Award Number: **W81XWH-12-1-0418**

TITLE: **Risk, Resiliency, and Coping in National Guard Families**

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CONTRACTING ORGANIZATION: Michigan State University
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14. ABSTRACT
National Guard families face unique challenges and stressors because of distance from military supports. The *Risk, Resiliency, and Coping in National Guard Families* study aims to address key gaps in our understanding of the effects of deployment on family functioning, especially as it relates to resiliency. We set out to collect both quantitative survey data and qualitative interview data from one infantry battalion through the deployment cycle at multiple time points, including predeployment, postdeployment, and for two years after return from deployment. To date, we have collected predeployment (Time 1) and postdeployment (Time 2) survey data from service members and their spouse/significant other or parent, and Time 3 data from service members and spouses. We have collected Time 1, Time 2, and Time 3 Qualitative data from 40 families to understand more fully the family strengths and resources utilized in successful adaptation to deployment and reintegration stress. We have collected a total of 906 post-deployment surveys and have integrated this data with pre-deployment data and running analyses that will be a focus dissemination of the project. Study team members aim to expedite the analysis and dissemination of study findings so that collaboratively military and community partners can promote resilient military families. This study is beginning a no cost extension year to focus on dissemination efforts.

15. SUBJECT TERMS
National Guard, family, resilience, coping, risk

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1. INTRODUCTION:

The research study that is the focus of this report is titled *Risk, Resiliency, and Coping in National Guard Families.* In this study, we followed one National Guard infantry/cavalry battalion through the deployment cycle and for two years after return home. This battalion deployed in 2012 to Afghanistan on a dangerous wartime mission. Through both quantitative and qualitative methods, we examine the interdependence and mutual influence of family processes as they relate to coping with a stressful deployment. We collected data from both soldiers and their spouses, and from parents of soldiers. The study team has examined risk and resilience factors for various family types (couples, families with children, single service members with and without parental support, single service members with children, and blended families). At the time of this report, we have collected all quantitative data for the study including predeployment, postdeployment, and one and two year follow up data after return home. We have also conducted qualitative interviews post deployment and at one and two year follow ups. We have entered into a no-cost extension year and are publishing these data and disseminating them at national conferences around the United States.

2. KEYWORDS: National Guard, military families, military couples, risk, resilience, coping

3. ACCOMPLISHMENTS:

This project entailed studying one National Guard infantry/cavalry battalion through the deployment cycle and for two years after return home. This battalion deployed in 2012 to Afghanistan on a dangerous wartime mission. Through both quantitative and qualitative methods, we examined the interdependence and mutual influence of family processes as they related to coping with a stressful deployment. The study has had two objectives. Through the first objective, we study the interdependence and mutual influence of family processes (meaning/schema and utilization of resources) that contribute to risk and resiliency in families from a NG infantry battalion over a period of three years including predeployment, postdeployment, and yearly follow up assessments. This objective has a quantitative focus and data are collected/have been collected through the use of surveys completed either in person or online. In objective two, we aimed to arrive at a deeper understanding of the experiences of these families through the use of qualitative interviews. Through these interviews, we aimed to examine risk and resilience factors for various family types (couples, families with children, single NG with and without parental support, single NG with children, blended families, etc.). This subset of families were interviewed three times post deployment.

Next, each research accomplishment associated with each MSU task outlined in the approved Statement of Work will be described in detail. They will be described under each task heading.

Task 1. Contractual agreements signed (timeframe, months 1-3).

The contract between MSU and CDMRP was signed. The subcontracts with University of Michigan (Michelle Kees, Marcia Valenstein) and Virginia Tech (Angela Huebner) were also signed. A data use agreement was drafted and signed by all parties as an agreement between the respective institutions. All personnel who work at MSU were hired for the project including the data manager and a project manager.

Task 2. Regulatory review and approval processes for studies involving human subjects (timeframe, months 1-6).

All IRB applications were submitted to the relevant IRB offices including Michigan State University, the University of Michigan, and Virginia Tech. These were all approved after which time these applications were submitted to the HRPO office for review and approval which was granted for all sites. We continued to monitor all study activities according to approved protocol. There were no adverse events. MSU and subcontractors have received IRB renewal approval each year of the study and approval from HRPO.

Task 3. SharePoint site for project management and document sharing among project staff from partnering universities was set up by MPHI (Partnering PI Institution). This site is continually updated with study information and will continue to be maintained during the no-cost extension year.

Task 4. Grant reporting requirements
Have worked collaboratively with partnering PI to prepare and submit quarterly and annual reports to USAMRMC. Dr. Gorman (MPHI) and Dr. Blow (MSU) prepared and presented joint presentation at the MOMRP Family IRP 24-25 March 2015. Please refer to appendix A for presentation PowerPoint presented at Ft. Detrick.

Task 5. Quantitative data collection as it relates to objective 1 (timeframe, months 3-34)
Because the battalion that is the focus of this study returned early from deployment, we were under a tight timeline. Data collection for wave 2 was completed at two events at the end of 2012 and one event in January 2013 after HRPO approval. These collections took place at conference sites of MI ARNG Yellow Ribbon Reintegration events. A total of 608 soldiers, 332 spouses, and 54 parents completed the second wave. This past year, we completed wave 3 data collection. Service members were notified at a drill weekend and they complete the survey either in person or online. The 1-year post-deployment survey mirrors that of Time 1 and was completed by 542 service members, 128 spouses, and 25 parents. The quantitative surveys are included in Appendix B.

Study partners updated the survey for Time 3 (2 year postdeployment) completed in 2015. There were no significant changes in the project or its direction as a result of this update. The survey revisions eliminated burden by removing questions that we that were deemed no longer relevant for this stage of reintegration process. Other revisions incorporate new validated measures or themes that have emerged from the qualitative data. Survey changes, although minimal, ensured that the survey is targeted to the needs of the population. In this final wave of data collection, 411 soldiers and 118 Spouses were surveyed.

Task 6. Data management activities that relate to Objective 1

Data entry and management activities related to year 1, 2, and year 3 of the study revolved around the data entry of all paper surveys, data cleaning, data extraction, database merging, and data analysis. This was a large task especially given the need to also clean, match, and link data collected as part of the predeployment (not funded by this grant) in order to have one data set containing the respective waves. Data entry has gone well and all surveys have been entered into our secure data base. Data cleaning is completed and have been merged. Analyses of data have occurred related to manuscript preparation. These include analyses of coping through the deployment, child outcomes, communication patterns, and quantitative data for the qualitative subsample. Analyses are occurring on additional topics including fathers in the sample, life optimism, and a broad range of mental health outcomes. The team is working diligently on publications from these data.

Task 7. Data collection activities that relate to Objective 2 – qualitative interviews (months 3-34)

Objective 2 involved interviewing 30 families from the sample. We finalized and field-tested the interview guide in year 1. We revised this guide in years 2 and 3 as is consistent with qualitative methods. The final wave of qualitative interviews were completed in 2015. We oversampled in the first wave of qualitative collection in order to account for possible attrition in follow up waves. We selected 40 of these families and completed interviews with them. These included mostly couples, some parents, and some single soldiers. We were intentional in targeting for enrollment families representing unique experiences as well as parents. Parents were more difficult to enroll as service members were not always willing to provide their contact information. 40 interviews were completed throughout the state of Michigan including 31 couples, 7 singles, and 2 parents in wave 1. In the second year, we completed the second round of interviews which included 29 couples (4 divorced/separated), 3 single soldiers, and 1 parent couple. In the third wave of interviews in 2015, we completed 26 interviews (some attrition as expected). Between March and June 2015, 26 Time 3 interviews were completed. One of the issues we ran into was that some of the couples were no longer together or had moved to another state (e.g., Illinois,

Arizona). We did interview some of the divorced/separated couples where possible by interviewing each party individually. The interview guide is attached in Appendix C.

Task 8. Data management activities that relate to Objective 2 – qualitative interviews, transcripts, etc. (months 4-36)

All interviews from both rounds were recorded and transcribed by MPHI. Data coding was completed by the study team using Atlas ti software. This entailed agreement on a coding process followed by the study team splitting into two groups with each group analyzing interviews independently followed by discussion of areas of agreement and discrepancy. Second round analyses including first and second round interviews have been conducted. These analyses focus on changes in the families over the course of two years. We are also in the process of conducting analyses for specific papers, which will be going out for review shortly.

Task 9. Utilize findings in theory development (months 30-36)

Theory development is currently occurring as the core team analyzes the data and writes specific papers. Several papers are planned that will contribute to risk and resiliency theory from a family perspective.

Task 10. Activities that relate to dissemination (months 12-36)

We have worked to disseminate findings throughout the project. This year we presented three presentations at the American Association for Marriage and Family Therapy conference. We also presented a conference in Vienna, Austria on resiliency in military families. We will present one presentation next week at ISTSS and three presentations the year after at the National Council on Family Relations annual conference, with the theme of war and conflict in Vancouver Canada. These presentations that are completed are included in Appendix D-G.

Three manuscripts have been accepted for publication related to this study (see Appendix E).

Gorman, L.A., Huebner, A.J., Hirschfeld, M. K., ***Sankar, S., Blow, A. J., Guty, D., Kees, M., & Ketner, J. S. (in press) A Comparative Case Study of Risk, Resiliency, and Coping among Injured National Guard. *Military Medicine.*

Blow, A.J. (2015). Introduction to Working with Military Families. *Contemporary Family Therapy*, 37(3), *197-198.*

Blow, A. J., Fraser Curtis, A., Wittenborn, A., & Gorman, L. (2015). Relationship problems and military related PTSD: The case for using emotionally focused therapy for couples. *Contemporary Family Therapy, 37(3),* 261-270.

Two manuscripts are under review and three additional manuscripts are very close to being submitted.

The following manuscript are under review and will continue to be revised.

Gorman, L, Moore, J, Bowles, R. Blow, A. & Williams, D. (under review) Parental Perceptions of Young Child's Behavior after War Deployment.

Blow, A.J., Bowles, R.P., Subramaniam, S., Lappan, S., Nichols, E., Farero, A., Gorman, L., Kees, M. Guty, D. (under review). Coping through Deployment: Findings from a Sample of National Guard Couples. *Journal of Family Psychology.*

Several additional presentations and publication submissions are planned for the NCE year. The PI and Partnering PI have continually provided updates to the military community on the progress of the current study. In January 2016 we will meet with key leaders of the Michigan National Guard to update them on study findings.

Our goals for the next year:

We have completed data collection and data cleaning. Our primary goal this next year will revolve around dissemination of study findings. We are already deep into this process and are presenting at conferences and writing manuscripts. We will continue these heavy dissemination efforts into 2016.

4. **IMPACT:**

Members of our study team have been disseminating data from our study through presentations and publications. The PI, partnering PI, and other study team members continue to be invited to serve in advisory capacities. The PI serves on the advisory council of the Military Family Research Institute. In addition, we continue to publish and present our findings to national audiences. For example we presented findings to a large workshop of marital and family therapists in Austin Texas, many of who are working directly with military families (Appendix D). Drs Gorman and Kees, key study team members, used their experience working with this project to contribute to the workgroup led by Steve Cozza. This is part of a larger project coming out of the Military Family Research Institute. The workgroup is developing a "Battle Plan" that collects important lessons learned, defines areas of challenge and opportunity, and provides recommendations that can inform professionals working with military families about steps they should take in the event of future conflicts.

Cozza, S., Devoe, E., Flake, E., Gewirtz, A., Gorman, L., Kees, M., Knobloch, L., Lerner, R., & Lester, P. (2015 September) Battle Plan for Military Families: Academia Research and Primary Data Collection Workgroup, Presented for the Military Family Research Institute.

5. **CHANGES/PROBLEMS:**

There were no major problems or changes to the study. Most of the problems encountered are normal working with a military National Guard population. One of the problems has been subjects not remembering their responses to unique ID code or writing it down in a way that is difficult to decipher. In our last wave of data collection, we asked participants to write this in large letters and more than one time. Another problem occurred with a few subjects completed multiple online surveys. Our team worked to implement new IT safety processes to decrease the likelihood that any subject is able to complete more than one online survey with flags in place to alert research staff in the event that a subject attempts to take the survey twice. Duplicates were removed from data. In terms of qualitative data, follow up of participants was a small challenge. Overall, we did an excellent job of interviewing most of the participants in waves 2 and 3. However, life changes made this a challenge in some cases. Some couples dissolved their relationships. Other couples moved away or left the National Guard making follow up difficult. Also, distance to interviews and requiring two interviewers added logistical challenges. For example, some couples reside several hundred miles away. We would need to schedule several interviews on these types of trips and this is logistically challenging. We were able to overcome these hurdles through excellent staff working on the project. Our data sets are now complete.

6. **PRODUCTS:**

International and National Presentations:

Huebner, A.J., Blow, A.J., Gorman, L., Guty, D., & Kees, M. (2015, July). “It’s not all Roses and Cupcakes:” *Life after Military Reintegration for U.S. National Guard Service members and Spouses.* Presentation at 34th Congress of the International Academy of Law and Mental Health, Vienna, Austria.

Guty, D., Blow, A, Gorman, L (2015, November) *Intimate Couple Relationships and PTSD: A phenomenological Analysis of Resiliency in National Guard Couples* to be presented at the International Society for Traumatic Stress Studies (ISTSS) Annual Meeting, New Orleans, LA.

Gorman, L., Blow, A., Bowles, R., & Farero, A. (2015, November). *Soldier and Spouse Mental Well-being and Family Health.* Poster to be presented at

the National Council on Family Relations Annual Conference, Vancouver, BC, Canada.

Farero, A., Blow, A., Kees, M., Gorman, L., Bowles, R., Marchiondo, C., & Guty, D. (2015, November). *Parent-Service Member Communication and Post-Deployment Outcomes.* Poster to be presented at the National Council on Family Relations Annual Conference, Vancouver, BC, Canada.

Marchiondo, C., Blow, A., Huebner, A., Gorman, L., Guty, D. & Kees, M. (2015, November).*Veterans and Spouses, Meaning in Life, and Adaptation after Combat.* Poster to be presented at the National Council on Family Relations Annual Conference, Vancouver, BC, Canada.

Nerenberg, L., Kees, M., & Blow, A. J. (2015) Community capacity building: *Training providers to address the psychological health of military families through HomeFront Strong.* Poster to be presented at Society for Implementation Research Collaboration Annual Meeting. Seattle, WA.

Blow, A. J., Huebner, A., Gorman, L. (2015). *Couples' Experiences of Military Deployment.* Workshop presented at the AAMFT annual conference.

Johnson, T., Farero, A., Blow, A. J., Gorman, L., Kees, M. (fall, 2015). *Fathers in the Military: Implications for Family Therapists.* Poster presented at the AAMFT annual conference.

Blow, A.J., Lappan, S., Nichols, E., Subramaniam, S., Farero, A., Gorman, L., Kees, M., Bowles, R. (2015). *Couples Coping with Stress: Life in the Military.* Poster presented at the AAMFT annual conference.

Manuscripts:

Gorman, L.A., Huebner, A.J., Hirschfeld, M. K., Sankar, S., Blow, A. J., Guty, D., Kees, M., & Ketner, J. S. (in press) A Comparative Case Study of Risk, Resiliency, and Coping among Injured National Guard. *Military Medicine.*

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7. PARTICIPANTS & OTHER COLLABORATING ORGANIZATIONS

Name	Adrian Blow
Project Role:	PI
Research Identifier	N/A
Nearest person month worked:	2.4
Contribution to Project:	Principal Investigator. Responsible for all oversight of the project including research design and implementation, data collections, staff management, data management, and data dissemination.
Name	Shunjie Guan
Project Role:	Data manager
Research Identifier	N/A
Nearest person month worked:	1.0
Contribution to Project:	Manages all data cleaning and merging, reports to PI.
Name	Adam Farero
Project Role:	Research Assistant
Research Identifier	N/A
Nearest person month worked:	6.0
Contribution to Project:	Project management, data collection, incentive management, data collection preparation, data analysis, manuscript preparation.
Name	Hiram Fitzgerald
Project Role:	Co-investigator
Research Identifier	N/A
Nearest person month worked:	.24
Contribution to Project:	Longitudinal data, manuscript preparation.
Name	Ryan Bowles
Project Role:	Statistician/Methodologist
Research Identifier	N/A
Nearest person month worked:	.60
Contribution to Project:	Statistical analysis, methodological guidance, data structure.
Name	Angela Huebner (Virginia Tech)
Project Role:	Co-Investigator

Research Identifier	N/A
Nearest person month worked:	1.8
Contribution to Project:	Qualitative data analysis. Qualitative research guidance. Manuscript preparation
Name	Michelle Kees (University of Michigan)
Project Role:	Co-Investigator
Research Identifier	N/A
Nearest person month worked:	1.8
Contribution to Project:	Study design, data collection, manuscript conceptualization and writing.
Name	Marcia Valenstein (University of Michigan)
Project Role:	Co-Investigator
Research Identifier	N/A
Nearest person month worked:	.33
Contribution to Project:	Study design, data collection, manuscript conceptualization, and writing.
Name	An Thai and Rachel Policay (Virginia Tech)
Project Role:	Research Assistants
Research Identifier	N/A
Nearest person month worked:	.24
Contribution to Project:	Qualitative data analysis.

8. **SPECIAL REPORTING REQUIREMENTS**

The partnering PI submitted a separate report.

9. Appendices:

A. IPR presented in Fort Detrick
B. Quantitative Surveys for Time 3 (Service Member and Spouse)
C. Qualitative Interview Guides for Time 2
D. AAMFT presentation
E. Military medicine manuscript
F. Contemporary Family Therapy Manuscript
G. Vienna presentation
H. AAMFT poster on coping

I. AAMFT poster on fathers

Risk Resiliency & Coping in National Guard Families

PI-Adrian Blow, PhD
Michigan State University

Partnering PI-Lisa Gorman, PhD
Michigan Public Health Institute

Award Numbers: **W81XWH-12-1-0418** (MSU)
W81XWH-12-1-0419 (MPHI)
Award Period of Performance: **September 2012-September 2015**
Award Amount: **$879,381** (MSU); **$418,280** (MPHI)
No Cost Extensions: **0**
Contract Officer Representative: **CAPT Angela Martinelli**
Funding Source: **DHP**

Risk Resiliency & Coping in National Guard Families

CO-PIS & ACKNOWLEDGEMENTS

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Rachel Policay

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We would also like to thank the Rachel Upjohn Clinical Scholars Award, the Berman Research Fund at the University of Michigan Depression Center, Michigan State University College of Social Science and Michigan State University Department of Human Development and Family Studies for the collaboration with the pre-deployment research.

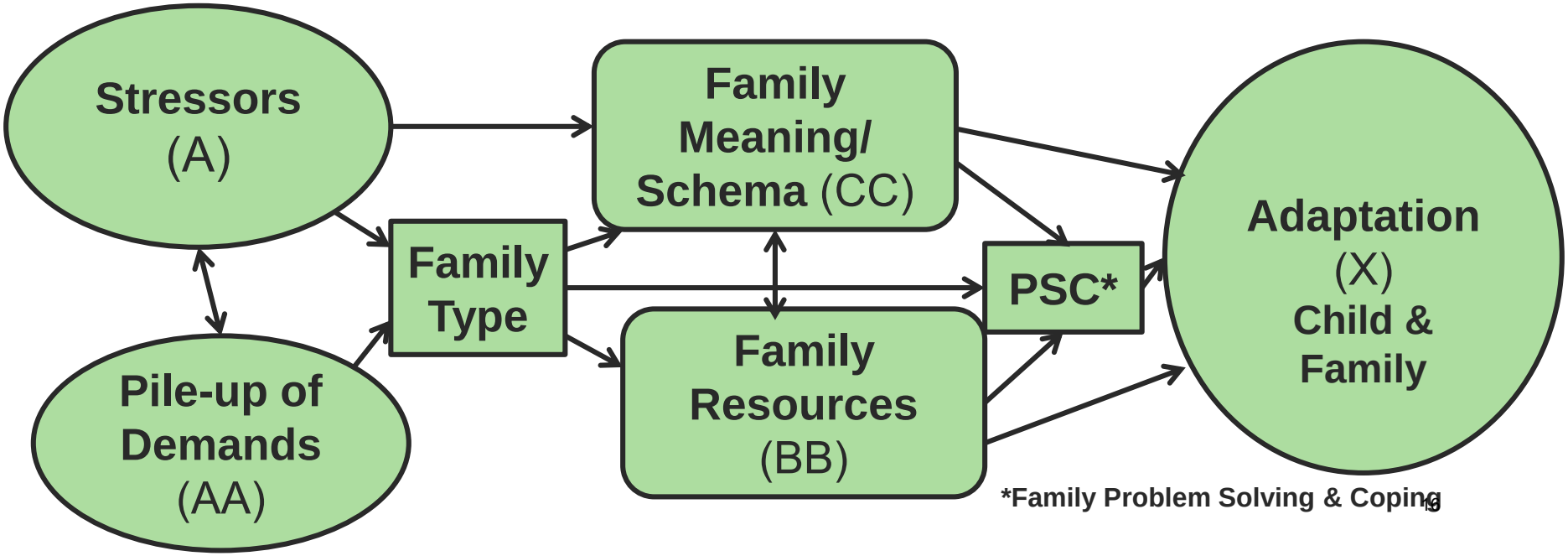
STUDY BACKGROUND & RATIONALE

What led to the development of this study?

- Lack of evidenced-based family and community resilience programs for reserve component
- Longstanding collaboration with MI National Guard
- Need to refine and validate family resilience theories

How is it unique, what does it add?

- Unique experiences of the NG Military family due to separation from active duty installation
- Linked soldier and spouse data over time
- Focus on resiliency processes as a supplement to pathological outcomes
- An understanding of various family typologies at various stages of the life-course



*Family Problem Solving & Coping

Risk Resiliency & Coping in National Guard Families

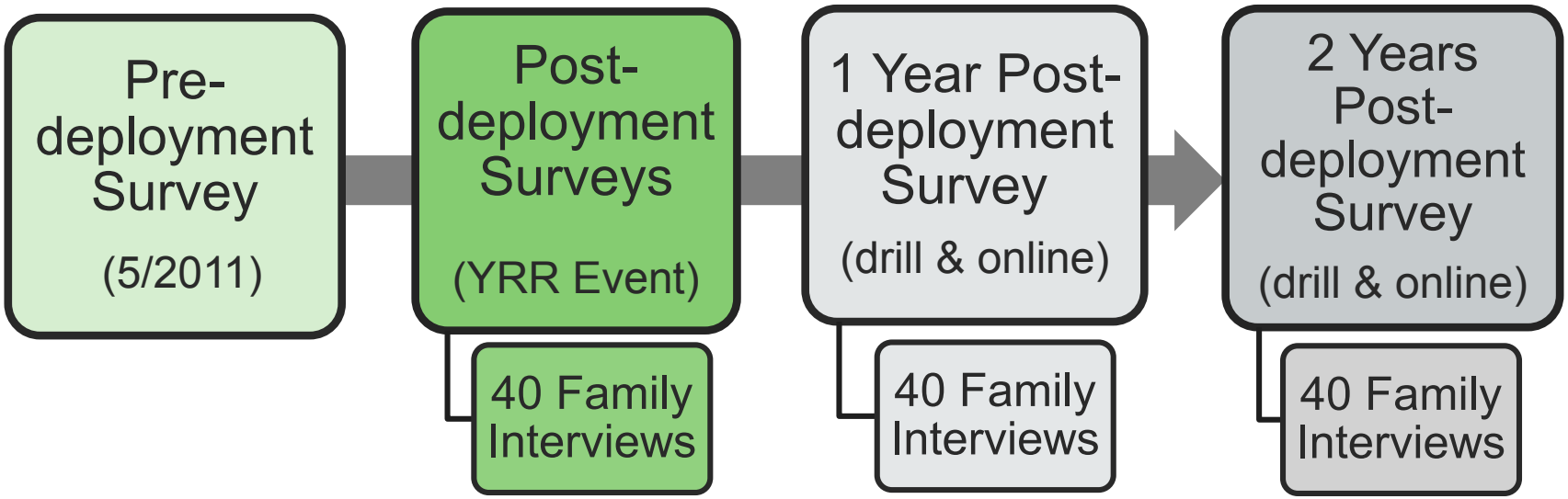
RESEARCH QUESTIONS(S)/HYPOTHESES

Aim 1: Test propositions found in the Family Resilience Model to validate and identify characteristics of risk and resiliency associated with NG Soldier and family adjustment

- *Hypothesis 1: Psychological health outcomes of NG members are related to changes in family mental health, family wellbeing, child outcomes, and indicators of family resiliency over time*

Aim 2: Expand and refine the Family Resilience Model for application in evidence-based prevention and intervention programs for military families

DESIGN & METHODOLOGY



Soldier, Spouses/Significant other, and Parents

- Unique self generated codes linked to Soldier and multiple waves
- Increased incentive from $25 to $40 for final data collection

Family Interviews with Subsample of 40 families

- Three 90 minute interviews conducted in home/community
- $50 for each person interviewed

MEASURES (Qualitative & Quantitative)		
	Variable	**Measurement**
Stressors (A)	Deployment	Number, length, & combat exposure
	Parenting Stress	Parental Stress Scale
	Family Chaos	Confusion, Hubbub, and Order Scale
	Anxiety	Penn State Worry Questionnaire
	Depressive symptoms	Patient Health Questionnaire (PHQ-9)
	PTSD	PTSD Check list (PCL-M, PCL-C)
	Alcohol Use	Alcohol Use Disorders Identification Test (AUDIT)
	TBI	Measured as in Hoge, et al.,
	Suicide Ideation	National Comorbidity Survey
Stressors (A): Interview	**Changes the family associates with military life; Normative & non-normative stressors**	
Pile-up (AA)	Life Events	The Life Events Measure
Pile-up (AA): Interview	**Family life stressor experienced that were not associated with military life**	
Family Resources (BB)	Social support	Interpersonal Support Evaluation List
	Communication	39 items
	Unit Support (SM)	Unit Support Scale
	Outreach Activities	26 items
Family Resources (BB): Interview	**Identification of/use of resources and supports (formal and informal); includes coping strategies**	
Family Meaning/ Schema (CC)	Global life satisfaction	Satisfaction With Life Scale (SWLS)
Family Meaning/ Schema (CC): Interview	**View of family and role within family, supports/resources, & military family within context of community environment; Meaning of military service**	
Problem Solving and Coping (PSC)	Coping with life stress	Brief COPE Inventory
PSC: Interview	**Family Perception of their ability to solve problems; Coping strategies of different family members**	
Adaptation (X)	Emotional and social development infants	Brief Infant-Toddler Social and Emotional Assessment (BITSEA)
	Child behavior assessment	Strengths and Difficulties Questionnaire (SDQ).
	Dyadic Adjustment	Revised Dyadic Adjustment Scale
Adaptation (X): Interview	**How are they doing? How have they changed? Surprises?**	

CURRENT AND ANTICIPATED CHALLENGES

Risk Resiliency & Coping in National Guard Families

Challenges & Solutions:

- Rate of attrition for final round of surveys. The research team increased the incentive amount to $40 per completed survey.
- Subjects not remembering their responses to unique ID code and legibility of hand writing has presented challenges for linking survey response to previous waves of data collection. If they included their ID with contact information, we are including this in reminder letters.
- Subjects completed multiple online surveys. MPHI IST implemented new processes to decrease the likelihood that any subject is able to complete more than one online survey with flags in place to alert research staff in the event that a subject attempts to take the survey twice. Duplicates were removed from data.
- It is more difficult to schedule qualitative interviews due to several factors including work schedule, separation from the military, and out of state moves. We have increased staff and expanded the staff availability in order to accommodate schedules. In anticipation of location being a barrier, we revised IRB protocol to conduct phone interviews for those who have moved out of state.
- Very rich data set and additional time needed for dissemination during year 3 and 4.

STUDY PROGRESS

IRB & HRPO approved protocol

Total Enrollment: 999

Pre-deployment-(funded by MSU & UM)

Post-deployment data collection

- 617 Soldiers
- 354 Spouses
- 28 Parents of SM
- Subsample of 40 Family Interviews

1 Year post-deployment data collection

- 629 Soldiers
- 116 Spouses
- 34 Parents of SM
- 32 Family Interviews (4 divorced/separated)

2 Years post-deployment data collection

- 346 Soldiers drill weekend complete
- Online survey collection (Spouses and Soldiers no longer drilling with unit) in process
- Interviews in process

*Soldiers voluntarily donated approximately $1500 of their incentives during drill data collection to the company memorial funds

Data collection scheduled to be complete in June 2015

Data management:

Secure database behind MPHI firewall

Online survey collection tool (Custom & REDCap)

Data entry

- Years 1 and 2 complete
- Year 3 in process

Master codebook established

Data cleaning & integration in process

Interviews transcribed

- Years 1 and 2 complete
- Year 3 in process

Data Analysis:

- Descriptive
- Coding of qualitative interviews

We plan to request no-cost extension for data cleaning, analysis, and dissemination.

RISK DURING NG TRANSITIONS

Injury – Case Analysis
Family interviews & survey data from 3 time points looking at health (physical and mental) and family outcomes (financial, marital, parenting)

Risk factors for poor outcomes:
- Delay in diagnosis (No LOD)
- Wait time for treatment
- Lack of comprehensive formal and financial support
- Pile-up of demands

Resources that enable resilience:
- Military treatment facility
- Community Based Warrior Transition Unit
- Title 10 status
- Civilian employer support (Soldier or Spouse)
- Informal supports (friends, unit buddy, unit command, family, family with military experience)

Mental Health Service Use
Preliminary finding from 1 year post-deployment survey using multivariable regression analysis.

Need factors predict use
- Comorbid mental health conditions
- Poorer physical health (SF-12)
- VA is primary source of treatment for NG

Non-VA treatment access
- Employment status
- Higher levels of income
- Private insurance

Suicide risk association with Life Events
Preliminary finding from survey data 45-90 days (N=590) and 1 year post-deployment (N=542) survey using descriptive and bivariate analysis.

Suicide thoughts 45-90 days Post-deployment
- Betrayal by family or loved one

Suicide thoughts 1 year post-deployment
- Change in living situation
- Change in responsibilities
- Financial concern/trouble
- Conflict with family members
- Betrayal by loved one
- Cheating partner
- Increase in number of arguments with partner
- Marital separation
- Personal injury or illness
- Problems with friend
- Pile-up of demands (Number of life events)
- No response to full-time work in community
- Custody change
- Child with special needs
- Relationship ends

Suicide attempt within prior 12 months 1 year post deployment
- Deployment of partner
- Marital Separation
- No response to full-time work in community

Risk Resiliency & Coping in National Guard Families

COPING IN SOLDIERS & SPOUSES

Risk Resiliency & Coping in National Guard Families

Preliminary findings

Using the BRIEF-Cope, looked at two types of coping – Active and Avoidant and relationship to MH and dyadic outcomes.

- Active coping
- Avoidant coping

Avoidant coping is associated with poorer mental health outcomes.

Service member avoidant coping at pre-deployment was significantly associated with:

- Higher soldier post-deployment anxiety ($\beta = 0.29$, $p < .001$; moderate effect size)
- Higher soldier depression post-deployment ($\beta = 0.37$, $p < .001$; moderate to large effect size)

Spouse/significant other avoidant coping pre-deployment was associated with:

- *Lower* soldier post-deployment depression ($\beta = -0.24$, $p = .039$; effect size is small to moderate)

Implications

- Avoidant coping by soldiers affects their mental health post deployment
- Denial, substance use, and behavioral disengagement pre-deployment have negative effects
- Data suggest some interactional trends between spouses and service members
- Avoidant coping in spouses pre-deployment was associated with less depression in service members post deployment.
- There was a trend, although not significant, towards soldier avoidant coping pre-deployment associated with lower spouse PTSD post deployment.

SOLDIER & SPOUSE PERCEPTIONS OF CHILD BEHAVIOR UNDER AGE 3

Risk Resiliency & Coping in National Guard Families

Using the ***Brief Infant-Toddler Social and Emotional Assessment (BITSEA).*** **The BITSEA is a 42 item screener for social-emotional/behavior problems and delays in competence (12-35 months of age)**

A multivariate regression analysis predicting reports of young child problems and competencies from the mental health factor scores preliminary findings:

1. Soldier's mental health significantly predicts soldier's reports of competence (b = -.501, p<.001) and
2. Spouses' mental health significantly predicts spouses' reports of problems (b = .603, p<.001).

Post-hoc univariate ANOVAs were run using clinical cut-off scores of depression and PTSD as predictors of child outcomes:

1. Soldiers with elevated levels of PTSD symptoms reported significantly more problems in their young children than soldiers with lower levels of PTSD (M=11.85, $S.D.$=9.90; M=7.62, $S.D.$=5.50; respectively; $F(1,77)=4.74$, p=.03).
2. Spouses reporting moderate to severe depression reported significantly more problems in their young children than spouses with little or no depression (M=16.07, $S.D.$=7.41; M=6.92, $S.D.$=4.90; respectively; $F(1,73)=32.17$, p<.001).

Regression models predicting parenting stress from mental health and perceptions of child behavior.

