

## Welcome to the Military Families Learning Network Webinar

### **Effects of Visible & Invisible Parent Combat Injuries on Military Families**

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U.S. DEPARTMENT  
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This material is based upon work supported by the National Institute of Food and Agriculture, U.S. Department of Agriculture, and the Office of Family Policy, Children and Youth, U.S. Department of Defense under Award Numbers 2010-48869-20685 and 2012-48755-20306.

## Welcome to the Military Families Learning Network

Research and evidenced-based professional development through engaged online communities.

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## POLL

How would you best describe your current employer?

# Military Families Learning Network

## Military Caregiving

# Available Resources



The screenshot shows the extension Learn logo at the top left. The main content area features a thumbnail image of a man in military gear sitting on a bicycle. To the right of the thumbnail, the course title 'Visible & Invisible Parent Combat Injuries' is displayed in large, bold, black font. Below the title, the date 'May 28, 2014 at 10:00 am EDT' and the location 'University of Minnesota Extension' are listed. At the bottom of the thumbnail, the text 'Effects of Visible & Invisible Parent Combat Injuries on Military Families' is visible.

<https://learn.extension.org/events/1575>

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# Evaluation and CE Credit Process

**Effects of Visible & Invisible Parent Combat Injuries on Military Families**

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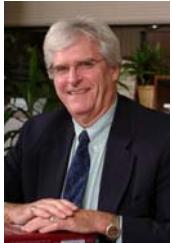
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**Effects of Visible & Invisible Parent Combat Injuries on Military Families**

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**Participants in this webinar will be able to:**

1. Describe visible and invisible injuries acquired through deployment
2. Describe the inter-connectedness of visible and invisible injuries
3. Relate military injuries to potential risks in children and families
4. Describe basic aspects of normative development and life-course risk and resilience factors
5. Describe critical factors that influence human development in major transitional periods
6. Discuss factors from military life that may interfere with normative development
7. Give practical examples of how military families can negotiate key developmental milestones in spite of stressful circumstances caused by war

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### Deployment Stress on Family

- Deployment involves lengthy separation/s
  - 6-12 months
  - Can be shorter depending on mission
- Change in roles in family (everyone changes)
- Each family member experiences stress differently
- Different family configurations can be more stressful (e.g., divorce, single parents, blended families)
- Service Member
  - Combat stress, mission focused
  - Death or injury to friends in unit
  - Far away, concern about family back home

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### Deployment Stress on Family

- Spouse
  - Juggles the roles of two parents
  - Stress of normal family life
  - Worry and anxiety about deployed service member spouse
- Children
  - Changing caregiver system
  - Frequent relocations/moves
  - Friends: Losses and gains
  - Separation from military parent
  - Fears about deployments, death
  - Peers who have lost a parent
  - Coping with injuries, changes, death

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### Returning Home is a Stressful Process



- Everyone changes during deployment
- Service member needs to:
  - Rebuild relationships and define identity in family
  - Reestablish bond with children
  - Return to employment and civilian life (reserve component)
- Spouse
  - Renegotiate a new role
  - Accommodate returning spouse
- Children
  - Develop rapidly during a deployment
  - Get to know parent again
  - Adjust to two parent household

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## **Visible Injuries**

- Disabling and disfiguring injuries which can be readily observed by others.
    - Visible injuries include burns, eye injury or blindness, major amputation, facial disfigurement, spinal cord injury, and paralysis.
  - Often followed by emotional stress and worry as the service member begins to understand the physical and social limitations of the injury.
    - Visible injuries can also result in the service member experiencing anxiety and depression and physical limitations, altered body image, lowered self-esteem, social stigmatization, and changes in personal relationships

Gorman, L. A., Fitzgerald, H. E., & Blow, A. J. (2010).

