



Post-Deployment Stress:
What Families Should Know,
What Families Can Do



Almost everyone who has spent time in Iraq or Afghanistan has experienced something very stressful. Studies of personnel deployed to these areas find that traumatic experiences—such as being attacked or ambushed, having to handle or uncover human remains, and knowing someone who was seriously injured or killed—are common. If your family member had similar experiences in Iraq or Afghanistan, he or she is not alone.

Everyone reacts differently to this kind of stress. But many returning military members have thoughts, feelings, and behaviors like these:

Thoughts, they might:

- ||| Be forgetful and have trouble concentrating
- ||| Relive bad memories of traumatic events
- ||| Have thoughts of death or suicide

Feelings, they might feel:

- ||| Sad
- ||| Hopeless
- ||| Worthless
- ||| Paranoid
- ||| Anxious
- ||| Guilty
- ||| Angry

Behaviors, they might:

- ||| Avoid situations that trigger flashbacks of their traumatic experiences
- ||| Not want to socialize
- ||| Have low energy
- ||| Use drugs or drink too much



Photo Courtesy of U.S. Department of Defense

Someone you care about—perhaps a spouse, child, sibling, or other family member—who spent time in Iraq or Afghanistan may have these same kinds of thoughts and feelings. It's important for you to know that these are normal reactions to abnormal events and that many military personnel have felt the same way.

However, these thoughts, feelings, and behaviors could also indicate more serious problems, including post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), depression, or a combination of these. Dealing with these conditions is very stressful for a military member, but it is also stressful for their family. Fortunately, there are lots of ways to get support. This booklet contains information you and your family member can use now or later to help cope with post-deployment stress.

RESOURCES

Military OneSource

1-800-342-9647

<https://www.militaryonesource.com>

National Military Family Association

<http://www.nmfa.org/> or 1-800-260-0218

Department of Defense (DoD) PTSD and TBI Quick Facts

http://www.pdhealth.mil/downloads/TBI_PTSD_Final04232007.pdf

National Alliance on Mental Illness (NAMI)

1-800-950-NAMI

<http://www.nami.org/veterans>

What Is Post-Traumatic Stress Disorder (PTSD)?

Sharon's daughter Kelly just returned home after a year in Afghanistan with the Army National Guard. Sharon thought Kelly would move into her own apartment after going back to work, but is concerned that Kelly seems to barely be able to take care of herself. Kelly refuses to talk about anything that happened in Afghanistan and is angry all the time. Sharon hears Kelly walking around in the house at night and twice heard Kelly shout out in her sleep.

Sharon's daughter Kelly is having symptoms like those caused by post-traumatic stress disorder (PTSD), a condition people may have after experiencing a disturbing event. Combat experiences—such as being shot at, handling dead bodies, or knowing someone who was killed—can trigger PTSD.

Photo Courtesy of Kayla Williams



Symptoms of PTSD can include:

Reliving the event. Experiencing the event again—often with the same fear and shock. These kinds of flashbacks can be triggered by loud noises, seeing a traffic accident, or even watching a news report.

Avoiding reminders. Staying away from places or experiences that bring back memories of the terrible experience.

Feeling numb. Lacking feelings and losing interest in relationships and activities.

Feeling on edge. Getting angry or annoyed very easily and having a hard time sleeping, or overreacting when startled.

If your family member has these symptoms and they're affecting activities at home or duties at work, it may help to talk to someone at a local doctor's office or clinic. You can also call **Military OneSource** for confidential information about getting help: **1-800-342-9647**

RESOURCES

The Veterans Affairs (VA) National Center for PTSD

<http://www.ncptsd.va.gov/ncmain/ncdocs/manuals/GuideforMilitary.pdf>

http://www.ncptsd.va.gov/ncmain/ncdocs/videos/emv_newwarr_vets.html

American Psychiatric Association information on PTSD

<http://www.healthyminds.org/multimedia/ptsd.pdf>

Center for the Study of Traumatic Stress

<http://www.centerforthestudyoftraumaticstress.org/downloads/CSTS%20Helping%20Your%20Loved%20Ones.pdf>

What is Traumatic Brain Injury (TBI)?

Bobby's older brother Jason is a private first class in the Marine Corps. He recently returned from an eight-month deployment in Iraq, where he was exposed to an improvised explosive device (IED) blast.

