



Returning from the War Zone

A Guide for Families of Military Members

June 2009

Your service member is home!

You've wondered, worried, felt sad, proud, and lonely. You may have had sleepless nights because you were afraid for your loved one's safety in the war zone. But now you can breathe a sigh of relief. You and your service member have served our country well, and can enjoy spending time together again.



Reunions Can Be Happy and Stressful

Although reunion is a happy time, it can also bring considerable stress — stress you may not expect. You and your service member have had different experiences during the deployment period, and you all have changed as a result. For example, you've all had to learn new skills as you took on additional responsibilities. It can take time to rebuild intimacy, and you may need to re-examine common goals. Even if your service member has been called up before, you may find that new challenges will arise with each reunion. In order to make the home-coming event as happy as possible, it helps to know what kinds of challenges you might face and if your expectations are realistic.

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You are not alone. Many families wrestle with reintegration issues. The purpose of this guide is to help you work through some problems you might encounter.



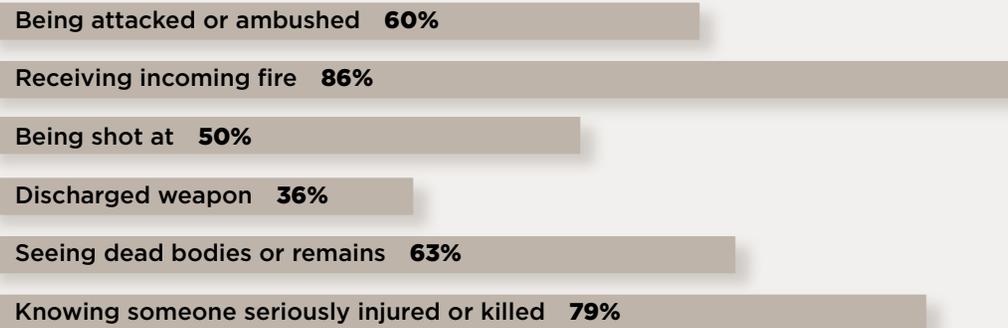
NOTE:
Throughout the Guide, you will find live underlined links to more information on our Web site: www.ptsd.va.gov

Common War Zone Experiences

Your service member's time in the war zone will affect him or her for a long time. Experiences in the military and during deployment have helped make your service member more responsible, a better leader, and team player. He or she may have received incoming fire. Or witnessed the death or injury of friends or other military personnel, civilians, or enemy combatants. Your loved one may have received very serious injuries as a result of a bombing, mine blast, improvised explosive device (IED), or accident.

Being in an unfamiliar setting and an unfamiliar culture may have complicated these experiences. All the while, your loved one was in full military mindset. It can be difficult to change back to a "civilian" mindset upon returning home.

WAR ZONE EXPERIENCES REPORTED BY MEMBERS OF THE U.S. MILITARY IN IRAQ



Percentages are based on a sample of troops serving in Iraq in 2006.

These statistics are presented to help family members know what their service member may have experienced in the war zone. You may find that your service member does not want to talk about this. They may want to leave these memories in the past. They may fear it will change the way family looks at them. Or, they may not want families to be exposed to what they experienced in any way. Often times they want to keep work and family life separate. Knowing why your service member may get upset when asked about their experiences can help you better understand and handle their reaction.

Common Reactions to Trauma

Each service member will have their own experiences. However, understand that almost all service members will need time to readjust after being in a war zone. This can be especially intense during the first months at home. These common stress reactions are a normal part of readjustment. The reactions do not, by themselves, mean that your service member has a problem, such as posttraumatic stress disorder (PTSD), which may require mental health treatment.

Most returning service members will successfully readjust to life back home. It may take a few months, but, for most, life will stabilize following demobilization.

Below are **common physical, mental/emotional, and behavioral reactions** that your service member may experience, and that you can show you understand.

Common Physical Reactions

- Trouble sleeping, overly tired
- Upset stomach, trouble eating
- Headaches and sweating when thinking of the war
- Rapid heartbeat or breathing
- Existing health problems become worse



Common Mental and Emotional Reactions

- Bad dreams, nightmares
- Flashbacks or frequent unwanted memories
- Anger
- Feeling nervous, helpless, or fearful
- Feeling guilty, self-blame, shame
- Feeling sad, rejected, or abandoned
- Agitated, easily upset, irritated, or annoyed
- Feeling hopeless about the future
- Experiencing shock, being numb, unable to feel happy

Your service member may have unwanted memories of the war zone. If something happens that reminds them of a war experience, they may have a range of reactions, from intrusive images and thoughts, all the way to a feeling of reliving their experiences (“flashbacks”) that are so realistic your service member will feel they’re back in the war.

