



2009 Traumatic Spectrum Disorders Conference

Relevant Documents with Abstracts

Veteran Interest in family Involvement in PTSD treatment

Sonja Batten

Family support is an important component of successful reintegration for returning Veterans. As part of an initiative to match treatment delivery to the needs of Veterans with PTSD, investigators at the VA Maryland Health Care System surveyed 114 Veterans about their wishes for family participation in treatment. Most of the Veterans believed that PTSD was a source of stress within their family (86%), expressed interest in greater family involvement in treatment (79%), and believed a family member (most frequently a spouse or partner) would attend a couples or family support group (72%). Veterans were most interested in receiving information for themselves and family regarding the impact of PTSD on the family, and over half preferred that family support groups be held on evenings or weekends. Veterans who believed their PTSD was a source of stress in their family, compared with those who did not, rated family participation as more appealing, whereas Veteran perceptions about family interest were similar no matter the impact they believed their PTSD had on their family. Given these findings, the authors advocate for a paradigm shift in PTSD treatments to include routine assessment and treatment planning that consider family involvement, as well as making more family treatment options available. What's exciting is that recent changes in public law may make this shift possible within the VA system.

Batten, S.V., Drapalski, A.L., Decker, M.L., DeViva, J.C., Morris, L.J., Mann, M.A., et al. (2009). Veteran interest in family involvement in PTSD treatment. *Psychological Services, 6*(3), 184-189.

Ambiguous Loss in Families of the Missing

Pauline Boss

Ambiguous loss is caused when loved ones suddenly vanish. For the families left behind—when soldiers are declared missing in action or relatives disappear during political unrest and civil conflict—not knowing whether a loved one is dead or alive defies emotional comprehension. Families who are affected by ambiguous loss face a variety of challenges which often times become physically and emotionally exhausting. Therapy and support is needed to address the effects of various psychological health issues that maybe experienced by families of missing loved ones.

Boss, P. (2002). Ambiguous loss in families of the missing. *The Lancet, Supplement* (360), 39-40.



Ambiguous Loss from Chronic Physical Illness: Clinical Interventions with Individuals, Couples, and Families

Pauline Boss

The theory of ambiguous loss is applied to chronic illness in individuals, couples, and families. Lack of clarity about prognosis, daily physical condition, and fluctuating capabilities create relationship confusion, preoccupation with the illness, or avoidance of the ill individual. Immobilization, depression, and relationship collapse may occur in response to features of chronic illness over which there is no control. A case study illustrates helpful therapeutic interventions for couples and families with chronically ill members.

Boss, P., Couden, B. A. (2002). Ambiguous loss from chronic physical illness: Clinical interventions with individuals, couples and families. *Journal of Clinical Psychology, 58*(11), 1351-1360.

Understanding the Impact of Deployment on Children and Families

Anita Chandra

Objective: To describe the effect of wartime military deployments on the behavior of young children in military families. Design: Cross-sectional study. Setting: Childcare centers on a large Marine base. Participants: Parents and childcare providers of children aged 1 1/2 to 5 years enrolled in on-base childcare centers. Main Exposure: Parental deployment. **Outcome Measures:** Mean externalizing, internalizing, and total symptom scores on the Child Behavior Checklist (CBCL) (1 1/2-5 years) and the CBCL–Teacher Report Form (TRF) (1 1/2-5 years). **Results:** One hundred sixty-nine of 233 consenting families (73%) participated. Nonresponders did not differ from responders in their child’s age or TRF scores. Fifty-five children (33%) had a deployed parent. Parents with children aged 3 years or older and a deployed spouse had significantly higher depression scores than those without a deployed spouse. There were no differences in the demographic characteristics between groups. After controlling for respondent’s age, stress and depressive symptoms, deployed service member’s rank, and total number of children in the home, we found an age by deployment interaction: children aged 3 years or older with a deployed parent had significantly higher CBCL externalizing and total scores (externalizing, 48.50 vs 43.31, $P < .05$; total, 47.71 vs 42.68, $P < .05$) and externalizing and total TRF scores (externalizing, 50.21 vs 45.62, $P < .05$; total, 48.54 vs 43.73, $P < .05$) compared with same-aged peers without a deployed parent. **Conclusions:** This study is the first to show that children aged 3 years or older with a deployed parent exhibit increased behavioral symptoms compared with peers without a deployed parent after controlling for caregiver’s stress and depressive symptoms.

Chandra, A., Burns, R. M., Tanielian, T., Jaycox, J. H., and Scott, M. M. (2008). Understanding the impact of deployment on children and families. Santa Monica, CA: RAND National Defense Research Institute.



Effect of Parents' Wartime Deployment on the Behavior of Young Children in Military Families

Molinda M. Chartrand

The effect of wartime military deployments on the behavior of young children in military families is the focus of this cross-sectional study which took place at a childcare centers on a large Marine base. The participants of this study were parents and childcare providers of children aged 1½ to 5 years old enrolled in on-base childcare centers. This study is the first to show that children aged 3 years or older with a deployed parent exhibit increased behavioral symptoms compared with peers without a deployed parent after controlling for caregiver's stress and depressive symptoms.

