

# Trauma Across the Deployment Cycle: Support and Interventions for the Whole Family

Vanessa Jacoby, PhD  
Abby Blankenship, PhD

University of Texas Health Science Center, San Antonio  
South Texas Research Organizational Network Guiding Studies on Trauma and Resilience (STRONG STAR) and the Consortium to Alleviate PTSD (CAP)

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## Overview

1. Introductions and Activity
2. The Deployment Cycle
3. Strong Families Strong Forces
4. Potential for PTSD and Intergenerational Trauma
5. Available Treatments
6. Best Practices
7. Questions?

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## Getting to Know You

- Who works with:
  - Young children
  - Families
  - Veterans
  - Service Members
  - Military families
- How many of you are:
  - Veterans
  - Spouses
  - Military children

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## Values Clarification

- What does healthy marriage involve?
- How should small children be parented?
- How do you view parents of children who deploy?
- What are your views on war, and the role of military in government?
- Could I cope with being away from my family during a deployment?
- What are your perceptions of service members or veterans with PTSD?

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## Military Children

2.7 million Service Members have deployed

Over representation of women and parents  
> 42% of the total forces are PARENTS

Very young children make up the largest group  
Under the age of 6

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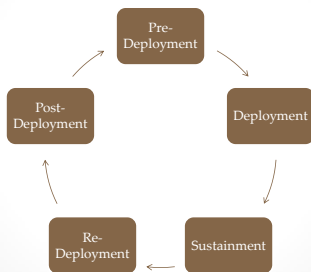
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## Phases of Deployment



(Pincus, House, Christenson, & Adler, n.d.)

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**Re-deployment**

**Tasks**

- Prepare for reunion

**Emotions**

- Anxious
- Excited
- Fear
- Guilt
- Elation
- Relief

**Thoughts**

- "Will I have to give up my independence?"
- "I can't wait to see him/her!"
- "What if he/she doesn't love me anymore?"
- "What if he/she isn't the same?"
- "Just this last bit."

**Reactions**

- Home improvement
- Self improvement
- High expectations

(Military Deployment Guide, Feb 2011, Hall, 2008)

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**Post-deployment**

**Tasks**

- Reestablish intimacy
- Renegotiate relationships
- Redefine roles

**Emotions**

- Happiness
- Guilt
- Resentment
- Role confusion
- Unresolved grief

**Thoughts**

- "I'm so happy he/she is back."
- "He/she isn't the same person."
- "Things were easier when he/she was gone."

**Reactions**

- Struggle for purpose and responsibility
- Honeymoon phase
- Management of reintegration

(Military Deployment Guide, Feb 2011, Hall, 2008)

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**Impact of the  
Deployment Cycle**  
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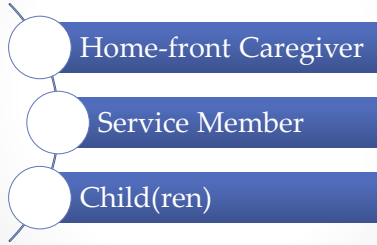
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## All Members of the Military Family are Affected




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## Military Children

- Emotional and behavioral difficulties
  - Externalizing behaviors, Sleep difficulties, Depression, Anxiety
- Outcomes depend on:
  - Length of deployment
  - Cumulative time away
  - Parental psychosocial functioning
  - Deployment related transitions

• Chandra et al., 2010; Charttrand et al., 2008; Lester et al., 2010; Mustillo et al., 2015; Pierce, Vinokur, & Buck, 1998 •

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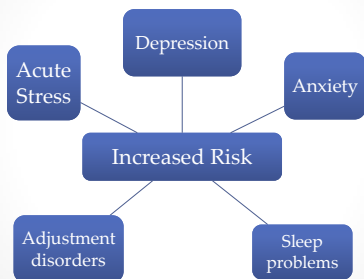
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## Home-Front Caregiver



• (Mansfield, Kaufman, Marshall, Gaynes, Morrissey, & Engle, 2010) •

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# Service Members

27.7% of active duty & 35.5% National Guard/Reserve

- PTSD
- Depression
- Suicidal ideation
- Interpersonal conflict
- Aggressive ideation
- Substance abuse (Jacobson et al., 2008; Milliken, Auchterlonie, & Hoge, 2007)

## Adjustment difficulties

- Sleep
- Irritability
- Concentration (Shea, Vujanovic, Mansfield, Sevin, & Liu, 2010)

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# Family Functioning

- Marital Satisfaction
  - Dissatisfaction
  - Divorce
  - Intimate partner violence
- Parental functioning
  - Dissatisfaction
  - Child maltreatment
    - Highest risk during transitions




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# Resilience

Most people will encounter a traumatic life event or adversity during the course of their lifetime (Ozer, Best, Lipsey, & Weiss, 2003)

Regardless of the type of adversity, the majority of individuals will demonstrate psychological resilience (Bonanno, 2004)

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# Supporting Families During the Deployment Cycle

Strong Families Strong Forces

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# Strong Families Strong Forces

- Designed to prevent and reduce stress in all families members associated with the deployment cycle
- Utilizes a developmental-ecological framework
- Highlights the importance of all caregivers in the system