Bobby is worried about his brother—Jason complains about headaches every day, has trouble keeping his balance, and

struggles with simple tasks like having a conversation or helping his young kids with their homework. Bobby can tell that Jason feels frustrated, and isn't sure whether to tell their parents or Jason's wife that he's concerned about how much Jason has been drinking.

If your family member had a blow or shock to the head and has one or more of these symptoms, he or she could be suffering from the long-term consequences of TBI. If the symptoms persist, encourage your loved one to talk to someone at a local doctor's office or clinic. You can also call **Military OneSource** for confidential information about getting help: **1-800-342-9647**

RESOURCES

Defense and Veterans Brain Injury Center

1-800-870-9244
<http://www.dvbic.org/>

Department of Veterans Affairs

<http://www.va.gov/environagents/docs/TBI-handout-patients.pdf>

National Center for Injury Prevention and Control information on TBI

<http://www.cdc.gov/ncipc/tbi/tbibook.pdf>

National Institute of Neurological Disorders and Stroke information about TBI

http://www.ninds.nih.gov/disorders/tbi/tbi_htr.pdf

Jason's feelings and behavior could mean that he has traumatic brain injury (TBI). TBI can be caused when something hits a person's head very hard or when something goes through the skull and enters the brain. Even the blast waves alone from an IED can cause TBI. Traumatic brain injury can cause problems long after the injury actually

happens. Symptoms can include:

- Constant headaches
- Confusion
- Light headedness or dizziness
- Changes in mood or behavior
- Trouble remembering or concentrating
- Repeated nausea or vomiting
- Problems with seeing or hearing.



Photo Courtesy of U.S. Marine Corps

What Is Depression?

Elena's husband, Antonio, is a sergeant in the Army. He has just returned from a 15-month deployment in Iraq. While he was away, she gave birth to their daughter and cared for their three-year-old son, and she is exhausted from living as a single mother. Elena is thrilled to have her husband back, but Antonio seems very sad and mostly wants to be alone. He hasn't shown much interest in playing

with his children, and Elena is worried because he doesn't want to spend time with their friends or family.

Antonio has many of the common symptoms of depression. Depression can interfere with the ability to work, sleep, eat, interact with others, and enjoy doing familiar things. Depression can also have long-term chronic effects that can make it hard to function and feel good.

Photo Courtesy of U.S. Department of Defense



Here are some of the most common signs of depression:

- ■ ■ Feeling hopeless, sad, or “empty” most of the time
 - ■ ■ Losing interest or pleasure in activities that used to be enjoyable
 - ■ ■ Lacking energy or feeling very tired
- ■ ■ Thinking about death or suicide
 - ■ ■ Having ongoing physical problems—such as headaches, stomach problems, and pain—that don’t get better even when they have been treated.

If your family member has these kinds of symptoms and they are affecting activities at home or duties at work, encourage your loved one to talk to someone at a local doctor’s office or clinic. You can also call **Military OneSource** for confidential information about getting help: **1-800-342-9647**

RESOURCES

Department of Defense

<https://www.qmo.amedd.army.mil/depress/Web%20Depression%20Brochure.doc>

Uniformed Services University of the Health Sciences depression fact sheet

<http://www.usuhs.mil/psy/CourageToCarePatientFamilyDepressionFactSheet.pdf>

National Institute of Mental Health information on depression

<http://www.nimh.nih.gov/health/publications/depression/nimhdepression.pdf>

Families for Depression Awareness

<http://familyaware.org/admk/wellnessguide.pdf>

Combined Problems

Being part of or seeing shocking events can cause PTSD, TBI, or depression, so it is possible to have more than one of these problems at the same time. Be sure that your family member describes all of his or her symptoms to someone at a local doctor's office or clinic, or call Military OneSource (1-800-342-9647). Treatment for combined problems may be different from treatment for just one of them.

SUBSTANCE USE AND ABUSE

PTSD, TBI, or depression can affect many parts of a person's life. Like Jason, your family member may be drinking or using drugs to deal with his or her problems. This might help for a little while, but alcohol or drugs can actually make the problems worse.