Chartrand, M. M., Frank, D. A., White, L. F., and Shope, T. R. (2008). Effect of parents' wartime deployment on the behavior of young children in military families. *Archives of Pediatrics & Adolescent Medicine*, 162 (11), 1009-1014.

Workgroup on Intervention with Combat Injury Families

Stephen J. Cozza,

Combat injury is a life-altering event that impacts not just the service member but his/her family and children. The affected population is significant in number and in terms of the unique challenges that include the short-term disruptions of individual and family routines and sense of safety, to longer-term issues around parenting and family health. The Workgroup's primary objective was to develop and disseminate a set of core *Principles of Caring for Combat Injured Families and Children*. These principles would serve to guide simultaneous endeavors of scientific research and evaluation, and clinical interventions to mitigate family distress and dysfunction, and to improve communication around the injury within and between the healthcare, family and community settings.

Cozza, S. J. (2009). Workgroup on Intervention with Combat Injured Families. Bethesda, MD: The Center for the Study of Traumatic Stress.



Use of Family Focused Therapy in Rehabilitation for Veterans with Traumatic Brain Injury

Barbara M. Dausch

Objective: Military personnel returning from Iraq and Afghanistan with traumatic brain injury (TBI) present with a complex array of stressors encountered during combat as well as upon re-entry, often with additional physical and mental health comorbidities. This requires an intensive approach to treatment that includes family intervention as a part of rehabilitation. There is a small but growing literature addressing the needs of families when a family member has sustained a TBI. An established treatment intervention for individuals with serious mental illness, such as family focused therapy (FFT), is uniquely suited to address the complexity of issues presented by returning military personnel, and may be adapted for moderate to severe TBI populations. In this article, we discuss the rationale for adapting this family intervention for this population and present a case vignette illustrating adaptations for TBI. Conclusions: The adaptation of an existing family intervention for a chronic condition that focuses on enhancing both individual and family functioning is a useful starting point. With further research to modify FFT for this unique population and establish feasibility, this approach may supplement existing models of family intervention

Dausch, B. M., Saliman, S. (2009). Use of family focused therapy in rehabilitation for veterans with traumatic brain injury. *Rehabilitation Psychology, 54*(3), 279-287.

Support for Families of Wounded Warriors

Defense Department Advisory Committee on Women in the Services (DACOWITS)

In a memorandum dated 1 August 2008, the Principal Deputy Under Secretary of Defense for Personnel and Readiness (PUSD-P&R) requested that the Defense Department Advisory Committee on Women in the Services (DACOWITS) conduct a short but intensive study on the level and consistency of military support experienced by family members of Wounded Warriors. Though DACOWITS often focuses its research activities on issues specifically affecting women Service members, its charter also directs the Committee to “provide advice and recommendations regarding family issues related to the recruitment and retention of a highly qualified professional military”. This report summarizes the findings and recommendations of this quick-turnaround study, conducted by DACOWITS during August and September of 2008.

Defense Department Advisory Committee on Women in the Services. (2008). *Support for Families of Wounded Warriors*. Washington, DC: The Department of Defense.



Predictors of emotional distress reported by soldiers in the combat zone

Amanda G. Ferrier-Auerbach

OBJECTIVE: Few studies have examined rates of distress of military personnel during deployment to a war zone. Our study sought to (a) identify rates of self-reported posttraumatic stress disorder (PTSD) and depression symptoms during combat deployment, (b) characterize higher order dimensions of emotional distress experienced by soldiers during deployment, and (c) identify predictors of these dimensions of emotional distress. **METHOD:** Participants were 2677 National Guard soldiers deployed as part of Operation Iraqi Freedom in 2006-07. We performed a principal components factor analysis on items of the PTSD Checklist - Military Version and the Beck Depression Inventory to identify dimensions of emotional distress, followed by multiple regression analyses to identify factors that predicted these dimensions of distress. **RESULTS:** Rates of PTSD and depression in our sample were 7% and 9%, respectively. Five dimensions of emotional distress emerged: negative affect/cognitions, trauma-specific re-experiencing and avoidance, vegetative symptoms, loss of interest/numbing symptoms, and arousal/irritability. Two dimensions, trauma-specific symptoms and arousal/irritability, appeared to be more indicative of trauma sequelae, while the other three dimensions were more indicative of depressive symptoms. Demographic factors, combat exposure (including injury and exposure to explosive blast), and attitudinal variables predicted trauma-specific aspects of distress. Symptoms characteristic of depression or generalized distress were predicted by female gender, recent prior deployment, and attitudinal factors but were not predicted by blast exposure or injury. **CONCLUSIONS:** These findings suggest specific targets for contextual and individual interventions to reduce deployment-related distress and point out the need for longitudinal follow-up to determine long-term implications for post-deployment functioning.

Ferrier-Auerbach, A. G., Erbes, C. R., Polusny, M. A., Rath, C. M., & Sponheim, S. R. (2009). Predictors of emotional distress reported by soldiers in the combat zone. *Journal of Psychiatric Research*, [Epub ahead of print].