## Invisible Injuries

- Are not easily identified by non-professionals and have no obvious physical impairment: PTSD, TBI, Depression.
  - PTSD: Caused by combat trauma and linked to intensity and duration of combat, an ability/inability to control one's environment, and painful events such as witnessing the death of a comrade.
  - TBI: loss of brain function due to open or closed wound to head and related biochemical events.
  - PTSD, TBI and other invisible injuries are linked to somatic symptoms, high levels of health care visits, and work absenteeism.
  - Depression can be problematic post deployment

Gorman, J., A. Fitzgerald, H. F. & Blow, A. J. (2010)

## Depression, PTSD, and Couples

- Strong links between depression and relationship dissatisfaction.
  - Service members reporting depressive symptoms reported lower relationship satisfaction, and higher levels of relational uncertainty
  - Deployment in the past year was related to higher levels of current PTSD symptoms for husbands
  - Husbands' current PTSD symptoms associated with:
    - Lower marital satisfaction
    - Lower confidence in the relationship
    - Lower positive bonding between the spouses
    - Decreased parenting alliance
    - Lowered dedication to the relationship
    - Higher levels of negative communication

(Allen et al., 2010; Blow et al. 2013; Knobloch, 2011)

## **Mental Health and Relationships: PTSD**

- Connected to higher rates of domestic violence in couples
  - Related to decreased marital satisfaction, increased verbal aggression, and heightened sexual dissatisfaction among former POWs
  - PTSD in male soldiers has been linked to high rates of somatization, depression, anxiety, loneliness, hostility, and impaired marital, family, and social relations for wives
  - PTSD in service members is linked to higher rates of marital problems, anxiety, depression, dissociation, sleep problems, and sexual problems

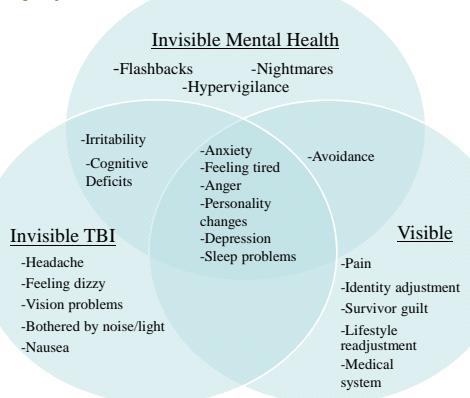
(Nelson-Goff & Smith, 2005; Solomon et al., 2008; Taft et al., 2011).

## Mental Health and TBI

- 33% reported of returning veterans report a mental health/cognitive condition
  - 18.5% met Posttraumatic Stress Disorder (PTSD) or depression criteria (300,000 veterans)
    - 14% PTSD
    - 14% depression
  - 19.5% reported a probable Traumatic Brain Injury (320,000 veterans)

RAND STUDY (2008, Tanielian and Jaycox)

## The Injury Triad



### Injuries Affect Families

- Visible injuries
- Invisible physical injury
- Invisible emotional injury
- The challenge of adapting to the injury (resilience)
- Impact on children

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### Risk and Vulnerability

"Risk and vulnerability are not identical. **Risk factors** are about external environment and experiences, whereas **vulnerability** is the internal legacy of those things and makes up their sense of self. We really don't understand why, but the effects of risk factors adhere to some people, impacting the sense of identity and personal effectiveness, while they do not affect others in the same way." (p. 45)

Navaro (2012)

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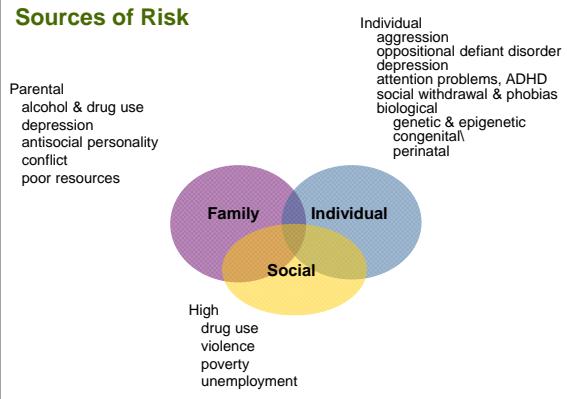


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### Sources of Risk




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## RESILIENCY

- The capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability, viability, or development
- Growth in the face of stress
- Adaptation in the face of adversity
- Most military families are an example of resiliency