They may get irritated or react more strongly to common family issues. Anger and aggression are common war zone stress reactions. Even minor incidents can lead to over-reactions.

Battlemind and Combat Operational Stress Control

Most service members coming from war zones will have stress reactions. But only a small number will develop PTSD. The Army produced the “BATTLEMIND” program (www.battlemind.army.mil) and the Navy and Marine Corps produced the Combat Operational Stress Control Leaders Guide to help service members and families understand how a wartime mindset is useful at war but not at home.

Common Behavioral Reactions

- Trouble concentrating
- Being jumpy and easily startled
- Being on guard, always alert, concerned too much about safety and security
- Avoiding people or places related to the trauma
- Too much drinking, smoking, or drug use
- Lack of exercise, poor diet, or health care
- Problems doing regular tasks at work or school
- Aggressive driving habits

Aggressive driving is also extremely common among service members returning from conflicts in the Middle East. This is because your service member may have been trained in “non-defensive driving” to avoid explosive devices in the war zone. Non-defensive driving is full speed ahead, unpredictable, and deliberate, which is not necessarily safe back home. While your service member will want to drive, they may want to reduce or take greater care in their driving for a few weeks until they feel more confident with defensive driving. This is particularly true if they are feeling edgy, impatient, or upset.

Many families and service members also report positive reactions to deployment, such as:

- New maturity
- More appreciation for family and family time
- More focus on spending quality time with those they love
- More dedication and belief in their job and mission
- More sense of confidence and pride in themselves and their family

Service members can grow closer to their core values or their spirituality. This is often why many wounded service members want to return to deployment. They want to continue to serve their country and work with their fellow service members. It is important to know that positive and negative reactions can co-exist for service members.



PAUL *knew that a lot of soldiers had it so much worse than he did. He was not certain if it was the 12 months in Iraq that had made him feel so numb.*

When he first returned from deployment, he felt fine, and was happy to be home. However, over the seven or eight months since his return, he realized that something had changed for him and his family. Paul had trouble being involved with his family. He did not enjoy being a father to his two daughters, 7 and 5, anymore. He didn't feel close to his wife. Little things made him jumpy and angry. He was tired all of the time. He also knew that he was not comfortable talking about any of this with Lisa, his wife of 9 years. When she would try to confront him, he would look down at his hands and start playing with his fingernails, doing anything to avoid eye contact with her.

He just thought that there was no way that she could understand what he had been through and the guilt that he was feeling now. Besides, they didn't seem to need him anymore. ■

[MORE INFORMATION...](#)

Preparing for Your Service Member's Return

You and your service member are about to enter the post-deployment stage.

This is the period after troops have returned home when families must readjust to life together. Each reunion is different. If your service member has been deployed before, you all might think you “know what to expect.” But later deployments might not be easier. Your service member could experience different or added stress in the course of their duties. Or home life might have changed with a new child, illness, or something else. Any of these factors can make deployment experiences different, or harder.

When your service member returns home, you may feel like you hardly know one another. It takes time to rebuild intimacy and to relearn how to rely on one another for support. Everyone's plans for the future, dreams, and expectations may be different because of changes that have occurred in the war zone, at home, or in both places. You may also need to renegotiate roles. For instance, you may not want to give up the independence you were able to achieve while your service member was deployed.

Planning ahead is ideal, but you can still prepare for your service member's return by taking at least some of the following steps:

- Educate yourself about what to expect and think about how you'll cope.
- Discuss with your service member before their return how you'll handle balance of work, home responsibilities, and leisure time for both of you.
- Talk to other people who have experienced the return of service members.
- Take care of yourself. Live the healthiest lifestyle possible.
- Remember that each reunion may be different.

Partners

There is usually a “honeymoon” phase shortly after demobilization, but it will probably be temporary. Your children have grown. Your service member has been through traumatic experiences. You have had to face new situations in your service member's absence. You might also feel angry because you had to handle so much on your own while they were away.

Do men and women experience re-entry differently?

Both men and women often feel that no one understands what they've been through.

After deployment, men and women often have different ways of re-entering the family.