Communication Information to Families of Polytrauma Patients: A Narrative Literature Review

Greta Friedeman-Sanchez

Family caregivers of U.S. service members with polytraumatic injuries (injuries to multiple body systems) need support and information to care for their family members. Providing information to patients' families may reduce stress and increase coping abilities. Because the field of polytrauma research is new and evidence is lacking providers rely on traumatic brain injury (TBI) research to guide their practice. This article presents a narrative literature review on the information needs of families of patients with TBI. It summarizes the types of needed information, the most appropriate time to provide information, and the best approaches for providing information. Future research on information needs is critical if polytrauma rehabilitation providers are to effectively support families in their caregiving roles. Such research likely will benefit caregivers of patients with polytrauma who acquire their injuries as civilians, as well. Research gaps are identified with regard to the information needs of families of patients with TBI; these gaps also are applicable to polytrauma caregivers. Additional research areas are highlighted in light of the new polytrauma population.

Friedemann-Sanchez, G., Griffin, J. M., Rettmann, N., A., Rittman, M., and Partin, M. R. (2008). Communicating information to families of polytrauma patients: A narrative literature review. *Rehabilitation Nursing*, 33(5), 206-213.



Child Maltreatment in Enlisted Soldiers' Families During Combat-Related Deployments

Deborah H. Gibbs

Context: Parental stress is believed to play a critical role in child maltreatment, and deployment is often stressful for military families. **Objective:** To examine the association between combat-related deployment and rates of child maltreatment in families of enlisted soldiers in the US Army who had 1 or more substantiated reports of child maltreatment. **Design and Setting:** Descriptive case series of substantiated incidents of parental child maltreatment in 1771 families of enlisted US Army soldiers who experienced at least 1 combat deployment between September 2001 and December 2004. **Main Outcome Measures:** Conditional Poisson regression models were used to estimate rate ratios (RRs) that compare rates of substantiated child maltreatment incidents during periods of deployment and nondeployment. **Results:** A total of 1858 parents in 1771 different families maltreated their children. In these families, the overall rate of child maltreatment was higher during the times when the soldier-parents were deployed compared with the times when they were not deployed (942 incidents and 713 626 days at risk during deployments vs 2392 incidents and 2.6 million days at risk during nondeployment; RR, 1.42 [95% confidence interval {CI}, 1.31-1.54]). During deployment, the rates of moderate or severe maltreatment also were elevated (638 incidents and 447 647 days at risk during deployments vs 1421 incidents and 1.6 million days at risk during nondeployment; RR, 1.61 [95% CI, 1.45-1.77]). The rates of child neglect were nearly twice as great during deployment (761 incidents and 470 657 days at risk during deployments vs 1407 incidents and 1.6 million days at risk during nondeployment; RR, 1.95[95%CI, 1.77-2.14]); however, the rate of physical abuse was less during deployments (97 incidents and 80 033 days at risk during deployments vs 451 incidents and 318 326 days at risk during nondeployment; RR, 0.76 [95% CI, 0.58-0.93]). Among female civilian spouses, the rate of maltreatment during deployment was more than 3 times greater (783 incidents and 382 480 days at risk during deployments vs 832 incidents and 1.2 million days at risk during nondeployment; RR, 3.33[95%CI, 2.98-3.67]), the rate of child neglect was almost 4 times greater (666 incidents and 303 555 days at risk during deployments vs 605 incidents and 967 362 days at risk during nondeployment; RR, 3.88 [95% CI, 3.43-4.34]), and the rate of physical abuse was nearly twice as great (73 incidents and 18 316 days at risk during deployments vs 141 incidents and 61 105 days at risk during nondeployment; RR, 1.91 [95% CI, 1.33-2.49]). **Conclusions:** Among families of enlisted soldiers in the US Army with substantiated reports of child maltreatment, rates of maltreatment are greater when the soldiers are on combat-related deployments. Enhanced support services may be needed for military families during periods of increased stress.

Gibbs, D. A., Martin, S. L., Kupper, L. L., and Johnson, R. E. (2007). Child maltreatment in enlisted soldiers' families during combat-related deployments. *Journal of American Medical Association*, 298(5), 528-535.



Shadowed by War: Building Community Capacity to Support Military Families

Angela Huebner

The context of military service has changed greatly since the events of 9/11. The forward deployment of service members to active war zones, which involves the issues of separation, time away from home, and eventual reunion, increases the vulnerability of their families to effects. This article explores these issues and suggests a new approach to building support systems to support these military families. To this end, a capacity-building framework is introduced, and 4 diverse and innovative social action programs consistent with this approach are highlighted. Implications for implementing the community capacity-building model are presented.

Huebner, A. J., Mancini, J. A., Bowen, G. L., and Orthner, D. K. (2009). Shadowed by war: Building community capacity to support military families. *Family Relations*, 58(2), 216-228.

