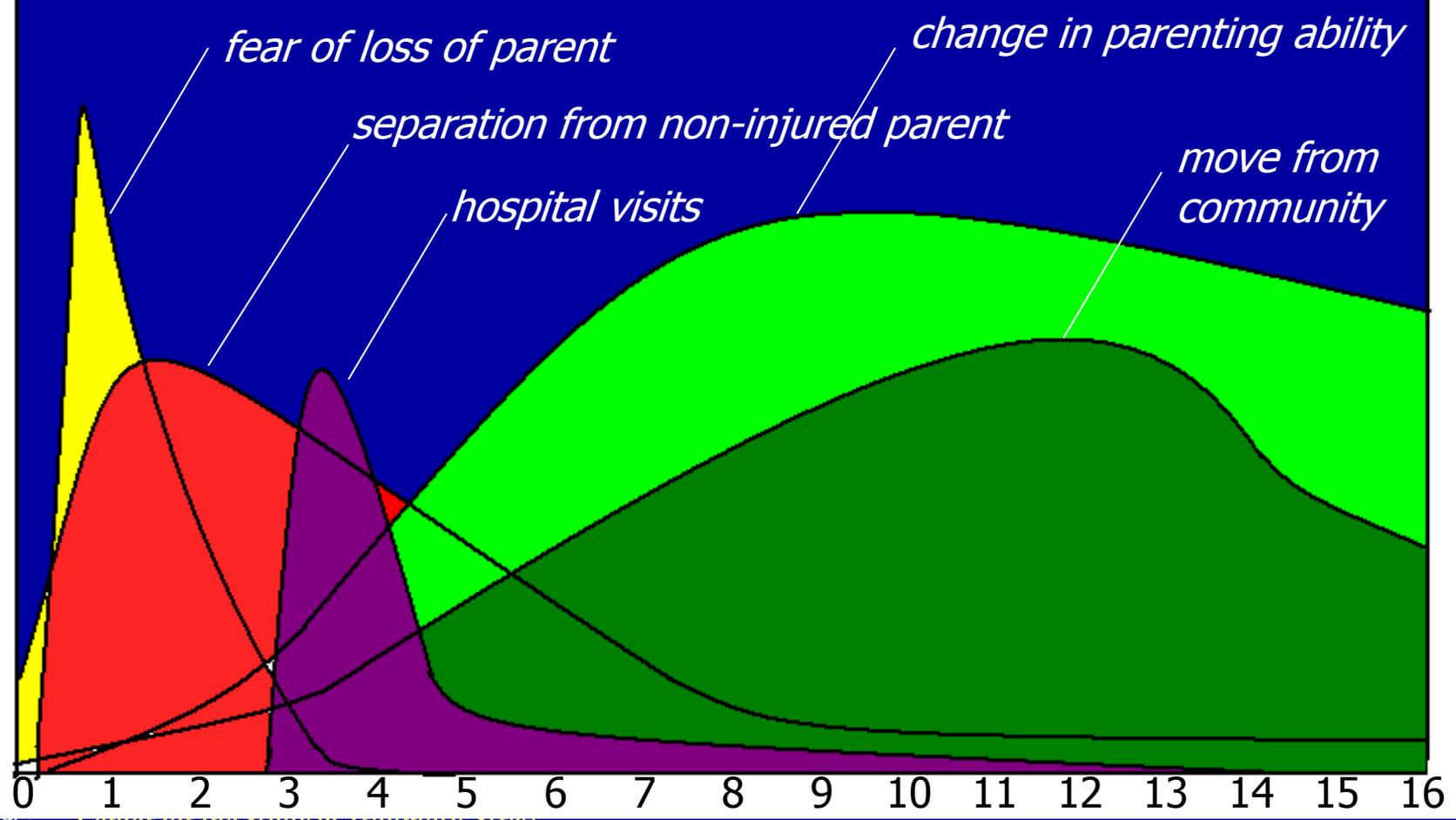
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Injury Recovery Trajectory

Not an event, but a process



Notification of Injury

- Initiates a cascade of events
- Formal vs. Informal notification
- Incomplete or inaccurate information – *importance of accuracy*
- Communication with children
 - Children may witness distress of care giver response
 - Such news cannot be hidden from children
 - Children must be informed to the level that they can understand and at the time that is appropriate
 - Importance of adult modeling of emotional competence