1. Soldiers, parenting stress is significantly predicted by child competence (B= -.840, p<.001) and child problems (B=.512, p=.002).
2. Spouses, there is an interaction between mental health and competence, such that the effect of mental health on parenting stress is weaker with higher child competence (B= -.128, p=.013) .

MEANING MAKING AS A PROTECTIVE FACTOR

Risk Resiliency & Coping in National Guard Families

Preliminary findings (30 couple interviews at two time points)

Couples who do well have a shared and coherent sense of meaning about their current life situation and their future.

NG Soldiers who did well post deployment had found a way to overcome the identity transformation challenges of deployment and found a new identity/sense of life purpose post deployment
Examples include:

- Role in society
- Family place
- Meaningful employment

When one member of a couple had a shattering of life purpose on deployment, reintegration and reconnection with spouse post deployment was more difficult, i.e., the person was substantially changed.

Spouses who did well obtained their source of meaning from multiple places that did not necessarily include military spouse of the military

- Career
- Children
- Family
- Friends
- God
- Helping others

DELIVERABLES TO DATE

Risk Resiliency & Coping in National Guard Families

Manuscripts with Revise and Resubmit

Gorman, L. Huebner, A. Hirschfeld, M Sankar, S. Blow, A. Guty, D, Kees, M, Ketner J (2015). A comparative case study of Risk, Resilience and Coping among Injured National Guard.

Three papers close to submission.

Upcoming Presentations

Blow, A.J., Huebner, A., Gorman, L. (fall, 2015). Couples' Experiences of Military Deployment. Poster to be presented at the AAMFT annual conference.

Johnson, T., Farero, A., Blow, A. J., Gorman, L., Kees, M. (fall, 2015). Fathers in the Military: Implications for Family Therapists. Poster to be presented at the AAMFT annual conference.

Blow, A.J., Lappan, S., Nichols, E., Subramaniam, S., Farero, A., Gorman, L., Kees, M., Bowles, R. (fall, 2015). Couples Coping with Stress: Life in the Military. Poster to be presented at the AAMFT annual conference.

National Presentations

Gorman, L., Huebner, A., Hirschfeld, M, Blow, A. (August 2014). Post-deployment Issues of National Guard: A Comparative Case Study of how Access to VA Benefits Affect Reintegration with Family and Civilian Employment. Military Health System Research Symposium. Ft. Lauderdale, FL.

Blow, A. Huebner, A., Hirschfeld, M, Gorman, L., Guty D., and Kees, M. (August 2014). Military Couples and Soldier Resilience. Military Health System Research Symposium. Ft. Lauderdale, FL.

Blow, A.J. & Fitzgerald, H. (2014). Effects of Visible & Invisible Parent Combat Injuries on Military Families. Webinar presented to extension, The Military Families Learning Network.

Blow, A., Gorman, L., & Kees, M. (July 2013). *Parallel Sustained Stress for Couples and the Challenge of Reconnection.* Presentation at the American Psychological Association 2013 Symposium. Honolulu, Hawaii.

Gorman, L. & Hamilton, L. (April 2013). *Fostering innovation and partnerships to address emerging public health issues*. Presentation at the National Network of Public Health Institutes Annual Conference roundtable. New Orleans, LA.

Blow, A. J., & Jarman (Marchiondo), C. (2013). Building Resiliency in Military Children and Families. Workshop presented at the American Association for Marriage and Family Therapy Annual Conference. Portland, Oregon.

State & Local Presentations

Gorman, L. Michigan Family Medicine Research Day (23 May 2013)

Blow, A. & Gorman. Presentation to the Adjutant General and staff of Michigan National Guard (13 August 2013)

Gorman, L. & Guty, D. MPHI Breakfast Club (22 August 2013).

Gorman, L. (March 2015). Report to Adjutant General at Michigan National Guard Headquarters. Lansing, MI.

Policy

Gorman, L. Supplement to USVA Mental Health Services and Benefits Memorandum requested by Governor Snyder's office (5 May 2013).

Risk Resiliency & Coping in National Guard Families

DISSEMINATION PLAN & NEXT STEPS

Dissemination plan for year 3

- Couple parallel sustained stress vs connection
- Injury and service use manuscripts (quantitative and qualitative)
- Parenting/child outcomes manuscript
- Meaning making manuscripts
- Family communication and deployment manuscript
- Couples manuscripts with longitudinal data (quantitative and qualitative)
- Risk & coping factors within the family stress model that point toward resilience for this population
- Fathers in the National Guard
- Several others in development

Integration of quantitative and qualitative data

Linking Pre-deployment data to current study data

Complete data collection for Time 3

Communication with Stakeholders

- Understanding of resiliency processes
- Understanding of how coping responses protect against pathological outcomes
- Understanding of how pile-up of demands impact individual and family outcomes
- Understanding of post deployment processes for reserve families and the development of interventions to support both Soldiers and families through this time

Explore opportunities to build on finding with partners:

- Department of Defense, National Guard Bureau, Michigan National Guards, Michigan Department of Community Health, Michigan Veterans Affairs Agency, Altarum Institute-Veterans Community Action Teams, Visn 11, Ann Arbor VA Healthcare System
- Quality improvement efforts that would ensure linkage to evidenced based mental health treatment and other social services

Michigan Army National Guard
Post-Deployment Survey
Service Member

In the next pages, we ask a number of questions about your life and experiences. Your answers will be important to helping us understand what issues military service members face prior to a deployment and the areas of pre-deployment programming that would be most helpful.

Your answers to this survey are confidential and anonymous. We will have no way of linking your answers back to you individually. We would, however, like to link your answers on this survey to any future surveys we may offer.

To link your answers, you will develop an anonymous identification code based on a series of personal questions. *Only you will know this code*. Your identification code will be created based on the combination of the first 3 letters or numbers in your answers to a series of questions.

For example:

Question	***Answer***	***1st letters/#s of the answer***
Example: What is your dog's name	Spot	S P O
Example: What is your favorite color	Blue	B L U
Example: What is the day of the month of Christmas	25th of December	2 5
EXAMPLE CODE: S P O B L U 2 5		

INSTRUCTIONS

1. **Please write your answer to each of these 3 questions.**
2. **Then, write the first 3 letters of each answer in the last column.**
3. **Rewrite the first 3 letters/#s from your answers. This is your personal code.**

Question	***1. Write your Answer***	***2. Write the 1st 3 letters/#s of your answer***
What is your mother's maiden name?		____ ____ ____
What was the make of your first car? (e.g. Ford, Chevrolet, Honda, etc.)		____ ____ ____
What is the day of the month you were born? (if you were born on the 4th of May your answer would be 04)		____ ____

3. **Write the first 3 letters/#s from each of your above answers** __ __ __ __ __ __ __ __
   This is your personal code.

Michigan Army National Guard Post-Deployment Survey
Service Member

Please write your personal code from the previous page: ___ ___ ___ ___ ___ ___ ___ ___

DEMOGRAPHICS (Please mark the box that best applies to you at the time of this survey completion.)

Age:
- ☐ 18-21
- ☐ 22-24
- ☐ 25-30
- ☐ 31-40
- ☐ 41-50
- ☐ Over 50

Gender:
- ☐ Female
- ☐ Male

Marital Status:
- ☐ Married
- ☐ Unmarried, Cohabiting
- ☐ Committed relationship, not cohabitating
- ☐ Divorced
- ☐ Separated
- ☐ Widowed
- ☐ Single
- ☐ Other

Ethnicity (check all that apply):
- ☐ African American
- ☐ Asian American
- ☐ Caucasian
- ☐ Hispanic
- ☐ Native American
- ☐ Multi-ethnic
- ☐ Other

Highest Level of Education:
- ☐ Some high school
- ☐ GED
- ☐ High school diploma
- ☐ Some college
- ☐ Technical certificate or Associate degree
- ☐ Bachelor's degree
- ☐ Graduate degree

Annual Family Income:
- ☐ Below $25,000
- ☐ $25,001 to $50,000
- ☐ $50,001 to $75,000
- ☐ $75,001 to $100,000
- ☐ Over $100,000

Current Rank or Rank at last discharge:
- ☐ E1-E4
- ☐ E5-E6
- ☐ E7-E9
- ☐ 01-03
- ☐ 04-09
- ☐ W01-5

Years non-Guard Military Service:
- ☐ 4 years or less
- ☐ 5-10 years
- ☐ 11-20 years
- ☐ Over 20 years

Are you currently in the National Guard?
- ☐ Yes
- ☐ No

If you are no longer in the Guard, why did you leave?
- ☐ Honorable Discharge
- ☐ Medical
- ☐ Other (Please Explain): _____
- ☐ Retirement
- ☐ Other than Honorable Discharge

EMPLOYMENT (The questions in this section are about your current work situation.)

Are you currently? (check all that apply)
- ☐ Full-time permanent position with AGR
- ☐ Part-time, temporary military work (M-day or ADOS)
- ☐ Full-time permanent position in community
- ☐ Part-time work in the community
- ☐ Retired
- ☐ A student
- ☐ Unemployed
- ☐ Less than 30% VA disability
- ☐ More than 30% disability
- ☐ Other, please specify: _____

How would you rate your job/school satisfaction in the past 4 weeks? If you are both working and attending school and your performance differs in these areas, please answer the one in which you spend the most time. (Please circle your response.)

Completely Unsatisfied										Completely Satisfied
0	1	2	3	4	5	6	7	8	9	10

RECENT DEPLOYMENT 2012: Please complete ONLY if you have deployed since 2012. If you have not deployed since 2012, skip to the DEPLOYMENT EXPERIENCE SECTION.

1. **Have you deployed since 2012?** ☐ 2013 ☐ 2014 ☐ No new deployments
2. **If yes, Where?**_____
3. **Do you have a pending deployment?** ☐ Yes ☐ No
4. **Since 2001, how many combat or peacekeeping deployments have you completed that lasted more than 30 days?**
   ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more
5. **When did you return home from your most recent deployment?** _____ Date (Month/Year)
6. **How long was your most recent deployment?** _____ (Months/Years)
7. **During your most recent deployment:**

	Never	Seldom	Often	Constantly
a. How many times were you in serious danger of being injured or killed?	☐	☐	☐	☐
b. How many times did you engage the enemy in a firefight?	☐	☐	☐	☐

	Yes	No
c. Did you know someone who was seriously injured or killed?	☐	☐
d. Were you directly responsible for the death of an enemy combatant?	☐	☐
e. Were you wounded or injured during deployment?	☐	☐

DEPLOYMENT EXPERIENCE

1. **What is the most distressing deployment-related event you have ever experienced? (Considering all deployments) Briefly describe the event. If no distressing event occurred to you while on deployments, please indicate NONE here.**

   _____

   _____

   _____

2. **Approximately what year did it occur?** _____

3. **Was this distressing event during deployment the most distressing event you have ever experienced in your life? (Considering your entire life)** ☐ YES ☐ NO

4. **If no, could you briefly describe your most distressing life event?**

_____

_____

5. **Approximately what year did it occur?** _____

In the last 30 days, have you experienced any of the following problems in relation to the most distressing event you just described? (Check the box that is most true for you)

	Not at all	A little bit	Moderately	Quite a bit	All the time
a. Repeated, disturbing memories, thoughts, or images of the stressful experience.	☐	☐	☐	☐	☐
b. Repeated, disturbing dreams of the stressful experience	☐	☐	☐	☐	☐
c. Suddenly acting or feeling as if the stressful experience were happening again (as if you were re-living it).	☐	☐	☐	☐	☐
d. Feeling very upset when something reminded you of the stressful experience.	☐	☐	☐	☐	☐
e. Having physical reactions (like heart pounding, trouble breathing, sweating) when something reminded you of the stressful event	☐	☐	☐	☐	☐
f. Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it.	☐	☐	☐	☐	☐
g. Avoiding activities or situations because they remind you of the stressful experience.	☐	☐	☐	☐	☐
h. Trouble remembering important parts of the stressful experience.	☐	☐	☐	☐	☐
i. Loss of interest in activities that you used to enjoy.	☐	☐	☐	☐	☐
j. Feeling distant or cutoff from other people.	☐	☐	☐	☐	☐
k. Feeling emotionally numb or being unable to have loving feelings for those close to you.	☐	☐	☐	☐	☐
l. Feeling as if your future somehow will be cut short.	☐	☐	☐	☐	☐
m. Trouble falling or staying asleep.	☐	☐	☐	☐	☐
n. Feeling irritable or having angry outbursts.	☐	☐	☐	☐	☐
o. Having difficulty concentrating.	☐	☐	☐	☐	☐
p. Being "super alert" or watchful or on guard.	☐	☐	☐	☐	☐
q. Feeling jumpy or easily startled.	☐	☐	☐	☐	☐

If you answered moderately, quite a bit, or all the time to any of the above questions, how DIFFICULT have these problems made it for you to do your work or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

Are you currently experiencing any of the following problems that you think might be related to a possible head injury or concussion? (Check all that apply)

- ☐ Not experiencing any problems related to head injury
- ☐ Headache
- ☐ Dizziness
- ☐ Memory Problems
- ☐ Balance Problems
- ☐ Ringing in the ears
- ☐ Irritability
- ☐ Sleep Problems
- ☐ Other specify: _____

Life Event Checklist: Please mark which of these life events you have experienced in the past year.

Military Deployment

- ☐ Change in duty status (i.e. ADS, AGR, Title 32, Discharge, Retirement, etc.)
- ☐ Deployment of significant other or orders to re-deploy

Work

- ☐ Change in employment status (i.e. new job, termination, lay off, etc.)
- ☐ Major changes in working hours or conditions
- ☐ Major change in responsibilities at work
- ☐ Troubles with the boss
- ☐ Major change in financial status

Relationship

- ☐ Marriage
- ☐ Marital reconciliation with mate
- ☐ Divorce
- ☐ Marital Separation from mate
- ☐ Marital difficulties
- ☐ Major change in the number of arguments with spouse (more or less than usual)
- ☐ Change in family roles and responsibilities

Parenting

- ☐ Pregnancy/Childbirth
- ☐ Major change in behaviors of child(ren)
- ☐ Changes to a new school or child enrolling in school
- ☐ Son or daughter leaving home (i.e. marriage, college, military, etc.)

Housing

- ☐ Major change in living situation (move, new home, remodeling, lost lease, etc.)
- ☐ Homeownership (taking on a mortgage)
- ☐ Foreclosure

Social/Recreation

- ☐ Major change in religious activity (i.e. participating more or less than usual)
- ☐ Major change in social activities (i.e. clubs, movies, events, etc.)
- ☐ Major change in the number of family get-togethers
- ☐ Major change in usual type and/or amount of recreation

Health

- ☐ Major personal injury, Illness, or other health related issue
- ☐ Major change in sleeping or eating habits

Legal

- ☐ Detention in Jail or other institution
- ☐ Violations of the law (i.e. traffic tickets, disturbing the peace, DUI, etc.)

Loss

- ☐ Death of a close family member
- ☐ Death of close friend or unit member
- ☐ Betrayal by trusted individual
- ☐ Other (Please explain): _____

Missed Family Events: Did you miss any of the family events below because of their deployment or military experience? If yes, please respond to level of stress the event was for you and whether soldier's absence comes up in family arguments.			
Pregnancy/ Birth of a first child	☐ **Yes** (proceed on this row) ☐ **No** (go to next event)	If YES, How stressful was this event for you? ☐ Not stressful ☐ A little stressful ☐ Very stressful ☐ Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? ☐ Not at all ☐ Often ☐ Rarely ☐ All the time
Moving to a new house/ neighborhood/town	☐ **Yes** (proceed on this row) ☐ **No** (go to next event)	If YES, How stressful was this event for you? ☐ Not stressful ☐ A little stressful ☐ Very stressful ☐ Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? ☐ Not at all ☐ Often ☐ Rarely ☐ All the time
Child experiencing school transition (pre-school, kindergarten, high school, graduation, etc.)	☐ **Yes** (proceed on this row) ☐ **No** (go to next event)	If YES, How stressful was this event for you? ☐ Not stressful ☐ A little stressful ☐ Very stressful ☐ Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? ☐ Not at all ☐ Often ☐ Rarely ☐ All the time
Child entered puberty/adolescen ce	☐ **Yes** (proceed on this row) ☐ **No** (go to next event)	If YES, How stressful was this event for you? ☐ Not stressful ☐ A little stressful ☐ Very stressful ☐ Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? ☐ Not at all ☐ Often ☐ Rarely ☐ All the time
Child left for college, got married, or moved away	☐ **Yes** (proceed on this row) ☐ **No** (go to next event)	If YES, How stressful was this event for you? ☐ Not stressful ☐ A little stressful ☐ Very stressful ☐ Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? ☐ Not at all ☐ Often ☐ Rarely ☐ All the time
Serious illness of close family member	☐ **Yes** (proceed on this row) ☐ **No** (go to next event)	If YES, How stressful was this event for you? ☐ Not stressful ☐ A little stressful ☐ Very stressful ☐ Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? ☐ Not at all ☐ Often ☐ Rarely ☐ All the time
Death of your parent or your spouse's parent	☐ **Yes** (proceed on this row) ☐ **No** (go to next event)	If YES, How stressful was this event for you? ☐ Not stressful ☐ A little stressful ☐ Very stressful ☐ Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? ☐ Not at all ☐ Often ☐ Rarely ☐ All the time
Child's activities (special performances, games, plays, field trips, etc.)	☐ **Yes** (proceed on this row) ☐ **No** (go to next event)	If YES, How stressful was this event for you? ☐ Not stressful ☐ A little stressful ☐ Very stressful ☐ Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? ☐ Not at all ☐ Often ☐ Rarely ☐ All the time
Other (Explain):	☐ **Yes** (proceed on this row) ☐ **No** (go to next event)	If YES, How stressful was this event for you? ☐ Not stressful ☐ A little stressful ☐ Very stressful ☐ Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? ☐ Not at all ☐ Often ☐ Rarely ☐ All the time

HEALTH AND WELL-BEING:

This next section asks for your views about your health. For each of the following questions, please mark the box that best describes your answer.

In General, would you say your health is:

Excellent	Very Good	Good	Fair	Poor
☐	☐	☐	☐	☐

The following Questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?	**Yes, limited a lot**	**Yes, limited a little**	**No, not limited at all**
a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	☐	☐	☐
b. Climbing several flights of stairs	☐	☐	☐

During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?	**All of the time**	**Most of the time**	**Some of the time**	**A little of the time**	**None of the time**
c. Accomplished less than you would like	☐	☐	☐	☐	☐
d. Were limited in the kind of work or activities	☐	☐	☐	☐	☐

During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems? (such as feeling depressed or anxious)	**All of the time**	**Most of the time**	**Some of the time**	**A little of the time**	**None of the time**
a. Accomplished less than you would like	☐	☐	☐	☐	☐
b. Did work or other activities less carefully than usual	☐	☐	☐	☐	☐

	Not at all	**A little bit**	**Moderately**	**Quite a bit**	**Extremely**
During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?	☐	☐	☐	☐	☐

These questions are about how you feel and how things have been with you during the past 4 weeks.
For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past for weeks…	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Have you felt calm and peaceful?	☐	☐	☐	☐	☐
b. Did you have a lot of energy?	☐	☐	☐	☐	☐
c. Have you felt downhearted and depressed	☐	☐	☐	☐	☐
d. How much of the time has your physical or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)	☐	☐	☐	☐	☐

HEALTH CARE USE:

Are you covered by health insurance or some other kind of health care plan? (including health insurance obtained through employment or purchased directly, as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills)

Yes	No	I don't know
☐	☐	☐

What kind of health insurance or health care coverage do you have?

☐ VA Healthcare System

☐ Government (i.e. Medicare, Medicaid, Other)

☐ Private Health Insurance (i.e. Employer sponsored, TRICARE, Other)

☐ No coverage of any type

In the past, have you received mental health services for a stress, emotional, alcohol, or family problem from a:	No	Yes, in the last year	Yes, but more than a year ago
1) **Military Provider** (Military treatment facility, TRICARE, Chaplain, etc.)	☐	☐	☐

If you used Military Provider services in the last 12 months, what types of services did you receive? (Check all that apply)

☐ Medication

☐ Individual Therapy

☐ Group Therapy

☐ Substance Abuse Treatment

☐ Family/Marital Therapy

☐ Domestic Violence

☐ Sexual Trauma counseling or referral

☐ Screening and referral for medical issues including TBI, depression, etc.?

☐ VBA benefits explanation and referral

☐ Employment assessment and referral

☐ Other Please describe: _____

☐ Not applicable

In the past, have you received mental health services for a stress, emotional, alcohol, or family problem from a:	No	Yes, in the last year	Yes, but more than a year ago
Civilian (mental health professional, civilian facility, Clergy, etc.)	☐	☐	☐

If you used Civilian services in the last 12 months, what types of services did you receive? (Check all that apply)

- ☐ Medication
- ☐ Individual Therapy
- ☐ Group Therapy
- ☐ Substance Abuse Treatment
- ☐ Family/Marital Therapy
- ☐ Domestic Violence
- ☐ Sexual Trauma counseling or referral
- ☐ Screening and referral for medical issues including TBI, depression, etc.?
- ☐ VBA benefits explanation and referral
- ☐ Employment assessment and referral
- ☐ Other Please describe: _____
- ☐ Not applicable

In the past, have you received mental health services for a stress, emotional, alcohol, or family problem from a:	No	Yes, in the last year	Yes, but more than a year ago
VA System (hospital, VA facility, VetCenter, CBOC, Etc.)	☐	☐	☐

- ☐ Medication
- ☐ Individual Therapy
- ☐ Group Therapy
- ☐ Substance Abuse Treatment
- ☐ Family/Marital Therapy
- ☐ Domestic Violence
- ☐ Sexual Trauma counseling or referral
- ☐ Screening and referral for medical issues including TBI, depression, etc.?
- ☐ VBA benefits explanation and referral
- ☐ Employment assessment and referral
- ☐ Other Please describe: _____
- ☐ Not applicable

If you have not used the VA system, please skip to "Rate each of the possible concerns that might affect your decision to receive mental health counseling or services"

How satisfied were you with:	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
a. The length of time it takes to get an appointment	☐	☐	☐	☐
b. Getting a convenient appointment time	☐	☐	☐	☐
c. The length of time you must wait to see the doctor once you have arrived	☐	☐	☐	☐
d. The accuracy of the diagnosis you receive	☐	☐	☐	☐
e. The explanations you got of your illness and treatment	☐	☐	☐	☐
f. The courtesy and compassion shown by the staff	☐	☐	☐	☐
g. The amount of time the VA doctors/staff spend with you	☐	☐	☐	☐
h. The way the VA doctors communicate with you	☐	☐	☐	☐
i. The length of time it takes to get to the VA from your home	☐	☐	☐	☐

Rate each of the possible concerns that might affect your decision to receive mental health counseling or services:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I don't trust mental health professionals	☐	☐	☐	☐	☐
b. I don't know where to get help	☐	☐	☐	☐	☐
c. I don't have adequate transportation	☐	☐	☐	☐	☐
d. It is difficult to schedule an appointment	☐	☐	☐	☐	☐
e. There would be difficulty getting time off work for treatment	☐	☐	☐	☐	☐
f. Mental health care costs too much money	☐	☐	☐	☐	☐
g. It might harm my career	☐	☐	☐	☐	☐
h. It would be too embarrassing	☐	☐	☐	☐	☐
i. I would be seen as weak	☐	☐	☐	☐	☐
j. Mental health care doesn't work	☐	☐	☐	☐	☐
k. Members of my unit might have less confidence in me	☐	☐	☐	☐	☐
l. My unit leadership might treat me differently	☐	☐	☐	☐	☐
m. My leaders would blame me for the problem	☐	☐	☐	☐	☐
n. I don't want it to appear on my military records	☐	☐	☐	☐	☐
o. There are no providers in my community	☐	☐	☐	☐	☐
p. I would have to drive great distances to receive high quality care	☐	☐	☐	☐	☐

Sleep:

The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month:

a. During the past month, What time have you usually gone to bed at night?	
b. During the past month, how long (in minutes) has it usually taken you to fall asleep each night?	
c. During the past month, what time have you usually gotten up in the morning?	
d. During the past month, how many hours of actual sleep did you get a night? (This may be different than the number of hours you spent in bed.)	

For each of the remaining questions, check one best response. **During the past month, how often have you had trouble sleeping because you…**	**Not during the past month**	**Less than once a week**	**Once or twice a week**	**Three or more times a week**
a. Cannot get to sleep within 30 minutes	☐	☐	☐	☐
b. Wake up in the middle of the night or early morning	☐	☐	☐	☐
c. Have to get up to use the bathroom	☐	☐	☐	☐
d. Cannot breath comfortably	☐	☐	☐	☐
e. Cough or snore loudly	☐	☐	☐	☐
f. Feel too cold	☐	☐	☐	☐
g. Feel too hot	☐	☐	☐	☐
h. Had bad dreams	☐	☐	☐	☐
i. Have pain	☐	☐	☐	☐
j. Other reasons (please describe):				
How often during the past month have you had trouble sleeping because of this?	☐	☐	☐	☐

	Very Good	**Fairly Good**	**Fairly Bad**	**Very Bad**
During the past month, how would you rate your quality of sleep?	☐	☐	☐	☐

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
During the past month, how often have you taken medication to help you sleep (prescribed or "over the counter"?	☐	☐	☐	☐
During the past month, how often have you had trouble staying awake while driving, eating, meals, or engaging in social activity?	☐	☐	☐	☐

	No Problem At all	Only a very slight problem	Somewhat of a problem	A very big problem
During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?	☐	☐	☐	☐

Mood: These next questions ask about your mood.

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several day	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	☐	☐	☐	☐
b. Feeling down, depressed, or hopeless	☐	☐	☐	☐
c. Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
d. Feeling tired or having little energy	☐	☐	☐	☐
e. Poor appetite or overeating	☐	☐	☐	☐
f. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
g. Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
h. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	☐	☐	☐	☐

i. Thought that you would be better off dead, or hurting yourself in some way	☐	☐	☐	☐

Over the <u>last 2 weeks</u>, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
a. Feeling nervous, anxious or on edge	☐	☐	☐	☐
b. Not being able to stop or control worrying	☐	☐	☐	☐
c. Worrying too much about different things	☐	☐	☐	☐
d. Trouble relaxing	☐	☐	☐	☐
e. Being so restless that it is hard to sit still	☐	☐	☐	☐
f. Becoming easily annoyed or irritable	☐	☐	☐	☐
g. Feeling afraid as if something awful might happen	☐	☐	☐	☐

These questions ask how you have felt in the past month. Please check how often you felt or thought a certain way.

	Never	Almost Never	Sometimes	Fairly Often	Often
a. In the last month, how often have you felt that you were unable to control the important things in your life?	☐	☐	☐	☐	☐
b. In the last month, how often have you felt confident about your ability to handle your personal problems?	☐	☐	☐	☐	☐
c. In the last month, how often have you felt that things were going your way?	☐	☐	☐	☐	☐
d. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	☐	☐	☐	☐	☐

If you had checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

Have you ever thought about or attempted to kill yourself? (Check one only)

Never	It was a passing thought	I have had a plan at least once to kill myself but did not try to do it	I have had a plan at least once to kill myself and really wanted to die	I have attempted to kill myself, but did not want to die	I have attempted to kill myself, and really hoped to die
☐	☐	☐	☐	☐	☐

How often have you thought about killing yourself in the past year? (Check one only)

Never	Rarely (1 time)	Sometimes (2 times)	Often (3-4 Times)	Very Often (5 or more times)
☐	☐	☐	☐	☐

Have you ever told someone that you were going to commit suicide, or that you might do it? (Check one only)

No	Yes, at one time, but did not really want to die	Yes, at one time, and really wanted to die	Yes, more than once, but did not want to do it	Yes, more than once, and really wanted to do it
☐	☐	☐	☐	☐

How likely is it that you will attempt suicide someday? (Check one only)

Never	No chance at all	Rather unlikely	Unlikely	Likely	Rather Likely	Very Likely
☐	☐	☐	☐	☐	☐	☐

Are you a veteran in emotional distress?
Please call 1-800-273-TALK and press 1 to be routed to the VA Crisis Hotline.

MEANING:

Please take a moment to think about what makes your life and existence feel important and significant to you. Please respond to the following statements as truthfully and accurately as you can, and also please remember that these are very subjective questions and that there are no right or wrong answers. Please answer according to the scale below:

	Absolutely Untrue	Mostly Untrue	Somewhat Untrue	Can't say true or false	Somewhat True	Mostly True	Absolutely True
a. I understand my life's meaning	☐	☐	☐	☐	☐	☐	☐
b. I am looking for something that makes my life meaningful	☐	☐	☐	☐	☐	☐	☐
c. I am always looking to find my life's purpose	☐	☐	☐	☐	☐	☐	☐
d. My life has a clear sense of purpose	☐	☐	☐	☐	☐	☐	☐
e. I have a good sense of what makes my life meaningful	☐	☐	☐	☐	☐	☐	☐
f. I have discovered a satisfying life purpose	☐	☐	☐	☐	☐	☐	☐
g. I am always searching for something that makes my life feel significant	☐	☐	☐	☐	☐	☐	☐
h. I am seeking a purpose or mission in my life	☐	☐	☐	☐	☐	☐	☐
i. My life has no clear purpose	☐	☐	☐	☐	☐	☐	☐
j. I am searching for meaning in my life	☐	☐	☐	☐	☐	☐	☐

ALCOHOL USE:

Please check the response that best reflects your patterns of alcohol consumption.

	Never	Monthly or Less	2-4 times a month	2-3 times a week	4 or more times a week
How often do you have a drink containing alcohol?	☐ Go to next section	☐	☐	☐	☐

	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
How many standard drinks do you have on a typical day when you are drinking? [a standard drink is, for example, one 12 oz. beer, a 6 oz. glass of wine, or a 1.5 oz. shot of hard liquor].	☐	☐	☐	☐	☐

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often do you have six or more standard drinks on one occasion?	☐	☐	☐	☐	☐
How often during the last year have you found that you were not able to stop drinking once you had started?	☐	☐	☐	☐	☐
How often during the last year have you failed to do what was normally expected of you because of drinking?	☐	☐	☐	☐	☐
How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	☐	☐	☐	☐	☐
How often during the last year have you had a feeling of guilt or remorse after drinking?	☐	☐	☐	☐	☐
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	☐	☐	☐	☐	☐

	No	Yes, but not in the last year	Yes, during the last year
Have you or anyone else been injured because of your drinking?	☐	☐	☐
Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	☐	☐	☐

COPING: These questions ask about different ways of coping you may have used during the deployment. Please mark which answer best describes you.

	Not at all	Several days	More than half the days	Nearly every day
a. I've been turning to work or other activities to take my mind off things.	☐	☐	☐	☐
b. I've been concentrating my efforts on doing something about the situation I'm in.	☐	☐	☐	☐
c. I've been saying to myself "this isn't real."	☐	☐	☐	☐
d. I've been using alcohol or other drugs to make myself feel better.	☐	☐	☐	☐
e. I've been getting emotional support from others.	☐	☐	☐	☐
f. I've been giving up trying to deal with it.	☐	☐	☐	☐
g. I've been taking action to try to make the situation better.	☐	☐	☐	☐
h. I've been refusing to believe that it is happening.	☐	☐	☐	☐
i. I've been saying things to let my unpleasant feelings escape.	☐	☐	☐	☐
j. I've been getting help and advice from other people.	☐	☐	☐	☐
k. I've been using alcohol or other drugs to help me get through it.	☐	☐	☐	☐
l. I've been trying to see it in a different light, to make it seem more positive.	☐	☐	☐	☐
m. I've been criticizing myself.	☐	☐	☐	☐
n. I've been trying to come up with a strategy about what to do.	☐	☐	☐	☐
o. I've been getting comfort and understanding from someone.	☐	☐	☐	☐
p. I've been giving up the attempt to cope.	☐	☐	☐	☐
q. I've been looking for something good in what is happening.	☐	☐	☐	☐
r. I've been making jokes about it.	☐	☐	☐	☐
s. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	☐	☐	☐	☐
t. I've been accepting the reality of the fact that it has happened.	☐	☐	☐	☐
u. I've been expressing my negative feelings.	☐	☐	☐	☐
v. I've been trying to find comfort in my religion or spiritual beliefs.	☐	☐	☐	☐

	Not at all	Several days	More than half the days	Nearly every day
w. I've been trying to get advice or help from other people about what to do.	☐	☐	☐	☐
x. I've been learning to live with it.	☐	☐	☐	☐
y. I've been thinking hard about what steps to take.	☐	☐	☐	☐
z. I've been blaming myself for things that happened.	☐	☐	☐	☐
aa. I've been praying or meditating.	☐	☐	☐	☐
bb. I've been making fun of the situation.	☐	☐	☐	☐

SOCIAL SUPPORT: The next section asks questions about people in your life. Please mark the box that best describes your experience.