Children's Response to Parental Separation during Operation Desert Storm

Peter S. Jensen

Objective: Commonly held attitudes concerning the effects parental wartime deployment on children have usually been guided by stereotype, rather than scientific data. To determine the effects of Operation Desert Storm on military children and their parents, the authors compared children and families with and without a deployed soldier-parent prior to and during Operation Desert Storm. **Method:** Three hundred eight-three children and the remaining caretaking parent completed self- and parent-report instruments concerning child and family functioning and life stressors. Children of deployed and nondeployed personnel were compared cross-sectionally, as well as longitudinally, using data collected prior to any knowledge of Operation Desert Storm. **Results:** Children of deployed personnel experienced elevated self-reported symptom levels of depression, as did their parents. Likewise, families of deployed personnel reported significantly more intervening stressors, compared with children and families of nondeployed personnel. However, deployment per se rarely provoked pathological levels of symptoms in otherwise healthy children. **Conclusions:** Generally, the factors shaping differential outcomes among children of deployed personnel do not suffer from the variables affecting outcomes of children of nondeployed parents. However, boys and younger children appear to be especially vulnerable to deployment effects, and increased monitoring of these children is warranted. Adequate treatment of children requires treatment of the effects of the deployment on other family members. For children showing more persistent pervasive psychopathology, factors other than simple deployment should be considered.

Jensen, P. S., Martin, D., and Watanabe, H. (1996). Children's response to parental separation during operation desert storm. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35(4), 433-441.



Families Under Stress: An Assessment of Data, Theory, and Research on Marriage and Divorce in the Military

Benjamin Karney

Evaluating the effects of stress on military marriages is a key issue for military leaders, for several reasons. First, the majority of service men and women are married with marriage rates among service members exceed rates comparable civilians. Thus, trends that affect military marriages affect the majority of the armed forces. Second, the weight of the existing evidence suggests that the marriages of service members have direct effects on performance and retention. Thus, trends that lead to the deterioration of military marriages may have significant implications for national security. Developing effective policies and programs that support military families requires accurate data on how these families have responded to the demands of recent operations in Afghanistan and Iraq.

Karney, B. R., Crown, J. S. (2007). *Families Under Stress: An Assessment of Data, Theory, and Research on Marriage and Divorce in the Military*. Santa Monica, CA: RAND National Defense Research Institute.

The Effects of Military-Induced Separation on Family Factors and Child Behavior

Michelle L. Kelly

Data from 61 mothers of school-age children were examined before, during and after military deployment of their husbands. Separations resulted in temporary disruptions in families' reported ability to maintain supportive relationships. Wives of servicemen sent to the Persian Gulf War reported less nurturance and family cohesiveness, and more internalizing and externalizing in children than did whose husbands' deployment was routine.

Kelley, M. L. (1994). The effects of military-induced separation on family factors and child behavior. *American Journal of Orthopsychiatry*, 64(1), 103-111.



A preliminary investigation of the brain injury family intervention: Impact on families

Jeffrey S. Kreutzer

Primary objective: To evaluate the benefits of the Brain Injury Family Intervention (BIFI) for families of persons with acquired brain injury and identify factors related to outcomes. **Research design:** Pre-test, post-test design with outcomes measured immediately after and 3 months following intervention. **Methods and procedures:** Family members and survivors participated in five 2-hour sessions over 10 weeks which included discussions of typical effects of brain injury, coping with loss and change, managing stress and intense emotions, effective problem-solving, setting reasonable goals and taking care of one's self. Guided by principles of family systems theory (FST) and cognitive behavior therapy (CBT), the manualized treatment included educational, skill building and psychological support components. **Main outcomes and results:** Analysis of data derived from family members indicated a greater number of met needs and perceptions of fewer obstacles to receiving services post-treatment and at 3 months follow-up. Before and after treatment, unmarried caregivers reported more unmet needs. Family members of persons with longer acute care lengths of stay reported more unmet needs and greater perceived obstacles to services. Post-treatment differences in family members' psychological distress, satisfaction with life and functioning were not identified. **Conclusions:** The investigation provided evidence that family members benefit from interventions designed to meet their unique needs after brain injury. Uncertainties remain about the benefits of intervention to general family functioning and life satisfaction.

Kreutzer, J. S., Stejskal, T. M., Ketchum, J. M., Marwitz, J. H., Taylor, L. A. and Menzel, J. C. (2009). A preliminary investigation of the brain injury family intervention: Impact on families. *Brain Injury*, 23(6), 535-547.



Caregivers' well-being after traumatic brain injury: A Multicenter Prospective Investigation.

Jeffrey S. Kreutzer

Objective: To describe frequency and magnitude of caregivers' emotional distress and life satisfaction using standardized assessment procedures; compare distress levels among spouses, parents, and other caregivers; and identify risk factors. Design: Prospective collaborative cohort study. Setting: Six Traumatic Brain Injury Model System Centers providing neurotrauma care, rehabilitation, and outpatient follow-up. Participants: Caregivers (N273) of patients who were 1, 2, or 5 years postinjury. Interventions: Acute neurotrauma care, inpatient interdisciplinary brain injury rehabilitation, and postacute services. Main Outcome Measure: Brief Symptom Inventory-18 Depression, Anxiety, and Somatic dimensions. Results: Levels of Depression, Anxiety, and Somatic symptoms were equally prevalent, with 1 in 5 caregivers scoring above the cutoff in each area. The proportion of participants with 1, 2, and 3 elevations was 17.9%, 5.5%, and 10.6%, respectively. Conversely, approximately two thirds (65.9%) had no scores exceeding cutoffs. Distress levels among spouses, parents, and other caregivers were comparable. Higher caregiver distress was associated with caring for survivors who had worse functional status, received more supervision, were less satisfied with life, and used alcohol excessively. Conclusions: Depression, Anxiety, and Somatic symptoms are common among caregivers. Findings substantiate the importance of clinical care systems addressing the needs of caregivers in the long term as well as survivors.