Travel and Family Separations

- Children are often initially left with relatives or neighbors
- Separation of family members for variable periods of time
- Spouses must plan for the care of their children and maintenance of their households
- Uncertainty about length of separations and what will be needed
- Disruptions to children's schedules, living arrangements, school and daycare routines

The Hospitalization

- Clinical and rehabilitative care can last years and require multiple inpatient stays
- Course of treatment unpredictable
- Non-traditional or complicated families can lead to conflict (spouses, ex-spouses, girl/boyfriends, parents)
- Preexisting strengths and weaknesses within families, parents and children likely contribute to outcomes
- Marital dissolution

Children visiting the hospital

- Preparation
 - Continuation of the ongoing discussion since notification
 - Familiarize through talking, pictures
 - Mixing discussion with descriptions of less anxiety provoking topics
- Children typically want to know what is happening and what they will see
- Meeting the injured parent
- Protecting from unnecessary exposures
- Time outs and breaks are necessary and helpful

Injury Communication

Dialogue about the injury and its consequences within and outside of family.

Respecting the high emotional valence of injury-related topics (incorporating principles of risk communication)

Developmentally appropriate language when communicating to children of different ages.

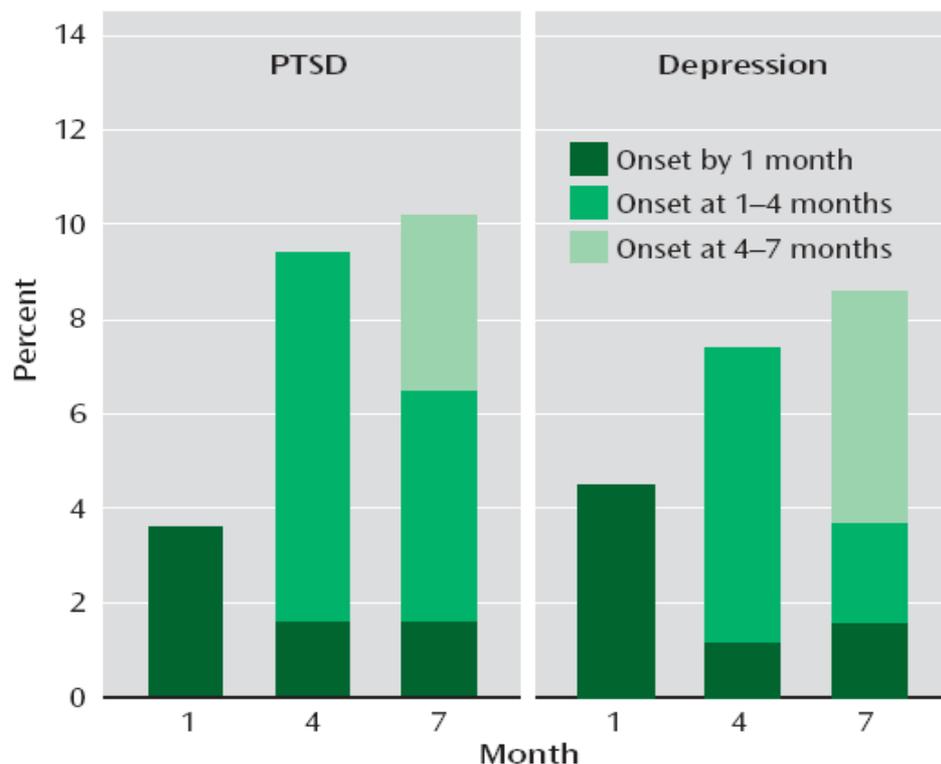
Must meet the needs of a family as they evolve and change over the course of hospitalization, recovery and reintegration.