To cope with stress, men tend to isolate themselves. They might seek support outside the home from old friends or military buddies.

Women tend to try to share their feelings and experiences with their partners. But they can become easily frustrated or irritable if they feel support is inadequate. Their male partners may come to resent or misunderstand those negative feelings. Then, they find it hard to provide the support that she really needs.

Your life has changed, too. You may have developed new relationships. You may be feeling pride in what you were able to accomplish while they were away. Issues of infidelity may have arisen. You may need to talk about each other's commitment to the relationship.



Children

Prepare children to be with your returning service member. Kids may have different needs now. They might take awhile to warm up to the service member, especially if they were very young when he or she left.

Children react differently depending on their age:

Infants (12 months and younger) may react to changes in their schedule, physical environment, or the caretaker's mood and availability. They may show apathy, refuse to eat, or even lose weight.

Toddlers (1-3 years) may sulk, cry, throw temper tantrums, or not sleep well if their caretaker is having problems or is not available.

Preschoolers (3-6 years) may react with toileting issues, thumb sucking, sleep problems, clinginess, and separation anxiety. They may also be irritable, depressed, aggressive, or complain about aches and pains. They might think their parent was deployed because "I was bad."

School age children (6-12 years) may be irritable, aggressive, or whiny. They may get stomach aches, headaches, etc. Very often, preschool and school-age children also worry about the safety of the parent at home.

Adolescents (13-18 years) may be irritable, rebellious, etc. Adolescents may also not like new family roles and responsibilities after the deployed parent returns home.

To help with all ages, you can:

- Provide extra attention, care, and physical closeness.
- Understand that they may be angry (and perhaps rightly so).
- Discuss things. Let kids know they can talk about how they feel. Accept how they feel and don't tell them they should not feel that way.
- Tell kids their feelings are normal. Be prepared to tell them many times.
- Maintain routines and plan for upcoming events.

Parents

Parents and other family members of service members must make many of the same readjustments as partners. They, too, will have to realize that everybody has grown and changed. Their relationship with the returning service member will also be different. While they take time to get reacquainted, they will need to be aware of boundaries. It's easy for parents and others who have cared for a service member in the past to fall into old patterns. They want to take care of their loved one again in ways the person no longer needs or wants.

JENNY *could not wait to see Brad again. He had been away from their family for almost a year and she was relieved that finally he was going to come home. She was proud of the fact that they had all survived and that she had managed to keep things together at home for their two young sons.*

But it was hard when Brad first arrived. The younger son, Harry, didn't even recognize Brad and he cried when Brad tried to take him in his arms. That made Brad angry and for a while after that, he wouldn't even try again to interact with the boys. He also didn't seem interested in her, even though she had tried so hard to fix up for him and show him how much she cared. When she would reach over to pat him on the knee or try to hug him, she could feel him pull away and it hurt her to think that he no longer loved her.

But Jenny was determined to give him time to get the war out of his mind. She contacted the chaplain on base and learned of a new program to help reunite families. They went on a weekend retreat together and finally Brad began sharing, connecting with his wife again. It was not easy and he still felt uncomfortable with all of the talk but gradually things began feeling a little like their old relationship. ■

[MORE INFORMATION...](#)

Healthy Coping

Here are some tips to help your family to cope:

Reconnect:

- Make sure that your service member has the opportunity to spend one-on-one “downtime” with every family member and significant friend.
- Provide support to your service member to interact with others, and also spend time alone as needed. Some time with war zone comrades is good but balance with family is also important.
- Experiment with different communication styles. Your service member has been used to operating in the military “need-to-know” mode. They may need to relearn the importance of sharing information. Don’t be afraid to ask about the war or how your service member is doing. Know that they may not want to talk at first. You may have to approach talking indirectly. You can arrange activities that foster conversation instead of watching movies or television. Examples are walking together, working on a project together, or playing a game.
- Express confidence that you will be able to work things out, and make a happy home for yourselves again.

Share and renegotiate roles:

- Be prepared for changing household roles (and new personality traits).
- Talk about what skills each of you now has, and which responsibilities you’d both prefer. (These may now be different.)
- Compromise if necessary. Both of you should feel that needs are understood and respected.