Kreutzer, J. S., Rapport, L. J., Marwitz, J. H., Harrison-Felix, C., Hart, T., Glenn, M., and Hammond, F. (2009). Caregivers' well-being after traumatic brain injury: A multicenter prospective investigation. *Achieves of Physical Medical Rehabilitation, 90*(6), 939-946.

Caring for America's Children: Military Youth in Time of War

Keith M. Lemmon

This article provides an overview of the military and its culture, review current evidence for the mounting stress affecting military children and adolescents, explore the spectrum of stress on military youth, discuss recent national mandates to improve support for military youth, examine institutional responses to those mandates, and provide practical ways for health-care professionals to recognize and respond effectively to this potential threat to the behavioral health and well-being of military children.

Lemmon, K. M. and Chartrand, M. M. (2009). Caring for America's children: Military youth in the Time of War. *Pediatrics in Review, 30*, e42-e48.



Military Deployment: The Impact on Children and Family Adjustment and the Need for Care

Alexander C. McFarlene

Over a million children and their families have now experienced the stress of the deployment of a family member during the recent wars in Iraq and Afghanistan. Whereas there is an extensive clinical literature about the developmental challenges facing children and issues of family adjustment, there is a lack of systematic research. This review summarizes the findings of recent publications. Some veterans develop posttraumatic stress disorder as a consequence of their experiences. This condition drives many of the adverse changes in the families of returning veterans through the effects on intimacy and nurturance in their families of withdrawal, numbing and irritability that are components of posttraumatic stress disorder. There is the more general challenge that all families and children face when a partner/parent deploys of role ambiguity consequent on anxiety that is provoked by the threat that deployed family member's experience. A study of Kuwaiti military showed that mothers' anxiety had the greatest impact on the children of deployed fathers, although absence of posttraumatic stress disorder in mothers could mitigate the effects of their fathers' posttraumatic stress disorder. Intervention programs are described, but there is a poverty of their evaluation. A substantial advantage of focusing on family adjustment is that it can facilitate access to mental healthcare for veterans while assisting families' positive adaptation.

McFarlene, A. (2009). Military deployment: The impact on children and family adjustment and the need for care. *Current Opinion in Psychiatry*, 22(4), 369-373.

Posttraumatic Stress: A Concept Analysis

Ann Marie Nayback

The purpose of this article is to examine the phenomenon of posttraumatic stress using the process of concept analysis as outlined in L. O.Walker and K. C. Avant's (2005) *Strategies for Theory Construction in Nursing*. Epidemiological studies estimate that approximately 15% to 24% of adults in America experience posttraumatic stress disorder (PTSD) at some point in their lives. Therefore, it is critical for mental health care professionals to understand its historical evolution, the origins of its name, defining attributes, antecedents and consequences, model cases, and empirical referents. In doing so, a more thorough understanding of the underlying attributes of PTSD will be explicated along with related taxonomies.

Nayback, A. M. (2009). Posttraumatic stress: A concept analysis. *Achieves of Psychiatric Nursing*, 23(3), 210-219.



The Effects of Trauma on Intimate Relationships: A Qualitative Study With Clinical Couples

Brianna S. Nelson-Goff

Research has traditionally focused on the development of symptoms in those who experienced trauma directly but has overlooked the impact of trauma on victims' families. In recent years, researchers and clinicians have begun to examine how individual exposure to traumatic events affects the spouses or partners, children, and professional helpers of trauma survivors. The current study examines qualitative interview data from 17 individuals; analyzed using a retroductive methodology to identify how intimate relationships are affected when there is a history of trauma exposure.

Nelson-Goff, B. S., Reisbig, A. M. J., Bole, A., Scheer, T. Hayes, E., Archuleta, K. L., Henry, S. B., Hoheisel, C.B., Nye, B., Osby, J., Sanders-Hahs, E., Schwerdtfeger, K. L., and Smith, D.B. (2006). The effects of trauma on intimate relationships: A qualitative study with clinical couples. *American Journal of Orthopsychiatry*, 76 (4), 451-460.

Re-Integration Stress for Desert Storm Families: Wartime Deployments and Family Trauma

Mary Jo Peebles-Kleiger

The authors argue that the stress imposed on families by Desert Shield/ Storm was not analogous to that of routine deployments. The call to duty was unexpected, disruptive, and "hazardous" (ie., highly dangerous) which places it in the category of a "catastrophic" stressor as defined by McCubbin and Figley (1983). The deployment was a call to war, which creates unique stress beyond those experienced during peacetime deployments. The deployment also carried with it prolonged anticipation of trauma. For these reasons, the authors argue, the deployment to Desert Shield/ Storm created a situation of "family trauma" for veterans and their families. Suggestions are offered for education, prevention and treatment for families undergoing unexpected wartime military deployments.