Luthar, 2003; Masten, 2011

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## Family Health: Couples

- Health couple relationships are related to optimal family functioning
- Military life challenges basic assumptions of strong relationships
- Couples who do well are intimately familiar with each other's world. They have a richly detailed love map—they know the major events in each other's history, and they keep updating their information as their spouse's world changes. They know each other's goals, worries, and hopes. (Gottman, 1999)
- Couples who do well are more accessible, emotionally responsive, and deeply engaged with each other (Sue Johnson, 2008)

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## Similarities between military and civilians

- Military families face similar issues of life to civilian families, but this is altered, exacerbated, challenged because of the additional challenges of things like combat, missingness, and frequent transitions.
- They also have different systems they have to deal with in order to get help, particularly with respect to health care, and especially for the reserve component
- There are contributing factors in this population to divorce/marital strain. For example, early age at which many enlisted soldiers marry

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## What Differentiates Military Couples from Civilian Couples

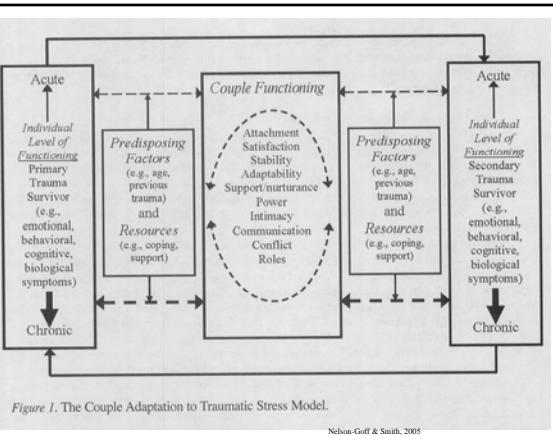
- Extended separation(s)
- Trauma witnessed in war
- Difficult life events while spouse at war
- Need to adapt to transitions
- Changing roles
- Multiple deployments (ongoing turbulence)
- Reintegration into families can be more taxing than the deployment itself.

- Elevated levels of stress in each spouse (different types)
- Changed expectations
- Dealing with changes that occurred during deployment
- Creating new routines, roles, relationships post deployment
- Role ambiguity

## Different Stressors: A Barrier to Connection

- Service Member**
- Mission
  - Far from home
  - Combat exposure (danger)
  - Witness death or injury
  - Worry about family at home
  - Unit politics
  - Bonding with fellow service members
  - Reintegration stress

- Spouse**
- Keeping everything at home in order
  - Parenting "alone"
  - Children
  - Normal life events
  - Unexpected life events
  - Work outside the home
  - Work in the home
  - Worry about service member
  - Reintegration stress



# **MENTAL HEALTH AND RELATIONSHIPS: Findings from Michigan study**

- Study 1 = 200 couples (N=400)
  - Study 2 = 325 couples (N=650)
  - National Guard service members and their spouses/significant others

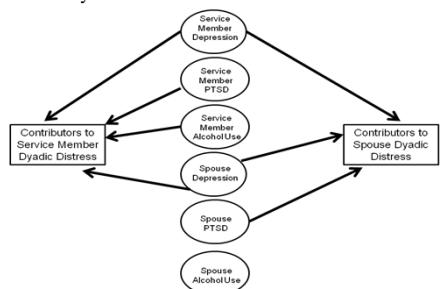
(Gorman et al., 2011; Blow et al. 2013)

## Results

	SERVICE MEMBER	SPOUSE
Dyadic Distress Study 1	39%	40%
Dyadic Distress Study 2	43%	36%
Depression Study 1	22%	23%
Depression Study 2	21%	21%
Hazardous Alcohol Use Study 1	17%	3%
Hazardous Alcohol Use Study 2	34%	16%
PTSD Study 1	13%	18%
PTSD Study 2	13%	10%

(Gorman et al, 2011; Blow et al. 2013)

## Actor-Partner Interdependence Model Showing relationship between Mental Health and Dyadic Distress



(Gorman et al., 2011; Blow et al., 2013)