	Definitely FALSE	Probably FALSE	Probably TRUE	Definitely TRUE
a. If I wanted to go on a trip for a day (for example, Up North or to Detroit), I would have a hard time finding someone to go with me.	☐	☐	☐	☐
b. I feel that there is no one I can share my most private worries and fears with.	☐	☐	☐	☐
c. If I were sick, I could easily find someone to help me with my daily chores.	☐	☐	☐	☐
d. There is someone I can turn to for advice about handling problems with my family.	☐	☐	☐	☐
e. If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.	☐	☐	☐	☐
f. When I need suggestions on how to deal with a personal problem, I know someone I can turn to.	☐	☐	☐	☐
g. I don't often get invited to do things with others.	☐	☐	☐	☐
h. If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden)	☐	☐	☐	☐
i. If I wanted to have lunch with someone, I could easily find someone to join me.	☐	☐	☐	☐
j. If I was stranded 10 miles from home, there is someone I could call who could come and get me.	☐	☐	☐	☐
k. If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it.	☐	☐	☐	☐
l. If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me.	☐	☐	☐	☐

When you completed the above questionnaire, were you thinking mostly about your spouse/significant other or about several potential supporters?

☐ I was thinking primarily about my spouse/significant other

☐ I was thinking primarily about one person (not spouse/significant other)

☐ I was thinking about several potential supporters

LIFESTYLE: This section asks questions about your lifestyle and satisfaction. Please mark the box that best describes your life.

	Strongly DISAGREE	Disagree	Slightly disagree	NEITHER agree nor disagree	Slightly agree	Agree	Strongly AGREE
a. In most ways my life is close to my ideal.	☐	☐	☐	☐	☐	☐	☐
b. The conditions of my life are excellent.	☐	☐	☐	☐	☐	☐	☐
c. I am satisfied with my life.	☐	☐	☐	☐	☐	☐	☐
d. So far I have gotten the important things I want in life.	☐	☐	☐	☐	☐	☐	☐
e. If I could live my life over, I would change almost nothing.	☐	☐	☐	☐	☐	☐	☐

Please tell us your thoughts about your life by marking each item as it applies to you.

	Disagree a lot	Disagree a little	Neither agree or disagree	Agree a little	Agree a lot
a. In uncertain times, I usually expect the best.	☐	☐	☐	☐	☐
b. If something can go wrong for me, it will.	☐	☐	☐	☐	☐
c. I'm always optimistic about my future.	☐	☐	☐	☐	☐
d. I hardly ever expect things to go my way.	☐	☐	☐	☐	☐
e. I rarely count on good things happening to me.	☐	☐	☐	☐	☐
f. Overall, I expect more good things to happen to me than bad.	☐	☐	☐	☐	☐
g. There is not enough purpose in my life.	☐	☐	☐	☐	☐
h. To me, the things I do are all worthwhile.	☐	☐	☐	☐	☐
i. Most of what I do seems trivial and unimportant to me.	☐	☐	☐	☐	☐
j. I value my activities a lot.	☐	☐	☐	☐	☐
k. I don't care very much about the things I do.	☐	☐	☐	☐	☐
l. I have lots of reasons for living.	☐	☐	☐	☐	☐

RELATIONSHIPS: These questions ask about your relationship with your spouse, girlfriend, or boyfriend.

Are you currently in a committed relationship with a spouse/significant other? ☐ YES ☐ NO (If no, answer the next question and then skip to **the Parenting Section. If you do not have children, your survey is complete**)

How long have you been in a committed relationship with your current spouse/significant other? _____ Years

Most people experience disagreements in their relationships. For the next 6 items, please estimate the extent of agreement or disagreement between you and your partner.

	Always Agree	Almost Always Agree	Occasionally Agree	Often Disagree	Almost Always Disagree	Always Disagree
a. Values or beliefs	☐	☐	☐	☐	☐	☐
b. Demonstration of affection	☐	☐	☐	☐	☐	☐
c. Making major decisions (e.g., career, where to live, etc.)	☐	☐	☐	☐	☐	☐
d. Sexual relations	☐	☐	☐	☐	☐	☐
e. Aims, goals, and things believed to be important	☐	☐	☐	☐	☐	☐
f. Financial decisions	☐	☐	☐	☐	☐	☐

The following 5 items describe experiences of couples. Read each question and check the box that honestly reflects how frequently you have had these experiences.

	All the time	Most of the time	More often than not	Occasionally	Rarely	Never
a. How often do you discuss or have you considered divorce, separation, or terminating your relationship?	☐	☐	☐	☐	☐	☐
b. Do you ever regret that you married or got together?	☐	☐	☐	☐	☐	☐
c. How often do you and your partner quarrel?	☐	☐	☐	☐	☐	☐
d. How often do you and your partner "get on each other's nerves"?	☐	☐	☐	☐	☐	☐
e. Do you and your partner engage in outside interests together?	☐	☐	☐	☐	☐	☐

The following 3 items describe experiences of couples. Read each question and check the box that honestly reflects how frequently you have had these experiences.

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More Often
a. How often do you and your partner have a stimulating exchange of ideas?	☐	☐	☐	☐	☐	☐
b. How often do you and your partner calmly discuss something?	☐	☐	☐	☐	☐	☐
c. How often do you and your partner work together on a project?	☐	☐	☐	☐	☐	☐

PARENTING. **This next section asks about children and parenting. If you do not have children, your survey is complete.**

1. Do you have children?
   ☐ **YES** ☐ **NO (IF NO, your survey is complete.)**
2. Are you a stepparent?
   ☐ **YES** ☐ **NO**
3. How many children under age 18 live in your home?
   _____
4. What are the ages of your children? (Specify – In years, months, ETC)_____
5. Are you a single parent?
   ☐ **YES** ☐ **NO**
6. Do you have a child with special needs?
   ☐ **YES** ☐ **NO**
7. If you have a special needs child, please explain:
   _____
   _____

If you co-parent with a former spouse/or partner, has physical custody of children changed in the previous 12 months?

☐ **YES** ☐ **NO** ☐ **Not Applicable**

If yes, how much stress has this caused? (Circle one)

Not at all stressful 1 2 3 4 5 6 7 8 9 High stress

Is this issue resolved or ongoing? (Circle one)

Ongoing 1 2 3 4 5 6 7 8 9 Completely Resolved

Please tell us about your parenting experience by marking each item as it applies to you.

		Strongly Disagree	**Disagree**	**Undecided**	**Agree**	**Strongly Agree**
a.	I am happy in my role as a parent.	☐	☐	☐	☐	☐
b.	There is little or nothing I wouldn't do for my child(ren) if it was necessary.	☐	☐	☐	☐	☐
c.	Caring for my child(ren) sometimes takes more time and energy than I have to give.	☐	☐	☐	☐	☐
d.	I sometimes worry whether I am doing enough for my children.	☐	☐	☐	☐	☐
e.	I feel close to my child(ren).	☐	☐	☐	☐	☐
f.	I enjoy spending time with my child(ren).	☐	☐	☐	☐	☐
g.	My child(ren) is/are an important source of affection for me.	☐	☐	☐	☐	☐
h.	Having a child(ren) gives me a more certain and optimistic view for the future.	☐	☐	☐	☐	☐
i.	The major source of stress in my life is my child(ren).	☐	☐	☐	☐	☐
j.	Having a child(ren) leaves little time and flexibility in my life.	☐	☐	☐	☐	☐
k.	Having a child(ren) has been a financial burden.	☐	☐	☐	☐	☐
l.	It is difficult to balance different responsibilities because of my child(ren).	☐	☐	☐	☐	☐
m.	The behavior of my child(ren) is often embarrassing or stressful to me.	☐	☐	☐	☐	☐
n.	If I had it to do over again, I might decide not to have child(ren).	☐	☐	☐	☐	☐
o.	I feel overwhelmed by the responsibility of being a parent.	☐	☐	☐	☐	☐
p.	Having a child has meant having too few choices and too little control over my life.	☐	☐	☐	☐	☐
q.	I am satisfied as a parent.	☐	☐	☐	☐	☐
r.	I find my child(ren) enjoyable.	☐	☐	☐	☐	☐

CHILDREN. Questions in this section are specifically about your child(ren). If you do not have children, please end.

The first set of questions is about children between 12 months and 35 months of age – *Young Child Questionnaire.* The second set of questions is about children between 3 -17 years old – *Older Child Questionnaire*. Please complete a questionnaire for **ALL of your children.** If you have more than one child in the Young Child age range or more than one child in the Older Child age range, please ask any of the survey staff for additional questionnaires.

How many of your children are younger than 12 months of age? _____ ***(No questionnaire for this child)***
How many of your children are between 12-35 months old? _____ **(*Complete that # of Young Child Questionnaires)***
How many of your children are between 3 -17 years old? _____ **(*Complete that # of Older Child Questionnaires)***

YOUNG CHILD QUESTIONNAIRE: FOR CHILDREN AGES 12 MONTHS – 35 MONTHS

Child's Age in # of months: _____ Child's Sex (Circle One): ☐ Male ☐ Female

Please mark the ONE response that best describes your child's behavior in the LAST month:

		Not True	Somewhat True	Very True
a.	Shows pleasure when he or she succeeds (for example, claps for self)	☐	☐	☐
b.	Gets hurt so often that you can't take your eyes off him/her	☐	☐	☐
c.	Seems nervous, tense, or fearful	☐	☐	☐
d.	Is restless and can't sit still	☐	☐	☐
e.	Follows rules	☐	☐	☐
f.	Wakes up at night and needs help to fall asleep again	☐	☐	☐
g.	Cries or has tantrums until he/she is exhausted	☐	☐	☐
h.	Is afraid of certain places, animals, or things _____	☐	☐	☐
i.	Has less fun than other children	☐	☐	☐
j.	Looks for you (or other parent) when upset	☐	☐	☐
k.	Cries or hangs onto you when you try to leave	☐	☐	☐
l.	Worries a lot or is very serious	☐	☐	☐
m.	Looks right at you when you say his/her name	☐	☐	☐
n.	Does not react when hurt	☐	☐	☐
o.	Is affectionate with loved ones	☐	☐	☐
p.	Won't touch some objects because of how they feel	☐	☐	☐
q.	Has trouble falling asleep or staying asleep	☐	☐	☐
r.	Runs away in public places	☐	☐	☐
s.	Plays well with other children (not including brothers/sisters)	☐	☐	☐
t.	Can pay attention for a long time (other than watching TV)	☐	☐	☐

	Not True	Somewhat True	Very True
u. Has trouble adjusting to changes	☐	☐	☐
v. Tries to help when someone is hurt (for example, gives a toy)	☐	☐	☐
w. Often gets very upset	☐	☐	☐
x. Gags or chokes on food	☐	☐	☐
y. Imitates playful sounds when you ask him/her to	☐	☐	☐
z. Refuses to eat	☐	☐	☐
aa. Hits, shoves, kicks, or bites children (not including brothers/sisters)	☐	☐	☐
bb. Is destructive. Breaks or ruins things on purpose	☐	☐	☐
cc. Points to show you something far away	☐	☐	☐
dd. Hits, bites, or kicks you (or other parent)	☐	☐	☐
ee. Hugs or feeds dolls or stuffed animals	☐	☐	☐
ff. Seems very unhappy, sad, depressed, or withdrawn	☐	☐	☐
gg. Purposely tries to hurt you (or other parent)	☐	☐	☐
hh. When upset, gets very still, freezes, or doesn't move.	☐	☐	☐
ii. Puts things in a special order over and over, and gets upset if he/she is interrupted	☐	☐	☐
jj. Repeats the same action over and over again. *Please give an example:*	☐	☐	☐
kk. Repeats a particular movement over and over (like rocking, spinning) *Please give an example:*	☐	☐	☐
ll. Spaces out. Is totally unaware of what is happening around him/her	☐	☐	☐
mm. Does not make eye contact	☐	☐	☐
nn. Avoids physical contact	☐	☐	☐
oo. Hurts self on purpose (for example, bangs his/her head) *Please give an example:*	☐	☐	☐
pp. Eats of drinks things that are not edible (like paper or paint) *Please give an example:*	☐	☐	☐

Do you have another child between the ages of 12-35 months?
If yes, please ask survey staff for another copy of the Younger Child Questionnaire!

OLDER CHILD QUESTIONNAIRE: For children ages 3 years – 17 years old

Child's Age in # of Years: _____ Child's Sex (Circle One): ☐ Male ☐ Female

The following questions ask about strengths and difficulties some children might have. *Please give your answers on the basis of the child's behavior over the last SIX MONTHS.*

		Not True	Somewhat True	Very True
a.	Considerate of other people's feelings	☐	☐	☐
b.	Restless, overactive, cannot stay still for long	☐	☐	☐
c.	Often complains of headaches, stomach-aches or sickness	☐	☐	☐
d.	Shares readily with other children (toys, food, games)	☐	☐	☐
e.	Often loses temper	☐	☐	☐
f.	Rather solitary, prefers to play alone	☐	☐	☐
g.	Generally well behaved, usually does what adults request	☐	☐	☐
h.	Many worries or often seems worried	☐	☐	☐
i.	Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
j.	Constantly fidgeting or squirming	☐	☐	☐
k.	Has at least one good friend	☐	☐	☐
l.	Often fights with children or bullies them	☐	☐	☐
m.	Often unhappy, depressed or tearful	☐	☐	☐
n.	Generally liked by other children	☐	☐	☐
o.	Easily distracted, concentration wanders	☐	☐	☐
p.	Nervous or clingy in new situations, easily loses confidence	☐	☐	☐
q.	Kind to younger children	☐	☐	☐
r.	Often argumentative with adults	☐	☐	☐
s.	Picked on or bullied by other children	☐	☐	☐
t.	Often offers to help others (parents, teachers, other children)	☐	☐	☐
u.	Thinks things out before acting	☐	☐	☐
v.	Can be spiteful to others	☐	☐	☐
w.	Gets along better with adults than with other children	☐	☐	☐
x.	Many fears, easily scared	☐	☐	☐
y.	Good attention span, sees work through to the end	☐	☐	☐
z.	Often lies or cheats	☐	☐	☐
aa.	Steals from home, school or elsewhere	☐	☐	☐

Do you have another child between the ages of 3 years -17 years old?
If yes, please ask survey staff for another copy of the Older Child Questionnaire!

THANK YOU FOR YOUR TIME ON THIS SURVEY AND FOR YOUR SERVICE.

Michigan Army National Guard
Post-Deployment Survey
Spouse/Significant Other

In the next pages, we ask a number of questions about your life and your family's experiences. Your answers will be important to helping us understand the issues military service members and their families face prior to a deployment and what areas of pre-deployment programming might be most helpful.

Your answers to this survey are confidential and anonymous. We will have no way of linking your answers back to you individually. We would, however, like to link your answers on this survey to any future surveys we may offer.

To link your answers, you will develop an anonymous identification code based on a series of personal questions. *Only you will know this code*. Your identification code will be created based on the combination of the first 3 letters in your answers to a series of questions.

For example:

Question	***Answer***	***1st letters/#s of the answer***
Example: What is your dog's name	Spot	S P O
Example: What is your favorite color	Blue	B L U
Example: What is the day of the month of Christmas	25th of December	2 5
EXAMPLE CODE: S P O B L U 2 5		

INSTRUCTIONS

1. **Please write your answer to each of these 3 questions.**
2. **Then, write the first 3 letters of each answer in the last column.**
3. **Rewrite the first 3 letters/#s from your answers. This is your personal code.**

Question	***1. Write your Answer***	***2. Write the 1st 3 letters/#s of your answer***
What is your mother's maiden name?		____ ____ ____
What was the make of your first car? (e.g. Ford, Chevrolet, Honda, etc.)		____ ____ ____
What is the day of the month you were born? (if you were born on the 4th of May your answer would be 04)		____ ____

3. **Write the first 3 letters/#s from each of your above answers** __ __ __ __ __ __ __ __
   This is your personal code.

Michigan Army National Guard Post-Deployment Survey
Spouse/Significant Other

Please write the SERVICE MEMBER'S personal code (from reminder letter)	Please write your personal code (from previous page)
__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __

DEMOGRAPHICS (Please mark the box that best applies to you at the time of this survey completion.)

☐ I am the spouse/significant other of a MI National Guard Member

☐ My spouse/sign/ficant other and I are both MI National Guard Members.

Age:	Gender:	Marital Status:	Ethnicity (check all that apply):	Highest Level of Education:	Annual Family Income:
☐ 18-21	☐ Female	☐ Married	☐ African American	☐ Some high school	☐ Below $25,000
☐ 22-24	☐ Male	☐ Unmarried, Cohabiting	☐ Asian American	☐ GED	☐ $25,001 to $50,000
☐ 25-30		☐ Committed relationship, not cohabitating	☐ Caucasian	☐ High school diploma	☐ $50,001 to $75,000
☐ 31-40		☐ Divorced	☐ Hispanic	☐ Some college	☐ $75,001 to $100,000
☐ 41-50		☐ Separated	☐ Native American	☐ Technical certificate or Associate degree	☐ Over $100,000
☐ Over 50		☐ Widowed	☐ Multi-ethnic	☐ Bachelor's degree	
		☐ Single	☐ Other	☐ Graduate degree	
		☐ Other			

Since 2001, how many combat or peacekeeping deployments has your spouse/significant other completed that lasted more than 30 days? ☐ ☐ ☐ ☐ 4 or more

When did he/she return home from the most recent deployment? _____ Date (Month/Year)

How long was his/her most recent deployment? _____ Months/Years

EMPLOYMENT (The questions in this section are about your current work situation.)

Are you currently? (check all that apply)

- ☐ Working full-time
- ☐ Working part-time
- ☐ Unemployed, looking for work
- ☐ Unemployed, not looking for work
- ☐ Retired
- ☐ A homemaker
- ☐ A student
- ☐ On maternity or paternity leave
- ☐ On illness or sick leave
- ☐ On disability
- ☐ Other, please specify:_____

If you are not working or going to school, check here ☐ **and skip to the Life Event Checklist.**

How would you rate your job/school satisfaction in the past 4 weeks? If you are both working and attending school and your performance differs in these areas, please answer the one in which you spend the most time. (Please circle your response.)

Completely Unsatisfied										Completely Satisfied
0	1	2	3	4	5	6	7	8	9	10

What is the most distressing life event you have ever experienced? _____

_____

Briefly describe the event: _____

_____

When did it occur? _____

During the last 30 days, did you experience any of the following problems in relation to the event you described above? (Circle the number that is most true for you)

		Not at all	A little bit	Moderately	Quite a bit	All the time
1.	Repeated, disturbing memories, thoughts, or images of the stressful experience?	1	2	3	4	5
2.	Repeated, disturbing dreams of the stressful experience.	1	2	3	4	5
3.	Suddenly acting or feeling as if the stressful experience were happening again (as if you were re-living it).	1	2	3	4	5
4.	Feeling very upset when something reminded you of the stressful experience.	1	2	3	4	5
5.	Having physical reactions (like heart pounding, trouble breathing, sweating) when something reminded you of the stressful event.	1	2	3	4	5
6.	Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it.	1	2	3	4	5
7.	Avoiding activities or situations because they remind you of the stressful experience.	1	2	3	4	5
8.	Trouble remembering important parts of the stressful experience.	1	2	3	4	5
9.	Loss of interest in activities that you used to enjoy.	1	2	3	4	5
10.	Feeling distant or cutoff from other people.	1	2	3	4	5
11.	Feeling emotionally numb or being unable to have loving feelings for those close to you.	1	2	3	4	5
12.	Feeling as if your future somehow will be cut short.	1	2	3	4	5
13.	Trouble falling or staying asleep.	1	2	3	4	5
14.	Feeling irritable or having angry outbursts.	1	2	3	4	5
15.	Having difficulty concentrating.	1	2	3	4	5
16.	Being "super alert" or watchful or on guard.	1	2	3	4	5
17.	Feeling jumpy or easily startled.	1	2	3	4	5

3. If you answered **moderately**, **quite a bit**, or **all the time** to any of the above questions, how DIFFICULT have these problems made it for you to do your work or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

Life Event Checklist: Please mark which of these life events you have experienced in the past year.

Military Deployment

- ☐ Change in duty status (i.e. ADS, AGR, Title 32, Discharge, Retirement, etc.)
- ☐ Deployment of significant other or orders to re-deploy

Work

- ☐ Change in employment status (i.e. new job, termination, lay off, etc.)
- ☐ Major changes in working hours or conditions
- ☐ Major change in responsibilities at work
- ☐ Troubles with the boss
- ☐ Major change in financial status

Relationship

- ☐ Marriage
- ☐ Marital reconciliation with mate
- ☐ Divorce
- ☐ Marital Separation from mate
- ☐ Marital difficulties
- ☐ Major change in the number of arguments with spouse (more or less than usual)
- ☐ Change in family roles and responsibilities

Parenting

- ☐ Pregnancy/Childbirth
- ☐ Major change in behaviors of child(ren)
- ☐ Changes to a new school or child enrolling in school
- ☐ Son or daughter leaving home (i.e. marriage, college, military, etc.)

Housing

- ☐ Major change in living situation (move, new home, remodeling, lost lease, etc.)
- ☐ Homeownership (taking on a mortgage)
- ☐ Foreclosure

Social/Recreation

- ☐ Major change in religious activity (i.e. participating more or less than usual)
- ☐ Major change in social activities (i.e. clubs, movies, events, etc.)
- ☐ Major change in the number of family get-togethers
- ☐ Major change in usual type and/or amount of recreation

Health

- ☐ Major personal injury, Illness, or other health related issue
- ☐ Major change in sleeping or eating habits

Legal

- ☐ Detention in Jail or other institution
- ☐ Violations of the law (i.e. traffic tickets, disturbing the peace, DUI, etc.)

Loss

- ☐ Death of a close family member
- ☐ Death of close friend or unit member
- ☐ Betrayal by trusted individual
- ☐ Other (Please explain): _____

Missed Family Events: Did your soldier miss any of the family events below because of their deployment or military experience? If yes, please respond to level of stress the event was for you and whether soldier's absence comes up in family arguments.			
Pregnancy/ Birth of a first child	☐ **Yes** (proceed on this row) ☐ **No** (go to next event)	If YES, How stressful was this event for you? ☐ Not stressful ☐ A little stressful ☐ Very stressful ☐ Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? ☐ Not at all ☐ Often ☐ Rarely ☐ All the time
Moving to a new house/ neighborhood/town	☐ **Yes** (proceed on this row) ☐ **No** (go to next event)	If YES, How stressful was this event for you? ☐ Not stressful ☐ A little stressful ☐ Very stressful ☐ Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? ☐ Not at all ☐ Often ☐ Rarely ☐ All the time
Child experiencing school transition (pre-school, kindergarten, high school, graduation, etc.)	☐ **Yes** (proceed on this row) ☐ **No** (go to next event)	If YES, How stressful was this event for you? ☐ Not stressful ☐ A little stressful ☐ Very stressful ☐ Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? ☐ Not at all ☐ Often ☐ Rarely ☐ All the time
Child entered puberty/adolescence	☐ **Yes** (proceed on this row) ☐ **No** (go to next event)	If YES, How stressful was this event for you? ☐ Not stressful ☐ A little stressful ☐ Very stressful ☐ Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? ☐ Not at all ☐ Often ☐ Rarely ☐ All the time
Child left for college, got married, or moved away	☐ **Yes** (proceed on this row) ☐ **No** (go to next event)	If YES, How stressful was this event for you? ☐ Not stressful ☐ A little stressful ☐ Very stressful ☐ Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? ☐ Not at all ☐ Often ☐ Rarely ☐ All the time
Serious illness of close family member	☐ **Yes** (proceed on this row) ☐ **No** (go to next event)	If YES, How stressful was this event for you? ☐ Not stressful ☐ A little stressful ☐ Very stressful ☐ Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? ☐ Not at all ☐ Often ☐ Rarely ☐ All the time
Death of your parent or your spouse's parent	☐ **Yes** (proceed on this row) ☐ **No** (go to next event)	If YES, How stressful was this event for you? ☐ Not stressful ☐ A little stressful ☐ Very stressful ☐ Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? ☐ Not at all ☐ Often ☐ Rarely ☐ All the time
Child's activities (special performances, games, plays, field trips, etc.)	☐ **Yes** (proceed on this row) ☐ **No** (go to next event)	If YES, How stressful was this event for you? ☐ Not stressful ☐ A little stressful ☐ Very stressful ☐ Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? ☐ Not at all ☐ Often ☐ Rarely ☐ All the time
Other (Explain): _____ _____	☐ **Yes** (proceed on this row) ☐ **No** (go to next event)	If YES, How stressful was this event for you? ☐ Not stressful ☐ A little stressful ☐ Very stressful ☐ Extremely stressful	IF YES, Does soldier's absence for this event come up in couple or family arguments? ☐ Not at all ☐ Often ☐ Rarely ☐ All the time

CAREGIVING: Some spouses and parents of soldiers find themselves in a caregiving role because of a service related injury or significant change in mood following the soldiers deployment. This caregiving role involves either direct care of their soldier, many more household responsibilities of care because the soldier is not as effective, or both.

In your opinion, has your soldier had a service related injury or significant change in mood or something similar that has affected his/her ability to function at home? (Circle one) **YES or NO**

Does your soldier refuse to seek treatment for physical or emotional health problem you have brought to his/her attention following deployment? (Circle one) **YES or NO**

Have you had to engage in direct care of your soldier? (Circle one) **YES or NO**

Have your household responsibilities (e.g. parenting) increased because of the change in your soldier? ((Circle one) **YES or NO**

If you answered YES to any of the above questions, please complete the questions below.

Directions: *Here is a list of things that other significant others have found to be difficult. Please put a checkmark in the columns that apply to you. We have included some examples that are common caregiver experiences to help you think about each item. Your situation may be slightly different, but the item could still apply.*	**Yes**	**No**
My sleep is disturbed (*For example: my soldier has nightmares that wake me; soldier is in and out of bed or wanders around at night)*	☐	☐
Caregiving in inconvenient *(For example: helping takes so much time or I have to drive a great distance to take solider to appointments)*	☐	☐
Caregiving is a physical strain *(For example: lifting in or out of a chair; effort or concentration is required)*	☐	☐
Caregiving is confining *(For example: helping restricts my free time or I do not feel I can leave the house or leave the children with soldier)*	☐	☐
There have been family adjustments *(For example: helping has disrupted my routine; the kids and I walk on eggshells; we are no longer equal partners)*	☐	☐
There have been changes in personal plans *(For example: I had to turn down a job; I could not go on vacation)*	☐	☐
There have been other demands on my time *(For example: other family members need me; I do more than my share of parenting)*	☐	☐
There have been emotional adjustments *(For example: arguments about soldiers' changed behavior or response to injury)*	☐	☐
Some behavior is upsetting *(For example: soldier has angry outbursts; I sometimes feel unsafe; solder is obsessed with ___)*	☐	☐
It is upsetting to find the person I care for has changed so much from his/her former self *(For example: he/she is a different person than he/she used to be)*	☐	☐
There have been work adjustments *(For example: I have to take time off for medical appointments or other caregiving activities)*	☐	☐
Caregiving is a financial strain *(For example: Soldier unable to get/keep a job; home renovations were expensive)*	☐	☐
I feel completely overwhelmed *(For example: I worry about the person I care for; I have concerns about how I will manage)*	☐	☐

Please provide a brief description or example: _____

_____

_____

HEALTH CARE USE:

Are you covered by health insurance or some other kind of health care plan? (including health insurance obtained through employment or purchased directly, as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills)

Yes	No	I don't know
☐	☐	☐

What kind of health insurance or health care coverage do you have?

☐ VA Healthcare System

☐ Private Health Insurance (*i.e. Employer sponsored, TRICARE, Other)*

☐ Government *(i.e. Medicare, Medicaid, Other)*

☐ No coverage of any type

In the past, have you received mental health services for a stress, emotional, alcohol, or family problem from a:	**No**	**Yes, in the last year**	**Yes, but more than a year ago**
1) **Military Provider** (Military treatment facility, TRICARE, Chaplain, etc.)	☐	☐	☐

If you used Military Provider services in the last 12 months, what types of services did you receive? (Check all that apply)

☐ Medication

☐ Individual Therapy

☐ Group Therapy

☐ Substance Abuse Treatment

☐ Family/Marital Therapy

☐ Domestic Violence

☐ Sexual Trauma counseling or referral

☐ Screening and referral for medical issues including TBI, depression, etc.?

☐ VBA benefits explanation and referral

☐ Employment assessment and referral

☐ Other Please describe: _____

☐ Not applicable

In the past, have you received mental health services for a stress, emotional, alcohol, or family problem from a:	**No**	**Yes, in the last year**	**Yes, but more than a year ago**
Civilian (mental health professional, civilian facility, Clergy, etc.)	☐	☐	☐

If you used Civilian services in the last 12 months, what types of services did you receive? (Check all that apply)

☐ Medication

☐ Individual Therapy

☐ Group Therapy

☐ Substance Abuse Treatment

☐ Family/Marital Therapy

☐ Domestic Violence

☐ Sexual Trauma counseling or referral

☐ Screening and referral for medical issues including TBI, depression, etc.?

☐ VBA benefits explanation and referral

☐ Employment assessment and referral

☐ Other Please describe: _____

☐ Not applicable

In the past, have you received mental health services for a stress, emotional, alcohol, or family problem from a:	No	Yes, in the last year	Yes, but more than a year ago
VA System (hospital, VA facility, VetCenter, CBOC, Etc.)	☐	☐	☐

☐ Medication

☐ Individual Therapy

☐ Group Therapy

☐ Substance Abuse Treatment

☐ Family/Marital Therapy

☐ Domestic Violence

☐ Sexual Trauma counseling or referral

☐ Screening and referral for medical issues including TBI, depression, etc.?

☐ VBA benefits explanation and referral

☐ Employment assessment and referral

☐ Other Please describe: _____

☐ Not applicable

If you have not used the VA system, please skip to "Rate each of the possible concerns that might affect your decision to receive mental health counseling or services"

How satisfied were you with:	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Satisfied
a. The length of time it takes to get an appointment	☐	☐	☐	☐
b. Getting a convenient appointment time	☐	☐	☐	☐
c. The length of time you must wait to see the doctor once you have arrived	☐	☐	☐	☐
d. The accuracy of the diagnosis you receive	☐	☐	☐	☐
e. The explanations you got of your illness and treatment	☐	☐	☐	☐
f. The courtesy and compassion shown by the staff	☐	☐	☐	☐
g. The amount of time the doctors/staff spend with you	☐	☐	☐	☐
h. The way the doctors communicate with you	☐	☐	☐	☐
i. The length of time it takes to get to the VA from your home	☐	☐	☐	☐

Rate each of the possible concerns that might affect your decision to receive mental health counseling or services:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I don't trust mental health professionals.	☐	☐	☐	☐	☐
b. I don't know where to get help.	☐	☐	☐	☐	☐
c. I don't have adequate transportation.	☐	☐	☐	☐	☐
d. It is difficult to schedule an appointment.	☐	☐	☐	☐	☐
e. There would be difficulty getting time off work for treatment.	☐	☐	☐	☐	☐
f. Mental health care costs too much money.	☐	☐	☐	☐	☐
g. It might harm my career.	☐	☐	☐	☐	☐
h. It would be too embarrassing.	☐	☐	☐	☐	☐
i. I would be seen as weak.	☐	☐	☐	☐	☐
j. Mental health care doesn't work.	☐	☐	☐	☐	☐
k. There are no providers in my community.	☐	☐	☐	☐	☐
l. I would have to drive great distances to receive high quality care.	☐	☐	☐	☐	☐
m. My soldier is concerned that if I sought treatment it might harm his/her military career.	☐	☐	☐	☐	☐

Sleep:

The following questions are about the Service Member's Sleep. In the past month, how often have you observed your spouse experiencing:	Not during the past month	Less than once a week	Once or twice a week	Three or more times
a. Loud Snoring	☐	☐	☐	☐
b. Long pauses between breaths while asleep	☐	☐	☐	☐
c. Legs twitching or jerking while asleep	☐	☐	☐	☐
d. Episodes of disorientation or confusing during sleep	☐	☐	☐	☐
e. Other restlessness while s/he sleeps; please describe:	☐	☐	☐	☐

_____

Mood: These next questions ask about your mood.

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
a. Little interest or pleasure in doing things	☐	☐	☐	☐
b. Feeling down, depressed, or hopeless	☐	☐	☐	☐
c. Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
d. Feeling tired or having little energy	☐	☐	☐	☐
e. Poor appetite or overeating	☐	☐	☐	☐
f. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
g. Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
h. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	☐	☐	☐	☐
i. Thought that you would be better off dead, or of hurting yourself in some way	☐	☐	☐	☐

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
a. Feeling nervous, anxious or on edge	☐	☐	☐	☐
b. Not being able to stop or control worrying	☐	☐	☐	☐
c. Worrying too much about different things	☐	☐	☐	☐
d. Trouble relaxing	☐	☐	☐	☐
e. Being so restless that it is hard to sit still	☐	☐	☐	☐
f. Becoming easily annoyed or irritable	☐	☐	☐	☐
g. Feeling afraid as if something awful might happen	☐	☐	☐	☐

These questions ask how you have felt in the past month. Please check how often you felt or thought a certain way.