Take care of yourself by doing healthy things to relieve stress:

- Exercise, including yoga.
- Meditate, do breathing exercises.
- Get enough sleep (8-9 hours per night).
- Drink alcohol only in moderation — it’s important not to use alcohol as a way go to sleep, as it can interfere with deeper sleep cycles, or as a way of avoiding experiences or reactions that may need to be faced to be resolved. Using alcohol for these reasons tends to lead to more problems in the long run.

Try not to:

- Pressure your service member to talk. They may never feel comfortable talking with you about their deployment experiences. Rather than pushing them to do so, offer alternative strategies, such as talking with



peers, or relieving deployment stress in other ways besides talking about it.

- Stop him or her from talking.
- Make statements that might be perceived as judgmental (for example, don’t say things like, “what you had to do is so awful!”).
- Tell your service member what they “should” do.
- Use clichés or easy answers (for example, try not to say things like “war is hell” or “now that you’re back, you can put it behind you”). Instead, let them know that you feel for what they went through, you love them, and you’re there for them whenever they need anything.
- Give your service member advice without listening thoroughly.
- Rush things. It takes time to become reacquainted and comfortable with one another again.

Seeking Help

You are now aware of some common stress reactions that your loved one may be feeling after deployment. Remember that reintegration takes time and patience.

However, problems that last for months can affect relationships, work, and overall well-being if not treated. Your service member may be coping with stress by drinking, doing drugs, withdrawing, and isolating. Or they may be having sudden emotional outbursts. If so, it's probably time to encourage them to seek outside help:

Warning Signs

What are signs that your service member needs outside help? You should consider getting help if they are having significant distress in these areas:

- Family and social relationship troubles — frequent and intense conflicts, poor communication, inability to meet responsibilities
- Work, school, or community issues — frequent absences, conflicts, inability to meet deadlines, poor performance
- Frequent or severe depressed or angry moods — especially if there is a possibility that they are going to hurt someone else or themselves
- Frequent intrusive thoughts or images of war zone experiences. Being regularly hyperalert or on guard

If your service member's reactions are causing significant distress or interfering with normal functioning, they might benefit from seeking help. Admitting that they have a problem, however, can be tough. Your service member:

- Might think they should cope on their own
- Might think others can't help
- Might believe the problem(s) will go away on their own
- Is embarrassed to talk to someone about it

Emotional or psychological problems are not a sign of weakness. Injuries, including psychological injuries, affect the strong and the brave just like everyone else. But stigma of mental health issues can be a huge barrier for people who need help. **Remind your service member that finding solutions to problems is a sign of strength. Getting assistance from others is sometimes the only way to solve something. Knowing when and how to get help is actually part of military training.**

The Defense Department also encourages people to seek help. For this reason, it has changed requirements on its security clearance form. Applicants no longer have to report mental health care they have received in the past seven years if it was related to service in a military combat zone.

GETTING HELP: TIPS FOR STARTING THE CONVERSATION WITH YOUR SERVICE MEMBER

- Let them know you are interested in hearing about their experiences and feelings.
- Help your service member put feelings into words. Ask, "Are you feeling angry? Sad? Worried?" Don't argue or interrupt. Repeat what you hear to make sure you understand, and ask questions if you need to know more.
- Tell your service member how you feel about them. They may not realize how much you care.
- Suggest that they visit a chaplain. Even if your service member is not religious, they might benefit from such a meeting. Religion will be discussed only if the service member requests it. Conversations are confidential and do not become part of your service member's medical record.
- Encourage your service member to reach out to other veterans, including Vietnam veterans, who can relate to their feelings.
- Share your own knowledge about PTSD but do not attempt to diagnose the symptoms of your service member.
- Ask how you can help, and keep asking.
- Recommend that they read "[Returning from the War Zone: A Guide for Military Personnel \(PDF\)](#)". It contains useful resources for service members who are seeking more information about PTSD.

PTSD (Posttraumatic Stress Disorder)

Many of the common reactions to experience in a war zone are also symptoms of more serious problems such as PTSD. In PTSD, however, they're much more intense and troubling, and they don't go away. If these symptoms don't decrease over a few months, or if they continue to cause significant problems in your service member's daily life, it's time to *seek treatment from a professional*.

PTSD is a treatable condition that is diagnosed by a healthcare provider. PTSD is a serious disorder that can occur after a person has been through a traumatic event.

Symptoms of PTSD

Re-experiencing

Bad memories of a traumatic event can come back at any time. People may feel the same fear and horror they did when the event took place. Sometimes there's a trigger: a sound, sight, or smell that causes them to have a stress reaction, or to relive the event. For instance, many veterans react to burning scents or loud noises with anxiety or anger.