Longer Term Family Challenges

- Transition from military careers
- Transitions to new neighborhoods
- Transitions from schools, peer groups, activities
- Transitions to new health care providers/systems of care
- Change in parental cognitive ability
- Change in parental personality

Posttraumatic Stress Disorder and Depression in Battle-Injured Soldiers

FIGURE 1. Rates of PTSD and Depression at 1, 4, and 7 Months Among 243 U.S. Soldiers With Serious Combat Injuries Who Completed All Three Assessments



GRIEGER, COZZA, URSANO, ET AL *Am J Psychiatry* 163:10, October 2006



Impact of the Injury on the Parenting Process

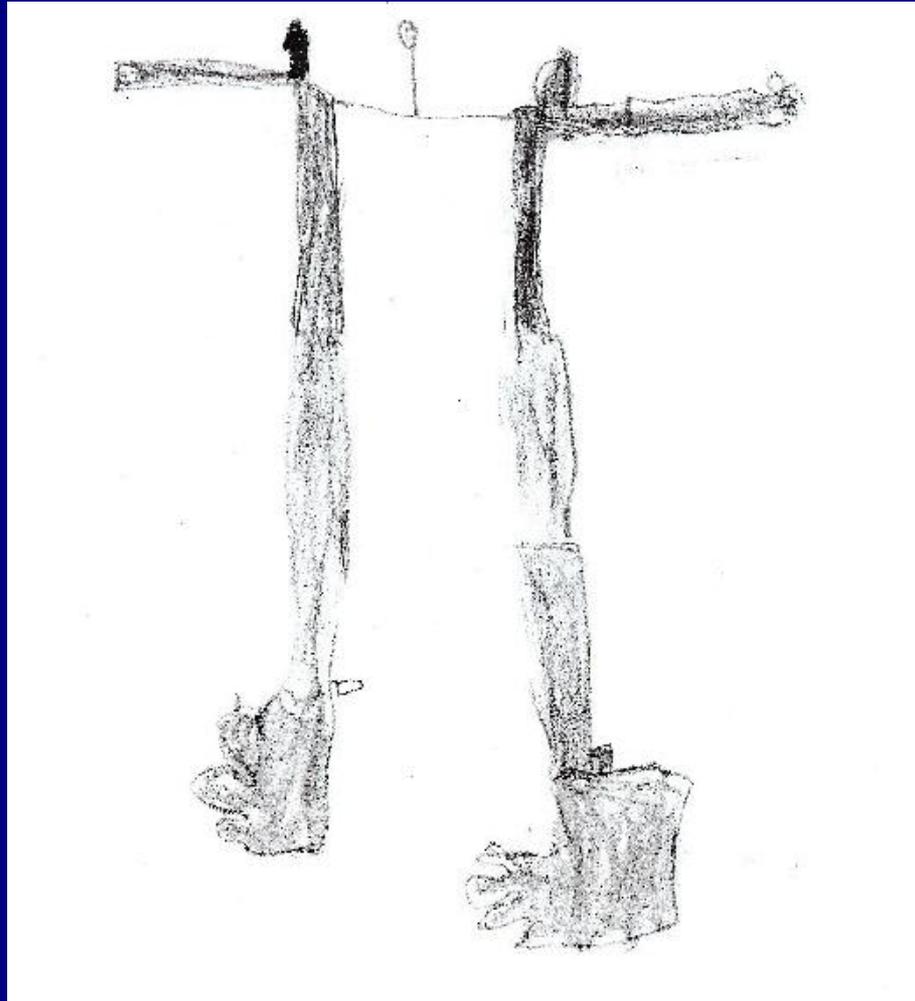
- Need for mourning related to body change and/or functional loss
- Self concept of “idealized parent image” is challenged
- Must develop an integrated sense of “new self”
- Parental attention must be drawn to child’s developmental needs
- Explore new mutually directed activities and play (transitional space) that allows parent and child to “try on” new ways of relating



Impact of the Injury on the Child

- The meaning of the injury to the child
- Child's developmental limitations of understanding
- Time of parental distraction and preoccupation with injury
- Child must modify the internal image of his injured parent
- Health requires developing an integrated and reality based acceptance of parental changes

"Draw a Person" – 5 yo son of bilateral lower extremity amputee



Invisible Injuries – PTSD/TBI

- Unique challenges to children
 - Lack of understanding – no observable answers
 - Cognitive distortions (e.g. ego centric explanations)
 - Parental irritability and reactivity
 - Change in parental personality/avoidance/withdrawal
- Importance of effective injury communication
 - Reality based understanding of the injury/consequences
- Address family distress
- Support sense of family success
- Safety planning

Rehabilitation Opportunities

- Not JUST about physical rehabilitation
- Rehabilitate the injured within the context of roles as spouse and parent
- Incorporating children into therapy activities
- Develop a “transitional space” for parents and children to try on new interactions
- When appropriate, allow the child to play and become comfortable with prostheses or other equipment