It's often hard to know when alcohol or drug use is becoming a problem. Here are some signs to look for:

- Feelings of guilt about alcohol or drug use
- Family and friends commenting on how much he or she is drinking
- Drinking or drug use that makes it hard for him or her to live up to responsibilities at home or at work
- More alcohol or drugs are needed to get the same effect
- He or she has tried to cut down on use but can't.

If you think your family member has an alcohol or drug problem, encourage him or her to see a health care provider for help.

HELPING MANAGE THE TRANSITION

The transition from deployment to home can be hard for everyone, especially if your family member is having problems like the ones described above.

You and your family member have many ways to get help—some of them listed in this booklet. But there are also some simple things that you can do immediately.

USE THE RESOURCES AVAILABLE TO YOU

- The military is committed to supporting the health, well-being, and job performance of military personnel and to helping military family members deal with post-deployment stress.
- Use the many organizations whose goal is to help your family make a smooth transition from your family member's deployment to home. They can suggest ways to cope with symptoms of PTSD, TBI, and depression and to get you all back on track faster.

TAKE CARE OF YOURSELF

If your family member is dealing with PTSD, TBI, or depression, he or she may

RESOURCES

Substance Abuse and Mental Health Services Administration

1-800-662-HELP

<http://getfit.samhsa.gov/Drugs/>

<http://getfit.samhsa.gov/Alcohol/>



Photo Courtesy of U.S. Army

need your help—but it's important to remember that you'll be best able to help your loved one if you take care of yourself, too.

- Exercise and eat well (stay away from junk food).
- Get enough sleep by keeping a regular sleep schedule and avoiding vigorous exercise before bed.
- Stay away from alcohol, tobacco, and caffeine.
- Think about the things you like to do, and make time to do them.
- Set realistic goals and don't take on more than you can handle. If you find it hard to tackle large problems, break them into smaller ones. Then start with the small tasks that are most important.
- Try to find a time soon after your family member returns home when the two of you can spend time alone together.

PAY ATTENTION TO YOUR FEELINGS

- You may expect to feel nothing but happiness when your family member comes home, but post-deployment stress can bring up other feelings, too, like anger and frustration. It is natural

to have a mix of feelings while you and your family adjust to post-deployment life.

- Manage your anger by walking away from situations that make you angry or talking things over with people who have made you angry. Exercise can also help.
- Post-deployment stress affects military members and their families—if you are feeling depressed and are thinking about hurting yourself, ask for help from a family member or health care provider or call the National Suicide Prevention Lifeline (1-800-273-TALK). If you need immediate help, call 911.

TALK WITH OTHERS

Communication is key to dealing with post-deployment stress and can help make the adjustment easier for everyone.

Your Family Member. Talking with your returning family member is an important way to become comfortable with each other again after a separation, and talking can provide very important support for you both. Your family member may not want to talk about deployment, and you may not want to talk about your own post-deployment stress. But often the best thing for families is to talk openly about thoughts, feelings, and behaviors. This will let you work together to move forward. It is normal for families to need time to adjust when a military member returns home. Keeping the lines of communication open can help. It may

be helpful to set aside a time every day to check in; for example, in the morning before your day begins or before going to sleep at night.

Children. Children are usually comfortable with routines, so they may have a hard time with the changes that occur when your family member comes home. Depending on their age, they may have questions and concerns. It is often more scary for children when they feel kept in the dark, so if your child asks questions, you can explain what is going on in a way that they will understand. Children need to know that it's okay to ask questions—a lot will be changing when your family member comes home, but expecting children to follow the same family rules is important, too. As with your returning family member, think about scheduling a regular time with your children to check in. Reassure them that someone will always be available to take care of them.

Health Care Providers. If you are feeling overwhelmed after your family member comes home, you can talk in private with a health care provider, such as a doctor, nurse, psychologist, or other mental health professional. They will be familiar with the ups and downs that families can experience when a military member



returns home. Make an appointment specifically to discuss how you are feeling.

Don't feel like you've got only one chance to ask a health care provider for help. After your first appointment, set up another appointment so that you and the provider can follow up on your progress. If you decide to meet with a mental health professional, you may meet on a regular basis (likely once a week) until things settle down and you feel less overwhelmed.



Church or Religious Leaders. Some people feel that religious leaders or elders can offer helpful advice. Set up a time with a church or religious leader whom you trust to discuss what you are going through, and use their advice to complement the help you may be getting from health care providers and family.