Avoidance and Numbing

People with PTSD will try hard to avoid things that might remind them of the traumatic event they endured. These include crowded places, situations (like shopping malls) where there are too many choices, or certain types of terrain (hot, dry places). They also may shut down to prevent feeling pain and fear. Others use numbness so they can cover distress over their reactions.

Hypervigilance or Increased Arousal

Those suffering from PTSD may operate on "high-alert" at all times, often have very short fuses, and startle easily. Sleep problems, anger, and difficulty concentrating are additional arousal symptoms.

Factors Contributing to PTSD

How likely is your service member to get PTSD? This depends on many factors, such as:

- How severe the trauma was
- If they were injured
- The intensity of their reaction to the trauma
- Whether someone close to your service member died or was injured
- How much their own life was in danger
- How much they felt they could not control things
- How much help and support they got following the event

Steps to Solving the Problem and Getting Help

Treatment involves several steps:

- First, a professional will evaluate the symptoms with a full interview.
- Next, the person often receives education about PTSD and other conditions, including symptoms and how they can affect people.
- Finally, a treatment approach is selected that best fits the person's needs, which could include therapy, medication, or a combination of both.

For more information on PTSD treatments, see the NCPTSD fact sheets:

- [Specialized PTSD Treatment Programs in the U.S. Department of Veterans Affairs](#)
- [Treatment of PTSD](#)
- [Finding a Therapist](#)



There are good treatments available for PTSD. Cognitive-behavioral therapy (CBT) appears to be the most effective. Exposure therapy is a CBT where you talk about your trauma repeatedly until the memories are no longer upsetting. Cognitive therapy is another CBT. It helps you identify trauma-related thoughts and change them so they are more accurate and less distressing.

HOW PTSD AFFECTS FAMILY MEMBERS

PTSD CAN MAKE somebody hard to be with. Family members of a person with PTSD may experience the following:

- 1. Sympathy:** You may feel sorry for your loved one's suffering. This may help your service member know that you sympathize with them. However, be careful that you are not treating them like a permanently disabled person. With help, they can feel better.
- 2. Negative feelings:** If you believe your service member no longer has the traits you loved, it may be hard to feel good about them. The best way to avoid negative feelings is to educate yourself about PTSD. Even if your loved one refuses treatment, you will probably benefit from some support. You'll find more resources beginning on [page 13](#).
- 3. Avoidance:** You may be avoiding the same things as your service member in order to reduce their reactions. Or, you may be afraid of his or her reaction when you do things without them. One possible solution is to slowly start to take part in a few different activities. At first, you can let your service member stay home if he or she wishes, but in the long run you should negotiate a plan so that you can do things together.

Seek professional help if your service member continues to avoid many activities, or if he/she frequently prevents your going out.

- 4. Depression:** This is common among family members when the person with PTSD causes feelings of pain or loss. When PTSD lasts for a long time, you may begin to lose hope that your family will ever "get back to normal." If your usual coping strategies and supports don't bring relief over time, seeking treatment is recommended. Many of the same treatment strategies that help with PTSD are also effective for depression.
- 5. Anger and guilt:** If you feel responsible for your service member's happiness, you might feel guilty when you can't make a difference. You could also be angry if they can't keep a job or drink too much, or because they are angry or irritable. You and your loved one can get past this anger and guilt by understanding that the feelings are no one's fault.
- 6. Health problems:** Consistently feeling anger, worry, and/or depression over a long period of time can have a negative impact on health. Additionally, unhealthy habits such as drinking, smoking, and not exercising can get worse when trying to cope with PTSD symptoms in a family member.

How common is PTSD in OEF/OIF military personnel?

About 7% of U.S. civilians have PTSD in their lifetime. According to research following the early years of the current conflicts in Afghanistan and Iraq, 11-20% of veterans developed PTSD.



For more information, see the NCPTSD fact sheets:

- [Children of Veterans and Adults with PTSD](#)
- [Partners of Veterans with PTSD: Caregiver Burden and Related Problems](#)

[MORE INFORMATION...](#)

Other Treatable Mental Health Problems

PTSD is not the only serious problem that can occur after deployment. Watch out for signs of these other conditions in your service member.