Combat-Injured Service Members and Their Families: The Relationship of Child Distress and Spouse-Perceived Family Distress and Disruption

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Research Questions

- What is the short-term impact of parental combat injury on children?
 - Family disruption (e.g. changes in schedules, parental separations)
 - Child distress (degree of emotional difficulty and changes in behavior)
- What factors contribute to risk?
 - Preinjury deployment-related family distress
 - Injury severity (spouse report)
 - Postinjury family disruption (routines, discipline, time)



Method and Sample

- Clinical record review
- Cases: 41 families of combat injured soldiers seen at WRAMC (n = 29) or BAMC (n = 12)
- Measure: PGA–CI (Cozza, Chun, & Miller, in press)
 - semi-structured clinical interview conducted with spouses 1-12 weeks post-injury
- Demographics:
 - All service members were male, young parent age
 - Number of children M = 2.1, SD = 0.9
 - 75% of families had at least one child under the age of 3 years.
- Military Status: almost entirely active duty injured in Iraq

Injury Characteristics

Type of Injury	
Amputation	32%
Traumatic Brain Injury	24%
Burn	15%
Spinal Cord Injury	10%
Other	17%
Multitrauma	78%

Note: Most service members had multiple types of injuries

92% of injuries were described as moderate to severe

Results

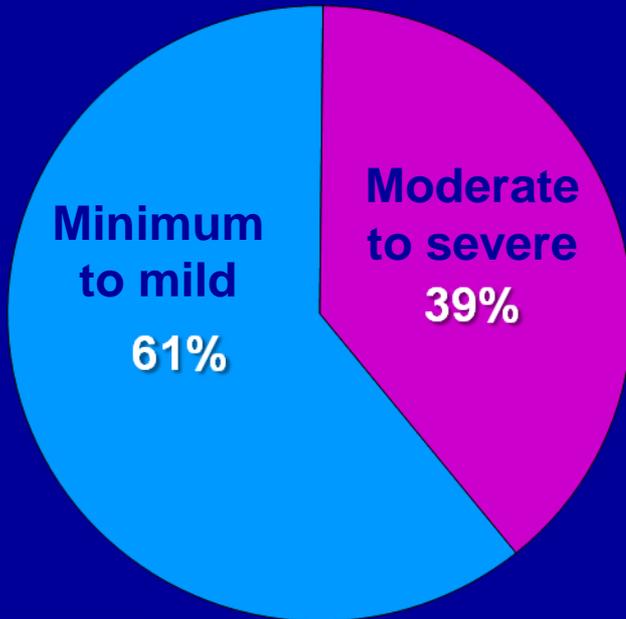
- 63% of spouses reported high deployment-related family distress prior to the injury
- 48% reported high disruption following the injury
- 68% reported high child distress

Family Disruption

- 80% of spouses reported moderate to severe impact on living arrangements
- 78% reported moderate to severe impact on child and family schedules
- 86% reported spending less time with children
- 48% reported moderate to severe impact on discipline

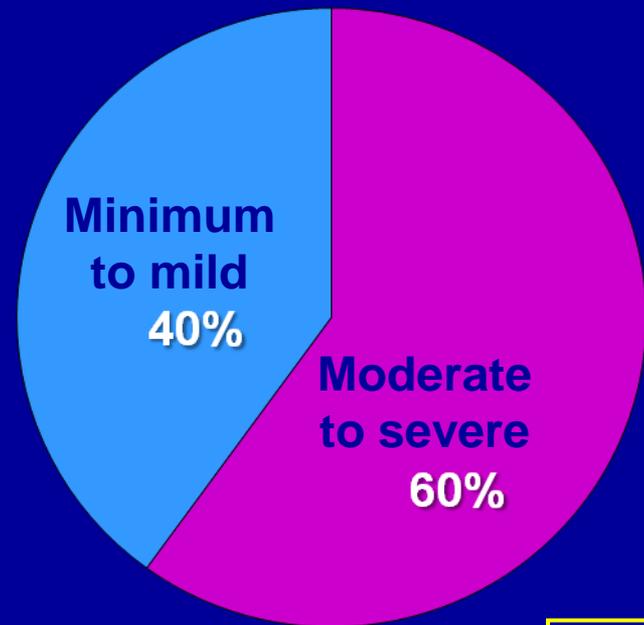
Child Distress

Changes in Behavior



Scale: 1-5
Mean: 2.9
Std Dev: 1.4

Emotional Difficulty



Scale: 1-5
Mean: 2.9
Std Dev: 1.4

Results

- Families with **high pre-injury deployment-related family distress** were significantly more likely (OR = 8.11) to report high child distress post-injury.
- After controlling for pre-injury deployment-related family distress, families with **high family disruption post-injury** were significantly more likely (OR = 21.25) to report high child distress.
- Injury severity was not significantly related to child distress.