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## Core Components

- Reflective Functioning
  - Parents' ability to be mindful of and respond to their own emotional states and those of their children and partner
  - Primary mechanism through which parents maintain awareness of and sensitivity to children
- Coparenting
  - Build and maintain effective coparenting during transitions
- Communication
  - Build and maintain developmentally appropriate and attuned communication during transitions

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## Potential for PTSD and Intergenerational Trauma

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## Trauma Depends on Perspective

Service Member	• Combat Exposure
Child	• "My parent is going to die" • "My parent is never coming home" • "If you're okay I'm okay"
Home-front Parent	• Separation as trauma reminders

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# Intergenerational Trauma

- Symptoms of trauma related disorders passed from the trauma survivor to further generations through complex mechanisms
  - Epigenetics
  - Social and historical learning
  - Fear of confusing caregiver symptoms
  - Disrupted attachment/chronic invalidation
  - Abuse/neglect




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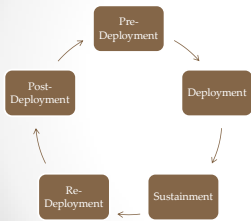
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# PTSD, Deployment, and the Family



- Reexperiencing
- Changes in mood/cognition
- Hyperarousal
- Avoidance

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# Reexperiencing

Justin is a 35-year old father of 5 (2 years – 17 years old). He recently returned from his 2<sup>nd</sup> tour to Iraq with PTSD. He sought treatment, but was put on a waitlist for several months. His youngest son liked to hide behind the couch and jump out to surprise him. Justin would sometimes "take him down" as if fighting off a threat. He refused to stay home alone with their 8 and 2.5 year olds because he was afraid of harming them. That winter, they had 75 inches of snow. Justin became nearly housebound because the snow was "blinding" just like the IED blast experience in Iraq.

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## Hyperarousal

"I just wish there were a dimmer switch. I got home from Iraq in 72 hours and the chaos of getting two little girls out the door every morning makes me jumpy. Why does it take so long to put on some snow boots? I just need to turn down the volume."

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## Detachment and Numbing

"I know I love my children, but I don't feel like I love my children."

"If my family hasn't gone through what I went through then they can't understand me."

"When you're deployed, you're worried...that you can't take care of stuff at home. You can't, you can't, guarantee that you're going to go home."

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## Avoidance

Therapist: "How was trick or treating?"

Service Member: "I decided not to go, my wife's friend went with her."

Therapist: "Is that the only reason?"

Service Member: "A lot of things can happen on Halloween, I just didn't want to be out."

Therapist: "But, your wife and children went?"

Service Member: laughs "yes."

Therapist: "Would you have sent them if you believed it was truly dangerous?"

Service Member: "No, it wasn't dangerous. I missed out."

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## Anger and Irritability

“I am a murderer, I shouldn't be around children.”

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## Discussion

How might these symptoms impact a child's psychological health and wellbeing?

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## Available treatments

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## Children

- Trauma Focused Cognitive and Behavioral Therapy (TF-CBT)- Well established
  - PRACTICE
    - Parental treatment component including parenting skills; Psychoeducation; Relaxation; Affective expression; Cognitive coping skills; Trauma narrative; *in vivo*; conjoint child-parent session; Enhance safety
- School-Based Group Cognitive Behavioral Therapy-probably efficacious
- Cognitive-Behavioral Intervention for Trauma in Schools-probably efficacious

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## Possibly Efficacious

- Family Therapy (FT)
- Cognitive Processing Therapy (CPT)
- Client-Centered Therapy (CCT)
- Child-Parent Psychotherapy (CPP)
- Cognitive Behavioral Therapy for PTSD
- Eye Movement Desensitization and Reprocessing (EMDR)

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## Service Members/Adults

- Prolonged Exposure (PE)- Well-established
  - Imaginal exposure, *in vivo* exposure, and trauma processing
- Cognitive Processing Therapy (CPT)- Well-established
  - Psychoeducation, written exposure, cognitive restructuring, and expression of natural emotions
- Eye movement desensitization and Reprocessing for PTSD (EMDR)- Possibly efficacious
  - Processing traumatic content while engaging in bi-lateral stimulation

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## What might individual treatment for PTSD be missing? ...

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## Best Practices for Military Families ...

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## Culturally Responsive

- Knowledge of military norms and language
- Respect for military values
- Important to not blame parents
- Range of connection to military culture
- Complex nature of deployments
- Families are busy, for better and for worse
- Stance of cultural humility

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## Family Systems: Core Components

- Building reflective capacity
  - Self, partner, child
  - Attend to ghosts and angels
  - If you're okay, I'm okay
  - Family system maintaining symptoms
  - Provider aware of own biases
- Fostering communication and connection
  - Establishing and adjusting routines
  - Coparenting
- Individual work is necessary

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## Questions/Comments

Thank you for your attention and participation!

Vanessa Jacoby, PhD  
[JacobyV@uthscsa.edu](mailto:JacobyV@uthscsa.edu)

Abby Blankenship, PhD  
[Blankenshipa@uthscsa.edu](mailto:Blankenshipa@uthscsa.edu)

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