



How to Help Military & Veteran Families

Before, During and After Deployment

FOR MENTAL HEALTH PROFESSIONALS

The United States has more than 3.6 million service members, with more than 3.1 million family members impacted by military life.¹ As a mental health professional, you know that military life can present a wide array of challenges that are unique and complicated. When meeting clients, recognizing those who are service members, veterans or members of military families can help you to open clear communication channels.

While military families are generally strong and resilient, the stress of separation, including deployments and the potential for injuries or death, will challenge a family to varying degrees. Sometimes these negative stressors can lead to a variety of physical and psychological symptoms requiring professional help. In addition to deployment, the reintegration process and combat injuries common today can add to behavioral, mental and emotional strain. When a situation occurs, it often does so without warning—leaving the affected individual or family searching for appropriate and readily-available resources. Mental health providers are key to ensuring a full continuum of care for military families. The compassionate care you deliver can help answer critical questions, minimize stress and anxiety, and strengthen the resilience of the entire military community.



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Did you know?

- » Due to the military drawdown, during the next five years an estimated 1 million active duty military members are expected to join the ranks of more than 22 million U.S. veterans.² These veterans and their families often face secondary effects of prolonged combat-related stress.
- » Veterans who have experienced deployment and exposure to combat have shown considerable risk for traumatic brain injury (TBI), post-traumatic stress disorder, major depressive disorder, and substance abuse/dependence, leaving lasting effects.³
- » Recent statistics suggest current and former military personnel are at a greater risk for suicide than ever before.⁴
- » TBI has been described as the “signature wound” of the conflicts in Iraq and Afghanistan. It has become a clinical challenge for those charged with caring for chronic symptomatic TBI patients.⁵
- » The moral injuries of combat can result in serious inner conflict because the experience is at odds with core ethical and moral beliefs.⁶
- » The Center for Deployment Psychology offers several no-cost courses for mental health providers about addressing psychological health needs of warriors and their families related to post-traumatic stress disorder, depression, TBI and numerous other important psychological topics.⁷
- » In response to the White House’s Joining Forces Initiatives’ call for community support, programs such as Indiana’s Star Behavioral Health Providers are training civilian mental health professionals, including establishment of a registry to assist military and veteran families in locating these providers.⁸

Practical Applications

- Educate yourself and your staff on military culture, TBI, combat stress, post-traumatic stress disorder, suicide, deployment-related sleep disturbance, and other mental health problems. The Department of Defense, the Department of Veterans Affairs and the National Center for Posttraumatic Stress Disorder have many resources for recognizing signs and symptoms. Websites for organizations with excellent patient and provider materials are provided on the next page.
- Establish a method to determine a patient's military affiliation, both past and present. For example, include a question pertaining to military service on intake forms or inclusion of a military history question in your patient history assessment. Follow up through face-to-face communication and document this information for patient care, because doing so can greatly reduce the burden for health care providers. Important questions to ask in advance are: What branch of service, whether they are or were active duty or in the Reserves, his or her grade or rank, whether the patient was deployed to a combat theater and, if retired, whether the patient is receiving benefits for a service-connected disability.
- Establishing trust and rapport with the service member is critical. As with any patient-provider relationship, the interactions between service member or veteran and health care professional will be crucial to gaining trust. It is often useful to ask a service member whether they would prefer to be addressed by their military rank.
- Understand that the military (and often each branch) has a culture and language all its own. Check with the patient to be sure you understand his or her meaning. If you don't understand military jargon, be upfront with the patient about this, and ask for help in understanding.
- When treating military children, find out if the child is currently experiencing the deployment, reintegration or loss of a parent. Many stress responses manifest in physical symptoms. Recall that in children and adolescents, many stress responses are non-verbal and may manifest in unexpected physical symptoms.



Additional Resources

Behavioral and mental health providers hold trusted positions within civilian and military communities and serve as key outreach contacts in providing support for military service members and their families. Multiple and diverse resources are available to mental health providers working with current service members, their families and veterans. Using these resources and professional development opportunities can significantly strengthen the health, security and safety of our nation's families and communities.

FOR MORE INFORMATION

- » *Center for Deployment Psychology*, www.deploymentpsych.org
- » *Department of Defense Dictionary of Military and Associated Terms*, www.dtic.mil/doctrine/dod_dictionary
- » *Department of Veterans Affairs*, www.va.gov

- » *From Injury to Home: Integrating Networks of Medical and Psychosocial Support on the Road from Battlefield Injury to Recovery*, www.cstsonline.org/resources/resource-44_from_injury_to_home
- » *Iraq War Clinician Guide*, www.ptsd.va.gov/professional/manuals/iraq-war-clinician-guide.asp
- » *National Center for Posttraumatic Stress Disorder*, www.ptsd.va.gov
- » *National Institute of Neurological Disorders and Stroke: Traumatic Brain Injury*, www.ninds.nih.gov/disorders/tbi
- » *National Resource Directory (NRD)*, www.nationalresourcedirectory.org
- » *Resources for Recovery: Combat Injured Family (Provider Sheet)*, www.cstsonline.org/resources/resource-85_resources_recovery_provider
- » *Stress Management for Health Care Providers*, www.cstsonline.org/resources/resource-17_stress_management_providers
- » *Support for Military Children and Adolescents*, www.aap.org/sections/uniformedservices/deployment
- » *TRICARE Mental Health and Behavior: Getting Care*, www.tricare.mil/mybenefit/home/MentalHealthAndBehavior/GettingHelp
- » *War-Related Illness and Injury Study Center*, www.warrelatedillness.va.gov

For a printer-friendly version of this please visit www.mfri.purdue.edu/howtohelp





About MFRI

The goal of the Military Family Research Institute (MFRI) at Purdue University is to create meaningful relationships that bring organizations together in support of military families. Working with researchers and practitioners from both the military and civilian communities, MFRI strives to develop outreach and research programs grounded in scientific evidence.



About the *How to Help* Series

The *How to Help* series equips communities to better serve service members, veterans and their families. The series offers effective, evidence-based guidance on how best to help military and veteran families given the unique challenges they face. Each *How to Help* addresses a different segment of that community, such as extended family, friends and neighbors; teachers; early childhood educators; faith-based groups; and professional service providers. We hope that by increasing understanding of the unique stresses, obstacles and opportunities that often accompany military service; we can strengthen communities by building their capacity to better support the military families within them.

Developed by THE MILITARY FAMILY RESEARCH INSTITUTE at Purdue University
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United States Department of Agriculture
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