Other Family Members of Veterans. It can be helpful to connect with other people who have recently welcomed a military family member home. Your local VA may have a network you can use to contact other military family members.

BE PATIENT WITH YOURSELF

- Don't expect improvement overnight—if your family member is dealing with PTSD, TBI, or depression, it can take time for him or her to recover and time for you to adjust.
- Things will probably feel a little easier every day.
- It may help to slowly return to your normal routines as a family.
- After the reunion, it can sometimes feel like you are making mistakes or doing things “wrong.”
- Try not to blame yourself. Remember that readjustment after deployment is complicated and that everyone—family members and returning veterans—can make mistakes, even when they are doing the best they can.

RESOURCES

Military OneSource

1-800-342-9647

<https://www.militaryonesource.com>

National Military Family Association

1-800-260-0218

<http://www.nmfa.org/>

Sesame Workshop

<http://www.sesameworkshop.org/wpad/>

Treatment

If you are a family member of a person dealing with PTSD, TBI, or depression, remember that treatment is available, and that *most people who are in treatment get better*. Treatment can improve life in many ways. It can lead to better physical health and job performance. It can also improve your family relationships.

There are many ways to treat PTSD, TBI, and depression, and there are many ways to treat post-deployment stress so people can feel more like themselves. The kind of treatment and how long it will be needed will differ for every individual, but the sooner one takes action to deal with post-deployment stress, the sooner they will be able to feel better again.

Learning About Symptoms. Symptoms related to PTSD, TBI, and depression are common and can cause stress for military members and their families, but not everyone experiences post-deployment stress in the same way. Use this booklet and the resources listed here to learn how to recognize symptoms and stress that can be treated by a health care provider.

Learning About Treatment. If you or your family member has identified thoughts, feelings, and behaviors that are part of post-deployment stress, you might want to learn more about how to get help. Your health care provider will tailor treatment to meet your needs. For example, treatment might involve discussions with a health care provider in person, medications, or both. This booklet and the resources listed in it give you more information about available treatments.

Getting Treatment. If you or your family member has concerns about getting care for a personal or emotional problem, you can talk to someone at Military One Source (1-800-342-9647) or at a Veteran's Center. Call 1-800-905-4675 (Eastern) or 1-866-496-8838 (Pacific) to get contact information for the Veteran's Center nearest you. The call will be confidential and will not be shared with military authorities.

If you or your family member wants to get care, entry into the medical system may depend on current military status:

RESOURCES

Military OneSource: Confidential information, support, and counseling available free to military personnel (regardless of activation status) and their families

1-800-342-9647

<https://www.militaryonesource.com>

Vet Centers: Confidential readjustment counseling for combat veterans and their families

1-800-905-4675 (Eastern) or

1-866-496-8838 (Pacific)

<http://www.vetcenter.va.gov/>

To get more copies of these and other materials, and to find links to more than 20 helpful resources

<http://veterans.rand.org>

- If your family member is on active duty, he or she can go directly to the unit's military medical provider. He or she can contact a mental health provider through normal TRICARE channels and can specify either a civilian or military provider, though there may be wait times for the next available appointment.
- If your family member served in a theater of combat operations after November 11, 1998 and has since left the military, he or she may be eligible to receive care for up to five years following discharge at a local VA medical treatment center. You can call 1-877-222-8387 or go to <http://www.va.gov/directory> for more assistance. If it has been more than five years since your family member left the service, he or she may still be eligible for care at the VA.
- If your family member is a Reservist or in the National Guard, he or she can contact the unit or a nearby unit to find out about local resources. He or she can also find out about treatment options at a local VA medical treatment center (call 1-877-222-8387 or go to <http://www.va.gov/directory>) or can contact Military OneSource (1-800-342-9647) to learn about eligibility for benefits through TRICARE Reserve.
- If you are interested in getting treatment for yourself, and you are the spouse or child of a military member, you can learn about your medical benefits by following the steps above, depending on the military status of your family member. You can also contact the National Military Family Association (1-800-260-0218 or <http://www.nmfa.org/> and follow the "Health Care" link). Finally, if you will be using civilian health insurance, contact your insurer to find out more information about mental health care covered by your plan.





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Note: Persons shown in the images throughout this booklet are for illustrative purposes only and are not associated with any of the psychological and cognitive problems presented.