	Never	Almost Never	Sometimes	Fairly Often	Often
a. In the last month, how often have you felt that you were unable to control the important things in your life?	☐	☐	☐	☐	☐
b. In the last month, how often have you felt confident about your ability to handle your personal problems?	☐	☐	☐	☐	☐
c. In the last month, how often have you felt that things were going your way?	☐	☐	☐	☐	☐
d. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	☐	☐	☐	☐	☐

If you had checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

Have you ever thought about or attempted to kill yourself? (Check one only)

Never	It was a passing thought	I have had a plan at least once to kill myself but did not try to do it	I have had a plan at least once to kill myself and really wanted to die	I have attempted to kill myself, but did not want to die	I have attempted to kill myself, and really hoped to die
☐	☐	☐	☐	☐	☐

How often have you thought about killing yourself in the past year? (Check one only)

Never	Rarely (1 time)	Sometimes (2 times)	Often (3-4 Times)	Very Often (5 or more times)
☐	☐	☐	☐	☐

Have you ever told someone that you were going to commit suicide, or that you might do it? (Check one only)

No	Yes, at one time, but did not really want to die	Yes, at one time, and really wanted to die	Yes, more than once, but did not want to do it	Yes, more than once, and really wanted to do it
☐	☐	☐	☐	☐

How likely is it that you will attempt suicide someday? (Check one only)

Never	No chance at all	Rather unlikely	Unlikely	Likely	Rather Likely	Very Likely
☐	☐	☐	☐	☐	☐	☐

Are you in emotional distress?
Please call 1-800-273-TALK for a Crisis Hotline

MEANING:

Please take a moment to think about what makes your life and existence feel important and significant to you. Please respond to the following statements as truthfully and accurately as you can, and also please remember that these are very subjective questions and that there are no right or wrong answers. Please answer according to the scale below:

	Absolutely Untrue	Mostly Untrue	Somewhat Untrue	Can't say true or false	Somewhat True	Mostly True	Absolutely True
a. I understand my life's meaning	☐	☐	☐	☐	☐	☐	☐
b. I am looking for something that makes my life meaningful	☐	☐	☐	☐	☐	☐	☐
c. I am always looking to find my life's purpose	☐	☐	☐	☐	☐	☐	☐
d. My life has a clear sense of purpose	☐	☐	☐	☐	☐	☐	☐
e. I have a good sense of what makes my life meaningful	☐	☐	☐	☐	☐	☐	☐
f. I have discovered a satisfying life purpose	☐	☐	☐	☐	☐	☐	☐
g. I am always searching for something that makes my life feel significant	☐	☐	☐	☐	☐	☐	☐
h. I am seeking a purpose or mission in my life	☐	☐	☐	☐	☐	☐	☐
i. My life has no clear purpose	☐	☐	☐	☐	☐	☐	☐
j. I am searching for meaning in my life	☐	☐	☐	☐	☐	☐	☐

ALCOHOL USE:

Please check the response that best reflects your patterns of alcohol consumption.

	Never	Monthly or Less	2-4 times a month	2-3 times a week	4 or more times a week
How often do you have a drink containing alcohol?	☐ Go to next section	☐	☐	☐	☐

	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
How many standard drinks do you have on a typical day when you are drinking? [a standard drink is, for example, one 12 oz. beer, a 6 oz. glass of wine, or a 1.5 oz. shot of hard liquor].	☐	☐	☐	☐	☐

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often do you have six or more standard drinks on one occasion?	☐	☐	☐	☐	☐
How often during the last year have you found that you were not able to stop drinking once you had started?	☐	☐	☐	☐	☐
How often during the last year have you failed to do what was normally expected of you because of drinking?	☐	☐	☐	☐	☐
How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	☐	☐	☐	☐	☐
How often during the last year have you had a feeling of guilt or remorse after drinking?	☐	☐	☐	☐	☐

	No	Yes, but not in the last year	Yes, during the last year
Have you or anyone else been injured because of your drinking?	☐	☐	☐
Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	☐	☐	☐

COPING: These questions ask about different ways of coping you may have used within the past year. Please mark which answer best describes you.

	Not at all	Several days	More than half the days	Nearly every day
a. I've been turning to work or other activities to take my mind off things.	☐	☐	☐	☐
b. I've been concentrating my efforts on doing something about the situation I'm in.	☐	☐	☐	☐
c. I've been saying to myself "this isn't real."	☐	☐	☐	☐
d. I've been using alcohol or other drugs to make myself feel better.	☐	☐	☐	☐
e. I've been getting emotional support from others.	☐	☐	☐	☐
f. I've been giving up trying to deal with it.	☐	☐	☐	☐
g. I've been taking action to try to make the situation better.	☐	☐	☐	☐
h. I've been refusing to believe that it is happening.	☐	☐	☐	☐
i. I've been saying things to let my unpleasant feelings escape.	☐	☐	☐	☐
j. I've been getting help and advice from other people.	☐	☐	☐	☐
k. I've been using alcohol or other drugs to help me get through it.	☐	☐	☐	☐
l. I've been trying to see it in a different light, to make it seem more positive.	☐	☐	☐	☐
m. I've been criticizing myself.	☐	☐	☐	☐
n. I've been trying to come up with a strategy about what to do.	☐	☐	☐	☐
o. I've been getting comfort and understanding from someone.	☐	☐	☐	☐
p. I've been giving up the attempt to cope.	☐	☐	☐	☐
q. I've been looking for something good in what is happening.	☐	☐	☐	☐
r. I've been making jokes about it.	☐	☐	☐	☐
s. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	☐	☐	☐	☐
t. I've been accepting the reality of the fact that it has happened.	☐	☐	☐	☐
u. I've been expressing my negative feelings.	☐	☐	☐	☐
v. I've been trying to find comfort in my religion or spiritual beliefs.	☐	☐	☐	☐

	Not at all	Several days	More than half the days	Nearly every day
w. I've been trying to get advice or help from other people about what to do.	☐	☐	☐	☐
x. I've been learning to live with it.	☐	☐	☐	☐
y. I've been thinking hard about what steps to take.	☐	☐	☐	☐
z. I've been blaming myself for things that happened.	☐	☐	☐	☐
aa. I've been praying or meditating.	☐	☐	☐	☐
bb. I've been making fun of the situation.	☐	☐	☐	☐

SOCIAL SUPPORT: The next section asks questions about people in your life. Please mark the box that best describes your experience.

	Definitely FALSE	Probably FALSE	Probably TRUE	Definitely TRUE
a. If I wanted to go on a trip for a day (for example, Up North or to Detroit), I would have a hard time finding someone to go with me.	☐	☐	☐	☐
b. I feel that there is no one I can share my most private worries and fears with.	☐	☐	☐	☐
c. If I were sick, I could easily find someone to help me with my daily chores.	☐	☐	☐	☐
d. There is someone I can turn to for advice about handling problems with my family.	☐	☐	☐	☐
e. If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.	☐	☐	☐	☐
f. When I need suggestions on how to deal with a personal problem, I know someone I can turn to.	☐	☐	☐	☐
g. I don't often get invited to do things with others.	☐	☐	☐	☐
h. If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden)	☐	☐	☐	☐
i. If I wanted to have lunch with someone, I could easily find someone to join me.	☐	☐	☐	☐
j. If I was stranded 10 miles from home, there is someone I could call who could come and get me.	☐	☐	☐	☐
k. If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it.	☐	☐	☐	☐
l. If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me.	☐	☐	☐	☐

When you completed the above questionnaire, were you thinking mostly about your spouse/significant other or about several potential supporters?

☐ I was thinking primarily about my spouse/significant other

☐ I was thinking primarily about one person (not spouse/significant other)

☐ I was thinking about several potential supporters

LIFESTYLE: This section asks questions about your lifestyle and satisfaction. Please mark the box that best describes your life.

	Strongly DISAGREE	Disagree	Slightly disagree	NEITHER agree nor disagree	Slightly agree	Agree	Strongly AGREE
a. In most ways my life is close to my ideal.	☐	☐	☐	☐	☐	☐	☐
b. The conditions of my life are excellent.	☐	☐	☐	☐	☐	☐	☐
c. I am satisfied with my life.	☐	☐	☐	☐	☐	☐	☐
d. So far I have gotten the important things I want in life.	☐	☐	☐	☐	☐	☐	☐
e. If I could live my life over, I would change almost nothing.	☐	☐	☐	☐	☐	☐	☐

Please tell us your thoughts about your life by marking each item as it applies to you.

	Disagree a lot	Disagree a little	Neither agree or disagree	Agree a little	Agree a lot
a. In uncertain times, I usually expect the best.	☐	☐	☐	☐	☐
b. If something can go wrong for me, it will.	☐	☐	☐	☐	☐
c. I'm always optimistic about my future.	☐	☐	☐	☐	☐
d. I hardly ever expect things to go my way.	☐	☐	☐	☐	☐
e. I rarely count on good things happening to me.	☐	☐	☐	☐	☐
f. Overall, I expect more good things to happen to me than bad.	☐	☐	☐	☐	☐
g. There is not enough purpose in my life.	☐	☐	☐	☐	☐
h. To me, the things I do are all worthwhile.	☐	☐	☐	☐	☐
i. Most of what I do seems trivial and unimportant to me.	☐	☐	☐	☐	☐
j. I value my activities a lot.	☐	☐	☐	☐	☐
k. I don't care very much about the things I do.	☐	☐	☐	☐	☐
l. I have lots of reasons for living.	☐	☐	☐	☐	☐

The next questions ask about your thoughts and opinions related to the military.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a. I believe in the mission of the military.	☐	☐	☐	☐	☐
b. Behind every strong soldier is a strong family.	☐	☐	☐	☐	☐
c. I do not agree with my spouse/significant other being in the military.	☐	☐	☐	☐	☐
d. My spouse/significant other has a critical role in the military.	☐	☐	☐	☐	☐
e. As a family member, I am important to the military.	☐	☐	☐	☐	☐
f. What I do at home does not make a difference to my partner's success in the military.	☐	☐	☐	☐	☐
g. The military is doing an important job.	☐	☐	☐	☐	☐
h. Families are not important to military readiness.	☐	☐	☐	☐	☐
i. I support my spouse/significant other's choice to be in the military.	☐	☐	☐	☐	☐
j. I am proud to be a military spouse.	☐	☐	☐	☐	☐

RELATIONSHIPS: These questions ask about your relationship with your spouse, girlfriend, or boyfriend.

Are you currently in a committed relationship with a spouse/significant other? ☐ YES ☐ NO (If no, then skip to the **Parenting Section. If you do not have children, your survey is complete**)

How long have you been in a committed relationship with your current spouse/significant other? _____ Years

Most people experience disagreements in their relationships. For the next 6 items, please estimate the extent of agreement or disagreement between you and your partner.

	Always Agree	Almost Always Agree	Occasionally Agree	Often Disagree	Almost Always Disagree	Always Disagree
a. Values or beliefs	☐	☐	☐	☐	☐	☐
b. Demonstration of affection	☐	☐	☐	☐	☐	☐
c. Making major decisions (e.g., career, where to live, etc.)	☐	☐	☐	☐	☐	☐
d. Sexual relations	☐	☐	☐	☐	☐	☐
e. Aims, goals, and things believed to be important	☐	☐	☐	☐	☐	☐
f. Financial decisions	☐	☐	☐	☐	☐	☐

The following 5 items describe experiences of couples. Read each question and check the box that honestly reflects how frequently you have had these experiences.

	All the time	Most of the time	More often than not	Occasionally	Rarely	Never
a. How often do you discuss or have you considered divorce, separation, or terminating your relationship?	☐	☐	☐	☐	☐	☐
b. Do you ever regret that you married or got together?	☐	☐	☐	☐	☐	☐
c. How often do you and your partner quarrel?	☐	☐	☐	☐	☐	☐
d. How often do you and your partner "get on each other's nerves"?	☐	☐	☐	☐	☐	☐
e. Do you and your partner engage in outside interests together?	☐	☐	☐	☐	☐	☐

The following 3 items describe experiences of couples. Read each question and check the box that honestly reflects how frequently you have had these experiences.

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More Often
a. How often do you and your partner have a stimulating exchange of ideas?	☐	☐	☐	☐	☐	☐
b. How often do you and your partner calmly discuss something?	☐	☐	☐	☐	☐	☐
c. How often do you and your partner work together on a project?	☐	☐	☐	☐	☐	☐

Problem Solving	Strongly Agree	Agree	Disagree	Strongly Disagree
a. We usually act on our decisions regarding problems	☐	☐	☐	☐
b. After our family tries to solve a problem, we usually discuss whether it worked or not	☐	☐	☐	☐
c. We resolve most emotional upsets that come up	☐	☐	☐	☐
d. We confront problems involving feelings	☐	☐	☐	☐
e. We try to think of different ways to solve problems	☐	☐	☐	☐

Communication	Strongly Agree	Agree	Disagree	Strongly Disagree
a. When someone is upset the others know why	☐	☐	☐	☐
b. You can't tell how a person is feeling from what they are saying	☐	☐	☐	☐
c. People come right out and say things instead of hinting at them	☐	☐	☐	☐
d. We are frank with each other	☐	☐	☐	☐
e. We don't talk to each other when we are angry	☐	☐	☐	☐
f. When we don't like what someone has done, we tell them	☐	☐	☐	☐

General Functioning	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Planning family activities is difficult because we misunderstand each other	☐	☐	☐	☐
b. In time of crisis we can turn to each other for support	☐	☐	☐	☐
c. We cannot talk to each other about sadness we feel	☐	☐	☐	☐
d. Individuals are accepted for what they are	☐	☐	☐	☐
e. We avoid discussing our fears and concerns	☐	☐	☐	☐
f. We can express feelings to each other	☐	☐	☐	☐
g. There are lots of bad feelings in the family	☐	☐	☐	☐
h. We feel accepted for what we are	☐	☐	☐	☐
i. Making decisions is a problem for our family	☐	☐	☐	☐
j. We are able to make decisions about how to solve problems	☐	☐	☐	☐
k. We don't get along well together	☐	☐	☐	☐
l. We confide in each other	☐	☐	☐	☐

PARENTING. This next section asks about children and parenting. If you do not have children, your survey is complete.

1. Do you have children?
   ☐ **YES** ☐ **NO (IF NO, your survey is complete.)**
2. Are you a stepparent? ☐ **YES** ☐ **NO**
3. How many children under age 18 live in your home?
   _____
4. What are the ages of your children
   _____
   _____
5. Are you a single parent?
   ☐ **YES** ☐ **NO**
6. Do you have a child with special needs?
   ☐ **YES** ☐ **NO**
7. If you have a special needs child, please explain:
   _____
   _____

If you co-parent with a former spouse/or partner, has physical custody of children changed in the previous 12 months?

☐ YES ☐ NO ☐ Not Applicable

If yes, how much stress has this caused? (Circle one)

Not at all stressful 1 2 3 4 5 6 7 8 9 High stress

Is this issue resolved or ongoing? (Circle one)

Ongoing 1 2 3 4 5 6 7 8 9 Completely Resolved

Please tell us about your parenting experience by marking each item as it applies to you.

		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
a.	I am happy in my role as a parent.	☐	☐	☐	☐	☐
b.	There is little or nothing I wouldn't do for my child(ren) if it was necessary.	☐	☐	☐	☐	☐
c.	Caring for my child(ren) sometimes takes more time and energy than I have to give.	☐	☐	☐	☐	☐
d.	I sometimes worry whether I am doing enough for my children.	☐	☐	☐	☐	☐
e.	I feel close to my child(ren).	☐	☐	☐	☐	☐
f.	I enjoy spending time with my child(ren).	☐	☐	☐	☐	☐
g.	My child(ren) is/are an important source of affection for me.	☐	☐	☐	☐	☐
h.	Having a child(ren) gives me a more certain and optimistic view for the future.	☐	☐	☐	☐	☐
i.	The major source of stress in my life is my child(ren).	☐	☐	☐	☐	☐
j.	Having a child(ren) leaves little time and flexibility in my life.	☐	☐	☐	☐	☐
k.	Having a child(ren) has been a financial burden.	☐	☐	☐	☐	☐
l.	It is difficult to balance different responsibilities because of my child(ren).	☐	☐	☐	☐	☐
m.	The behavior of my child(ren) is often embarrassing or stressful to me.	☐	☐	☐	☐	☐
n.	If I had it to do over again, I might decide not to have child(ren).	☐	☐	☐	☐	☐
o.	I feel overwhelmed by the responsibility of being a parent.	☐	☐	☐	☐	☐
p.	Having a child has meant having too few choices and too little control over my life.	☐	☐	☐	☐	☐
q.	I am satisfied as a parent.	☐	☐	☐	☐	☐
r.	I find my child(ren) enjoyable.	☐	☐	☐	☐	☐

CHILDREN. Questions in this section are specifically about your child(ren). If you do not have children, your survey is complete.

The first set of questions is about children between 12 months and 35 months of age – *Young Child Questionnaire.* The second set of questions is about children between 3 -17 years old – *Older Child Questionnaire*. Please complete a questionnaire for **ALL of your children.** If you have more than one child in the Young Child age range or more than one child in the Older Child age range, please ask any of the survey staff for additional questionnaires.

How many of your children are younger than 12 months of age? _____ ***(No questionnaire for this child)***
How many of your children are between 12-35 months old? _____ (***Complete that # of Young Child Questionnaires)***
How many of your children are between 3 -17 years old? _____ (***Complete that # of Older Child Questionnaires)***

YOUNG CHILD QUESTIONNAIRE: FOR CHILDREN AGES 12 MONTHS – 35 MONTHS

Child's Age in # of months_____ Child's Sex(Circle One): Male Female

Please mark the ONE response that best describes your child's behavior in the LAST month:

		Not True	Somewhat True	Very True
a.	Shows pleasure when he or she succeeds (for example, claps for self)	☐	☐	☐
b.	Gets hurt so often that you can't take your eyes off him/her	☐	☐	☐
c.	Seems nervous, tense, or fearful	☐	☐	☐
d.	Is restless and can't sit still	☐	☐	☐
e.	Follows rules	☐	☐	☐
f.	Wakes up at night and needs help to fall asleep again	☐	☐	☐
g.	Cries or has tantrums until he/she is exhausted	☐	☐	☐
h.	Is afraid of certain places, animals, or things _____	☐	☐	☐
i.	Has less fun than other children	☐	☐	☐
j.	Looks for you (or other parent) when upset	☐	☐	☐
k.	Cries or hangs onto you when you try to leave	☐	☐	☐
l.	Worries a lot or is very serious	☐	☐	☐
m.	Looks right at you when you say his/her name	☐	☐	☐
n.	Does not react when hurt	☐	☐	☐
o.	Is affectionate with loved ones	☐	☐	☐
p.	Won't touch some objects because of how they feel	☐	☐	☐
q.	Has trouble falling asleep or staying asleep	☐	☐	☐
r.	Runs away in public places	☐	☐	☐
s.	Plays well with other children (not including brothers/sisters)	☐	☐	☐
t.	Can pay attention for a long time (other than watching TV)	☐	☐	☐

	Not True	Somewhat True	Very True
u. Has trouble adjusting to changes	☐	☐	☐
v. Tries to help when someone is hurt (for example, gives a toy)	☐	☐	☐
w. Often gets very upset	☐	☐	☐
x. Gags or chokes on food	☐	☐	☐
y. Imitates playful sounds when you ask him/her to	☐	☐	☐
z. Refuses to eat	☐	☐	☐
aa. Hits, shoves, kicks, or bites children (not including brothers/sisters)	☐	☐	☐
bb. Is destructive. Breaks or ruins things on purpose	☐	☐	☐
cc. Points to show you something far away	☐	☐	☐
dd. Hits, bites, or kicks you (or other parent)	☐	☐	☐
ee. Hugs or feeds dolls or stuffed animals	☐	☐	☐
ff. Seems very unhappy, sad, depressed, or withdrawn	☐	☐	☐
gg. Purposely tries to hurt you (or other parent)	☐	☐	☐
hh. When upset, gets very still, freezes, or doesn't move.	☐	☐	☐
ii. Puts things in a special order over and over, and gets upset if he/she is interrupted	☐	☐	☐
jj. Repeats the same action over and over again. *Please give an example:*	☐	☐	☐
kk. Repeats a particular movement over and over (like rocking, spinning) *Please give an example:*	☐	☐	☐
ll. Spaces out. Is totally unaware of what is happening around him/her	☐	☐	☐
mm. Does not make eye contact	☐	☐	☐
nn. Avoids physical contact	☐	☐	☐
oo. Hurts self on purpose (for example, bangs his/her head) *Please give an example:*	☐	☐	☐
pp. Eats of drinks things that are not edible (like paper or paint) *Please give an example:*	☐	☐	☐

Do you have another child between the ages of 12-35 months?
If yes, please ask survey staff for another copy of the Younger Child Questionnaire!

OLDER CHILD QUESTIONNAIRE: For children ages 3 years – 17 years old

Child's Age in # of Years_____ Child's Sex(Circle One): Male Female

The following questions ask about strengths and difficulties some children might have. *Please give your answers on the basis of the child's behavior over the last SIX MONTHS.*

		Not True	Somewhat True	Very True
a.	Considerate of other people's feelings	☐	☐	☐
b.	Restless, overactive, cannot stay still for long	☐	☐	☐
c.	Often complains of headaches, stomach-aches or sickness	☐	☐	☐
d.	Shares readily with other children (toys, food, games)	☐	☐	☐
e.	Often loses temper	☐	☐	☐
f.	Rather solitary, prefers to play alone	☐	☐	☐
g.	Generally well behaved, usually does what adults request	☐	☐	☐
h.	Many worries or often seems worried	☐	☐	☐
i.	Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
j.	Constantly fidgeting or squirming	☐	☐	☐
k.	Has at least one good friend	☐	☐	☐
l.	Often fights with children or bullies them	☐	☐	☐
m.	Often unhappy, depressed or tearful	☐	☐	☐
n.	Generally liked by other children	☐	☐	☐
o.	Easily distracted, concentration wanders	☐	☐	☐
p.	Nervous or clingy in new situations, easily loses confidence	☐	☐	☐
q.	Kind to younger children	☐	☐	☐
r.	Often argumentative with adults	☐	☐	☐
s.	Picked on or bullied by other children	☐	☐	☐
t.	Often offers to help others (parents, teachers, other children)	☐	☐	☐
u.	Thinks things out before acting	☐	☐	☐
v.	Can be spiteful to others	☐	☐	☐
w.	Gets along better with adults than with other children	☐	☐	☐
x.	Many fears, easily scared	☐	☐	☐
y.	Good attention span, sees work through to the end	☐	☐	☐
z.	Often lies or cheats	☐	☐	☐
aa.	Steals from home, school or elsewhere	☐	☐	☐

Do you have another child between the ages of 3 years -17 years old?
If yes, please ask survey staff for another copy of the Older Child Questionnaire!

THANK YOU FOR YOUR TIME ON THIS SURVEY AND FOR YOUR FAMILY'S SERVICE

GUIDE FOR INTERVIEW: Round 3

The following will occur with participants previously consented. Researcher will review the consent form, answer any questions, and ask if participants wish to continue in the study by participating in interview. (Each interview team must include one of two staff who conducted Time 1 interview with family).

We are conducting interviews with returning National Guard members and their families to understand their deployment and reintegration experiences and what made these a challenge and or a success.

I'll be asking you open-ended questions. There are no right answers. You are the expert about your thoughts and experiences, and I'm here to learn from what you have to say. [This is a chance for you to talk in depth, and I encourage you to tell me as much as you can and use examples, because that is the kind of data that is the most useful for us.]

You are free to share any personal experiences related to what we discuss and your information will remain confidential, however you should not feel pressured to discuss anything you would prefer to keep private, as we are primarily interested in your opinions on how to get additional services to soldiers. The interview will last about 90 minutes.

1 . You don't have to answer any question you don't want to.
Just let me know and we'll skip it.
2. You can quit at any time. Please just tell me that you would like to stop.
3. We can take a break whenever you want.
4. You can ask me questions at any time.

Do you have any questions before we begin?

Areas to Probe:

- Explore their retrospection on their adjustment as reported in time 1. As more time has passed, has their perception changed? (e.g. realized they were actually doing better/worse than originally thought at time 1)
- Many service members seemed to have difficulty reporting PTSD symptoms at T1 in part because of their report that "others had it worse". Looking back now, 2 years after returning home, were their signs they overlooked during the first interview?
- How spouses attribute the SM's PTSD symptoms (whether its due completely or partially to military experience)
- If/How often does the couple talk about the SM experience of deployment? How often do they discuss with others? What does SM say when he/she talks about the experience now? How well does each spouse understand the others' experience?
- Spouse: What advice would you give yourself if you could go back to 2 years ago?
- How does the SM describe his/her integration into the community/civilian life?
- The couple's experience of the interviews (was it cathartic? did it bring up painful memories? did they discuss it during their normal week?)

Last time we met we talked about a number of different things related to your family, your deployment, and your reintegration.

A: Stressor Event:

- What has been the biggest adjustment for you as a couple and as a family?
  - Probe: What has gone well? What hasn't gone well?

- How have your kids adjusted, now that you have been back for X months?
  - Probe: Any changes in their relationship to you? Your patience with them? Etc.

- What other events/milestones etc. have occurred since reintegration? We have a checklist of life events (**life events checklist attached**). We would like each of you to take a moment to review the list and check life events that you have experienced as an individual since your service member returned home from deployment.

- Were any of these stressors related to something that happened as a result of the service members deployment or military service? (e.g. injury; PTSD; time away? Etc.)

- Do you feel that your family's military experience contributed in a positive or negative way to how your family managed these life events? If so, explain

B: Resources:

Last time we met it sounded like you were doing xxxxxx in your readjustment.

- What has helped you get back in the routine of civilian work and family life? How did this help? Please Explain.

- Was anything you tried not helpful?
  - Military & Civilian
  - Formal & informal

- What VA benefits have you taken advantage of, if any? (education, healthcare, disability)
  - What was most helpful or challenging about the services received?
  - Did you have trouble accessing any service that you needed?

- How did you use your support system (e.g. friends, family, school, community, programs, medical/therapy) as your family was getting back to the "new normal"?

- How did they help you cope with the situation? (e.g. help you to feel loved, less lonely, etc.)
  - Probe: Did you find that people were supportive of your situation? (Other parents, neighbors, friends, etc.)
  - OR what blocked you from accessing your support system during the reintegration?

- What have you noticed about the resources or supports your children have used? (Friends, groups, etc.)

C: Meaning Making:

People often say that they have a *purpose*, or *something that gives them self- worth*, or *something they do well* that gives their life meaning.

- Can you take a moment to think of five sources of meaning that give your life significance and purpose? Which is most important to you and why?
  How is that list different today than before you deployed? What led to those changes?

- Did you and your spouse/children/parents share important sources of meaning?
  Or did you disagree about some of them? (Eg, Service to the nation, to one's unit, to family, to God, etc.) Did you discuss these?

- How did you make sense of the deployment experience? What life purpose helped you through deployment? Did this change during the deployment or after it was over?

- Have you ever talked to your children about how they make sense of the deployment? Or heard them describe the experience to others? If so, what is your sense of how they made meaning?

X: Adjustment:

- How would you describe your quality of life? Is it similar or different from prior to deployment? If different, in what way?

- Do you have health concerns as a result of military service? (joint or back pain, post-concussive symptoms or other injury)

- How would you describe your overall mental health? (mood, feelings of sadness – depression/PTSD etc.?) Has that changed since in the past year since being home?

- Has doctor appointments, pain, etc. taken either partner away from spending time with your family/children?

- How has it impacted the couple relationship?

- How has it impacted your relationship with your children?

- How do you communicate health concerns with children and other family members?

- How would you describe your parenting? (able to show affection, guidance, listen, patience, etc.). Has this changed in the past year since deployment?

- What activities do you do with your child?

If we were to start with the oldest child and go one at a time:

- What changes did you notice about each child after your service member got home?
- If there were challenges, how did you help your child get through this?
- Do you worry about your child's school, social, physical, or emotional development? Probe if yes.
- Do your kids get on your nerves? How do you handle this as a family?
- What do you look forward to most in the next year?

Individual Interviews:

Next, we would like to meet with you individually to ask a few more questions if you are comfortable. Is there a space we can meet?

- What words would you use to describe your experiences in the past year?
- You said: _____(word/phrase). Can you tell me why you chose ___ to describe your experience? Ask for examples if none given.
- Is there anything you would like to expand on or discuss that you didn't feel comfortable in the group setting?
- What do you think has been the biggest change (positive or negative) in the past year since deployment?
  - Yourself
  - Your spouse/significant other
  - Children
- Anything else that could have helped you or [SIGNIFICANT OTHER] or [CHILD]?
- Can you think of anything else with regards to family, resilience, reintegration that you think we should discuss?

Closing: Thank you for participating in this interview.

Life Event Checklist:

Please take some time and mark which of these life events you have experienced in the past year post deployment.

- ❑ Major personal injury, Illness, or other health related issue
- ❑ Detention in Jail or other institution
- ❑ Major change in religious activity (i.e. participating more or less than usual)
- ❑ Major change in social activities (i.e. clubs, movies, events, etc.)
- ❑ Major change in sleeping or eating habits
- ❑ Violations of the law (i.e. traffic tickets, disturbing the peace, DUI, etc.)
- ❑ Major change in usual type and/or amount of recreation
- ❑ Marriage
- ❑ Marital reconciliation with mate
- ❑ Divorce
- ❑ Marital Separation from mate
- ❑ Marital difficulties
- ❑ Major change in the number of arguments with spouse (more or less than usual)
- ❑ Pregnancy/Childbirth
- ❑ Major change in behaviors of child(ren)
- ❑ Change in family roles and responsibilities
- ❑ Changes to a new school or child enrolling in school
- ❑ Son or daughter leaving home (i.e. marriage, college, military, etc.)
- ❑ Death of a close family member
- ❑ Death of close friend or unit member
- ❑ Betrayal by trusted individual
- ❑ Major change in the number of family get-togethers
- ❑ Deployment of significant other or orders to re-deploy
- ❑ Change in duty status (i.e. ADS, AGR, Title 32, Discharge, Retirement, etc.)
- ❑ Change in employment status (i.e. new job, termination, lay off, etc.)
- ❑ Major change in responsibilities at work
- ❑ Major change in financial status
- ❑ Troubles with the boss
- ❑ Major changes in working hours or conditions
- ❑ Major change in living situation (move, new home, remodeling, lost lease, etc.)
- ❑ Homeownership (taking on a mortgage)
- ❑ Foreclosure
- ❑ Other _____

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- ❑ Other _____

Risk Resiliency & Coping in National Guard Families

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Risk Resiliency & Coping in National Guard Families

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LEARNING OBJECTIVES

1. Participants will learn about the unique experiences of couples negotiating a stressful war time deployment.

2. Participants will be exposed to prevention approaches for these couples based upon the study findings.

3. Participants will be exposed to interventions required for these couples based upon the study findings.

4. Participants will be exposed to strategies for engaging these couples in treatment and making the experience as robust as possible.

OVERVIEW: WHAT WE WILL DO

Two hour workshop with five components.