Peebles-Kleiger, M. J., Kleiger, J. H. (1994). Re-Integration stress for desert storm families: Wartime deployments and family trauma. *Journal of Traumatic Stress*, 7(2), 173-194.



Effects of War-Induced Maternal Separation on Children's Adjustment during the Gulf War and Two Years Later

Penny F. Pierce

Military personnel deployed to the Middle East included an unprecedented number of women, many of whom were mothers. Using a structural equation modeling approach, we examine the predictors of children's adjustment problems in data collected from a representative sample of 263 Air Force mothers 2 years after the Gulf War. Using a retrospective survey, we found that the main predictors of children's adjustment problems at the time of the war were mothers' difficulties in providing for the care of the children, mothers' deployment in the theater of the war (vs. deployment elsewhere), and degree of change in children's lives. Most important, war-related adjustment problems were not related to children's adjustment 2 years later, suggestions that the effects of maternal separation during the war were transient.

Pierce, P. F., Vinokur, A. D., Buck, C. L. (1998). The effects of war-induced maternal separation on children's adjustment during Gulf War and two years later. *Journal of Applied Social Psychology, 28* (14), 1286-1311.

Brief Report: Counseling Army Reservists and Their Families During Operations Desert Shield/Storm

David D. Rabb

The hardships of war affect all members of society. Those most acutely affected are service members and their families. Civilian service personnel mobilized within an active reserve component experience a disruption of life style which can cause stress. Service members are trained to be effective soldiers, but very little training is provided to service members or their families on the wartime stresses they face. The psychiatric army reserve unit based in Minneapolis developed a family support program for three phases of wartime stress: (1) pre-deployment, (2) deployment, and (3) reunification and sustainment. Recommendations are provided for family support in future wartime situations.

Rabb, D. D., Baumer, R. J., Wieseler, N. A. (1993). Brief Report: Counseling army Reservists and Their Families during Operation Desert Shield/Storm. *Community Mental Health Journal, 29*(5), 441-447.



Children's Reactions to the Desert Storm Deployment: Initial Findings from a Survey of Army Families

Leora N. Rosen

Psychological symptom profiles were obtained on 1,601 children of soldiers deployed during Operation Desert Storm (ODS). The profiles were obtained from reports of the parents who stayed at home with their children. Certain symptoms such as sadness were common, but very few parents considered their children's problems serious enough to require counseling. The strongest predictor of children receiving counseling during ODS was a previous history of being in counseling for emotional problems.

Rosen, L. N., Teitelbaum, J. M., Westhuis, D. J. (1993). Children's reaction to the desert storm deployment: Initial findings from a survey of army families. *Military Science*, 158(7), 465-469.

Civilian Social Work: Serving the Military and Veteran Populations

Laura Savitsky

This article discusses social work practice areas for civilian social workers who provide services to military service members, veterans and their families. These practice areas include education, child welfare, domestic violence, mental health, health care, substance abuse, and criminal justice. The authors examine the impact of the contemporary military lifestyle and current military operations on service members and their families in the context of these practice areas, with the goal of compelling civilian social workers to acknowledge their responsibility to competently serve military and veteran clients.

Savitsky, L., Illingsworth, M., and Dulaney, M. (2009). Civilian social work: Serving the military and veteran populations. *Social Work*, 54(4), 327-339.



A qualitative study of determinants of PTSD treatment initiation in veterans

Nina A. Sayer

There has been increasing recognition of the importance of understanding what motivates individuals with PTSD to seek help, and what stops them. Many Veterans and non-Veterans alike wait years before seeking care. Some never do, even though effective treatments are available. Now a new study by investigators at the Minneapolis VAMC suggests that the decision to seek care is influenced by a range of individual, system, and social factors. The investigators conducted qualitative interviews with 44 male and female military Veterans who served in Vietnam or OEF/OIF. All had filed a disability claim, and half were receiving PTSD treatment. Barriers cited included avoidance of trauma-related reminders, conflicting values and priorities, discouraging beliefs about treatment, concerns about the VA healthcare system, lack of knowledge, access problems, and an invalidating socio-cultural environment. Facilitators included recognition and acceptance of PTSD, encouraging beliefs about treatment, system facilitation, and social network support. There were similar barriers cited regardless of treatment status. For some Veterans, system facilitation and social network support helped to overcome individual barriers. The investigators commented on the novelty of their findings regarding the barriers created by invalidating environmental conditions such as being discouraged by one's social network from seeking care. Overall, the study illustrates the complexity of factors that determine whether a Veteran seeks needed PTSD treatment. The good news is that many existing VA and DoD programs seek to address the barriers and enhance the facilitators identified in this study.

Sayer, N.A., Friedemann-Sanchez, G., Spont, M., Murdoch, M., Parker, L.E., Chiros, C., et al. (2009). A qualitative study of determinants of PTSD treatment initiation in veterans. *Psychiatry*, 72(3), 238-255.



Family Problems Among Recently Returned Military Veterans Referred for a Mental Health Evaluation

Steven Sayers

Context: Existing evidence suggests that military veterans with mental health disorders have poorer family functioning, although little research has focused on this topic.