### During Reintegration, Depression is a Problem for both Soldiers and Spouses

- In our studies of National Guard Couples post deployment using dyadic data analysis we found:
- For both service members and their spouses, depression was most strongly associated with relational distress post-deployment (partner and actor effects)

Gorman, 2009; Blow et al, 2013

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### Military-connected Children

- 1.7 million 18 or younger
- 40% 0 – 5 years.
- 33% 6 - 11 years
- 25% 12 – 18 years.
- Many live on installations
- 7% considered Special Needs
- Majority have experienced at least one deployment
- 3% of military couples are dual military

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### Developmental Age of Child

- Age is an important consideration in child development.
- An infant or toddler may have little recollection of how things were prior to a parent's deployment and may not perceive changes in the service member as significant.
- However, an older child might perceive changes in the service member from pre-deployment to post-deployment as drastic, and this perception might lead to a complete change in the relationship.

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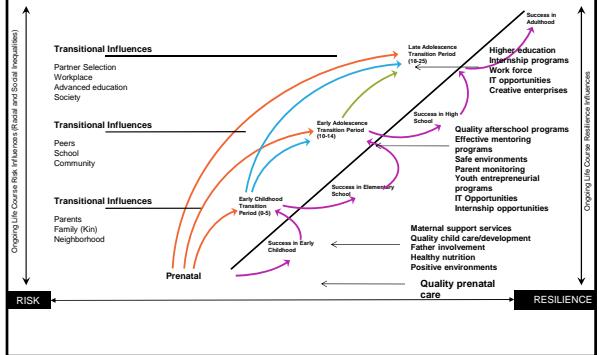


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## Postnatal Sensitive Periods

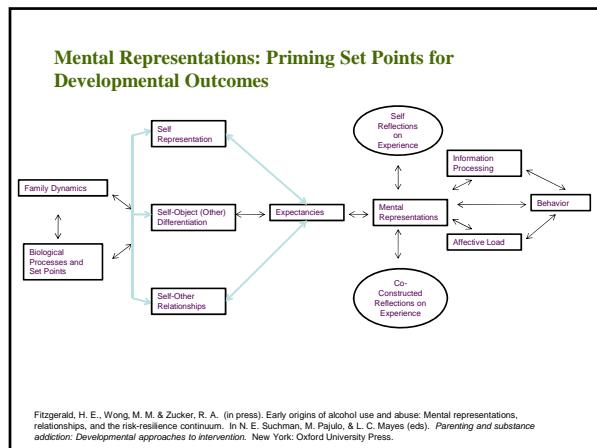
<i>Developmental Process</i>	<i>Maximum Period of Organization</i>	<i>System</i>
Motor development	Prenatal to age 4	Exploration
Emotion regulation	Birth to age 2-3	Self control
Visual processing	Birth to age 2-3	Orienting in space
Emotional attachment	Birth to age 2	Emotional and social systems
Language acquisition	Birth to age 4	Communication Cognition/thought
Second language	1 year to age 4	Communication
Math/logical thinking	1 year to age 4	Cognitive processing
Music and rhythm	3 years to age 5	Creative expression

## Transitional Periods Across the Life Span: Relationship Impacts and Age Period Program Exemplars



## Factors Highly Related to Developmental Success in Early Childhood

- Ongoing nurturing relationships with the same adults
- Physical protection, safety, and regulation of daily routine
- Experiences responsive to individual differences in such characteristics as temperament
- Developmentally appropriate practices related to perceptual-motor, cognitive, social stimulation, and language exposure
- Limit-setting (discipline), structure (rules and routines), and expectations (for positive outcomes)
- Stable, supportive communities (violence free) and culture (a sense of rootedness and connectedness)



## **Factors Highly Related to Developmental Success during Middle Childhood**

- Adult role models and supportive and mentoring relationships with adults
  - Positive peer influence
  - Constructive use of time and acquisition of skills through creative activities, sports, cultural and community activities/future orientation
  - Acquisition of academic and social competencies related to planning and decision making, interpersonal relationships, personal safety and conflict resolution
  - Limit-setting (discipline), structure (rules and routines), and positive expectations
  - Stable, supportive communities and culture (a sense of rootedness and connectedness)