Depression: We all experience sadness or feel down from time to time. That's a normal part of being human. Depression, however, is different. It lasts longer and is more serious than normal sadness or grief. Common symptoms include:

- Feeling down or sad more days than not

WAYS FAMILY MEMBERS CAN HELP SOMEONE WITH PTSD:

- **Tell your loved one** you want to listen and that you also understand if they don't feel like talking.
- **Learn** as much as you can about PTSD. The National Center for PTSD has many fact sheets related to helping a family member with PTSD. Visit the center's Web site (www.ptsd.va.gov) to learn more about what you can do for your service member.
- **Go with your loved one** to visit the doctors and/or chaplain and participate in their treatment.
- **Give your loved one space**, but keep encouraging them to have contact with family and friends and to do fun things. Withdrawal symptoms may make them hesitant to be around other people, but keep trying because social support is important.

- Losing interest in hobbies or activities that used to be enjoyable or fun
- Being excessively low in energy and/or overly tired
- Feeling that things are never going to get better

Suicidal Thoughts and Suicide: War experiences and combat stress reactions, especially those caused by personal loss, can lead a depressed person to think about hurting or killing themselves. If your service member is feeling this way, take it seriously, and get help. Call the Suicide Hotline 1-800-273-TALK (8255).

Violence and Abuse: Abuse can take the form of threats, swearing, criticism, throwing things, conflict, pushing, grabbing, and hitting. Here are a few warning signs that may lead to domestic violence:

- Controlling behaviors or jealousy
- Blaming others for problems or conflict
- Radical mood changes
- Verbal abuse such as humiliating, manipulating, confusing
- Self-destructive or overly risky actions; heated arguments

Substance Abuse: It's common for service members to "self-medicate." They drink or abuse drugs to numb out the difficult thoughts, feelings, and memories related to their war zone experiences. While alcohol or drugs may seem to offer a quick solution, they actually lead to more problems. At the same time, a vast majority of people in our society drink. Sometimes it can be difficult to know if your

What Percentage of Veterans Have Received Help for Mental Health Problems?

- 37% of all veterans have sought services at VA
- Top 2 reasons: Musculoskeletal Problems and Mental Health
- Of the 40.1% who have sought mental health care:
 - 49.8%: PTSD problems
 - 33.2%: acute stress reactions (before a PTSD diagnosis)
 - 30%: depression

(VA data as of 04/2008)



service member's drinking is actually a problem. Warning signs of an alcohol problem include:

- Frequent excessive drinking
- Having thoughts that they should cut down
- Feeling guilty or bad about drinking
- Others becoming annoyed or criticizing how much the person drinks
- Drinking in the morning to calm nerves
- Problems with work, family, school, or other regular activities caused by drinking

Concussions or Mild Traumatic Brain Injury

(mTBI): Explosions that produce dangerous blast waves of high pressure rattle a person's brain inside the skull and can cause mTBI. Helmets cannot protect against this type of impact. In fact, 60% to 80% of service members who have injuries from some form of blast may have mTBI.

Symptoms associated with mTBI can parallel those of PTSD, such as:

- Insomnia
- Impaired memory
- Poor concentration
- Depression
- Anxiety
- Irritability, impatience, or impulsiveness

Symptoms that are specific to mTBI are:

- Headaches
- Dizziness, nausea, and vomiting
- Fatigue
- Noise/light intolerance
- Blurred vision

Most service members with mild TBI do not need special care and the symptoms typically abate on their own over time. After a year, approximately 10% will have enduring problems.

Referral for care should be made when a service member:

- Has dizziness, headaches, and nausea
- Is obviously not thinking clearly
- Has severe and enduring arousal
- Complains of not being able to feel pleasure or that they are depressed
- Is behaving in an intensely detached manner
- Can't do their job
- Has suicidal or homicidal wishes or intent

WAYS FAMILY MEMBERS CAN HELP THEMSELVES

EVEN IF YOUR LOVED ONE does not seek treatment, you should find out as much as you can about PTSD because your partner's behavior will affect you, too. For instance, if your partner is triggered by something in their environment, do not say anything that may make them feel either that you don't understand (i.e., laughing it off), or feel ashamed for the length of time they've been back and still reacting, as it can make them close off.

