

LONG TERM DEPLOYMENTS:

**Soldiers Under Stress
Families in Crisis**



**Prof. John D. Moore
American Military University**



Knowledge Objectives

- Identify key stressors for soldiers and affected loved ones
- Recognize how deployment impacts relationships with spouses & significant others
- Examine the impact on children & the family
- Explore healthy ways of coping with stress
- Identify warning signs of PTSD
- Determine a path to recovery for PTSD



1

Deployments, Stress & Relationships

2

Stress Prevention & Coping Tools

3

Warning signs of acute stress & PTSD

4

Working Towards Recovery



IMPACT OF LONG TERM DEPLOYMENTS

On Soldier

- Anxiety
- Fear
- Guilt
- Anger
- Helplessness
- Depression
- Fidelity Concerns
- Financial Worry

Loved Ones

- Anxiety
- Fear
- Uncertainty
- Anger
- Helplessness
- Depression
- Fidelity Concerns
- Financial Worry



**SOLDIER EXPERIENCE
LEADING TO
RELATIONAL
DISINTEGRATION**



Feeling Helpless

Worried about Soldier



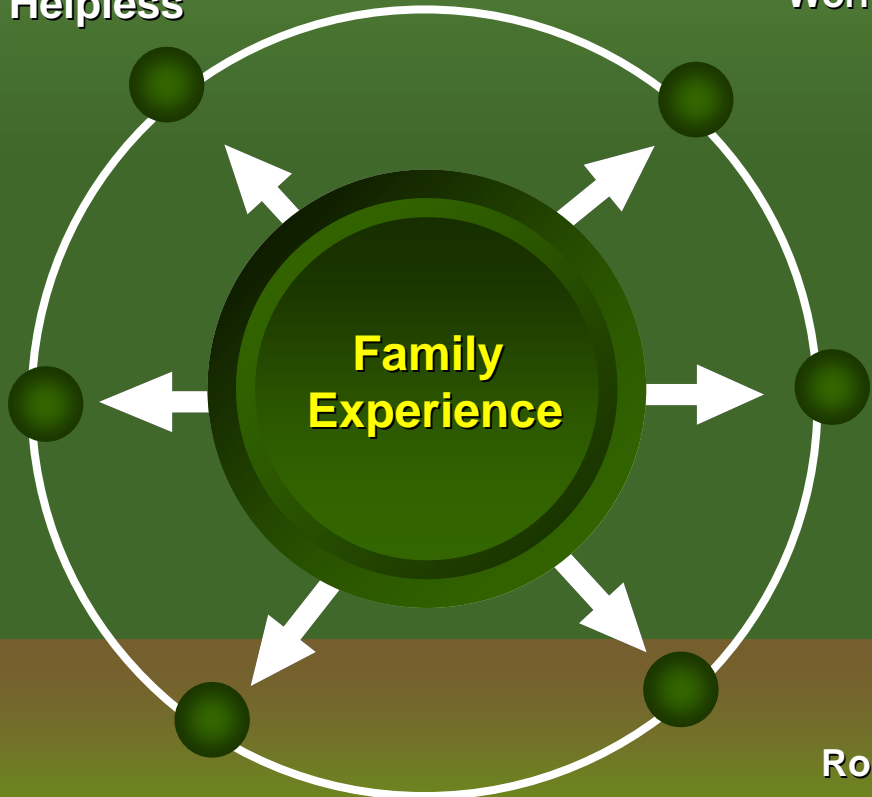
Extra Responsibilities

Lack of Contact



New Family Roles

Routines Disrupted



Deployment Wheel of Stress



FAMILY IN CRISIS



CRISIS

CRISIS

CRISIS



Reducing Stress During LTD



4 Steps
For

Prevention
Plan

Healthy
Communications

Routine

Reassess



Step One: Develop a stress prevention plan

1. Anticipate ahead of time that a deployment will happen
2. Brainstorm as to what modes of communication might be available
3. Let soldier make first contact and report best times for communication
4. Set a time and date for each communication session and if at all possible, stick with it
5. Realize that schedules change for both parties and flexibility is a must!