Discussion

- Both preinjury and postinjury factors related to child distress
- Post-injury burden (disrupted schedules, separations, altered living arrangements, change in parenting) lead to heightened distress
- Identifying and intervening with at-risk families may reduce morbidity
- Early identification and support to minimize child distress post-injury



Study of Combat Injured Families

National Military Family Association Operation Purple Camp

- ◆ **Qualitative (focus group) and quantitative (parent and child self-report measures)**
- ◆ **25 families attending NMFA Operation Purple Healing Adventures Camps**
- ◆ **Most families more than one year out from injury**
- ◆ **PTSD and TBI highly represented**
- ◆ **Ongoing family distress and relationship problems**



NMFA Crosscutting Family Themes

- ◆ **High emotional reactivity and distress** - “Everything has to be perfect...he is the sergeant, do everything in order, my way or no way.”
- ◆ **Injury based challenges to individual and family functioning/interpersonal relationships** - “my wife feels like she has no friends; all her time is taken up with taking care of me”
- ◆ **Emphasis on quality service delivery and care** - “Every American soldier should be taken care of...we need to take care of our soldiers.”
- ◆ **Need for family centered care** - “What we need is for someone to talk to us as a family. Talk to kids one on one.”



NMFA Crosscutting Family Themes

- ◆ **Need for developmental input-** “Help us understand the impact of injury on children in terms of their age and level of development.”
- ◆ **Need for assistance with injury communication -** “I tried to explain but it’s really hard...don’t know how to put in simple words...how do you explain TBI to a kid?”
- ◆ **Psychoeducation about the family recovery trajectory -** “What we need is help in understanding what happens from acute hospitalization to the development of a new family identity.”
- ◆ **Recognizing/reminding of family strengths -** “When asked what keeps them positive, answers ranged from commitment to love as well as wanting to do the best for the children”



Combat Injured Family Assessment Grant

- CDMRP Funded Grant
- Comparison study of combat injured families with similarly deployed but uninjured families
- Sample size 200 injured families/200 non-injured families
- Three measures of child/parent/family functioning over 2 years
- Study sites – WRAMC, BAMC, Ft. Stewart, GA
- 4 year grant cycle



FOCUS-CI (Combat Injury)

Congressionally Directed Medical Research Funded Study

Multisite study including WRAMC, BAMC, MAMC

Collaborators at UCLA, Harvard University, University of Washington

(Beardslee et al, 2007; Rotheram-Borus et al, 2004; Zatzick et al, 2001)

Seven Core Components

Family focused care management (e.g. ensuring instrumental support/attention to complications)

Emotion regulation skill training

Psychoeducation

Injury Communication

Problem Solving

Goal Setting

Integration of new competent family identity





Courage to Care Courage to Talk



About War Injuries

- Are you talking about the injury?
- What have you told your children?
- Do you know what questions to ask healthcare providers?

Visit CourageToTalk.org for information, resources and support.



The Center for the Study of Traumatic Stress (CSTS) (CSTSonline.org) is part of the Uniformed Services University's Department of Psychiatry, located in Bethesda, Maryland, and a partnering center of the Defense Center of Excellence (DCE) for Psychological Health and Traumatic Brain Injury.



www.couragetotalk.org



www.cstsonline.org

Center for the Study of Traumatic Stress

PROCEEDINGS

WORKGROUP ON INTERVENTION WITH
COMBAT INJURED FAMILIES



Sponsored by the Center for the Study of Traumatic Stress, part of the
Department of Psychiatry of Uniformed Services University and a partnering center of the
Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury

“The injury inherently disrupts the constellation and function of the family and adds stress to the family unit. It tends to widen splits in families that are already present, and add conflict when the dust has settled. Suddenly you have this injury event that just complicates things. Even when families pull together closely, the impact of the combat injury on families is more likely to disorganize than to organize families.”

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