1) Introduction to the topic (background) – military couples, and a brief literature review of the topic of war, deployment to war, and stress for these couples in negotiating deployment and reintegration
2) Description of study methodology, research questions, interview guide, and related processes
3) Three couple case presentations illustrating their stories through the deployment life cycle.
4) Case discussion of each couple highlighting their prevention and intervention support needs along the journey
5) Wrap up and remaining questions

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; Masten, 2011

DEPLOYMENT

2.2 million volunteer service members

- High utilization of National Guard and Reserve Troops
- More than 730,00 deployed to Afghanistan or Iraq as National Guard or Reserve deployed to Afghanistan or Iraq

41.5% of National Guard members are married

- 40.7% of those have children (29.8 % under age 5)

LITERATURE REVIEW

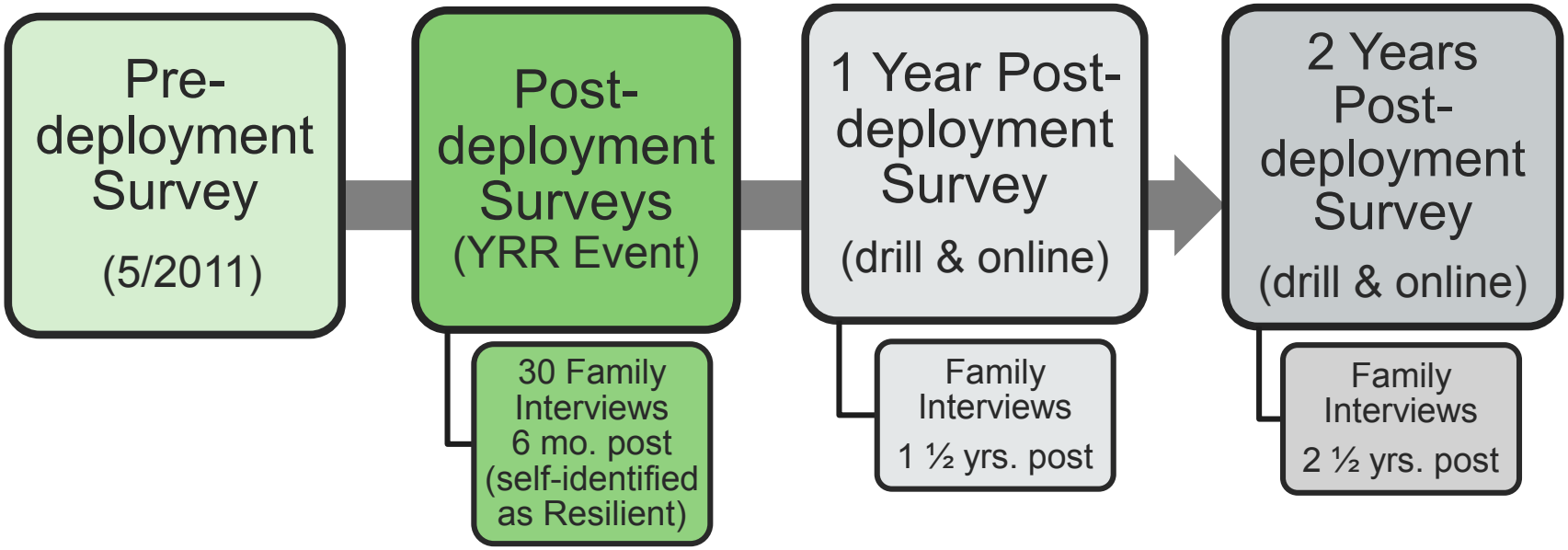
- **National Guard (NG) increased risk for mental health & family problems**
  - SM risk associated with combat exposure, younger age, multiple deployments, and affiliation with the NG or Reserves
- **34% of NG spouse with mental health concerns assessed shortly after soldier returned home**
  - Spouse risk associated with married less than two year, under the age of 25, greater child behavior problems
- **Higher levels of couple stress**
  - couples who reported lower income and greater economic strain
  - MH in both partners had direct effects on adaptive processes in the couple relationship and leads to various relationship difficulties and even dissolution

UNIQUE EXPERIENCE OF COUPLES NEGOTIATING DEPLOYMENT

- Pressure to marry with upcoming deployment
- Intensity of good and bad on the battle field
- Spouse back home experience of isolation
- Spouse experience of parenting in soldier's absence
- Injury or other unexpected life events
- Quick demobilization and back to community
- Identity with military culture unable to translate to meaningful work in civilian sector

Risk Resiliency & Coping in National Guard Families

STUDY DESIGN & METHODOLOGY



Soldier, Spouses/Significant other, and Parents

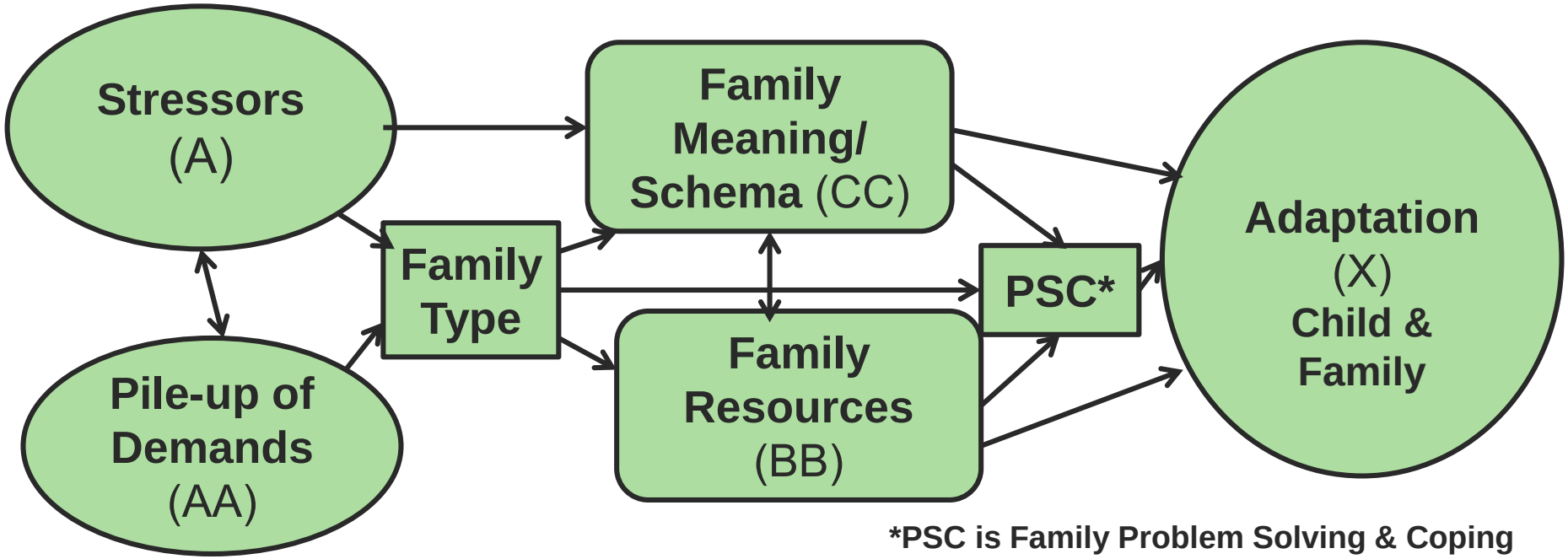
- Unique self generated codes linked to Soldier and multiple waves
- Completed a lengthy survey

Family Interviews with Subsample of 40 families

- Three 90 minute interviews conducted in home/community
- $50 for each person interviewed
- Data from interviews focus of this presentation

THEORETICAL MODEL

Each part of this model informed the questions asked of participants in the interviews



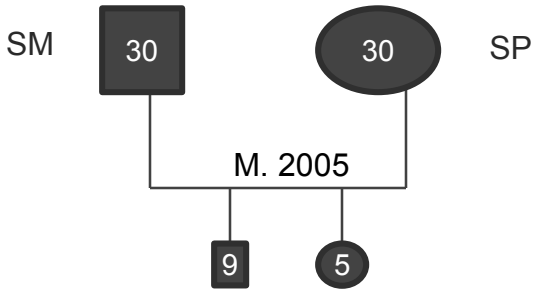
*PSC is Family Problem Solving & Coping

THREE COUPLES

- **All went on a similar deployment**
- **Different ranks**
- **Different family configurations**
- **Three different outcomes**
  - Resilient
  - Divorced but resilient
  - Trying to be resilient but many obstacles

COUPLE #1

DIFFICULTIES AND RESILIENCE



SM (age 30 at interview 3) and Spouse (age 30) met in high school. They married in 2005. That same year, spouse became pregnant with their first child and SM experienced his first combat deployment to Iraq. They currently have 2 children, a son age 9 and a daughter age 5.

Couple describes the first deployment (2005, prior to study initiation) as the most stressful. SM said that in 2005,he was involved in “full-fledged combat” (his words). Spouse reported great support from her family of origin during the deployment. Upon return from that deployment, both reported multiple problems, including excessive drinking and anger issues for SM. Couple said they were on the brink of divorce, but through therapy and support they were able to rebuild their marriage. SM credits spouse for noticing that there was something wrong with him and pushing him to seek help; he said the fact that she knows him so well was helpful and that he trusted her.

The second deployment (focus of study) occurred in 2012. Both SM and spouse credit their experience with the first deployment as helpful—knowing more about what to expect and what supports were available. They reported having much better and more consistent communication during the second deployment. SM said that duties during deployment were much different and that the whole experience was much less stressful (combat versus rebuilding and training). On the homefront, Spouse reported difficulty with son who was age 6.

Stresses cited included going from Active Duty during first deployment, to National Guard in second deployment to civilian employment. Couple said they were careful with their finances and worked hard to save money during the deployments. After second deployment, SM was working 2 part time jobs to support the family. SM said he noticed that was still quick to anger—flying off the handle over small issues. SP confronts SM and lays down and ultimatum – get help or I am leaving. At time 3, he had secured fulltime union employment with a company and was able to spend more time with his family. Spouse was finishing college degree and training. SM said his sleeping was normal and that his angry outbursts were much less frequent.

Timeline: Couple #1

2005 | 2007 | 2009 | 2011 | 2012 | 2013 | 2014 | 2015

Married
Pregnant
1st deployment
(combat)

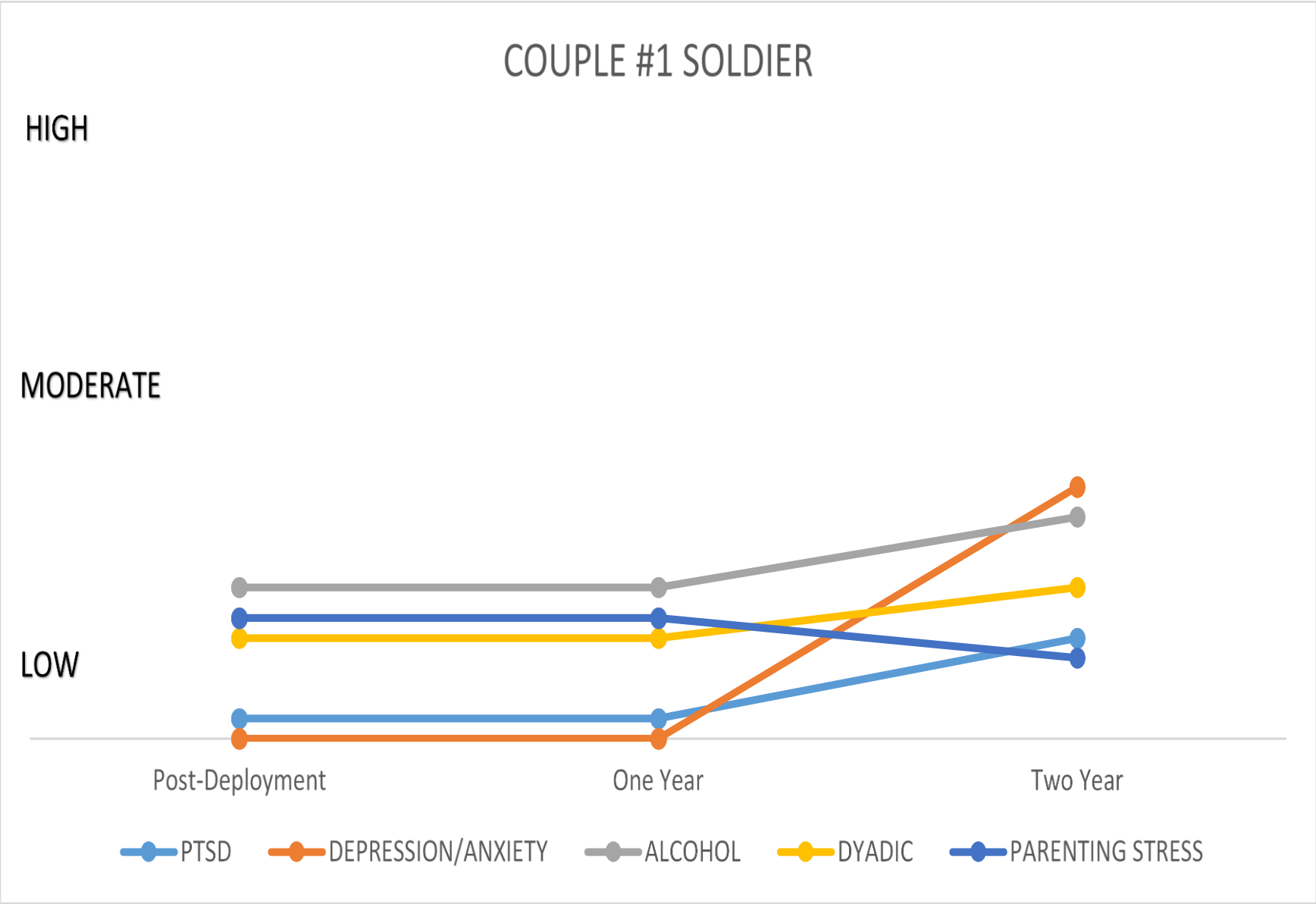
2nd child

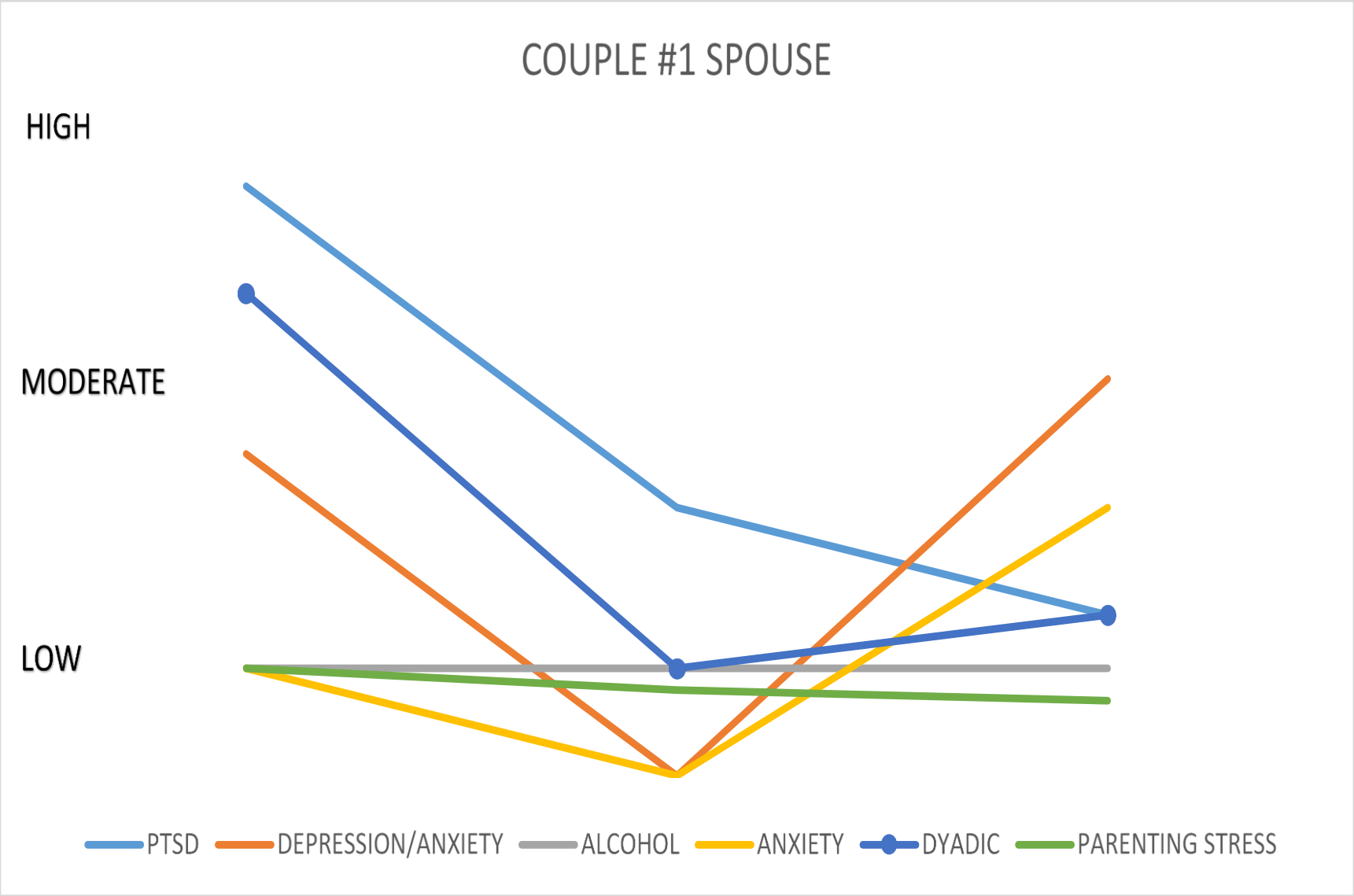
2nd deployment
Training Afghans

2 part-time jobs (SM)
Little time at home
Angry outbursts

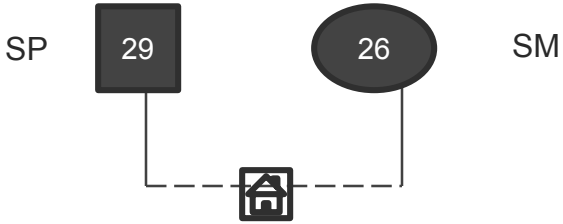
1 full-time job (SM)
Union benefits
Bought house (VA)
Less anger
SP: full time school

Sp full time
school
Close to
graduation


COUPLE #1 SOLDIER
HIGH
MODERATE
LOW
Post-Deployment
One Year
Two Year
PTSD
DEPRESSION/ANXIETY
ALCOHOL
DYADIC
PARENTING STRESS


COUPLE #1 SPOUSE
HIGH
MODERATE
LOW
PTSD
DEPRESSION/ANXIETY
ALCOHOL
ANXIETY
DYADIC
PARENTING STRESS

COUPLE #2 TRAUMA & SEPARATION



Dad 59,
Mom 50

This couple were cohabitating and had been in a four year committed relationship at the time of the first interview. In this case the NG soldier is female and her significant other a former Marine who enlisted at 18 and had his own deployment experience prior to the couple relationship. The NG soldier volunteered for 2 deployments during their relationship.
The soldier describes her deployment stress in 3 phases:

1) Gender discrimination
2) Suicide bombing with friends and colleagues killed in action
3) Leaving unfinished work in Afghanistan

Spouse was extremely supportive of SM while she battled mental health issues and reintegration adjustment. The couple separated shortly before 2nd interview. They had an amicable breakup and remain close. The spouse said soldier PTSD is a reason for their breakup. Though both individuals are resilient and continue to grow professionally, the soldier continued to struggle with the emotional after affects of war at the 3rd interview.

Timeline: Female Soldier

Couple were together 6 months before 1st deployment

Couple met at gym while both were in college

Couple love each other & ended relationship

2004 2007 2008 2009 2011 2012 2013 2014 2015

SM: started college in 2004, joined the Guard in 2007

SM 2 part-time jobs
Angry outbursts
Delayed & failed treatment at VA

SM: 4 jobs at one time + school
Graduate assistantship
2 friends committed suicide

SP building social networks in new location

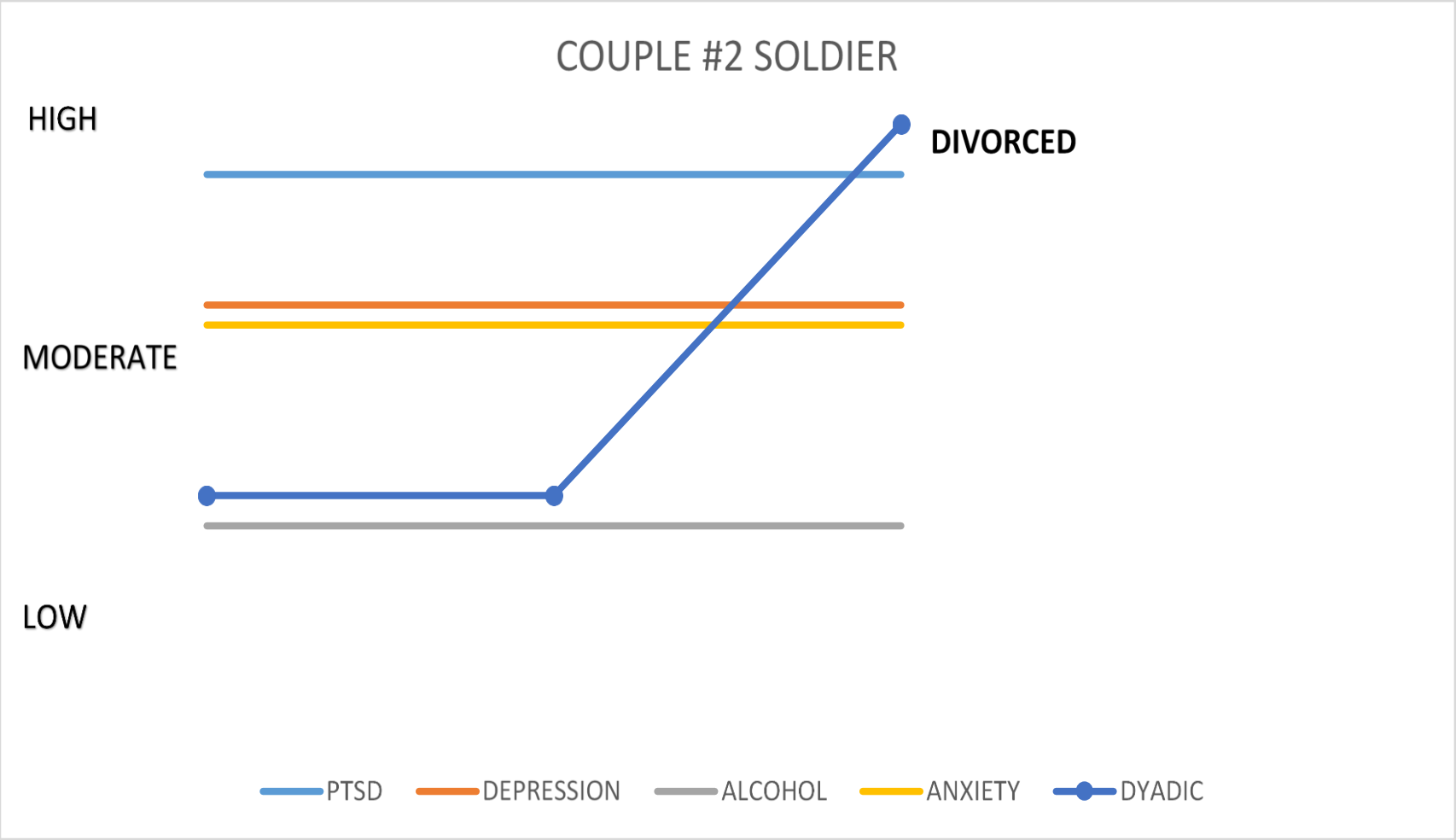
Kosovo deployment

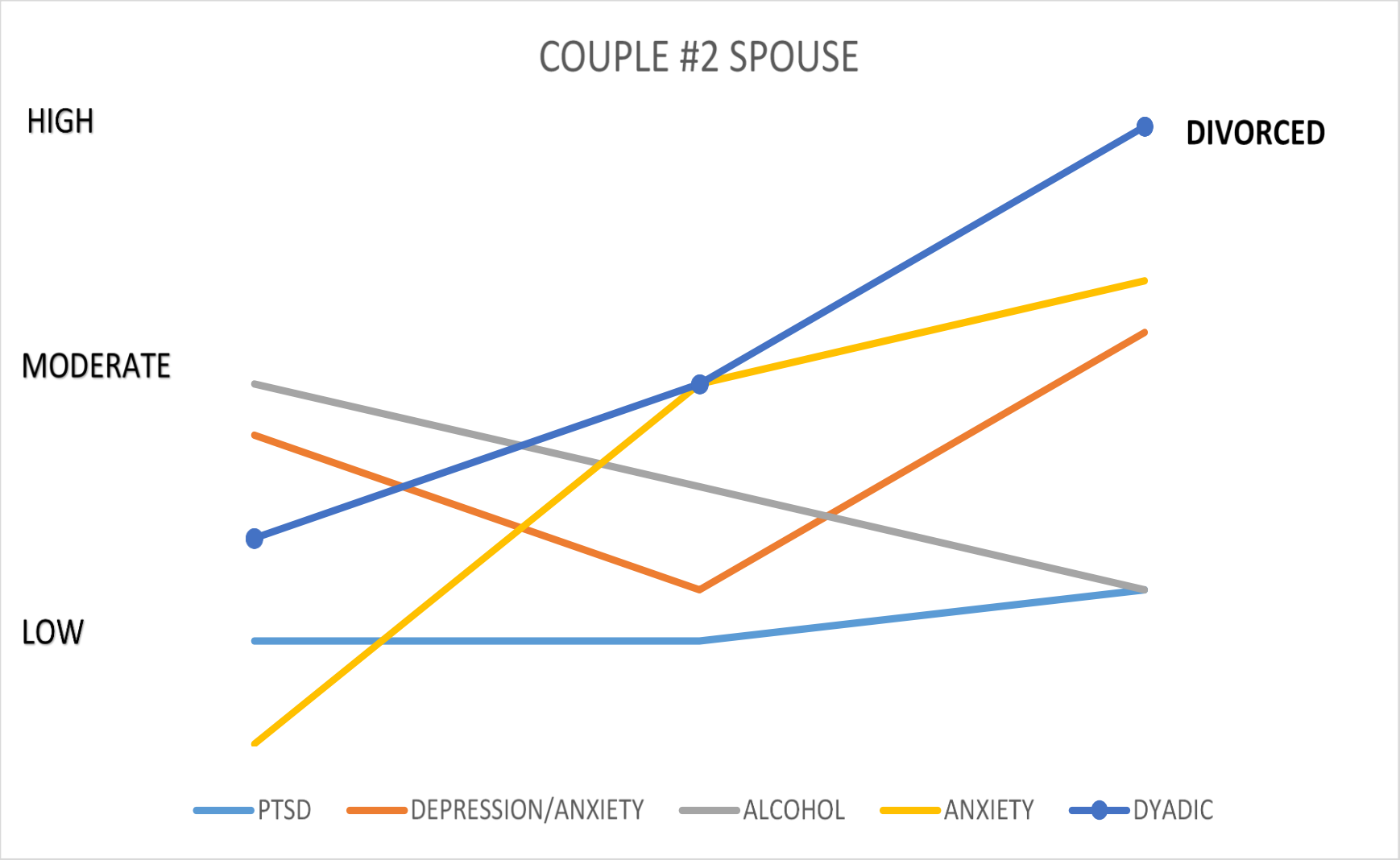
2nd deployment Afghanistan

SP: Former Marine, deployment 1 tour and 1 deployment not Iraq or Afghanistan

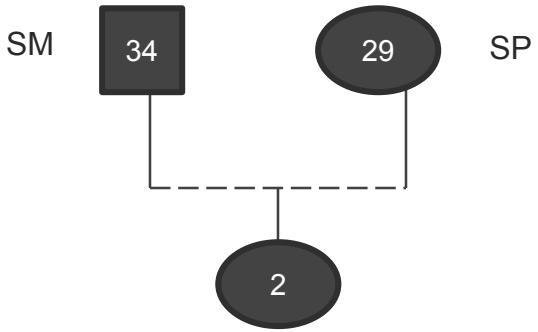
SP Career change/Left Ford for industrial engineer position at VA

SP building social networks in new location across country


COUPLE #2 SOLDIER
HIGH
MODERATE
LOW
DIVORCED
PTSD
DEPRESSION
ALCOHOL
ANXIETY
DYADIC


COUPLE #2 SPOUSE
HIGH
MODERATE
LOW
DIVORCED
PTSD
DEPRESSION/ANXIETY
ALCOHOL
ANXIETY
DYADIC

COUPLE #3
Trauma and Struggling

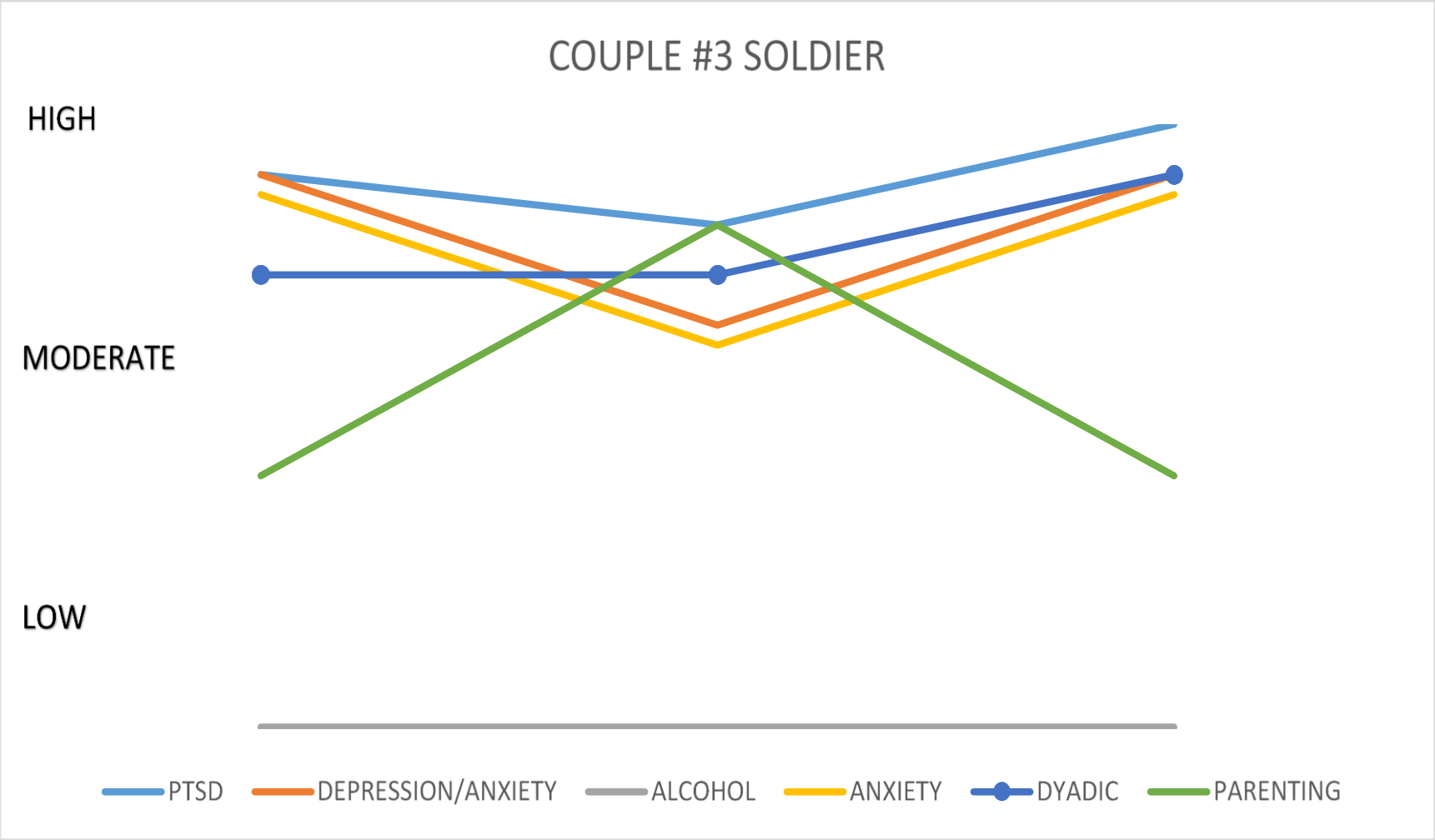


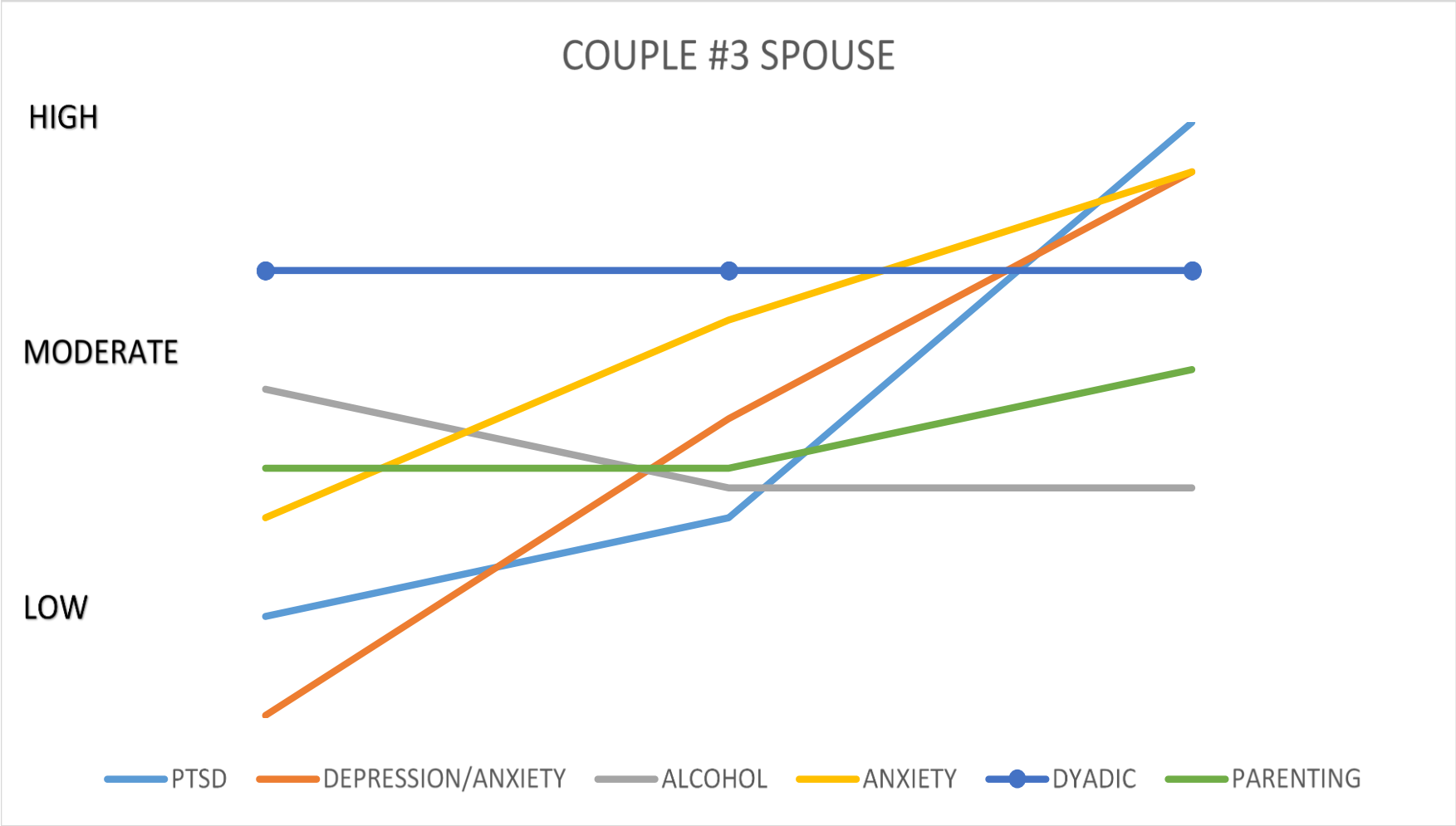
Injury, betrayal, and substance use, educated strong female, still/often in crisis mode
Child after deployment

- This couple have been married for five years and together for 14 years.
- She had worked to finish her schooling (counseling masters) before marriage and he joined the military (National Guard).
- He was moved to join the military after 9/11
- Had a child together about 6 months after he returned from an extremely traumatic deployment.
- Two deployments: one in 2009 to Iraq and second to Afghanistan in 2012

COUPLE #3
Trauma and Struggling

- He was injured on the second deployment. There was an IED blast. Truck flipped upside down. He had four fractured vertebrae in back, severe head injury. Several others injured in the explosion; no one dies, one loses arms.
- Wife was on way to beach and received a call from someone in Afghanistan saying that there had been an incident and that spouse had been injured. Waited for information for 18 hours.
- Wife travels to Walter Reed to be with husband (stayed there for 3 months)
- Both their extended families live close by.
- She is religious. She describes herself as the rock in the relationship. She uses her therapy skills on herself.
- After they get home, he has symptoms from PTSD/TBI including cognitive problems, irritability, sexual difficulties, difficulties sleeping, depression, volatile, lacking motivation, erratic moods, memory difficulties, cocaine abuse, anger management, and the like.
- He is on a number of medications to manage pain, sleep, and psychological symptoms.
- He is completely changed by he bomb blast. He comes home a different person who is highly dependent on his spouse. He was an independent person before the deployment. He has a long list of medical appointments to keep. He was a hunter, camper, hiker. He cannot do these things any more. He has a strong dislike for the military now.
- Her identity is completely altered by the bomb blast. She goes from having a career of her own to been a full time caretaker.
- They are dependent on benefits and donations for their wellbeing. Received a large amount of community support both financially and good wishes.
- They both have belief systems that give their lives meaning.


