Millions of service members have made untold sacrifices for the United States during deployments to combat zones. Troops who served or are serving in Iraq and Afghanistan, already numbering more than 2.7 million, are the most recent group to be making the transition from military to civilian life. The majority of them, across all ranks of service, are spouses with children. As the service member separates from the military and adjusts to veteran status, so does the military family.

What happens to families after separation from the military? Joy and optimism at the return of a loved one may compete with painful realities and adjustments. Many families have built a very strong connection to their military community and identity, and have benefited from the close-knit structure and support systems surrounding their lives. The challenges of transition are intensified if the service member has changed as a result of physical injury, traumatic loss, PTSD, depression and anxiety, or traumatic brain injury – costs of war borne also by spouses, children, and parents. All told, the transition from military to civilian status may be one of the most precarious stages in the life of the family. Yet, it is likely to be met with the extraordinary strength and resilience that have long been associated with military families. The goal of this fact sheet is to raise the awareness of service providers about the needs of this unique community of families, and to offer guidance in working with them as they establish a new foundation.

**TODAY’S MILITARY VETERAN FAMILY**

A veteran family is generally defined as a family with a parent, child, or sibling who served as an active duty service member or in the National Guard or Reserves. Although the number of women in the military is gradually increasing, most service members are men, and in most families the service member is the father (or son or brother). Beyond this parameter, today’s veteran families come in many forms.

The service member may be reunited with his or her waiting family; or to a reorganized family involving extended relatives, particularly if the service member has experienced disabling injury or goes through a divorce. Although active duty military families experience lower rates of divorce than their civilian counterparts, veteran families experience more than threefold higher divorce rates. Often the divorced veteran remarries and becomes a step-parent; this may result in distance (geographic and emotional) from existing children. The new family may have no familiarity with military life and will instead be experiencing the aftermaths of service. Of course, the veteran family may have lost a parent to combat or suicide. Some veteran families who lack adequate supports in transition find themselves homeless as they try to readjust and cope with challenges.
LIFE RESHUFFLED

The unique challenges of military family life include multiple geographic moves, parental separations, and combat deployments fraught with very real and serious risks. Within the veteran family, roles and responsibilities may shift again as the veteran parent adjusts anew to civilian social and occupational life. Military life teaches service members and their families to be adaptive and resilient – attributes that persist during adjustment to civilian life. Yet, there is no shortage of obstacles as the family proceeds. Among them:

- Families may feel underappreciated by the broader community; in this era of a volunteer military force, most of the population has not served and cannot “relate” to military life.
- Families lose vital connections to the military community. During active duty, military policies and benefits in the form of health care, child care, and educational programs are the backbone of support for families and children. Veteran family members lose convenient access to services and benefits available only to military families.
- Whereas the veteran him- or herself can seek health care through Veterans Affairs – health care that is geared toward the needs of veterans – the veteran's family members will probably receive health care, including mental health care, from community or private providers, who may have little knowledge or experience addressing the needs of the veteran family.

Any veteran family, regardless of its structure, may come up against these and other obstacles during transition. As a consequence, they may face increased risks of depression, anxiety, marital strife, and compromised parenting.

PHYSICAL AND COGNITIVE WOUNDS OF WAR

Physical disabilities, impaired cognitive functioning due to traumatic brain injury (TBI), or behavioral changes associated with PTSD can overwhelm veteran families despite their strength and resilience. These changes can lead to impaired parenting and extra caretaking responsibilities for family members. In particular, veterans experiencing PTSD often find parenting and other intimate family relationships to be more difficult. They may struggle to establish emotional connections, communicate clearly, and control bouts of anger. They may find it difficult to balance hypervigilance with fostering independence for their children.

The veteran may also be coping with substance use involving prescription medications, nicotine, or alcohol. Substance use, PTSD, and depression are linked to elevated risk for suicide. Recent data suggest that military-connected youth themselves might be at heightened risk for substance abuse. They are also at risk of harassment (physical and nonphysical) at school, and they are more likely than their non-military peers to carry a gun to school and be threatened with a weapon. Spouses of veterans with PTSD or other wounds of war may feel more isolated and helpless and be at risk of depression and anxiety, which may affect their ability to parent effectively. Parents of wounded veterans may struggle to find the help they need, sometimes having to take charge of rearing their grandchildren at a late stage of life.
ASSESSING VETERANS AND FAMILIES: A PROVIDER’S KEY QUESTIONS

The Department of Veterans Affairs emphasizes that, “Military service can be a significant, if not central, piece of one’s background.” It is imperative for the community provider to ask new clients, “Have you or a family member served in the military?” Although the question is simple, it is not typically included in behavioral health screening. Yet, it can open the door to addressing the challenges of transition as well as medical and psychiatric comorbidities. Identifying veteran status also helps ensure that the client receives access to networks and supports for which he or she is eligible. The following questions can help shed light on the veteran’s experiences and current life:

- Have you ever served in the military?
- Do you have a close family member who has served in the military?
- What dates did you serve and when did you separate from the military, if you have?
- Have you ever served in the National Guard or Reserves?
- What branch and rank were you?
- What job did you have when you were serving?
- Were you ever deployed?
- Did you ever serve in a combat theater?
- Are there other things you would like to say about your military service?

