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# Addiction Messenger

SERIES 30 - September 2008 Volume 11, Issue 9

Ideas for Treatment Improve-

## The Returning Veteran's Journey Part 3 - The Family, Effective Care and Resources

**H**ow does PTSD affect family members? Symptoms of PTSD and substance use disorders affect everyone in the family. Family members react to the way the veteran feels and acts. Trauma symptoms can make a veteran hard to get along with or cause him or her to withdraw from the rest of the family. Developing an understanding of the impact of trauma on the veteran and the family is crucial as you help them map their path to recovery.

### Sympathy

Family members typically feel sorry that their veteran has had to suffer traumatizing experiences. It's helpful for the veteran to know that family members sympathize with them. Sympathy, however, can lead to "babying" the veteran and communicate low expectations that can send a message that the veteran is not strong enough to overcome the ordeal and recover.

### Depression

When the traumatized person acts in a way that creates emotional distress, family members can become depressed. The veteran may not be able to work because of their symptoms, may feel unloved or abandoned when their spouse withdraws emotionally, or may feel guilty because they aren't able to participate fully in their children's lives (e.g. they can't be in crowds so avoid watching them play sports). Without help these feelings may lead to further disruptions within the family.

### Fear, Worry and Anger

Often, veterans feel "on edge" and become preoccupied with staying safe. They may want to get a guard dog, security lights, or weapons to have in the home to protect themselves and their family members, which can lead family members to become fearful.

Family members can also experience fear if the veteran is experiencing anger or aggression because they feel in danger, frustrated that they have trauma symptoms, or because they learned to be aggressive to protect themselves in a threatening situation. A spouse might worry that the veteran who becomes angry and violent with little provocation will be injured in a fight or get in trouble with the police. A child may fear a repeat of emotional outbursts they don't understand. A veteran's inability to keep a job may cause the family to worry about money and the future.

*"I seriously doubt if  
we will ever have  
another war.  
This is probably the  
very last one."*

*~ Richard M. Nixon  
( 1913 - 1994 ) ~*

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## Avoidance

Just as veterans can be afraid to address past traumatic experiences, so can family members avoid the trauma they experience out of fear or hope that if they don't talk about it, it will go away. They may not discuss how others are feeling because they are uncertain how the veteran will respond.

## Guilt and Shame

Family members may feel guilt and shame if they feel responsible for the veteran's happiness and well-being, and don't see improvement even though they are trying to help.

## Anger

Families may feel angry about the trauma, its effect on their lives, and the veteran for being so unpredictable. They may feel anger when the trauma is "dwelled on" or when their spouse can't keep a job, drinks too much, won't go to social events, avoids being intimate, or won't take care of the children in the family.

## Negative Feelings

The veteran you're working with may report negative feelings coming from their family members. Family members may have told them that they've "changed" and lost the qualities that they loved and admired in them, or that they're concerned by the over-drinking they've observed in the veteran since returning.

What happens if a wife no longer respects her husband because she thinks he didn't behave "bravely" during a traumatic event, a husband whose wife was raped during service who wonders if she could have "done more" to prevent the assault, or a child that doesn't understand why their father didn't "fight back"? Family members may convey negative feelings to the veteran even when they know that their assessment could be unfair.

## Drug and Alcohol Abuse

Drug and alcohol abuse can become a problem for family members as well as the veteran. Family members may try to escape negative emotions through substance use. A child or spouse may drink with friends to avoid having to go home to an angry parent or spouse, or they keep the addicted veteran "company" when they're drinking or using drugs to avoid trauma-related feelings.

## Sleep

Sleep can become a problem for family members,

especially when the veteran stays up to avoid going to sleep, can't get to sleep, or has nightmares or restless sleep. All can make it difficult for family members to sleep well. Or the family may be unable to sleep well because they're depressed, worried or have fear of the veteran.

## Characteristics of Effective Care

When possible it's best for the veteran to receive treatment from a PTSD specialist who also has expertise in treating alcohol and other substance use disorders. You might find the following precautions and suggestions helpful:

- Communicate with the veteran about the possible relationship of alcohol use to sleep difficulties, anger and irritability, anxiety, depression, and work or relationship problems.
  - Thoroughly assess the relationship of past traumatic experiences to the veteran's reasons for seeking help.
  - Develop a single consistent treatment plan for veterans with both PTSD and a substance use disorder. Clinicians providing care should be trained to address both disorders.
  - Develop a relapse prevention that prepares the newly sober veteran to cope with PTSD symptoms, which may worsen as one achieves abstinence.
  - Build on the veteran's pre-service flexible and adaptive coping skills that could help manage current problem areas. Of course, you may also find that coping strategies from the past are no longer useful in the current situation.
  - Integrate PTSD-substance use disorder treatment with manualized science-based approaches like "Seeking Safety" (Najavits, 2002).
  - Remember that the experiences of veterans returning from service in Iraq and Afghanistan are not identical. Your assessment of the veteran's needs should include a thorough review of pre-deployment and deployment experiences. A veteran's emotional response to wartime exposure is determined by specific experiences, the context in which the experiences were encountered, and the meaning they hold for the veteran.
- America learned much about how to assist and welcome returning soldiers from a war-zone through experiences with Vietnam veterans. You can facilitate the healing of stigma a veteran may feel and assist them in charting a positive and healthy course by communicating that "No one

comes back from war unchanged”, and that post-deployment has roots in natural stress and survival instincts. During your work with the veteran you can:

- Emphasize strengths, capabilities, and resources,
- Affirm that the veteran’s symptoms are probably a normal physical and emotional reaction to abnormal stress,
- Use neutral and inclusive terms like “post-deployment stress effects” and “substance use disorders” rather than the more stigmatized “mental problems,” “substance abuse,” or even “PTSD”,
- Avoid “pathologizing” people who suffer with post-deployment stress effects, including SUDs, or imply that they are somehow helpless, “defective,” or dangerous,
- Remind the veteran and family members that people can and do recover from many symptoms of combat stress, learn to manage symptoms and achieve sustainable healthy recovery from substance use disorders.

#### Resources for Counselors

- **Military OneSource**  
<http://www.militaryonesource.com>
- **Vet Centers**  
<http://www.vetcenter.va.gov/>
- **VA Veteran Recovery**  
[www.veteran\\_recovery.med.va.gov](http://www.veteran_recovery.med.va.gov)
- **Substance Abuse and Mental Health Services Administration**  
<http://getfit.samhsa.gov/Drugs/>  
<http://getfit.samhsa.gov/Alcohol/>
- **Vets4Vets**  
<http://www.vets4vets.us/>
- **The Coming Home Project**  
<http://www.cominghomeproject.net/cominghome/>
- **Wounded Warrior Project**  
<https://www.woundedwarriorproject.org/>
- **National Center for PTSD (Veterans Admin.)**  
<http://www.ncptsd.va.gov/ncmain/veterans/>

- **American Veterans With Brain Injuries**  
<http://www.avbi.org/>
  - **Defense and Veterans Brain Injury Center**  
<http://www.dvbic.org/> 1-800-870-9244
  - **Hand 2 Hand Contact**  
<http://www.hand2handcontact.org/>
  - **Stand Up for Vets**  
<http://www.standup4vets.org/>
  - **Military Home Front** (Department of Defense) <http://www.militaryhomefront.dod.mil/>
- Resources for Veterans & Their Families**
- **Brain Injury Association of America**  
<http://www.biausa.org/>
  - **Fisher House - Helping Military Families**  
<http://www.fisherhouse.org/>
  - **Iraq and Afghanistan Veterans of America**  
<http://www.iava.org/>
  - **Patriot Outreach**  
<http://www.patrioutreach.org/>

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#### Sources

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- Stigma and Reluctance to Seek help Downloaded from the World Wide Web at <http://www.attcnetwork.org/learn/topics/veterans/stigma.asp>
- Iraq War Clinician Guide 2nd Edition (2004) National Center for Post-Traumatic Stress Disorder. Downloaded from the World Wide Web on August 8, 2009 at: [http://www.ncptsd.va.gov/ncmain/ncdocs/manuals/nc\\_manual\\_iwcguide.html](http://www.ncptsd.va.gov/ncmain/ncdocs/manuals/nc_manual_iwcguide.html)
- Iraq and Afghanistan Veterans of America. Downloaded from the World Wide Web on September 16, 2008 from: <http://www.iava.org/blog/iava-staff/more-women-soldiers-dying-in-iraq>

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- o **Series 30** Vol. 11 Issues 4-6 "Implementing Recovery Management"

## Registration Form for Series 31 "The Returning Veteran's Journey"

Name \_\_\_\_\_

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City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

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**Return your Pre-test and Registration form by mail or FAX at (503) 373-7348**

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810 D Street NE, Salem, OR 97301

Name \_\_\_\_\_

## TEST Series 31

1. When your veteran client mentions that they have stopped watching the news that may be that they're experiencing (fill in the blank)  
\_\_\_\_\_.
2. It's important to build on the veteran's preservice flexible and adaptive coping skills to help manage current problems.  
True or False
3. Which of the following are symptoms of PTSD:  
a. Numbing,  
b. Reliving and Hyper-Alertness,  
c. Avoidance,  
d. All of the above
4. The most common drug being used by returning veterans is \_\_\_\_\_ (fill in the blank)
5. Assessing the client's relationship of past traumatic experiences to the veterans reasons for seeking help is beneficial to treatment.  
True or False
6. List 8 stressful war-zone experiences that may be relevant to your client:  
1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_  
7. \_\_\_\_\_ 8. \_\_\_\_\_
7. For women soldiers PTSD in the military has been described as military sexual trauma (MST)  
True or False
8. Family members rarely experience fear if the veteran is experiencing anger or aggression because they feel safe.  
True or False
9. An example of integrating PTSD-substance use disorder with a manualized science-based approach like \_\_\_\_\_ (fill in the blank)
10. A veteran's emotional response to wartime exposure is determined by:  
a. specific experiences,  
b. the context of the experiences,  
c. the meaning the experiences hold for the veteran,  
d. All of the above

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