COUPLE #3 SOLDIER
HIGH
MODERATE
LOW
PTSD
DEPRESSION/ANXIETY
ALCOHOL
ANXIETY
DYADIC
PARENTING


COUPLE #3 SPOUSE
HIGH
MODERATE
LOW
PTSD
DEPRESSION/ANXIETY
ALCOHOL
ANXIETY
DYADIC
PARENTING

Timeline: Bomb Blast

Couple got together years, married for five

deployment

Walter Reed

Baby born

Intimacy difficulties

Legal issues

Everyone has changed, future unclear

1998 2007 2009 2011 2012 2013 2014 2015

Got married

SP: counselor with masters degree

2nd deployment Afghanistan

Numerous treatments

Spouse working for agency

SM: Bomb blast. SM injures back, TBI, PTSD, depression

SM: Cocaine use

GROUP WORK

1. Get in groups of 5-6 people
2. Number off groups 1-3
3. Assign cases to each group

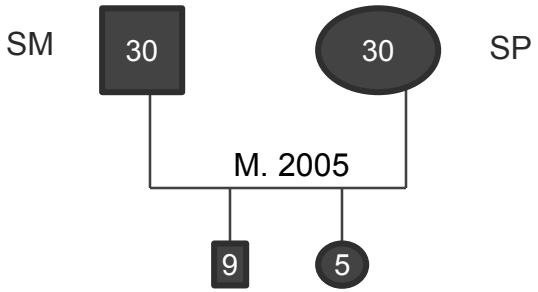
Group discussion:

1. As a group, identify what the couple would need pre-deployment, post-deployment, and in the years after.
2. Choose a therapeutic model/approach for working with the case.
3. Why do you believe your approach will work with this family system?
4. What modifications, if any, will you need to make to your approach given that this is a military family?

GROUP REPORT BACK

COUPLE #1

DIFFICULTIES AND RESILIENCE



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Couple describes the first deployment (2005, prior to study initiation) as the most stressful. SM said that in 2005,he was involved in “full-fledged combat” (his words). Spouse reported great support from her family of origin during the deployment. Upon return from that deployment, both reported multiple problems, including excessive drinking and anger issues for SM. Couple said they were on the brink of divorce, but through therapy and support they were able to rebuild their marriage. SM credits spouse for noticing that there was something wrong with him and pushing him to seek help; he said the fact that she knows him so well was helpful and that he trusted her.

The second deployment (focus of study) occurred in 2012. Both SM and spouse credit their experience with the first deployment as helpful—knowing more about what to expect and what supports were available. They reported having much better and more consistent communication during the second deployment. SM said that duties during deployment were much different and that the whole experience was much less stressful (combat versus rebuilding and training). On the homefront, Spouse reported difficulty with son who was age 6.

Stresses cited included going from Active Duty during first deployment, to National Guard in second deployment to civilian employment. Couple said they were careful with their finances and worked hard to save money during the deployments. After second deployment, SM was working 2 part time jobs to support the family. SM said he noticed that was still quick to anger—flying off the handle over small issues. SP confronts SM and lays down and ultimatum – get help or I am leaving. At time 3, he had secured fulltime union employment with a company and was able to spend more time with his family. Spouse was finishing college degree and training. SM said his sleeping was normal and that his angry outbursts were much less frequent.

Timeline: Couple #1

2005 | 2007 | 2009 | 2011 | 2012 | 2013 | 2014 | 2015

Married
Pregnant
1st deployment
(combat)

2nd child

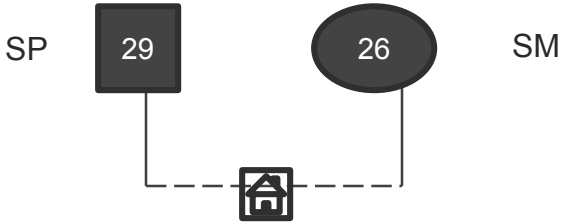
2nd deployment
Training Afghans

2 part-time jobs (SM)
Little time at home
Angry outbursts

1 full-time job (SM)
Union benefits
Bought house (VA)
Less anger
SP: full time school

Sp full time
school
Close to
graduation

COUPLE #2 TRAUMA & SEPARATION



Dad 59,
Mom 50

This couple were cohabitating and had been in a four year committed relationship at the time of the first interview. In this case the NG soldier is female and her significant other a former Marine who enlisted at 18 and had his own deployment experience prior to the couple relationship. The NG soldier volunteered for 2 deployments during their relationship.
The soldier describes her deployment stress in 3 phases:

1) Gender discrimination
2) Suicide bombing with friends and colleagues killed in action
3) Leaving unfinished work in Afghanistan

Spouse was extremely supportive of SM while she battled mental health issues and reintegration adjustment. The couple separated shortly before 2nd interview. They had an amicable breakup and remain close. The spouse said soldier PTSD is a reason for their breakup. Though both individuals are resilient and continue to grow professionally, the soldier continued to struggle with the emotional after affects of war at the 3rd interview.

Timeline: Female Soldier

Couple were together 6 months before 1st deployment

Couple met at gym while both were in college

Couple love each other & ended relationship

2004 2007 2008 2009 2011 2012 2013 2014 2015

SM: started college in 2004, joined the Guard in 2007

SM 2 part-time jobs
Angry outbursts
Delayed & failed treatment at VA

SM: 4 jobs at one time + school
Graduate assistantship
2 friends committed suicide

SP building social networks in new location

Kosovo deployment

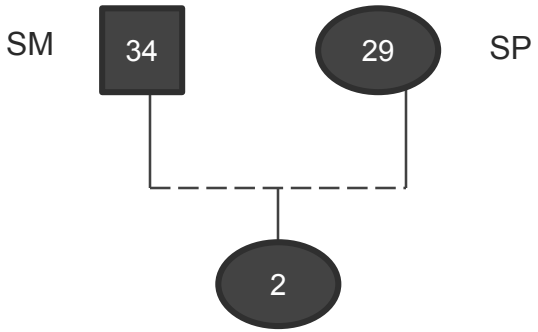
2nd deployment Afghanistan

SP: Former Marine, deployment 1 tour and 1 deployment not Iraq or Afghanistan

SP Career change/Left Ford for industrial engineer position at VA

SP building social networks in new location across country

COUPLE #3
Trauma and Struggling



Injury, betrayal, and substance use, educated strong female, still/often in crisis mode
Child after deployment

- This couple have been married for five years and together for 14 years.
- She had worked to finish her schooling (counseling masters) before marriage and he joined the military (National Guard).
- He was moved to join the military after 9/11
- Had a child together about 6 months after he returned from an extremely traumatic deployment.
- Two deployments: one in 2009 to Iraq and second to Afghanistan in 2012

COUPLE #3
Trauma and Struggling

- He was injured on the second deployment. There was an IED blast. Truck flipped upside down. He had four fractured vertebrae in back, severe head injury. Several others injured in the explosion; no one dies, one loses arms.
- Wife was on way to beach and received a call from someone in Afghanistan saying that there had been an incident and that spouse had been injured. Waited for information for 18 hours.
- Wife travels to Walter Reed to be with husband (stayed there for 3 months)
- Both their extended families live close by.
- She is religious. She describes herself as the rock in the relationship. She uses her therapy skills on herself.
- After they get home, he has symptoms from PTSD/TBI including cognitive problems, irritability, sexual difficulties, difficulties sleeping, depression, volatile, lacking motivation, erratic moods, memory difficulties, cocaine abuse, anger management, and the like.
- He is on a number of medications to manage pain, sleep, and psychological symptoms.
- He is completely changed by he bomb blast. He comes home a different person who is highly dependent on his spouse. He was an independent person before the deployment. He has a long list of medical appointments to keep. He was a hunter, camper, hiker. He cannot do these things any more. He has a strong dislike for the military now.
- Her identity is completely altered by the bomb blast. She goes from having a career of her own to been a full time caretaker.
- They are dependent on benefits and donations for their wellbeing. Received a large amount of community support both financially and good wishes.
- They both have belief systems that give their lives meaning.

Timeline: Bomb Blast

Couple got together years, married for five

deployment

Walter Reed

Baby born

Intimacy difficulties

Legal issues

Everyone has changed, future unclear

1998 2007 2009 2011 2012 2013 2014 2015

Got married

SP: counselor with masters degree

2nd deployment Afghanistan

Numerous treatments

Spouse working for agency

SM: Bomb blast. SM injures back, TBI, PTSD, depression

SM: Cocaine use

CLINICAL INTERVENTION MAIN POINTS

There is no one theoretical model that works for these couples going through deployment.

- **Treatment should be integrative drawing from the best method needed at a particular moment**
- **Deployment is developmental. Couples need different things at different times**
  - Psychoeducation
  - Behavioral
  - Attributions
  - Emotion focused (especially at times of intense stress/vulnerability which will arise)
  - Communication
  - Trauma treatment
  - During deployment, don’t talk about emotional/vulnerable wounds
  - Pre-deployment, do not open up emotional issues without the couple having time to process/ could do harm
  - Integrating individual treatment within the couple treatment/keeping the couple in mind during the individual treatment (injury, PTSD, sexual assault)
  - How to grow as an individual keeping in mind the injury, illness, impact on couple dyad and mutual influence of one partner on the other.

KEY CHANGE EVENTS: OPPORTUNITIES FOR INTERVENTION

Risk Resiliency & Coping in National Guard Families

- Deployment issues
- Injury (physical)
- Health (physical)
- Gender issues (system level)
- Support for spouses
- Meaningful employment
- Posttraumatic stress
- Intimacy
- Anniversary of deployment event
- Gender issues (individual level)
- Developmental events
- Stress management
- Addictions

A SAFE AND ENDURING THERAPY SPACE

Common factors

Building a therapeutic alliance that is built on complete trust

Couple need help at many different points along the journey. Need a therapist who is there for the ride of developmental and life challenges

Engagement in treatment: The client viewing treatment as meaningful; a sense of being involved in therapy and working together with the therapist, that therapeutic goals and tasks in therapy can be discussed and negotiated with the therapist, that taking the process seriously is important, that change is possible.

KEY PREVENTION CONSIDERATIONS

- Timing
- Anticipation of issues
- Early intervention as problems emerge
- Things go wrong – how to give couple what they need when they do.
- Preparing couples for the stress and the downs

QUESTIONS/COMMENTS

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A Comparative Case Study of Risk, Resiliency, and Coping Among Injured National Guard

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ABSTRACT

An injury during deployment disrupts family and life functioning. The purpose of the present study was to provide an in-depth examination of three injured National Guard soldiers showing how differential experiences of navigating multiple systems to obtain treatment for injury resulted in different adjustment trajectories for these soldiers and their families. A comparative case study examined three families where a soldier's injury was a central theme of family adjustment. Qualitative data were drawn from interviews conducted conjointly with both the soldier and spouse to provide an in-depth perspective of adjustment, meaning, and resource utilization patterns. In addition, survey data were collected at three time points in the deployment cycle (pre-deployment, 90 day post, and one year). These data were integrated into the case analysis, including mental health, marital relationship, treatment history, and characteristics of resilience. Study findings suggest that a delay in diagnosis, wait time for treatment, and the lack of comprehensive formal and financial support for a soldier following non-hostile injury lead to a pile-up of stressors that are detrimental to the soldier's physical and mental health, financial stability, and family well-being. Further study is needed to understand how these system level issues impede resilience among National Guard families.

INTRODUCTION

The purpose of the present study was to provide an in-depth examination of three physically injured National Guard (NG) soldiers, and to describe how the navigation of injury treatment contributes to soldier and family adaptation following a deployment to Afghanistan. Data were drawn from interviews conducted conjointly with both service members and their spouses. Survey data collected prior to deployment and at two additional times within the first year of reintegration illustrate different adjustment trajectories.

A self-reported injury by the service member predicts higher levels of posttraumatic stress, depressive symptoms, and parenting stress 45-90 days post-deployment.[1] Among the combat injured, family disruption following injury was related to high child distress but the severity of the injury on its own was not.[2] For the family, what happens during the reintegration phase of deployment can determine whether stress reactions are mitigated or exacerbated.[3] Additional stressors,[2,4] the availability of formal and informal supports, and meaning making are important factors in the reintegration process.[4]

Injuries incurred during deployment -- combat or non-combat related -- can add additional stress to the already complicated process of reintegration. Combat related injuries may result in amputation, burns, severe soft tissue and orthopedic injury, and traumatic brain injury (TBI) [5] while non-combat related injuries tend to be fractures, inflammation/pain, and dislocation caused by sports/physical training, fall/jumps, and motor vehicle-related incidents.[6] There is a growing body of evidence that suggest an injury increases the risk that the service member will also develop PTSD.[5,7-9] Most of this research has focused on combat related injuries while far less is known about the adjustment trajectory of service members returning with non-hostile injuries.

Given the fluidity through which NG soldiers move, between M-day (one weekend per month), active duty, and veteran status, their access to health care benefits can be complex.[7] A "Line of Duty" (LOD) injury determination status states that those who incur or aggravate an injury, illness, or disease in the line of duty are entitled to treatment[10] at an approved military treatment facility and along with pay and allowances.[11] If not already reported, a non-combat injury can be reported at the demobilization when the soldiers complete a battery of health screenings and questionnaires. Without an official LOD, the burden falls upon the soldier to prove the injury was incurred during military service. Without this designation, receipt of benefits such as Veteran's Administration (VA) healthcare, and disability compensation is also jeopardized. There are no known studies that examine the personal or family adjustment trajectory of both combat and non-hostile injured NG members' in relation to navigation of systems during the reintegration process.

The present study employed a comparative case study methodology[12] to explore the impact of differential experiences of system navigation on the adjustment trajectory of injured NG soldiers and their families. This study fills a gap in the literature by using qualitative data to expand the meaning construct of the family stress model and explain the influences of health systems on family resiliency processes. The Resiliency Model of Family Stress, Adjustment and Adaptation[4] served as a guide for assessment and interview questions. This model assumes a relational perspective of family adjustment with recursive effects such that overall family adaptation (X) is dependent upon the interplay of deployment and injury severity (A), pile up of demands (AA), family resources including utilization of services (BB), and meaning or family perspective of their situation (CC) within the context of dealing with the injury.

METHODS

A comparative case study methodology was employed using cross-case comparison and within case analysis.[12] This method allows for empirical inquiry and in depth investigation of multiple sources and variables which captures the complexity of real-life context of family and system interaction. Comparative case study intentionally selects a small number of cases that differ on outcome variable of interest. The small number of cases allow for a more in-depth probe of processes that may be related to the different outcomes. As employed in this study, the comparative case study approach allowed us to contribute to the limited literature specifically exploring the impact of deployment injury on family adaptation from the perspective of a service member and spouse. In this way, this method gives us the strongest means of drawing inference of cases for theory development.[12] The study was approved by all partnering institutional review boards governing the use of human subjects.

Participants and procedures

Data for the comparative case study were drawn from a larger ongoing mixed-method longitudinal study that followed a battalion of soldiers who deployed to Afghanistan. Soldiers and family who self-identified as resilient during their reintegration event could volunteer to participate in interviews in addition to completing survey data. Unique identification codes were used to match qualitative data with survey data. Because we were interested in family processes that predict resiliency, individuals with suicidal ideation and hazardous alcohol use were excluded from the interview pool. In-depth qualitative interviews were conducted with a target sample of 35 families representing demographics of the larger sample. Only couples in the qualitative interviews reporting an injury as a contributing factor to their reintegration process were eligible for inclusion in this comparative case analysis. We made every attempt to match the cases as closely as possible on variables that could also impact overall adjustment. Table 1

shows the comparison of cases with their cohort of injured (n=77) and non-injured (n=568) soldiers.

Data Collection

Surveys were collected approximately 90 days prior to deployment, at reintegration events 45-90 days after they returned home, and one year after reintegration. Surveys measured family adjustment using the Revised Dyadic Adjustment Scale[13] and the Parental Stress Scale.[14] To assess the psychological health of soldiers we used the Posttraumatic Stress Disorder Checklist,[15] the Patient Health Questionnaire,[16] and the Generalized Anxiety Disorder 7-item scale .[17] Pile-up of demands were assessed using a 21-item checklist for life events occurring in the prior year. In addition to the in-depth interview, appraisal of their situation was measured using the Perceived Stress Scale-4[18] and Satisfaction with Life Scale.[19]

The in-depth family interviews were conducted six-to-nine months post-deployment and averaged 90 minutes in length. Each interview was conducted by a two-person (male/female) team with one licensed therapist and an individual with military experience. In the semi-structured interviews, families responded to questions about family adjustment, supports that contributed significantly to their experience, and the family appraisal of their situation. Field notes of major themes and observations were created following the interviews which were taped, transcribed, and reviewed by the interviewer for accuracy.

Data Analysis

Qualitative data were organized using Atlas.ti software.[20] The coding team employed theoretical thematic analysis[21] to identify patterns or interactions related to the constructs in our theoretical model. Consistent with theoretical thematic analysis, factors from the Resiliency model of Family Stress, Adjustment and Adaptation (i.e. family adaptation (X), deployment and

injury severity (A), pile up of demands (AA), family resources (BB) and family meaning making (CC) were used to guide initial coding. To this end, transcripts were initially coded independently and then codes (e.g. ABCX) and their application were compared, discussed and consolidated into broader themes within each factor. Further the scored survey measures from pre, post and one year follow-up were charted, mapped, interpreted and incorporated into the analyses to explore the potential interaction between systems of support, family appraisal, pile-up of demands, individual, and family outcomes.

RESULTS

Table 1 shows a comparison of outcomes for each case throughout the deployment cycle. A number of overall themes, concepts, and relationships emerged from the within-case analysis and cross-case comparisons. Factors contributing to a positive reintegration trajectory following service related injury included: prior deployment experience, timely medical and behavioral health treatment, financial stability in particular uninterrupted income through the community-based warrior transition unit (CBWTU), formal and informal supports from a community that understands their experiences, and personal grit of the spouse. In comparison, not having a LOD triggered a pile-up of demands including a delay in VA health care treatment and disability compensation that exacerbated their problems leading to poorer family adjustment. Key factors of the deployment and reintegration process were collected at four time point from multiple sources. The case comparisons of that data are illustrated in Figure 1 showing how injury intersects with other life-course events and how pathways to adjustment may be altered by system level barriers and supports. The trajectories are described in greater detail providing background information and quotes from the soldiers and spouses.

Case 1: Mixed adjustment trajectory.

Prior deployment experience: Reintegration from the first deployment was reported as difficult. According to the soldier, "*When I came home from Iraq I put her through hell. I was drinking and doing other stuff and staying out late… I promised her when I came back from Afghanistan that I wouldn't do that to her.*" Both vowed to make the second deployment experience different (CC).

When soldier returned to Walter Reed for treatment, spouse was able to join him for the lengthy rehabilitation process. Supports (BB) were central to sustaining family. According to spouse, "*I was just very fortunate with my job and the family and my parents took our dogs and somebody else took care of our house and somebody mowed our lawn and coordinated all of those services that you don't really think about and take for granted.* They spoke positively about the support they received from non-profits that donate to the wounded warriors. Additionally, the commanding officer's wife reached out to the spouse in support.

The couple also talked about their frustrations in navigating the formal medical system: "*I don't know exactly what we needed but I feel like a lot of the stuff we were left to our own devices and I think we are assertive people overall, but with the military everything is bureaucratic that you do one thing for something and then they send you somewhere else...we just kind of ended up giving up so they did offer programs, they did offer evening counseling sessions for couples…but we didn't really bother with a lot of just because of our experiences so far weren't very helpful…*"

Spouse credited her training as a mental health counselor in helping her cope. Both cited spirituality/religion as an important coping resource. Although the rehabilitation was described as difficult, the spouse was an advocate for her soldier, calming him and keeping track of what

needed to be done. According to soldier, "*She [spouse] was my angel*…" The spouse also said, "*I knew that my role in our relationship was to be the rock through this whole thing.*"

With respect to overall family adaptation (X), results seem mixed. From a relationship perspective, the couple assessments reflect high marital satisfaction and non-distressed adjustment post-deployment consistent with the in-depth interview. The spouse said, "*I think it (second deployment) definitely made our marriage stronger not weaker and we really found out some things about each other in the midst of it all.*" One year later, the soldier reports less marital satisfaction and more distress compared to the spouse. Though his symptom level of depression, anxiety and PTSD improved over time, the soldier continues to struggle: "*The thing I deal with the most is the TBI just because my memory, my irritation and my anger and what not…I have some anxiety pills…which help a lot."* The spouse also said, "*He had no history of anxiety, depression or any other kind of mental health [issue] prior to this. I have known him for a long time and it was like a switch that was thrown because now he has anxiety.*"

Case 2: Positive adjustment trajectory.

Soldier said that he was injured (non-hostile) during his first deployment but didn't report it because he was eager to return home to his family. He assumed he would be able to access treatment but ran into considerable difficulty: [Regarding the first deployment injury] "*…I am just going to let the VA take care of this when I get there. And as it turns out, the wheels of justice turn very slowly at the VA so in the year and a half that I was home between the deployments, I managed to get an MRI and some physical therapy. I never even got to talk to a surgeon.*" (A) Because of his previous experience, soldier completed an official LOD injury report, stating: "*I had made up my mind overseas that I was not coming off active duty orders until I was fixed—even if I had to stay…*"

Medical treatment (BB: formal support) extended his deployment for two months, bringing his total time away from family to 14 months. The spouse and kids had phone access and traveled to visit on weekends diminishing some informal support (BB—familial). The spouse admitted not utilizing formal supports (BB) because meetings and events were too far away for her to get to. She reported informal support (BB) from her family, most of whom live in the same neighborhood and have prior military service.

The couple noted the difficulty of separation, but they also shared how it helped ease the transition back into family life. A unit buddy with the soldier during the rehabilitation process was an important source of informal support (BB). According to soldier, "*I mean as sucky as that was not to be able to come home, it was probably really good as well because it gave me time to adjust from the daily life in Afghanistan to be more civilized. …one of the guys I deployed with was there with me [in hospital] and we would go out and see movies and go out to dinner so it gave me that decompression time that I didn't have the first go round.*" When asked about accessing military benefits after this deployment, soldier responded, "*They have been spot on with them…as far as benefits, they have been very good. I haven't missed a paycheck so I am still on Title 10 order.*"

The couple seem to share an outlook on life and service that connects them (CC). In commenting on his future job prospects, soldier said, "*There has to be somewhere for somebody with my skills to do something that makes a difference and that is the big thing to me…. I don't have to change the world but I want to do something that makes a difference.*" Spouse reflected, *"What is important to me is change so I don't look at things so much as obstacles, I look at is as being willing to adapt to what is going on and accept that other things can be just as important… Look at what is important to you today...That is how I live every day.*"

Overall family adjustment seemed positive. The couple talked about having learned from the first deployment how to reintegrate more successfully. Spouse talked about being less timid in her communication, more direct and firm. According to soldier, "*I feel better now than I did before the first deployment…So for whatever reason, this deployment was really good for my marriage…*" Both the soldier and the spouse assessed on the dyadic adjustment scale show significant improvement from pre to post-deployment.

Case 3: Poor adjustment trajectory.

The soldier did not complete a LOD at demobilization but offered no explanation for why he did not do this. At the time of the interview the injury had not healed and he was on pain medication. Following deployment, the soldier went back to former employer but injury interfered with ability to continue in position. He took a part-time position for less pay and subsequently experienced a pile-up of demands including loss of healthcare insurance and other financial stress (AA).

In terms of resources (BB), the spouse noted that other formal supports like the Armory's Family Assistance Center were very helpful in providing rent money when the couple was struggling and their children were able to get healthcare through a government subsidized program (BB). The soldier said he was receiving disability benefits through his civilian employer while he waits for VA disability. His frustration is evident: "*…it is the VA itself that sucks. They take forever to do anything…We applied [to the VA for benefits] in December so we're on month four of the waitlist which is like 16-18 months…That is to find out if you have been denied or approved for it. And then if you are denied you can appeal and you put your appeal in and it takes another 16-18 months.*"

Spouse elaborated her concerns about the level of support from the VA: "*It would definitely help if the VA wasn't so slow at doing things and they could actually get the records [of soldier's service]…instead of just prescribing narcotics all the time… He is going to end up in a rehab facility for being addicted to them if you just keep prescribing more and more on top of one another…*"

When asked how soldier was coping, the spouse said, "*the VA not helping him is really getting to him. That is when his PTSD really kicks in and he gets so frustrated and so anxiety ridden over not being able to provide for his family that it is just irritating him and that doesn't help at all.*" The family narrative is consistent with the increase in PTSD symptoms from early post-deployment to one year later. When asked how they were functioning as a couple, spouse said: "*We have our moments and we tend to argue, but I don't know how to explain it. Especially now. The biggest thing is his PTSD. Now I see the changes—he doesn't necessarily see the changes but I definitely do. His mother does… I think a lot of people don't understand why he is the way he is now because they don't know.*" The soldier also noted changes in his interactions with others. The couple's assessments suggest that the spouse experienced a decline in life and relationship satisfaction earlier than the soldier and by the one year post-deployment survey the couple were going through a divorce.

DISCUSSION

Over the course of the study, the couple representing a non-hostile injury (Case 2) receiving treatment and compensation through the CBWTU showed the most resilience across all domains including dyadic adjustment, parenting stress, and life satisfaction. This couple had the benefits that come with older age, higher income, rank, more years in their relationship, and older children. He also had the benefit of a previous service related injury where he learned the

value of a LOD for receiving care through the CBWTU that integrated primary care, mental health, and social services intended to reduce barriers.[22] Like 30% of veterans receiving VA medical care in the Sayer study,[23] Case 3 experienced marital conflict and anger control problems following deployment. Lower family income/resources, no prior deployment experience, young children and intersection with lifecourse events may be confounding issues and opportunities for targeted intervention. The ability to access healthcare and disability benefits in a timely manner seemed to be critical junctures in the reintegration process and the additive stressors further complicated family finances and marital strain leading to marital separation as well as increased symptoms of anxiety and PTSD. Both cases of a non-hostile injury shed light on the unique challenges NG families face navigating systems of care without a LOD. Though the Case 2 couple faced delay in treatment following the soldier's first deployment, the spouse's income could support the family and likely buffered some of the financial stress as well as access issues associated with injury treatment.

A deployment-related injury is an unexpected event in the life-course of a soldier, yet the detrimental psychological and financial affect seemed ameliorated by formal and informal supports. Though Case 1 experienced a combat injury of greater severity, the formal and informal supports seemed to buffer the effect on family outcomes and well-being. Case 2 had experienced CBWTU during reintegration from his most recent deployment and VA during reintegration from a previous deployment. His experiences were stark in contrast and illustrate a challenge for NG early in the reintegration cycle that is not faced by their active duty counterparts who have uninterrupted pay and access to healthcare at military treatment facility. Severity of the injury with extended treatment and chronic symptoms affects the trajectory of soldier and family well-being. In addition, a delay in diagnosis, wait time for treatment, lack of

comprehensive formal and financial support may be associated with a pile-up of demands and need further investigation. This comparative case study suggests that families with a greater pile-up of demands exhibit poorer health and family outcomes.

Of note in this comparative study is that each case is different. This is in contrast to programs and services offered to military personnel that may treat all individuals the same. Each case in our study had a married soldier who experienced a war time physical injury. Each soldier had a spouse as a part of the deployment. However, each family had a different trajectory post injury that was dissimilar. Some of these changes can be ascribed to individual characteristics of the soldier, others to military and civilian supports and resources. While others to preexisting marital dynamics, and the ability of the couple to work through the event together. What stands out among the case comparisons is how different each trajectory looks, and how maximization of supports and minimizations of frustrations and barriers to recovery can ameliorate the pile up of stressful events.

The in depth case comparison was limited to three families from a Midwest NG unit which limits the generalizations to a narrow sample of NG families contingent on region of the country and barriers to access health and social services within that region.[12] Additionally, we acknowledge that we were particularly interested in factors associated with navigation of injury. There may be other factors not captured in our study that also contribute to difference in adjustment. Despite these noted limitations, the comparative case analysis begins to provide insight into some of the reintegration challenges and complex interaction effects unique to NG families of injured soldiers. The deeper investigation of three cases within the constructs of the Resilience model illustrates the additive effects of multiple stressors. The comparative case

study may serve as a way to identify potential causal variables to focus on in future research and larger quantitative studies of injury trajectory.

CONCLUSION

This study increases our understanding of risk, resilience and coping among NG families when a soldier is injured during deployment. Study findings regarding intersection of normative life events and trajectory of soldier and family well-being are consistent with other conceptual models.[23] This study builds on the qualitative study of New York veterans that found the systems of care that serves them is complicated and difficult to navigate.[7] This study sheds light on the family's perceptions of services and how a delay in diagnosis, wait time for treatment, lack of comprehensive formal and financial support following the soldier injury interacts with process of risk and resilience as families tackle subsequent pile-up of stressors. The additive effects of multiple stressors and barriers point toward poorer soldier and family adjustment within the first year of reintegration and greater life-course-disruption. Young soldiers, first-time deployers, and spouses may benefit from education regarding the necessity of LOD and remaining on active duty military status for non-hostile injuries. This study raises significant concern about an unknown number of veterans who do not meet the VA priority ranking to receive services and are now spiraling toward mental and financial instability as well as family disruption and crisis. Further study is needed to understand how system level issues, such as wait time for treatment of non-hostile injuries, may impede resilience. Immediate actions could do much to ameliorate risk and build resilience and coping strategies among injured veterans and their families.