For veterans with families, follow-up questions should always be asked about the spouse and children, so that the provider can gain a deeper understanding of the veteran’s family context. These questions will also help ensure that family members are receiving appropriate attention. Moreover, engaging the veteran when a family member is identified as struggling will assist the entire family system. The NCTSN Military and Veteran Families Questionnaire (MVFQ) provides a structured approach to asking families about the impact of military and veteran life on the children, and allows for providers to tailor interventions based on the challenges identified, including traumatic stress. The MVFQ asks, for example,

- To what degree did the parent’s deployment distress the child(ren) in question?
- To what degree has the child demonstrated changes or difficulties in behaviors, emotional responses, or academic performance?
- If a parent was injured during combat, to what degree has the injury or treatment made the parent less available to the child or interfered with the parent’s ability to care for the child?
- To what degree has the parent’s PTSD, if present, caused distress for the child?

Other Treatment Resources for Providers Serving Veteran Families

- **Veterans and Military Families, SAMHSA**
  This SAMHSA site offers an extensive menu of links to publications, resources, evidence-based practices, training, and program grants relevant to military and veteran families.

- **National Association of Social Workers**
  The NASW site offers free training for providers on issues facing military and veteran families. The training is part of the Joining Forces national initiative to support veterans and military families. The NASW also developed the Standards for Social Work Practice with Service Members, Veterans, & Their Families, accessible at the site.

- **Clearinghouse for Military Family Readiness, Penn State**
  The clearinghouse provides tools and information for providers, including reviews of evidence-based interventions for service members, veterans, and families.
EXPLORING SOLUTIONS AND COLLABORATIONS

It is important that both providers and veteran families be aware that there is help and that there are solutions to the family’s difficulties. Recent research suggests that veteran families in transition to civilian life desire program content that includes assistance for family members and children, in the form of information, practical skills, support, and parenting programs. Evidence-based treatments and tools are available for families struggling with conditions related to combat – PTSD, substance use, and TBI – as are effective interventions that can be used to build resilience in the veteran family to reduce the risks of negative outcomes of transition. The following links offer resources for exploring these treatments in greater depth:

• **Zero To Three**  Projects focused on young children, including Duty to Care e-learning courses
• **Military and Veteran Families and Children**  NCTSN resources for educators, professionals, and families
• **Empirically Supported Treatments and Promising Practices**  NCTSN fact sheets on evidence-based interventions
• **National Center for PTSD**  Training materials and tools from the Department of Veterans Affairs

Service providers in the community should seek to collaborate with providers caring for veterans through the Veterans Affairs Medical Center (VAMC) system or a Department of Defense health facility. Engagement with these providers and agencies will help the community provider understand the unique challenges facing the family, particularly the children. Treatment can be coordinated to ensure that the whole family system is cared for. Better integration of models of care between Veterans Affairs and community providers will help in achieving the goal of addressing all of the risks that veteran families are subject to. However, this is not always feasible; sometimes a veteran is not engaged with the VA or is not entitled to VA benefits. In these situations, providers must become educated about veteran families. They will find useful resources and sites including:

• **Military Parenting**  Training modules to help parents and kids reconnect
• **Babies on the Homefront**  Tips and tools for parenting young children
• **Therapy Apps for Providers**  Apps for coaching, including PTSD Coach
• **A Veteran's Guide to Talking with Kids about PTSD**  Checklists, messages, and vignettes on parent-child communication

SUMMING UP

Mental health providers should be prepared to assist veteran families and children in their transition to the community. The information and resources covered in this fact sheet can help providers understand the types of experiences that veteran families may have had in their military lives, as well as appreciate the challenges and opportunities associated with their transition to civilian life. These families have made tremendous sacrifices for our country. It is incumbent on providers in the community to offer them support for a successful and positive adjustment after service.
RESOURCES AND LINKS

The NCTSN Military and Veteran Families Questionnaire (MVFQ)
http://www.nctsn.org/sites/default/files/assets/word_docs/military_and_veteran_families_questionnaire.docx

Community Provider Toolkit – Serving Veterans Through Partnership
http://www.mentalhealth.va.gov/communityproviders/

Veterans and Military Families, SAMHSA
http://www.samhsa.gov/MilitaryFamilies

National Association of Social Workers
https://www.socialworkers.org/military.asp

Clearinghouse for Military Family Readiness, Penn State
http://www.militaryfamilies.psu.edu/

Zero To Three
Projects focused on young children, including Duty to Care e-learning courses
http://www.zerotothree.org/about-us/funded-projects/military-families/

Military and Veteran Families and Children
NCTSN resources for educators, professionals, and families
http://www.nctsn.org/resources/topics/military-children-and-families

National Center for PTSD
Training materials and tools from the Department of Veterans Affairs
http://www.ptsd.va.gov/professional/index.asp

Military Parenting
Training modules to help parents and kids reconnect

Babies on the Homefront
Tips and tools for parenting young children
http://babiesonthehomefront.org/

Therapy Apps for Providers
Apps for coaching, including PTSD Coach
http://www.ptsd.va.gov/professional/materials/apps/

A Veteran’s Guide to Talking with Kids about PTSD
Checklists, messages, and vignettes on parent-child communication
http://www.mirecc.va.gov/VISN16/docs/Talking_with_Kids_about_PTSD.pdf