Another example is anger. While it is a normal reaction to trauma, it can hurt and frighten other people. If your service member gets angry often, you can set up a time-out system:

- Agree that either of you can call a time-out at any time.
- Agree that when someone calls a time-out, the discussion must stop right then.
- Decide on a signal you will use to call a time-out. The signal can be a word that you say or a hand signal.
- Agree to tell each other where you will be and what you will be doing during the time-out. Tell each other what time you will come back.

While you are taking a time-out, don't focus on how angry you feel. Instead, think calmly about how you will talk things over and solve the problem. After you come back:

- Take turns talking about solutions to the problem. Listen without interrupting.
- Use statements starting with "I," such as "I think" or "I feel." Using "you" statements can sound accusing.
- Be open to each other's ideas. Don't criticize each other.
- Focus on things you both think will work.
- Together, agree which solutions you will use.

If anger leads to violent behavior or abuse (see symptoms above), it's dangerous. Go to a safe place and call for help right away (national toll-free Domestic Violence hotline: 1-800-799-SAFE [7233]). Make sure children are in a safe place as well.

Know and acknowledge that your service member's anger is not directed at you or your children. Explain to your children the reasons for your service member's difficulties, without going into graphic details. It is important to let children know that they are not to blame.

If necessary, find your own sources of support. The family resources listed on [page 13](#) can provide support for you and your children if you think you need it. Keep looking until you find the right support. Also, plan to reach out to your military community. Let people in; don't be afraid to talk to a neighbor or other families who are familiar with the deployment cycle.

Where Can My Service Member — and Our Family — Find Assistance?

Family Support Programs:

Family Assistance Centers: Located at armor-ies across the states, these centers were cre-ated by the National Guard but *exist to assist all members and families of all branches of military*. For instance, if your son or daughter is deployed from Arkansas but you live in Miami, you can still go to any Florida FAC and receive assistance. To find the location nearest you, visit www.guardfamily.org.

Army Community Services (ACS):

www.armymwr.com

US Air Force Services Agency:

www.afsv.af.mil/

LIFELines: www.lifelines.navy.mil/lifelines.

Air Force Reserve Family Readiness:

800-223-1784, ext. 7-1243 (7 am–5 pm)
(ext. 7-0089 after duty hours)
www.afrc.af.mil/library/family.asp

Marine Corps Community Services (MCCS):

www.usmc-mccs.org

Army Family Team Building (AFTB):

www.myarmylifetoo.com

Family Readiness Groups (FRG): Army units have groups of volunteers structured to help with communication to the families of deployed troops. Your FRG should contact your family but if it doesn't, you can locate them through your service member's unit.

Other Resources for Families:

Chaplains and Other Religious Leaders: Every VA Medical Center and military establish-ment has a chaplain on staff that can provide assistance. All information exchanges with a chaplain are confidential.

Navy Fleet and Family Support Center:

<https://www.nffsp.org/skins/nffsp/home.aspx>
Provides family support to meet the unique challenges of the military lifestyle..

Strong Bonds, Building Ready Families:

<http://www.strongbonds.org/skins/strongbonds/display.aspx>
Offers specialized programs for single soldiers, couples, and families.

Sesame Street “Workshop”:

<http://archive.sesameworkshop.org/tlc/>
Bilingual (English and Spanish) multimedia outreach program for military families with children between the ages of 2 and 5 who are experiencing deployment, multiple deploy-ments, or a parent that is changed due to a combat-related injury.



Vietnam Veterans Wives (VWV):

<http://www.vietnamveteranwives.com/>
Provides PTSD counseling, safe retreats for wives during times of crisis, a national hotline, and assistance to the families of incarcerated veterans. Membership is open to all family members and significant others of anyone who served in the military during any period.

VA Services:

The U.S. Department of Veterans Affairs

VA is the largest healthcare system in the U.S., with facilities located in every state. VA is now offering more services for family members, such as healthcare services to eligible TRICARE family members, bereavement counseling for parents, spouses, and children of Armed Forces, reservists, and National Guardsmen personnel who died in the service of their country, family and marital counseling, and caregiver support groups for spouses of veterans with disabili-ties and chronic illnesses. Service members are urged to complete VA Form 10-10EZ to sign up, even if they think they'll never use these services.