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FIGURE 1: Comparison of injury adjustment

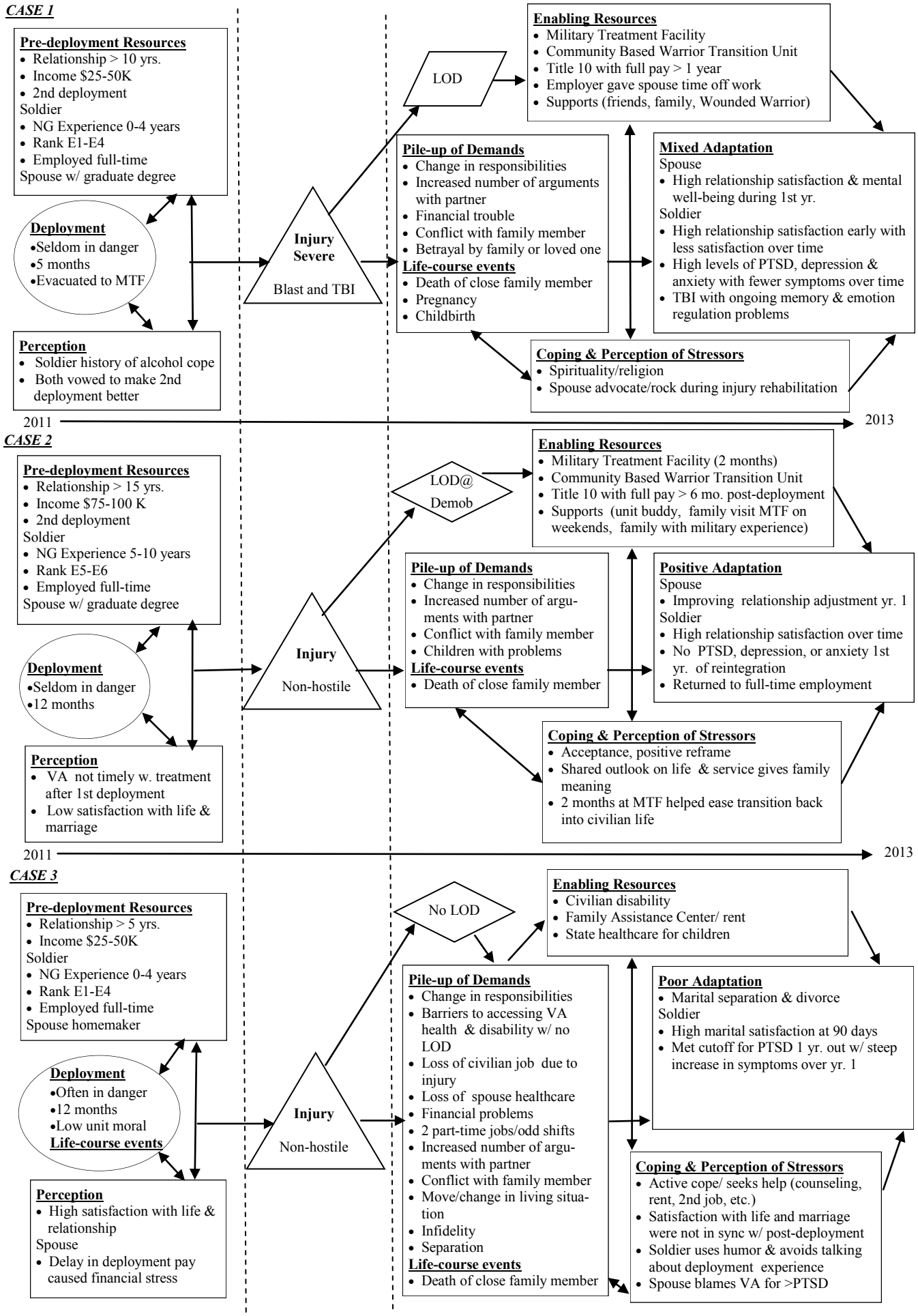

Table 1

Cases Compared with Injured and Non-Injured Cohort at Post-deployment (T2)

	Case 1			**Case 2**			**Case 3**			**Injured Cohort T2 n= 77**	**Non Injured Cohort T2 n= 568**
Family Type (demographics)											
Gender (Male)	Male			Male			Male			95%	96%
Rank (E1-E4)	E1-E4			E5-E6			E1-E4			48%	50%
Years in NG (0-4)	0-4			5-10			0-4			39%	37%
Income ($25-50 K)	$25-50 K			$75-100 K			$25-50 K			51%	48%
Education (Some college)	Some college			Some college			Some college			37%	41%
Age (22-30)	31-40			41-50			22-30			52%	55%
Marital Status (Married or cohabitating)	Married			Married			Married			60%	67%
Years in current relationship	10-15			15-20			0-5			6.51 (6.7)	7.08 (6.1)
Number of children (1 or more child in home)	1			3			2			57%	55%
Age range of children	0-3			8-10			0-3				
A-Stressors											
Number of Deployments (2)	2			2			1			39%	27%
Deployment Injury type	Combat related			Non-hostile			Non-hostile			*	*
Measurement Scores	T1	T2	T3	T1	T2	T3	T1	T2	T3	M (SD)	M (SD)
PTSD (PCL[a])	*	53	47	23	20	20	*	37	51	38.67 (16.9)	29.31 (13.5)
Depression (PHQ 9[b])	*	17	13	3	0	0	6	7	7	6.45 (5.6)	3.82 (4.6)
Anxiety (GAD 7[c])	*	19	11	3	1	0	1	13	6	5.87 (5.6)	3.39 (4.2)
B-Family resources											
Any MH intervention past year T2	yes			no			yes			31%	15%
Type MH (Medication past year)	Medication						Medication			14%	7%
Type MH (Individual therapy past year)	Individual									13%	7%
C-Family Meaning/Schema											
Life satisfaction (SWLS[d])	*	23	24	23	25	24	23	26	8	21.51 (7.6)	24.66 (6.4)
Perceived stress (PSS 4[e])	*	8	6	5	0	0	8	5	*	6.6 1 (2.86)	5.01 (3.10)
X-Family Adaptation											
Dyadic adjustment (RDAS[f])	*	52	40	29	43	50	38	60	*	49.78 (11.1)	51.83 (9.8)
Parental stress (PSS[g])	*	31	41	45	39	35	*	42	34	38.23 (14.2)	34.83 (10.8)
Spouse Dyadic adjustment (RDAS[f])	*	50	51	22	39	31	51	26	12	50.88 (9.15)	51.70 (8.87)
Spouse Parental stress (PSS[g])	*	36	37	29	24	24	*	41	36	32.05 (9.75)	32.61 (9.14)

Notes: * =Missing data; MH=Mental Health; T1= Time 1 survey completed prior to deployment; T2= Time 2 survey completed approximately 90 days following battalion demobilization, and T3=Time 3 survey completed approximately one year later; [a]PCL scores $\geq$ 50 is likely PTSD; [b]PHQ 9 scores of 5, 10, 15, and 20 represent cut points for mild, moderate, moderately severe and severe depression, respectively; [c]GAD 7 scores of 5, 10, and 15 represent cut points for mild,

moderate, and severe anxiety, respectively; [d]SWLS scores 26-30 = satisfied, 21-25 = slightly satisfied, 5-9 = extremely dissatisfied; [e]PSS4 higher scores indicate higher levels of perceived stress; [f]RDAS scores $\leq$ 48 indicate distressed relationship; [g]PSS higher scores indicate higher levels of parenting stress

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ORIGINAL PAPER

Relationship Problems and Military Related PTSD: The Case for Using Emotionally Focused Therapy for Couples

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Abstract In this paper, the authors argue that effective couple interventions are important for the military given the impact deployment-related posttraumatic stress disorder (PTSD) has on couple relationships. The authors review the literature on military relationships and how PTSD, in particular, is problematic for these relationships. The authors then review evidence based couple therapy interventions targeting military couples and argue that Emotionally Focused Therapy is an ideally suited means of working with these couples as they face PTSD.

Keywords Couple therapy · Marital therapy · Military couples · PTSD · Emotionally focused therapy

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The United States military is large, made up of 3,616,568 people (Department of Defense 2013). These include 37.9 % Department of Defense active duty (1,370,329), 30.5 % ready reserve (1,102,419), 24.2 % Department of Defense civilian personnel (874,054), 5.9 % retired reserve (214,938), 1.1 % Coast Guard active duty (40,420), and 0.4 % standby reserve (14,408). About half (55.2 %) of Active Duty military members are married and 42 % have children. In the years ahead, members of the U.S. military are facing a new chapter. The war on terror has largely defined life in the military since 2001, and while the two main conflicts in Iraq and Afghanistan have ended, the emotional aftermath will continue for some time in the lives of those who served.

Deployments associated with the recent conflicts have been lengthy and have placed considerable stress on service members and their families. During deployments to war, service members were deployed for a lengthy period depending on their specific service branch, and these deployments usually lasted up to 12 months. After deployment ended, service members returned home and reintegrated with their families and communities. Active duty military returned home to a military installation where they picked up new military duties, while National Guard and Reserves returned to civilian employment in their local communities. Such reintegration may be particularly problematic when mental health concerns exist (Hoge et al. 2008; Schneiderman et al. 2008).

Strengthening mental health and family relationships remains a priority during the decreased operational tempo in deployments. Deployments are stressful for families. For all members of the military, considerable changes transpire during the course of lengthy deployments. Service members, spouses, and members of families change, and these changes occur in the midst of other normative life events, some of which are stressful. These changes make reconnection post deployment more challenging (Wadsworth

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2010; Pincus et al. 2001). The changes in the service member and his or her spouse over the period of deployment can put a great deal of strain on marriages and committed relationships. With repeated separations from loved ones to fulfill responsibilities in dangerous situations, prolonged war has taken a toll on service member's marriages, and in cases where a mental health condition exists such as Posttraumatic Stress Disorder (PTSD), relationship distress often is the result.

Research supports a strong association between interpersonal relationship problems and PTSD; problems which both negatively impact the other, often leaving service members caught in vicious cycles of deteriorating relationships and mental health (Allen et al. 2010; Erbes et al. 2012; Gewirtz et al. 2010; Lambert et al. 2012; Riggs et al. 1998). In turn, on top of negotiating a mental health concern like PTSD, successful military couples need to be particularly adept at managing numerous other transitions and changes in "personnel" within a family system.

In this paper, we argue that effective couple interventions are important for the military given the impact deployment has on couple relationships, that effective couple interventions can prevent negative family outcomes such as divorce or ongoing discord, and that these interventions can be used effectively alone, or in conjunction with other treatments, to prevent or treat PTSD in service members and spouses. Finally, we summarize important couple interventions for the military and argue that while excellent evidence based interventions for couples exist, Emotionally Focused Therapy is an understudied military couple intervention that is ideally suited to couples facing PTSD (Johnson 2002a).

The Need for Couple Interventions for Combat Veterans

There are a number of reasons to consider interventions targeting military families. These families are under considerable stress during times of deployment or military transitions (MacDermid Wadsworth 2010; Pincus et al. 2001). Effective interventions can reduce this stress, prevent dissolution of these families, and have an impact on the mental health of service members, especially PTSD.

The Effects of PTSD/Poor Mental Health on Relationships

The U.S. DOD Task Force on Mental Health report (2007) talks specifically about the effects of deployment on marriages in the military, and how deployment places sizeable strains on these relationships. Some of the common reported symptoms of the current wars, PTSD, depression, and TBI, exacerbate relationship problems, which in turn influence mental health difficulties (Bay et al. 2012; Blow et al. 2013; Riggs et al. 1998; Tanielian and Jaycox 2008).

PTSD symptoms, if present, can have a damaging effect on relationships (Allen et al. 2010; Erbes et al. 2012; Gewirtz et al. 2010; Lambert et al. 2012; Riggs et al. 1998). Dekel and Solomon (2006) examined the marital adjustment, spousal aggression, and sexual satisfaction of prisoners of war (POWs) three decades after their release. They found that the marital problems of former POWs were related more to PTSD than to their captivity and that PTSD was related to decreased marital satisfaction, increased verbal aggression, and heightened sexual dissatisfaction. Cook et al. (2004) studied PTSD and current relationship functioning among World War II POWs. In their sample, over 30 % of those with PTSD reported relationship problems compared with only 11 % of those without PTSD. Ex-POWs with PTSD reported poorer adjustment and communication with their partners and more difficulties with intimacy. Emotional numbing was significantly associated with relationship difficulties independent of other symptom complexes and severity of PTSD. A study by Goff et al. (2007) studied 45 male Army soldiers who recently returned from a military deployment to Iraq or Afghanistan and their female spouses/partners. The results indicated that increased trauma symptoms—particularly sleep problems, dissociation, and severe sexual problems—in the soldiers, significantly predicted lower marital/relationship satisfaction for both soldiers and their female partners.

Higher Risk for Intimate Partner Violence

Military couple relationships are at risk for higher relationship violence. Veteran and active duty couples experience violence in their relationships up to three times more often than samples of civilian couples (Marshall et al. 2005). Sherman et al. (2006) studied relationship issues in 179 couples seeking relationship therapy at a VA clinic. Veterans diagnosed with PTSD as well as veterans diagnosed with depression perpetrated more violence than did those with adjustment/Vcode diagnoses. Taft et al. (2007) studied PTSD, partner abuse, and anger among Vietnam Vets. In their sample ($n = 60$), PTSD symptoms were associated with higher occurrences of partner abuse.

The Higher Incidence of Caregiver Burden

In addition, when PTSD is a diagnosis in the veteran, spouses/significant others are at higher risks for caregiver burden. Studies show that caregiver burden is a valid concern for those supporting service members diagnosed with PTSD. Calhoun et al. (2002) studied caregiver burden in a sample of PTSD diagnosed Vietnam veterans. Partners

of veterans (n = 51) diagnosed with PTSD experienced more caregiver burden and had poorer psychological adjustment than did partners of veterans without PTSD (n = 20). In addition, Dekel et al. (2005) did qualitative interviews of nine wives of PTSD diagnosed veterans. Their findings reveal how the lives of these women largely revolved around their husbands' symptoms. The women in this study faced a constant struggle around maintaining their independence. When caregivers are distressed/burdened, not only may the relationship with the PTSD service member become strained, but other members of the family may also suffer.

The Benefits of Increasing Social Support for Veterans

Effective couple interventions are needed to enhance social support within the family. Social support is a key consideration when it comes to managing PTSD symptoms (Keane et al. 2006). Yet for many service members, especially members of the National Guard and Reserves, social support decreases after deployment ends. As service members return to normal civilian life, others who shared similar lived experiences (i.e., their combat unit) no longer surround them in the same way. In addition, family stress can create a negative environment, which can diminish support from within the family. Appropriate social support is a buffer against the severity of mental health conditions. For example, social support following a traumatic event influences the emergence and development of PTSD symptoms (Guay et al. 2006). In one meta-analysis involving 77 studies, poor social support was found to be the strongest predictor of PTSD with an effect size of .40 (Brewin et al. 2000). A separate meta-analysis, involving 68 studies, found limited social support to be among the strongest predictive factors of PTSD with an effect size of .28 (Ozer et al. 2003). In their review of PTSD studies, Guay et al. (2006) conclude that social support is a protective factor when it comes to the development and maintenance of PTSD as well as to the severity of PTSD symptoms. They see social support as one of the most important moderators of the development of PTSD.

Several studies of social support have focused on military veterans exclusively. In one study (Barrett and Mizes 1988), veterans who received high levels of social support after their return home from deployment experienced fewer PTSD symptoms. In another study of World War II veterans, lower levels of social support were associated with increased PTSD symptoms (Jankowski et al. 2004). Schnurr et al. (2004) studied a large sample of Vietnam veterans and found that maintenance of PTSD was associated with lower social support at homecoming and lower current social support. Solomon et al. (1990) studied 284 Israeli soldiers and concluded that perceived negative family relations and limited support from society was positively correlated with loneliness, which influenced mental health outcomes including PTSD.

It is not only the presence of social support that is important, but also its quality (Guay et al. 2006). Negative social support can intensify the development of PTSD. Negativity within a spousal relationship would constitute detrimental support. Lepore and Greenberg (2002) show that inadequate support from significant people hinders the individual's ability to gain control over negative emotions. In other words, negative interactions with significant individuals can serve to exacerbate the development and maintenance of PTSD (Guay et al. 2006). This is an important consideration for returning veterans whose spouses/significant others are often experiencing their own levels of distress (Gorman et al. 2011). When these relationships are troubled, significant distress is incurred by the service member and all members of the familial system. If the service member perceives an individual as unsupportive or unable to handle his or her difficulties, he or she may simply avoid distressing thoughts or emotions in the presence of these individuals, and this is likely to lead to more distress (see Gerlock et al. 2014 and Goff and Smith 2005 for theoretical discussions related to the systemic effects of trauma on relationships).

Disclosure of Trauma is a Relational Issue When Service Members Return from War

The disclosure of traumatic events to significant others is an issue that many veterans face. Some veterans do not feel free to share their negative experiences with significant others for a variety of reasons. Some research suggests that the less a victim confides in significant others, the less he or she assimilates the traumatic event, and the more he or she is at risk for the development of PTSD symptoms (Guay et al. 2006). Guay et al. (2006) concluded that talking to significant others about the traumatic event appears to help the victim with both emotional and cognitive integration, and this process reduces PTSD symptoms. Disclosure, however, is a sensitive matter. When disclosure occurs and feedback is negative or critical, PTSD symptoms can be worsened (Tarrier et al. 1999). Unsafe conversations around disclosure could lead to the victim shutting down, and in future opportunities to talk about the traumatic event, he or she may choose to avoid further discomfort by being silent. In some cases of disclosure, the victim may be blamed or receive unhelpful advice, and these types of processes serve to prevent further disclosures. Further, some attempts by loved ones to help might be misguided. For example, when a significant other attempts to distract

the victim from negative thoughts or inhibit the disclosure of feelings, this may lead to the worsening of symptoms (Brewin et al. 2000; Guay et al. 2006). In short, negative responses to disclosure by family members/significant others or the lack of safety surrounding disclosure can have negative effects on PTSD (Guay et al. 2006).

Not only does social support influence PTSD development, but PTSD symptoms can affect the amount and quality of social support an individual receives. For example, PTSD symptoms such as feelings of detachment and restricted range of affect can shape the quality of the relationship with significant others. Roberts et al. (1982) studied war veterans and found that individuals who have PTSD tend to have more problems with intimacy and sociability. Carroll et al. (1985) found that veterans who have more problems with self-disclosure are more aggressive, and have lower levels of marital adjustment. In some cases, it takes considerable skill and strength on the part of a loved one to live with someone with PTSD symptoms, and these individuals may have difficulty in giving adequate support to their PTSD distressed loved one (Waysman et al. 1993; Wortman and Lehman 1985). In these cases, significant others may not know how to react to disclosure of a traumatic event or may have difficulties controlling their own emotional responses. As a result, they may experience distress when the victim reveals the details of an event (Guay et al. 2006) leading to negative behaviors that may include criticism, avoidance, and denial, which may influence the victim negatively and contribute to the development or maintenance of PTSD symptoms.

Couple Treatments Targeting PTSD and Related Symptoms in the Military

PTSD is an increasing concern among military forces exposed to traumatic events while deployed. The United States Department of Veterans Affairs (The National Center for PTSD) estimates that between 10 and 18 % of service members deployed in Iraq and/or Afghanistan in Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF) developed PTSD (Litz and Schlenger 2009). Another population based study using the DSM-IV criteria found PTSD prevalence rates of 20–30 % for those returning from combat (Thomas et al. 2010). An even larger percentage have likely experienced pre-clinical levels of PTSD symptoms and will benefit from preventive services. The VA reports that in 2011, 476,515 veterans with a primary or secondary diagnosis of PTSD received treatment at treatment facilities connected to the VA (http://www.va.gov/opa/issues/ptsd.asp).

Most treatments of PTSD focus on the individual and his or her symptoms. Widely used PTSD treatments include cognitive-behavioral therapy, eye movement desensitization and reprocessing, and group therapies (Foa et al. 2000). CBT, which includes cognitive and exposure therapies, is currently the most widely-used individually focused counseling for PTSD and is commonly used. Medications, usually selective serotonin reuptake inhibitors, are also prescribed to treat PTSD.

Couple treatment that simultaneously addresses the couple's relationship functioning and the veteran's PTSD symptoms is clearly warranted and PTSD-diagnosed veterans seem to espouse this belief as well. In a study investigating the interest of PTSD-diagnosed veterans in increased family involvement, Batten et al. (2009) found that 79 % expressed a desire for greater family involvement in their trauma treatment. Of those surveyed, the overwhelming majority (86 %) expressed that PTSD was a significant source of family stress. With scholars and veterans increasingly identifying social support as an essential element in trauma recovery (Guay et al. 2006; Keane et al. 2006), it is even more evident that a shift in the typical treatment orientation is needed.

Couple interventions for PTSD have strong promise to not only treat PTSD in service members, but also to treat many of the other relational and family issues related to coping with deployment and deployment-related PTSD. An effective couple treatment will be, for some service members, a substantial improvement over individually oriented treatment because of the effect on the immediate social context of the service member. Effective couple treatment may also prevent the onset of other problems (e.g., relationship dissolution, child disorders, substance abuse). Improving family life will significantly enhance the quality of social support for individuals living with PTSD. Further, improving social support could potentially reverse the vicious cycle, wherein PTSD damages the relationship leading to spiraling and reinforcing negative relational exchanges, which then worsen PTSD and related difficulties, further affecting the couple and family well-being.

Current Treatments for Military Couples and PTSD

We could find only a few couple therapy studies focused on this population. The review of couple interventions for the military by Erbes et al. (2008) supports this dearth of studies and they conclude that couple therapy research for military populations and related diagnoses is in its infancy.

Monson et al (2004, 2011, 2012) conducted a series of studies using cognitive behavioral conjoint therapy (CBCT) to treat PTSD. This intervention lead to improvements in clinician reported PTSD symptoms and relationship satisfaction. The CBCT intervention included 15 sessions divided into three treatment phases. These studies provide evidence that couple interventions have

potential for treating PTSD in military couples; however, results from these studies need to be replicated.

Erbes et al. (2008) offer a theoretical adaptation of integrative behavioral couple therapy (IBCT) to a military population, which they propose will reduce conflict and increase levels of intimacy. They argue that by exposing veterans to their emotions and the emotions of their partners, recovery from battle-related distress is possible. However, we could find no studies of IBCT with a veteran population, although IBCT is a credible intervention and these studies are warranted (Johnson 2002b).

Glynn et al. (1990) conducted a small sample study to determine if a family-based skills building intervention (BFT) could be utilized to augment exposure therapy treatment for veterans with combat-related PTSD. While they found that exposure therapy reduced PTSD symptoms, BFT added no additional benefit in reducing either positive or negative PTSD symptoms.

Ford et al. (1998), in a quasi-experimental design involving 101 service members, evaluated family systems therapy with a sample of veterans from Operation Desert Storm who were stationed outside of the active war zone. Couples were treated during the reintegration period, shortly after the veterans returned from deployment. In this study, the family intervention resulted in clinically significant reductions in stress and psychiatric symptoms, along with gains in family adjustment. This study speaks to the importance of early intervention implementation upon reintegration into family and civilian life for service members. In short, there are a growing number of couple therapy interventions targeting the military that have been studied and although much more research is needed, studies to date are promising. Even though many studies have shown high rates of marital, relationship, and family difficulties in military populations, much more research is needed to establish a range of evidence-based couple interventions for this population. In the most recent comprehensive review on the state of marriage and relationships, Fincham and Beach (2010) state that there is a critical pressing need for research on "marital interventions for returning veterans that are tailored to their needs, with a strong emphasis on mental health concerns, particularly symptoms of emotional avoidance…" (p. 638).

Emotionally Focused Therapy: An Evidence-Based Intervention Well Suited to Military Populations

Emotionally focused therapy is a widely used and well-validated couple intervention. However, it has not been widely studied with military populations. We believe that this approach is ideal for intervening in the traumatic and stressful events experienced by military couples, especially regarding PTSD. Next, we will describe the EFT model, its evidence, and outline why we believe EFT is a good fit for military couples struggling with relationship problems and PTSD.

Emotionally Focused Therapy

EFT is a short-term couple intervention based on an integration of family systems and experiential methods and is an evidence-based approach to treating relationship distress. EFT views intimate partnerships through the lens of attachment theory and encourages partners to seek one another for support and safety during times of stress. In EFT, emotion is a primary target of change and interventions aim to focus on, expand, and regulate the emotions of each partner so that partners can express their emotions to one another in more adaptive ways. In turn, partners' dysregulated emotions are alleviated; spouses learn to revise their dysfunctional strategies of engagement that led to disconnection by increasing empathy for one another, seeking comfort from one another during difficult times, and responding sensitively to one another's bids for contact. As a result, partners experience more positive cycles of interaction in which their attachment needs of comfort and support are met. As these new ways of relating are maintained, relationship health improves. Relationships become a key support or safe haven for partners to express and regulate emotions, offering a context that facilitates further improvement to individual functioning.

Empirical Support for EFT

In a large meta-analysis across a range of types of couple therapy, Shadish and Baldwin (2002) concluded that the average person receiving treatment for marital discord was better off at termination than 80 % of individuals in the no-treatment control groups. A meta-analysis of EFT studies conducted by Johnson et al. (1999) concluded that approximately 90 % of treated couples rated themselves more positively than controls; 70–73 % of couples recovered from discord at follow-up, and this improvement continued after therapy. EFT has been applied to diverse presenting problems and used for people with different sexual orientations, ages, countries of nationality, and cultures (Furrow et al. 2011). Findings support the use of EFT for treating depression (Denton et al. 2012; Dessaulles et al. 2003; Wittenborn et al. 2015), relationship distress in couples including those facing stressful life events (Cloutier et al. 2002; Dalton et al. 2013), trauma symptoms (MacIntosh and Johnson 2008), and relationship traumas called attachment injuries (Halchuk et al. 2010; Makinen and Johnson 2006). EFT is one of the few interventions for couples that has been found to sustain changes over time, an important consideration given that the effects of some

treatments dissipate following the termination of services (Halchuk et al. 2010; Johnson 2002b; Walker et al. 1996). Research on EFT has also indicated low dropout rates (Johnson et al. 1999) and has shown that even novice therapists can effectively apply the approach (Denton et al. 2000). Process research has outlined key change events in EFT, including the critical task of creating softening events, which enable couples to re-connect (Bradley and Furrow 2004; Furrow et al. 2012).

Johnson has written extensively about the potential of EFT as an effective treatment for those exposed to trauma as is the case in many military couples, and she has adapted EFT to treat trauma survivors (Johnson 2002a, 2004a; Johnson et al. 2001; Johnson and Williams Keeler 1998). She hypothesizes that trauma survivors may not have made the connection between their traumatic experiences and current difficulties in their interpersonal relationships. There are, to date, two studies of EFT targeting trauma survivors. First, MacIntosh and Johnson (2008) examined the efficacy of an average of 19 sessions of EFT with a small group of survivors of severe chronic childhood sexual abuse (N = 10) and their partners. Half of the couples in this study reported clinically significant improvements in their relationship and significant improvement in trauma symptoms. Second, a randomized clinical trial examined the efficacy of EFT for women with a history of childhood abuse (Dalton et al. 2013). Twenty-four distressed couples in which the female partner had a severe history of childhood abuse were randomly assigned either to 22 sessions of EFT plus two additional individual sessions or a waitlist control group. Couples in the treatment group experienced a statistically and clinically significant reduction in relationship distress (i.e., 70 % of couples scored as non-distressed or "recovered" at the end of treatment), but there were no significant changes in trauma symptoms. Two additional studies assessed change in couples experiencing relationship traumas called attachment injuries (Halchuk et al. 2010; Makinen and Johnson 2006). These studies suggest that the resolution of attachment injuries is associated with factors such as the distressed partner being able to express deep hurts and losses and the other partner being able to remain emotionally engaged and actively responsive to these emotions using compassion and comfort.

Findings from another line of research indicate that proximity to loved ones can buffer the brain's perception of threat (Coan et al. 2006). In groundbreaking research, Coan et al. (2006) asked happily married women to face the threat of shock while holding their partner's hand, holding the hand of a stranger, and while alone. Using fMRI technology, their study indicated that women in the highest quality relationships who faced the threat of shock while holding their spouse's hand showed the least threat-related brain activation. Those who faced the threat of shock alone had the highest threat related activation in the brain. This same experiment was completed on women in distressed relationships who received an average of 23 EFT sessions (Johnson et al. 2013). Couples completed the same fMRI hand-holding paradigm as described above both before and after receiving treatment. Findings indicate that EFT mitigated the brain's response to perceptions of threat and fear. While these studies were not of PTSD patients, evidence that contact with a spouse reduced threat responses align with findings supporting the benefits of social support for treating PTSD, and indicate promise in treating PTSD through targeting relationship quality.

EFT Process of Change

A primary goal of EFT is to create safety within relationships with the intention that couples can share their experiences, talk about vulnerable emotions including hurts, fears, insecurities, and other painful feelings without fear of reprisal, resulting in a shared and deeper connection. This safe environment allows partners to share with and understand their loved one's experiences, and build trust that the other is capable, willing, and emotionally available to offer comfort and support in all situations—from day-to-day frustrations to deep and vulnerable emotions such as those associated with war-related experiences. When a safe environment does not exist, individuals tend to internalize their emotions or share "harder" emotions such as anger, frustration, and irritability that damage trust and further separate the couple emotionally. In this regard, EFT creates safety and communication around difficult emotions for all parties, and this process seems ideal for a military population. As in other effective couple treatments, such as CBCT, safety is of utmost importance (Monson et al. 2012). EFT does not encourage individuals to avoid uncomfortable issues. Rather, EFT aims to facilitate safe and appropriate discussion of these issues, but only after first establishing and then continually offering a context of safety within a relationship to ensure that the process of talking about difficult topics does not create new experiences of pain. When the disclosure of sensitive content related to a service member's experience is not advised, EFT would support service member's to share their emotional struggles with their partners, without having to reveal the specifics of the events.

In EFT, change unfolds over a three stage process in which three major change events occur (Johnson 2004b). In stage one, de-escalation, the first key shift occurs as the therapist intervenes aiming to de-escalate the negative cycle of interactions among partners that maintains emotional distress. EFT is a non-pathologizing approach that externalizes the negative interactional cycle as the common enemy and target of change instead of focusing on the

functioning of a specific person. The second key change events of withdrawer re-engagement and pursuer softening occur in stage two, restructuring interactional positions. Withdrawer re-engagement occurs when the more withdrawn partner re-engages with his or her partner, risking to express his or her more vulnerable emotions and attachment needs. Once the withdrawn partner becomes more engaged and present for his or her partner, the more critical partner is encouraged to share his or her more vulnerable emotions and attachment needs that often underlie harsher, angry responses. Expressions of one's sadness or fear creates softening events which facilitate connection among partners. With the occurrence of these two change events, the attachment needs of both partners begin to be met; attempts to seek support from one's partner is encountered with a sensitive response, leading to more bonding interactions and a new perspective of one's relationship as a haven of safety and comfort. Repetition is thought to be key in reinforcing these new positive patterns of relating and the final stage of EFT focuses on consolidating these changes.

Unique Suitability of EFT for Service Members Diagnosed with PTSD

We view EFT as an ideal intervention for military personnel with PTSD for several reasons. The relationship between PTSD symptoms and relational distress is complex and seems to be reciprocal in nature. Within a relational context, veteran's posttraumatic symptoms are continually activated, exacerbated, and perpetuated by the interpersonal distress, emotional isolation, and lack of quality social support (Guay et al. 2006; Keane et al. 2006; Sneath and Rheem 2011). In turn, couples' attachment bonds are continually threatened as veterans' alternate between hyperarousal and emotional numbing behaviors, and this gradually diminishes couples' emotional intimacy and felt sense of safety within the relationship (Johnson 2002a). As Johnson and Rheem (2012) articulate, "The survivor and his or her partner become trapped in an escalating spiral of alienation, loss, anxiety, and hopelessness" (p. 338).

PTSD is, by its very nature, "a disorder of affect regulation" (Greenman and Johnson 2012, p. 562). Veterans suffering from PTSD experience difficulty regulating their emotional experiences and relating to others due to the residual effects of combat-related trauma. PTSD-diagnosed veterans coping with the "echoes of battle" frequently experience characteristic cycles of hyperarousal and emotional numbing, often leaving the veteran feeling isolated, confused, and fearful of connection with others (Johnson 2002a). The Diagnostic and Statistical Manual of Mental Disorders 5th edition (American Psychiatric Association 2013) now classifies PTSD as a "trauma and stressor-related disorder," and delineates four distinct diagnostic symptom clusters: intrusion/re-experiencing, avoidance, arousal, and negative alterations in cognitions and mood. These symptoms can have a tremendous and deleterious impact on the veteran and his/her intimate partnerships, as the service member's ability to enter and maintain intimate relationships is often compromised by his or her intrusive symptoms (Herman 1992).

Various scholars have examined this relationship closely, investigating the association between specific diagnostic clusters of PTSD and marital distress. A number of studies shed light on the complex relationship between the clusters and intimate relationships, and elucidate the ways in which particular clusters, namely the avoidance and hyperarousal clusters, seem to have the most harmful effect on couple relationships (Cook et al. 2004; Riggs et al. 1998; Solomon et al. 2008). This finding is supported by other research that found emotional numbing behaviors associated with the avoidance cluster to be highly correlated with degrees of relational distress (Riggs et al. 1998). In a study examining the relationships between PTSD symptom clusters and marital intimacy among Israeli war veterans, Solomon et al. (2008) found that self-disclosure mediated the relationship between PTSD avoidance symptoms and marital intimacy. Renshaw and Campbell (2011) found similar results in their study of service members and their partners, as emotional numbing/withdrawal cluster was found to significantly and negatively impact relationship functioning. This association, however, was moderated by partners' perception of the veterans' deployment experience, suggesting that increasing partner's understanding of the service member's traumatic experiences through appropriate and safe disclosure could be an important aspect of conjoint trauma treatment. Taken together, these findings lend support to an affect-based conceptualization and treatment orientation (Johnson 2002a), and suggest increasing emotional safety and expression within distressed and/or traumatized relationships is an important target for therapeutic intervention.