## **Factors Highly Related to Developmental Success in Emergent Adulthood**

- Positive interpersonal relationships
  - Adult role models and facilitators
  - Opportunities for apprenticeships, training, and post-secondary education/career planning and job shadowing during high school
  - Academic competencies appropriate to career goals/financial literacy and future planning
  - Interpersonal competencies for the workplace
  - Stable, supportive communities and culture (a sense of rootedness and connectedness)

### Child reactions to Invisible Injuries

- Embarrassment about the injured parent's behavior
- Grief and loss over changes
- Feelings of self-blame
- Anger, resentment about injury
- Misinterpreting symptoms as lack of love from parent
- Increased acting out, tantrums
- Feelings of isolation
- Developmental differences (young children vs adolescents)

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### Physical injuries and family

- Consider the type and severity of the injury.
- Activity change resulting from injury
- Injury-related limitations.
- Emotional reaction in spouse and children to changes
- Attributions to a physical injury by family may be positive (e.g., pride)

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### Changes in the Home

- Injuries invariably result in changes at home. Everyone at home is affected as well.
- For example, a spouse may need to engage in more caretaking behaviors, parents may argue more, the family may have fewer financial resources, and family members may feel much higher stress overall.
- a service member may need to spend a significant amount of time out of the house for rehabilitation and treatment.
- Demands related to caring for the injured service member may impair the other parent's ability to be attuned to the needs of a child, resulting in a negative impact on the child's emotional, social, and physical development.

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Gorman, Fitzgerald, Blow

## Implications and suggestions

### **Open, Age-Appropriate Communication with Children**

- Find ways to communicate with their children about what is happening with the service member and the family.
- Communication should be honest and age appropriate.
- Parents should provide reassurance to their children about the future.
- Parents should acknowledge how the children might be feeling (for example, scared, sad, angry) and help them understand that their experiences and feelings are normal under the circumstances.
- Parents need to work to communicate love and caring to their children, and if possible, find ways to spend one-on-one time engaging in connecting activities.

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## Implications and suggestions: Creation of New Family Routines and Rituals

- Children do well when there is predictability in the home environment.
- Deployment, even without a resulting injury, significantly interrupts family routines.
- When a service member is injured, family members may need to do even more to instill routines and rituals at home.
- Options include eating meals together, going on family outings, designating regular bed times, and engaging in activities such as reading together, telling stories, or playing family games.
- Roles and routines become relatively stable
- Child may still be struggling to “get to know” returned parent

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## Implications and suggestions

### **Use of a Support Network**

- Support is a critical component of living with injury, for both the injured veteran and those in her or his relationship network (Gorman, Fitzgerald, Blow).
- The more types of positive supports a family has, the better.
- These supports, which can include other caregivers, extended family members, and friends, can increase the number of positive, supportive attachment relationships in a child’s life.

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### **Implications and suggestions**

## **Use of Professional Help**

- Stigma related to invisible wounds is lower than ever before.
  - Mental health providers are increasingly trained to apply sensitivity toward the unique culture of the military when working with service members and their families.
  - Psychotherapists and marital, family, and child therapists all may be useful in helping children negotiate the difficulties related to deployment injury.
  - Programs like Star Behavioral Health Providers ([starproviders.org](http://starproviders.org))

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## Evaluation and CE Credit Process

The Military Caregiving Concentration team has applied for 1.00 CE credit from NASW.

To receive CE credit please complete the evaluation and post-test found at:

[https://vte.co1.qualtrics.com/SE/?SID=SV\\_4GhkTltZujWJiS1](https://vte.co1.qualtrics.com/SE/?SID=SV_4GhkTltZujWJiS1)

*\*Must pass post-test with an 80% or higher to receive certificate.*

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## Military Families Learning Network Military Caregiving

### UPCOMING EVENTS

June 19, 2014 @ 11:00 am Eastern

**Hidden Heroes: America's Military Caregivers**

RAND Report

<https://learn.extension.org/events/1601>

For more information on MFLN-Military Caregiving go to:  
<http://www.extension.org/pages/60576>

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