Objective: To test whether psychiatric symptoms are associated with family reintegration problems in recently returned military veterans. Design: Cross-sectional survey of a clinical population. Respondents who were referred to behavioral health evaluation from April 2006 through August 2007 were considered for the survey. Setting: Philadelphia Veterans Affairs Medical Center, Pa. Participants: 199 military veterans who served in Iraq or Afghanistan after 2001 and were referred for behavioral health evaluation from primary care (mean age = 32.7 years, SD = 9.1). **Main Outcome**

Measures: Measures included the Mini-International Neuropsychiatric Interview for psychiatric diagnoses, the 9-item Patient Health Questionnaire for depression diagnosis and severity, and screening measures of alcohol abuse and illicit substance abuse. A measure of military family readjustment problems and a screening measure of domestic abuse were developed for this study. **Results:** Three fourths of the married/cohabiting veterans reported some type of family problem in the past week, such as feeling like a guest in their household (40.7%), reporting their children acting afraid or not being warm toward them (25.0%), or being unsure about their family role (37.2%). Among veterans with current or recently separated partners, 53.7% reported conflicts involving “shouting, pushing, or shoving,” and 27.6% reported that this partner was “afraid of them.” Depression and posttraumatic stress disorder symptoms were both associated with higher rates of family reintegration problems. **Conclusions:** Mental health problems may complicate veterans’ readjustment and reintegration into family life. The findings suggest an opportunity to improve the treatment of psychiatric disorders by addressing family problems.

Sayers, S. L., Farrow, V. A., Ross, J., Oslin, D. W. (2009). Family problem among recently returned military veterans referred for a mental health evaluation. *Journal of Clinical Psychiatry, 70(2)*, e1-e8.



Bringing the War Back Home: Mental Health Disorders Among 103 788 US Veterans Returning From Iraq and Afghanistan Seen at Department of Veterans Affairs Facilities

Karen H. Seal

Background: Veterans of Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) have endured high combat stress and are eligible for 2 years of free military service–related health care through the Department of Veterans Affairs (VA) health care system, yet little is known about the burden and clinical circumstances of mental health diagnoses among OEF/OIF veterans seen at VA facilities. **Methods:** US veterans separated from OEF/OIF military service and first seen at VA health care facilities between September 30, 2001 (US invasion of Afghanistan), and September 30, 2005, were included. Mental health diagnoses and psychosocial problems were assessed using International Classification of Diseases, Ninth Revision, Clinical Modification codes. The prevalence and clinical circumstances of and subgroups at greatest risk for mental health disorders are described herein. **Results:** Of 103 788 OEF/OIF veterans seen at VA health care facilities, 25 658 (25%) received mental health diagnosis(es); 56% of whom had 2 or more distinct mental health diagnoses. Overall, 32 010 (31%) received mental health and/or psychosocial diagnoses. Mental health diagnoses were detected soon after the first VA clinic visit (median of 13 days), and most initial mental health diagnoses (60%) were made in nonmental health clinics, mostly primary care settings. The youngest group of OEF/OIF veterans (age, 18-24 years) were at greatest risk for receiving mental health or posttraumatic stress disorder diagnoses compared with veterans 40 years or older. **Conclusions:** Co-occurring mental health diagnoses and psychosocial problems were detected early and in primary care medical settings in a substantial proportion of OEF/OIF veterans seen at VA facilities. Targeted early detection and intervention beginning in primary care settings are needed to prevent chronic mental illness and disability.

Seal, K. H., Bertenthal, D., Miner, C. R., Sen, S., and Marmar, C. (2007). Bringing the war back home: Mental health disorders among 103,788 U.S. veterans returning from Iraq and Afghanistan seen at department of veteran affairs facilities. *Archives of Internal Medicine*, 167(5), 476-482.



The U.S. Department of Defense Millennium Cohort Study: Career Span and Beyond Longitudinal Follow-Up

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Objective: To describe current and future career-span health research in the US Department of Defense Millennium Cohort Study. **Methods:** Collaborating with all military service branches and the Department of Veterans Affairs, the Millennium Cohort Study launched in 2001, before September 11 and the start of deployments in Afghanistan and Iraq, to conduct coordinated strategic research to determine any effects of military occupational and deployment-related exposures, on long-term health. **Results:** More than 150,000 consenting members represent demographic, occupational, military, and health characteristics of the US military. More than 70% of the first two panels have submitted follow-up questionnaires and 50% have deployed since 2001. **Conclusions:** Prospective cohort data have identified subgroups of military populations at higher risk or more resilient to decrements in mental and physical health. Continued career span and beyond follow-up will answer long-term health questions related to military service.

Smith, T. D., (2009). The U.S. department of defense millennium cohort study: Career span and beyond longitudinal follow-up, *Journal of Occupational Environmental Medicine* doi: 10.1097/JOM.0b013e3181b73146

PTSD in Women Returning from Combat: Future Directions in Research and Service Delivery

Society for Women's Health Research

To assess the current state of the science, knowledge gaps, and research priorities on the issue, the Society for Women's Health Research convened an expert workshop on December 8, 2008 in Washington, DC. Attendees discussed what is currently known about PTSD in women returning from combat and developed a roadmap for improving the diagnosis and treatment of PTSD in female service members. The following paper reflects a summary of the day's discussions. It is not meant as a comprehensive review of the literature. A list of frequently used acronyms is available in Appendix I. Additional source information was used to supplement the discussion of the participants. References for these sources are given in the text.