Step Two: healthy communications

1. Share important information that is relevant to the family unit
2. Express what each person needs
3. Share true feelings and expressions of love & commitment
4. Tell the truth if problems have occurred with children – don't sugar coat a problem
5. Avoid falling into the trap of becoming "glued" to the T.V.
6. Avoid rehashing old arguments
7. Reconfirm the next communication session



Step Three: Establish a routine

1. Stay involved with prior family commitments (worship services, etc)
2. Celebrate the holidays
3. Set aside one day a week for a family event
4. If possible, connect with other military families on a regular basis
5. Have another family member continue acting as a mentor during the soldier's departure
6. Explore the idea of creating connection activities



Step Four: Reassess your plan

1. Is the plan working?
2. What can be changed?
3. What cannot be changed?
4. Look for new opportunities that may appear



Posttraumatic Stress Disorder

A. The person has been exposed to a traumatic event in which both of the following were present:

1. Person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
2. Person's response involved intense fear, helplessness, or horror. Note: In children, this may be expressed instead by disorganized or agitated behavior

B. The traumatic event is persistently re-experienced in one (or more) of the following ways:

1. recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
2. recurrent distressing dreams of the event. Note: In children, there may be frightening dreams without recognizable content.
3. acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and Dissociative flashback episodes, including those that occur on awakening or when intoxicated). Note: In young children, trauma-specific reenactment may occur.

CON'T NEXT SLIDE

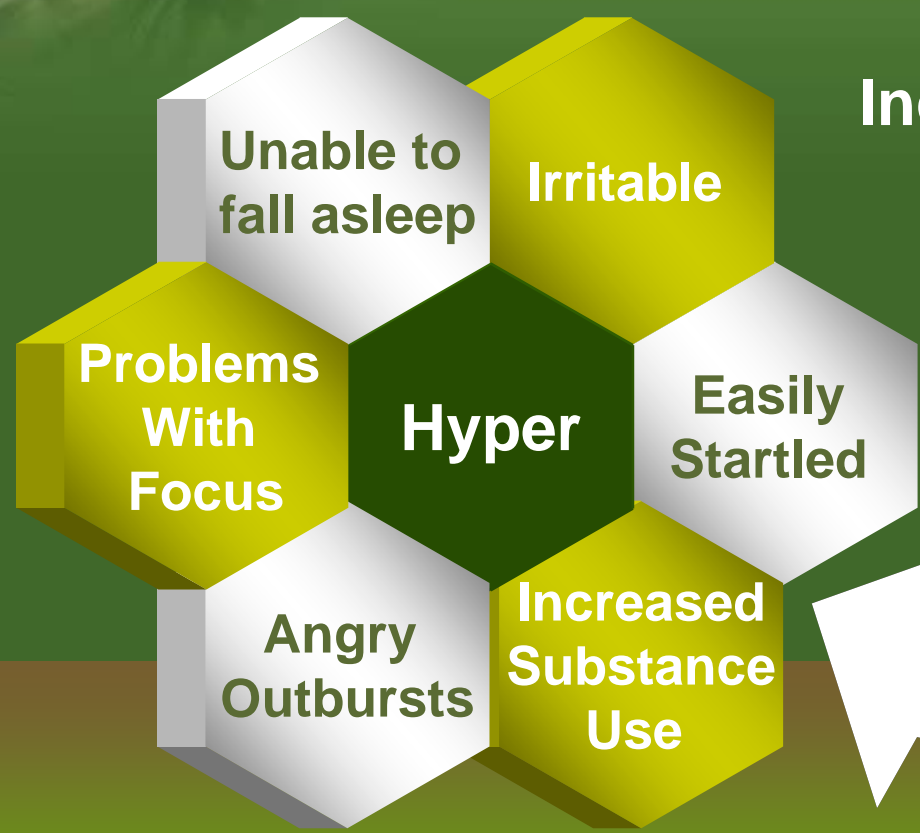


Posttraumatic Stress Disorder CON'T

4. intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
5. physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
- C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:**
 1. efforts to avoid thoughts, feelings, or conversations associated with the trauma
 2. efforts to avoid activities, places, or people that arouse recollections of the trauma
 3. inability to recall an important aspect of the trauma
 4. markedly diminished interest or participation in significant activities
 5. feeling of detachment or estrangement from others
 6. restricted range of affect (e.g., unable to have loving feelings)
 7. sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)



**PTSD =
Increased Agitation**





Be Supportive

**Educate Yourself
On PTSD**

**Don't Try To Be
Their Therapist**

**How Can
You Help?**

**Look for Signs
of depression**

**Look for Signs of
Substance Abuse**

**Look for signs of
Anxiety**

Ways to support PTSD Affected Soldier



TREATING PTSD

Family Role

- Support soldier
- Support medication
- Support group

Exposure Therapy

Medications

Group Therapy

Therapist Role

- Cognitive Therapy
- Consider anti-anxiety medications
- Remember the entire family is involved

Increase Support Systems



SUMMARY

- PTSD is treatable
- The process takes time
- Survivors guilt is common
- The family is the most important related to recovery



Thank You!