Given its systemic and affective focus, EFT can address, meaningfully and effectively, all four symptomatic clusters of PTSD within a relational context. Research suggests that each cluster impacts veterans' intimate relationships in different ways, with some clusters, such as the avoidance cluster, demonstrating a particularly significant association with marital distress (Cook et al. 2004; Riggs et al. 1998; Solomon et al. 2008). The avoidance cluster is especially detrimental to veterans and their intimate relationships as it often increases the social isolation of both partners and constricts the service member's feelings of safety around self-disclosure, thereby increasing the emotional distance between the couple (Sherman et al. 2005). EFT targets the

avoidance symptom cluster in a manner that explicitly addresses and works with the emotional experience of both partners as it unfolds in session.

EFT interventions also meaningfully address the fourth symptomatic cluster added into the DSM-5, negative alterations in cognition and mood. In this cluster, the veteran's working models of self and other have been distorted and/or worsened by their traumatic experience, whereby they come to view themselves as unworthy of love and support and at blame for the traumatic event, and hold persistent, negative beliefs about themselves and the world (e.g. "I am a bad person," "I am unlovable," "The world will never be safe again.") (DSM–5; American Psychiatric Association 2013). PTSD-diagnosed veterans also experience persistent negative emotions such as fear, anger, shame, or guilt, which often override any positive cues from their partner (Rheem et al. 2012). EFT interventions afford compelling experiential interventions that gradually alter the internal working model of self and other through structured enactments between partners to provide corrective emotional experiences. The combat veteran gradually comes to view himself or herself as worthy of love and support, and views his or her partner as a safe haven to which he or she could turn to in times of stress or uncertainty.

Similarly, EFT interventions also effectively target the re-experiencing or intrusion symptom cluster and the arousal cluster of PTSD. Both symptomatic clusters can lead to tension and stress between the couple, often leading to escalation, increased emotional distance, and avoidance behaviors (Sherman et al. 2005). EFT effectively addresses both simultaneously by increasing each partners felt sense of safety, and through assisting the couple to process events and underlying emotions in a safe, therapeutic context. Partners are increasingly able to turn toward one another for emotional support and safety during times of stress and fear, such as when the veteran experiences a traumatic flashback or suddenly becomes flooded. EFT allows the couple to face "the dragon of trauma" as a united front, better able to weather the storms of trauma and of life as an intimate team (Johnson 2002a, 2004a).

Conclusion

In this paper, we reviewed couple therapy approaches to working with military couples, and especially those couples where the service member has a PTSD diagnosis. We reviewed evidence based approaches to working with military couples and we argued that in addition to these studied approaches, EFT is an evidence-based couple therapy approach that is well suited to working with military populations. We suggest the need for more studies to evaluate the effectiveness of EFT with military-related trauma.

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"And they lived happily ever after…Sometimes: Life after military reintegration for US National Guard Service members and spouses

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Background

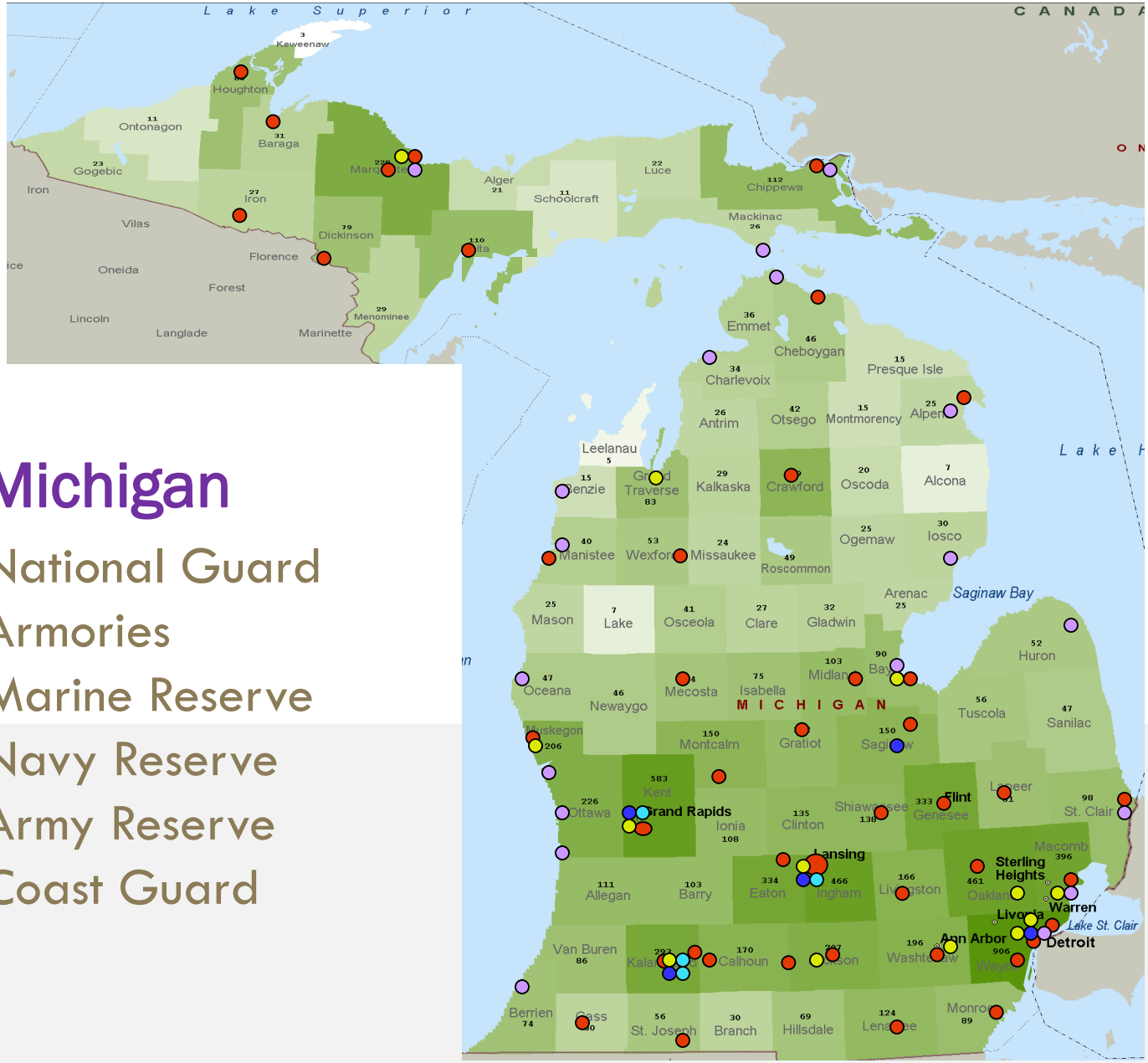
- 2.2 million volunteer service members
  - High utilization of National Guard and Reserve Troops
- 55% of active military members are married
  - 43% of those have children (40% under age 5)
- About 1.5 million service members have spent time in Iraq
  - ~500,000 have served 2 tours
  - ~70,000 have served 3 tours
  - ~20,000 have been deployed 5+ times

National Guard Context

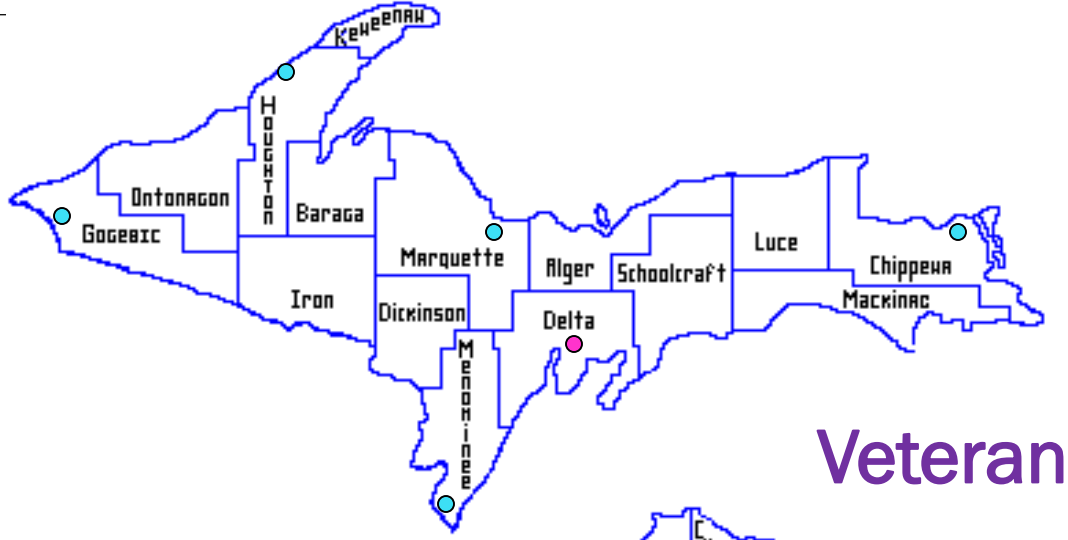
- limited availability of military supports for NG families
- Family stress associated with deployment and reintegration
- Post deployment employment
- Disproportionate reports of mental health issues
  - Within three months of their return, up to 42% of NG service members report mental health issues,
  - 2009, the reserve component (includes the NG) accounted for 42% of the 239 suicides within the military
  - Many do not seek assistance or access care
  - The reserve component also seems to be at greater risk for relationship conflict within three months after they return from deployment.

Michigan

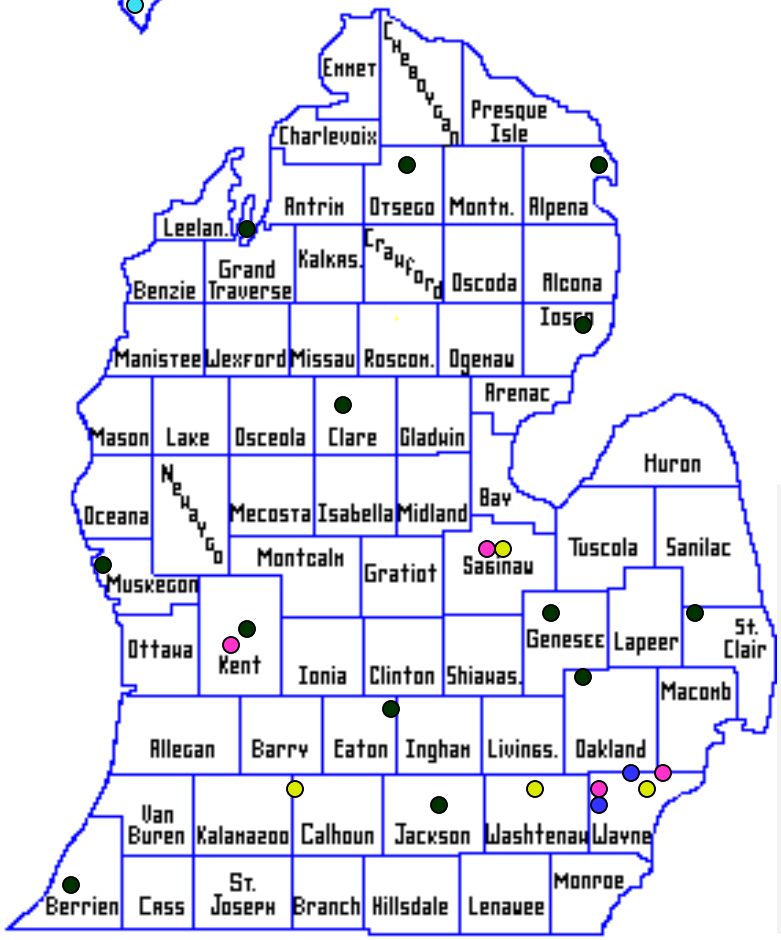
- National Guard Armories
- Marine Reserve
- Navy Reserve
- Army Reserve
- Coast Guard



Veterans Affairs



- VA Medical Centers
- Outpatient Clinic
- Community Based Outpatient Clinic
- Vet Centers
- Veterans Benefits Administration

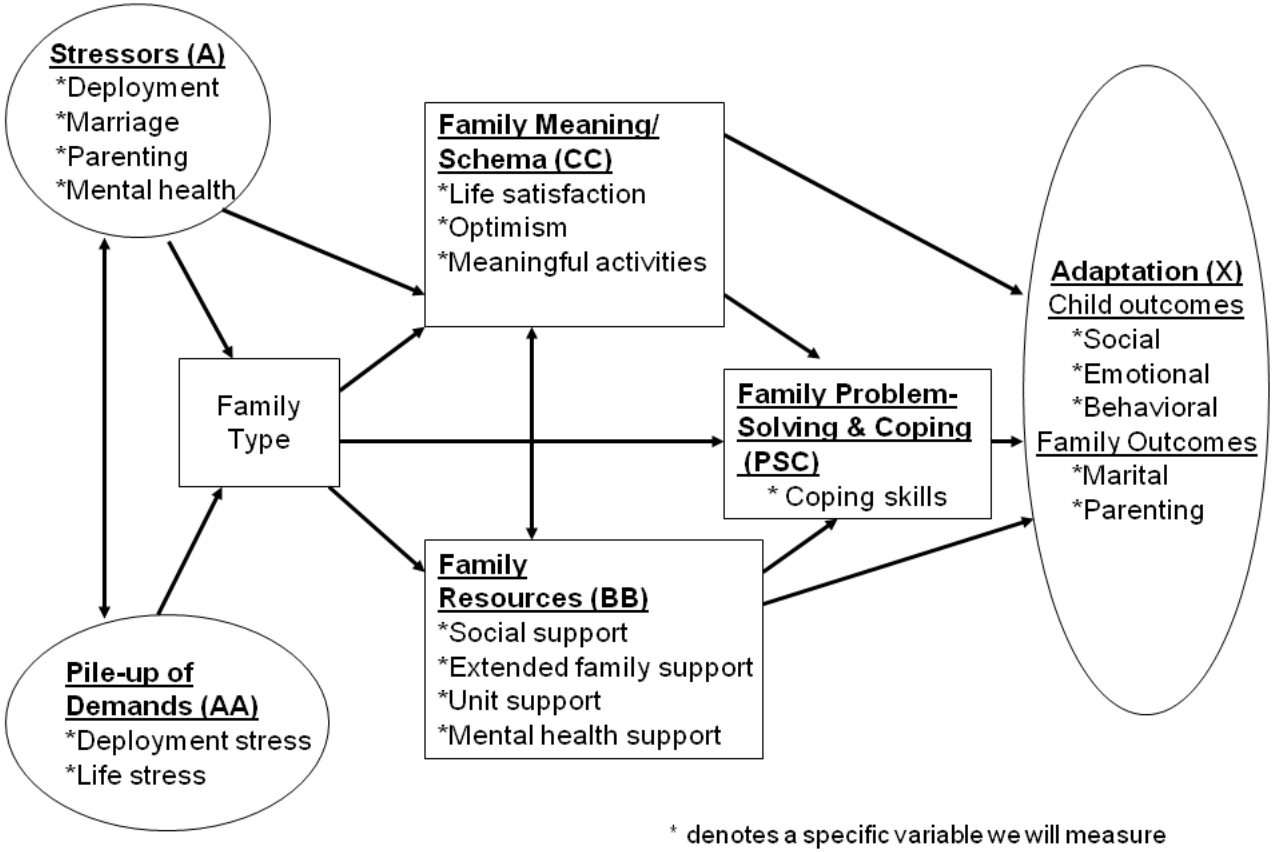


Non-Deployed Spouse

- Higher rates of mental health issues than those with non-deployed spouse (Mansfield et al. 2010)
  - Diagnosed: Anxiety, depression, sleep disturbance, acute stress reaction
  - 1-11 months: 19% higher use of mental health services
  - 11+ months: 27% higher use of mental health services

Family Resilience Model

Figure 1: Family Resilience Model For This Study



* denotes a specific variable we will measure

Interview Protocol Areas of Interest

- **A: Stressors**
- **AA: Pile Up**
- **BB: Family Resources**
- **CC: Family Meaning/Schema**
- **X: Adaptation**

Data Analysis

- Thematic Analysis within ABCX framework
- Three Clusters at time 3:
  - Fragile
  - Neutral
  - Resilient
- Comparison of ABCX Factors over time
  - Stressors
  - Resources
  - Meaning Making and Coping

Findings: Fragile Couples

- Younger and earlier in marriage at time of deployment
- Less stable context pre-deployment
- Divorced; separated or in distress as self-reported
- Job and financial insecurity post deployment
- Less access or knowledge of support resources; down played need for resources
- Less meaning making in terms of family/career/military service
- **discrepant reports on adjustment from partners
- Sleep issues
- PTSD
- Excessive alcohol use

Resilient Couples

- Different roads to resilience
  - Some stayed strong; some would have been classified as fragile at T2—(e.g. talked about divorce)—but turned it around
- Longer average marriage prior to deployment; slightly older
- Predeployment financial planning
- Access of resources—therapy, extended family, faith community; VA benefits, GI Bill
- Job security (with meaning/purpose) at T3 and financial security
- Good communication
- Meaning outside of military—family; cause

PTSD

- Presence or absence related to status of resilient or fragile
- Resilient
  - Not present or present and treated
- Fragile
  - Present but not treated
  - Underplayed by SM—identified by partner
- SLEEP as issue for both
- FKAFOR30 KERCHE31—diagnosis and treatment; earned resilience

Meaning making

- Shifted over time
- Future Focused—in terms of relationship
- Greater purpose/meaning in work outside of military
- Sense they made of military service experience

RESILIENCE

- *Service Member: I don't think so I think we covered a lot of it. I guess what I would say is I always thought resilience was just being tough like just rolling with it and just being tough and not talking about your feelings and just letting stuff slide off of you. Before that is what I would have described as you are resilient and you are tough you just ignore everything and it actually is the opposite.*
- *Male Interviewer: Dealing with it head-on?*
- *Service Member:Yeah dealing with it head-on and just using everyone*

Implications for Mental Health and Law

- Underscores Resilience as a process rather than a destination
- Special attention to National Guard Service members—some provision of ongoing monitoring over time
- Financial planning pre-deployment
  - Fixes in VA system
- Extended tracking periods or access to mental health well-past 90 day mark
- Intentional outreach in resources—both formal and informal supports; Fragile SM less likely to seek support
- Job support/placement

Risk Resiliency & Coping in National Guard Families

Couples Coping with Stress: Life in the Military

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Abstract

This study reports on coping strategies in military couples from a longitudinal study of *Risk, Resilience and Coping in National Guard Families*. We explored the coping of couples through this stressful time by comparing coping approaches of each member of the dyad to their mental health and family wellbeing.

Purpose & Objectives

In the current study, we examine National Guard couples and the relationship between the coping of each individual in the relationship with their individual mental health and family health outcomes, by taking into account how the coping of each person affects the outcomes of their partner through the pre and post deployment cycle.

Background

- Family resilience is an important concept that has become a focus of families deploying to war.
- Military families are under stress, especially during times of deployment and reintegration, and face multiple and varied stressors.
- National Guard members face even more stress due to the multiple additional stressors related to civilian life separate from the military.
- Resiliency is conceptualized as the ability to cope with a stressful situation.
- Coping includes "cognitive and behavioral efforts to master, reduce, or tolerate the internal and/or external demands that are created by the stressful transaction" (Folkman, 1984).
- In a study of the military (Boden, Bonn-Miller, Vujanovic, and Drescher 2012) avoidant coping was positively associated with PTSD symptom severity.
- Active coping was inversely associated with PTSD symptom severity.
- Few have studied coping by each member of a couple dyad and how this is related to positive and negative outcomes.
- Existing research with military service members shows a clear association between different types of coping and positive or negative outcomes.
- Avoidant coping is associated with lower mental health such as PTSD while active coping has the opposite effect.
- For spouses, problem focused coping or doing something active to cope was helpful in dealing with a deployment.

Hypotheses

1. Active and avoidant coping pre-deployment will be associated with post-deployment effects on depression, anxiety, PTSD, dyadic distress, and parenting stress.

2. Active coping pre-deployment will be associated with significantly better **partner** outcomes whereas avoidant coping pre-deployment will be associated with significantly worse **partner** outcomes.

Methodology

Design

Longitudinal study design assessing National Guard soldiers and their spouses at two time points. Soldiers and spouses participated in the anonymous surveys and were linked across multiple time points by a personal code created by the subjects (Garvey et al., 2010). All study components received approval from the Institutional Review Boards of all investigators, as well as from the USAMRMC Office of Research Protections.

Pre-deployment Event T1 Survey
Soldiers N=647
Spouses N= 299

Deployment
12 month deployment

Post-deployment Event T2 Survey
Soldiers N= 602
Spouses N=330

Participants

Volunteers for this study included soldiers and spouses of a National Guard infantry battalion who were deployed to Afghanistan in 2012.

Measures

- Coping assessed with Brief COPE (Carver, 1997)
- Dyadic Adjustment assessed with Revised Dyadic Adjustment Scale (Busby et al, 1995)
- Parenting Stress assessed Parental Stress Scale (Berry & Jones, 1995)
- Depression assessed with Patient Health Questionnaire PHQ-9 (Kroenke et al, 2001)
- Posttraumatic Stress assessed in reference to traumatic event with PTSD Checklist (Weathers et al, 1993)
- Anxiety assessed with GAD-7 Scale (Spitzer et al, 2006)

Analysis

We conducted an exploratory factor analysis with all 28 items on the Brief COPE. We used eigenvalues and associated scree plots to determine the number of factors for this study conducting two analyses, one for service member and one for spouse. To identify the factors, we associated each item with a factor if it had a large factor loading (>.4) on the factor and a small loading (<.2) on other. The two factor model fit with 20 items including residual covariances between items on the same subscale from Brief COPE fit was ($\Delta\chi^2$ = 521, Δdf = 10, p < .01, RMSEA = .058, CFI = .981, TLI = .978). The spouse/significant other results were similar, yielding a model with the same factor structure that fit well (RMSEA = .061, CFI = .969, TLI = .963)

Factor 1-Avoidant Coping	Factor 2 – Active Coping
• Denial • Substance • Behavioral disengagement	• Active • Emotional support • Instrumental support • Positive reframing • Planning • Acceptance

Data were analyzed across the two time points using MPLUS version 7 (Muthén & Muthén, 1998-2012). We used a maximum likelihood approach to missing data (Enders, 2010).

Results

Regression of Service Member and Spouse/significant other Coping and Mental/Family Health Outcomes Post-Deployment Controlling for Pre-deployment and showing actor-partner effects.

Variables	B	SE	β	B	SE	β
	Service Member Mental Health			**Spouse Mental Health**		
Anxiety						
SM Active	-0.036	0.063	-0.565	-0.057	0.079	-0.728
SM Avoidant	0.285	0.078	3.630**	0.021	0.137	0.154
Spouse Active	0.030	0.062	0.485	0.054	0.071	0.768
Spouse Avoidant	0.056	0.106	0.533	0.092	0.122	0.750
Depression						
SM Active	0.000	0.081	-0.004	0.005	0.079	0.061
SM Avoidant	0.368	0.096	3.820**	0.079	0.089	0.884
Spouse Active	-0.015	0.083	-0.179	0.017	0.066	0.258
Spouse Avoidant	-0.238	0.115	-2.066*	0.165	0.103	1.604
PTSD						
SM Active	0.029	0.076	0.384	0.083	0.090	0.920
SM Avoidant	0.099	0.099	1.001	-0.180	0.106	-1.706+
Spouse Active	-0.032	0.075	-0.435	0.089	0.074	1.202
Spouse Avoidant	0.125	0.113	1.105	0.185	0.111	1.668+
	Service Member Family Health			**Spouse Family Health**		
Dyadic Adjustment						
SM Active	-0.088	0.083	-1.056	0.043	0.085	0.505
SM Avoidant	0.163	0.123	1.323	0.041	0.166	0.250
Spouse Active	-0.089	0.071	-1.260	0.087	0.070	1.240
Spouse Avoidant	0.151	0.116	1.296	-0.120	0.125	-0.960
Parenting Stress						
SM Active	0.009	0.100	0.091	0.049	0.112	0.434
SM Avoidant	-0.141	0.113	-1.243	-0.064	0.122	-0.524
Spouse Active	0.162	0.076	2.144*	0.056	0.100	0.563

Pre-deployment → Post-deployment

Active Coping

- No significant association with mental health or dyadic adjustment outcomes
- For parenting, only spouse active coping was significantly associated with soldier's parenting stress (effect size is small to moderate)

Avoidant Coping

- **Soldier avoidant coping**
  - Soldier higher anxiety (β = 0.29, p < .001; moderate effect size)
  - Soldier higher depression (β = 0.37, p < .001; moderate to large effect size)
- **Spouse avoidant coping**
  - No significant association with spouse outcomes
  - Associated with significantly lower soldier depression (β = -0.24, p = .039; effect size is too small to moderate)

Conclusions & Implications

- Multiple forms of coping may be adaptive during a deployment.
- Avoidant types of coping (denial, substance use, and behavioral disengagement) pre-deployment is associated with problematic mental health outcomes post deployment for the soldier.
- Regarding parenting, different coping styles (even positive ones) may have a negative outcome when viewed systemically.
- Couples need to stay away from avoidant coping as a means to deal with the deployment stress.

Acknowledgments

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Risk Resiliency & Coping in National Guard Families

Fathers in the Military: Implications for Family Therapists

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Abstract

This study examines military (National Guard) fathers and reports on three key factors related to military fathers—a) their mental health symptoms; b) the relationship of their symptoms to the wellbeing of their children; c) their relationships with their own parents.

Purpose & Objectives

In the current study, we examine National Guard fathers and explore how service parent relationships ameliorate mental health symptoms and exacerbate behavioral problems in their children. Father engagement and involvement in families through an intense deployment is critical for family well-being. The paternal relationship is a bond that has been shown to affect the psychosocial adjustment and outcomes of children. Military service can present a special challenge for families due to the father often being removed from the family for an indefinite amount of time. The father's absence and reintegration can have a significant impact on family life, including challenges and adjustment associated with the reintegration into the family. This poster will report on three key factors related to military fathers—a) their mental health symptoms including PTSD, depression, anxiety, and alcohol use; b) the relationship of their symptoms to the well-being of their children; c) their relationship with their own parents and the association between the strength of these relationships and their own mental well-being. This study will report data from a large longitudinal study of men who endured a dangerous deployment to a war zone.

Background

- About 42% of members of the military are parents.
- (http://download.militaryonesource.mil/12038/MOS/Reports/2013-Demographics-Report.pdf)
- Men comprise approximately 85% of the military force, resulting in a large number of fathers.
- Deployments, Temporary Duty Assignments, and other travels make father absence common in military families, with fathers becoming non-residential parents during deployment.
- Deployment is associated with elevated child behavioral outcomes and well-being. (Barker & Berry , 2009).
- Reintegration can have an ameliorating impact or exacerbating impact on behavioral outcomes and well-being. (Lester, 2011).
- National Guard fathers are under more strain than active duty fathers due to juggling the transitions from civilian status to military back to civilian challenges during deployment.
- The literature suggests that children do better when a father is actively engaged and not struggling with mental health (Palmer, 2008, Chandra, A et. al (2010) .
- Nearly 2 million children live in military families. The literature suggests that deployment and reintegration are anxious, yet significant events that significantly impact military families and children. (Louie & Cromer, 2014, Malhomes, 2012).

Hypotheses

1. National Guard fathers who have higher symptoms of depression, anxiety, PTSD, and alcohol misuse post-deployment will have children who score higher on behavioral difficulties in the view of both the soldier and his spouse

2. National Guard fathers who have a positive relationship with their own parents will have a) fewer mental health difficulties and b) children who experience fewer behavioral difficulties

Methodology

Design

Longitudinal study design assessing National Guard soldiers at two time points. Soldiers and spouses participated in anonymous surveys and were linked across multiple time points. All study components received approval from the Institutional Review Boards of all investigators, as well as from the USAMRMC Office of Research Protections. This study exclusively examines responses and relationships at the second time point.

Participants

Volunteers for this study included soldiers and spouses of a National Guard infantry battalion who were deployed to Afghanistan in 2012.

Measures

- Depression assessed with Patient Health Questionnaire PHQ-9 (Kroenke et al, 2001)
- Posttraumatic Stress assessed in reference to traumatic event with PTSD Checklist (Weathers et al, 1993)
- Anxiety assessed with GAD-7 Scale (Spitzer et al, 2006)
- Alcohol misuse assessed with the AUDIT
- Relationship with parents assessed with 2 items asking soldiers to rate their relationship with each parent on a 9 point scale, ranging from 1 (worst) to 9 (best).
- Child behavior difficulties assessed by each parent completing the SDQ

Analysis

All statistical models were run in SPSS version 21 software. Mixed regression and linear regression were utilized in examining our study's hypotheses. Multi-level modeling framework was used to account for shared variance among children nested within National Guard fathers.

Preliminary Results

Preliminary results showed that of our sample of 602 National Guard soldiers at reintegration, 280 indicated that they had children. Of those fathers, 32% were struggling with one or more mental health problems (depression, anxiety, PTSD, or harmful alcohol use or dependence). Additionally, 14% of these fathers responses suggested clinical levels of 2 or more mental health issues. As the reintegration period can be stressful for both soldiers and families, families with soldiers who are struggling with mental health issues may be at even higher risk for increased problems during this transitory period.

Acknowledgments

Funding provided by the Office of the Assistant Secretary of Defense for Health Affairs through the Psychological Health/Traumatic Brain Injury Research Program under Award No. W81XWH-12-1-0418 (PI: Blow) and W81XWH-12-1-0419 (PI: Gorman). Pre-deployment data collection was supported by the Rachel Upjohn Clinical Scholars Award, the Berman Research Fund at the University of Michigan, and the College of Social Science and the Department of Human Development and Family Studies at Michigan State University.

Results

Hypothesis 1

Results from multi-level modeling shows support for hypothesis 1 - that increased mental health problems for service members would predict increased behavioral problems in their children. First the father's own perception of their children was examined and found to be significantly predicted by each of the mental health indicators. Table 1 shows unstandardized coefficients for full models run with control variables indicated for each of the mental health predictors. Next the father's significant other's perception of child behavioral problems was analyzed with similar results for depression. However, as shown in table 2, the other three indicators for mental health (PTSD, Anxiety, and Alcohol Use) were not significant predictors for the service member's partner's perception of child problem behavior.

Table 1. Final unstandardized coefficients for mixed regression models of service member mental health outcomes predicting service member's perception of child behavioral problems

Variable	Total Difficulties Score		Total Difficulties Score		Total Difficulties Score		Total Difficulties Score	
	B	SE	b	SE	b	SE	b	SE
Race[a]	1.017	1.111	.628	1.151	.680	1.091	.232	1.142
Income	-.340	.428	-.413	.447	-.285	.428	-.486	.441
Child's Age	-.100	.087	-.102	.090	-.098	.087	-.099	.090
Child's Gender[b]	.900	.771	1.050	.789	.771	.769	1.300	.797
Depression	.476**	.095						
PTSD			.130**	.033				
Anxiety					.485**	.099		
Alcohol Use							.210*	.091

****p<.01; *p < .05, [a] White = 0; Other = 1, [b] Female = 0; Male = 1**

Table 2. Final unstandardized coefficients for mixed regression models of service member mental health outcomes predicting spouse's perception of child behavioral problems

Variable	Total Difficulties Score		Total Difficulties Score		Total Difficulties Score		Total Difficulties Score	
	b	SE	b	SE	b	SE	b	SE
Race[a]	1.760	1.557	1.147	1.568	.832	1.519	.790	1.576
Income	-.696	.539	-.782	.557	-.685	.545	-.723	.559
Child's Age	.119	.112	.129	.115	.132	.113	.146	.116
Child's Gender[b]	.327	1.001	.329	1.009	.387	1.002	.331	1.017
Depression	.314*	.119						
PTSD			.026	.041				
Anxiety					.245†	.135		
Alcohol Use							-.043	.130

***p < .05;†p<.10, [a] White = 0; Other = 1, [b] Female = 0; Male = 1**

Hypothesis 2

A better relationship between the soldier and his mother was a significant predictor of lower anxiety (b=-.303, p<.05), depression (b=-.418, p<.01), and PTSD (b=-1.157, p<.05), while it did not significantly predict the soldier's alcohol use. Conversely, a better relationship between the service member and his father was a significant predictor of increased alcohol use (b=.308, p<.05), while not significantly predicting any other mental health outcome. Additionally, neither mother or father relationship quality significantly predicted the service member's children's problem behavior.

Conclusions & Implications

- There were a number of fathers in the sample with mental health difficulties
- These difficulties can exacerbate problems in an already stressful time
- Fathers who have mental health conditions view their children as having more difficulties
- A depressed father predicts more problematic children behaviors as reported by both service members and significant others