Society for Women's Health Research. (2008). PTSD in women returning from combat: Future directions in research and service delivery. Washington, DC: Society for Women's Health Research.



How Effective are Interventions with Caregivers? An Updated Meta-Analysis

Silvia Sorensen

Purpose: The purpose of this study was to determine the effectiveness of interventions for family caregivers of older adults. **Design and Methods:** Meta-analysis was used to synthesize the effects of 78 caregiver intervention studies for six outcome variables and six types of interventions. **Results:** The combined interventions produced a significant improvement of 0.14 to 0.41 standard deviation units, on average, for caregiver burden, depression, subjective well-being, perceived caregiver satisfaction, ability/knowledge, and care receiver symptoms. Intervention effects were larger for increasing caregivers' ability/knowledge than for caregiver burden and depression. Psychoeducational and psychotherapeutic interventions showed the most consistent short-term effects on all outcome measures. Intervention effects for dementia caregivers were smaller than those for other groups. The number of sessions, the setting, care receiver age, caregiver age, gender, type of caregiver–care receiver relationship (spouse vs adult child), initial burden, and study characteristics moderated the observed effects. **Implications:** Caregiver interventions are effective, but some interventions have primarily domain-specific effects rather than global effects. The differences between intervention types and moderators suggest ways of optimizing interventions.

Sorensen, S., Pinguart, M, and Duberstein, P. (2002). How effective are interventions with caregivers? An Updated Meta-Analysis. *The Gerontologist*, 42(3), 356-372.



A new generation of women veterans: Stressors faced by women deployed to Iraq and Afghanistan

Amy Street

The extent of female service members' involvement in Operation Enduring Freedom (OEF) and Operation

Iraqi Freedom (OIF), in terms of both the number of women deployed and the scope of their involvement, is unprecedented. While many of the mental health readjustment issues of female service members are likely to mirror those of the majority male Veteran population, this newest generation of women Veterans may also face unique threats to their mental health. The goal of this review is to highlight emerging issues relevant to the development of posttraumatic stress disorder (PTSD) among women deployed to Iraq and Afghanistan by reviewing the existing literature on gender-relevant issues among this cohort, as well as raising theoretically important issues that are worthy of further empirical investigation. Topics addressed include gender differences in combat experiences and in PTSD following combat exposure; sexual assault, sexual harassment and other interpersonal stressors experienced during deployment; women Veterans experiences of premilitary trauma exposure; and unique stressors faced by women Veterans during the homecoming readjustment period. Given that most models of the impact of war zone deployment on PTSD are predicated on the experiences of male service members, women's expanding role in combat operations presents both an opportunity and a challenge to adapt these models to more effectively capture the experiences of female service members.

Street, A. E., Vogt, D., and Dutra, L. (2009). A new generation of women veterans: Stressors faced by women deployed to Iraq and Afghanistan, *Clinical Psychology Review*, doi:10.1016/j.cpr.2009.08.007



Work-family conflicts of women in the Air Force: their influence on mental health and functioning

Amiram D. Vinokur

This paper examined the effects of work and family stressors and conflicts on Air Force women's mental health and functioning. We analyzed data from a 1993 survey of representative stratified samples of 525 Air Force women from the active duty reserve and guard forces. The analyses of the data are guided by the comprehensive model of work-family conflict that has been tested by Frone, Russell, and Cooper (1992) using a large representative community sample. Structural equation modeling analyses provided support for the work-family conflict model. The analyses also provided support for an extension of the model, which included the separate effects of marital and parental roles on mental health. The extended model demonstrated that job and parental stresses had direct effects on work-family conflicts and that job and marital distress and family-work conflict had an independent adverse effect on mental health. Whereas job and parental involvement had a beneficial effect on distress, they had an adverse effect on work-family conflicts.

Vinokur, A. D., Pierce, P. F., Buck, C. L. (1999). Work-Family conflicts of women in the Air Force: their influence on mental health and functioning. *Journal of Organizational Behavior*, 20(6), 865-878.

A critical review of interventions for the primary prevention of perpetration of partner violence

Daniel J. Whitaker

There is growing consensus that preventing partner violence requires interventions that begin before partner violence begins. In recent years, a number of evaluations of primary prevention programs targeting partner violence have been published. This article presents a systematic review of recent interventions for primary prevention of partner violence. A total of 11 programs met inclusion criteria for the review. Conclusions about the overall efficacy of dating violence interventions are premature, but such programs are promising. We discuss recommendations regarding the content and evaluation of dating violence prevention programs.

Whitaker, D. J., Morrison, S., Lindquist, C., Hawkins, S. R., O'Neil, J. A., Nesius, A. M., Mathew, A. and Reese, L. (2006). A critical review of Interventions for the primary prevention of perpetration of partner violence. *Aggression and Violent Behavior*, 11(2), 151-166.