Healthcare: 877-222 VETS (8387)

Benefits: 800-827-1000

Benefits for Family Members:

<http://www.va.gov/healtheligibility/familymembers/#champva>

Web site: www.va.gov/

VA Medical Centers

The VA services soldiers/airmen, including the Guard and Reserves. Veterans can receive free services for military-related problems for the first five years following deployment, and co-pay based on eligibility after that. The VA has many **community-based outpatient clinics (CBOCs)** located in the community in addition to their medical centers. [Find a facility near you.](#)

Each medical center has:

- An OEF/OIF Program Manager to help all recent returnees
- Health and mental health services, including mental health practitioners trained in state of the art Cognitive Behavioral Treatments for PTSD
- Women Veterans Program Manager
- Social Work Services
- VA Chaplains



Vet Centers

Readjustment Counseling Service

Toll-free: 800-905-4675

Assist veterans and their *family* to making a successful postwar adjustment, offering:

- Readjustment counseling (including PTSD treatment)
- Marriage and family, benefits, bereavement, alcohol and drug counseling
- Job services and help obtaining services at the VA and community agencies

There are no co-payments or charges for Vet Center services, and services are *completely confidential*.

Web site: www.va.gov/rcs

Other Federal, State and Community Resources:

Military OneSource

(user id: military; password: onesource)

This resource helps military members, veterans, and families deal with life issues 24/7. Service members and family members can call in and speak to a master's-level consultant who can answer almost any question, no matter how big or small.

Toll-free (in the US): 800-342-9647

Toll-free (outside the US): (country access code) 800-342-9647 (dial all 11 numbers)

International toll free: 800-464-8107

Web site: www.militaryonesource.com/

Military OneSource's "Returning from Deployment" publications:

<https://www.militaryonesource.com/skins/mos/display.aspx>

Veterans Service Organizations (VSOs)

VSOs can help you to complete necessary paperwork and to navigate the VA system. They include organizations such as the American Legion, the VFW, AMVETS, Disabled American Veterans (DAV), and more.

Directory of Veterans Service Organizations

Web site:

www1.va.gov/vso/index.cfm?template=view

State Resources:

All states have a variety of programs and resources for veterans and their families. Most states have an information and referral line such as dialing 2-1-1 (<http://www.211.org>) to see what your state offers. Or call your local:

- Agency or Department of Health and Human Services
- State's Office of Veterans Affairs ([NASDVA](#))
- Veteran representatives in the offices of legislative officials
- Employer Support of the Guard and Reserves ([ESGR](#))
- [Veterans Transition Assistance Representative](#)

For More Information:

- **Homecoming After Deployment: Dealing with Changes and Expectations**
www.ptsd.va.gov/public/pages/homecoming-after-deployment.asp
- **Homecoming After Deployment: Tips for Reunion (PDF)**
www.ptsd.va.gov/professional/manuals/manual-pdf/iwcg/iraq_clinician_guide_app_j10.pdf
- **Coping With Traumatic Stress Reactions**
<http://www.ptsd.va.gov/public/pages/coping-with-traumatic-stress-reactions.asp>
- **Understanding the military mindset: BATTLEMIND (developed by the Army):**
www.battlemind.army.mil
- **Leaders Guide for Managing Marines in Distress:**
www.usmc-mccs.org/LeadersGuide/Deployments/CombatOpsStress/generalinfo.cfm
- **War-Zone-Related Stress Reactions: What Families Need to Know (PDF)**
www.ptsd.va.gov/professional/manuals/manual-pdf/iwcg/iraq_clinician_guide_app_j7.pdf
- **An Overview of the Mental Health Effects of Serving in Afghanistan and Iraq**
<http://www.ptsd.va.gov/public/pages/overview-mental-health-effects.asp>
- **Managing After-Deployment Concerns**
www.afterdeployment.org



This Guide was created by the National Center for PTSD, U.S. Department of Veterans Affairs

The Center conducts research and education on trauma and PTSD. Their Web site offers extensive information on coping, educational materials, and more for a variety of audiences, including veterans and their families, providers, researchers, and others.

Web site: www.ptsd.va.gov



Closing Thoughts

- Most returning service members will experience common stress reactions during and after reintegration.
- Even if problems persist, your service member is not alone. The most recent national study of adults found that 46% of people in the U.S. have had a mental health problem. Military members were included in this survey. It is very common and expected for service members and families to have readjustment challenges. Learning about these challenges, as well as the different types of combat stress reactions and more enduring problems (such as PTSD), is a step toward recognizing when help is needed.
- Your service member — and you — can feel better. Mental health providers can treat the problems discussed in this publication.
- It's a sign of health and maturity to admit you and/or your service member have a problem and take action.