Support Program Seeks to Embrace Military Families

BY AUDREY KUBETIN
Editorial Intern

A lone soldier, bandaged up to his elbow, stood amid a crowd of clinicians, parents, and teachers, telling the story of a bad day in Iraq.

His audience had gathered at Boston Medical Center to discuss the impact of war and terrorism on children, Kenneth I. Reich, Ed.D., recalled in an interview. The soldier was citing himself as a testament to how easily the war zone can overlap with the home front.

He remembered returning from a difficult mission to find that it was his turn to talk to his family via videophone. What would he tell them? They would be able to tell by looking at him that something was wrong. He didn't want them to worry, but he didn't want to lie about what had happened.

The soldier decided to speak with careful candor. "I just got back from the field," he told his family. "I'm a little upset right now, but I'll be fine. How are all of you?"

"He found a way to be honest but reassuring at the same time," said Dr. Reich, who had organized the conference. "That was a very powerful message. We all thought that he knew more about psychology at that moment than any of us in the room."

Dr. Reich wanted to offer that kind of honest but reassuring support to people feeling the effects of the war on the home front. After meeting many families who were trying to cope with the same sort of stresses as the soldier at the conference, Dr. Reich founded a free counseling group called SOFAR, or Strategic Outreach to Families of All Reservists. A nonprofit program, SOFAR connects military families with clinicians who provide free mental health services, including psychotherapy for children, adolescents, adults, couples, and families.

By focusing on the families of soldiers, SOFAR is rethinking what it means to support the troops. "We see ourselves as supporting the network of people who can then support the soldier," Jaine L. Darwin, Psy.D., who codirects SOFAR with Dr. Reich, said in an interview.

That network is substantial. A recent study by the Rand Corp. puts the number of U.S. soldiers who have served in Iraq and Afghanistan at 1.64 million. Figuring that these soldiers each have a circle of relatives, friends, and coworkers who care about them, Dr. Reich estimated that 73 million to 95 million people have been affected by the war.

Dr. Reich and Dr. Darwin are seeking to support this population with mental health services tailored to military culture. By helping the families of soldiers cope with the challenges of their loved ones' deployment and return, SOFAR seeks to ease the traumatic impact of the war and prevent the intergenerational transmission of that trauma.

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DR. REICH

"Trauma has a very long tail," Dr. Darwin said. "If we don't help these families now, we're going to see the sequelae down the road, as we have with the kids of Vietnam War vets."

The program focuses its efforts on the extended families of Army Reserve and National Guard soldiers. Unlike military families who live on or around bases, families of Army Reserve and National Guard soldiers often lack the support of a predominantly military community. "If you're active-duty military, you usually either live on the base or live in a town where there is a base, so everybody around you understands the stresses and strains. If you're in a reserve or guard family, you can be the only person in your community with a deployed solider," said Dr. Darwin, a past president of Division 39 of the American Psychological Association.

When Dr. Reich began hatching the idea for SOFAR, families of soldiers in the National Guard and Army Reserve were being offered one free mental health session as long as their loved one was deployed. "I remember thinking, 'That's not even enough time to say hello,' " he said.

SOFAR views the process of addressing secondary trauma and building resilience among military families as one that demands time and volunteers from a variety of mental health specialties. Since SOFAR was founded in 2003, the program has attracted 90 volunteers in its hometown of Boston. Another chapter has been set up in Michigan, and two more will be launched in New York and Florida before the end of the year. Dr. Reich hopes to expand the program nationwide.

Some of SOFAR's volunteers meet with families in their offices. Some speak at predeployment and prereturn briefings for military families, lecturing them on what to expect during their soldier's deployment and after their soldier's return. Other volunteers visit family readiness groups to meet families and guide discussions about the issues they face.

"First and foremost, we listen. The biggest thing that we do is to help normalize a lot of the feelings that people have and to help put them in perspective," said Dr. Reich, who is head of the Psychoanalytic Couple and Family Institute of New England, SOFAR's umbrella organization.

SOFAR talks with families about the concept of the "new normal," a term that Dr. Darwin uses to describe the postdeployment life of a military family. Deployment changes soldier and family alike, hampering a return to predeployment routines. SOFAR encourages families to pursue a "new normal" marked by the renegotiation of roles and relationships.

In advocating this new normal, SOFAR seeks to help military families develop realistic expectations about the process of rehabilitation and reintegration that soldiers undergo when they return from war.

"It's going to take a while for people to become reacquainted. There's going to be some renegotiation about what roles people have picked up in the absence of the soldier, which roles they want to continue to carry, and which they don't," Dr. Darwin said. "Different families have different ways of coming back together again."

The Rand study, published in April 2008, found that nearly 20% of returning soldiers report symptoms of posttraumatic stress disorder (PTSD) or major depression. About 19% report sustaining a possible traumatic brain injury during their deployment, while 7% report experiencing both brain injury and PTSD or depression.

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"Trauma has a very long tail," says Dr. Jaine L. Darwin, who codirects SOFAR.

According to Dr. Darwin, 50% of Army Reserve and National Guard soldiers will return from service with a diagnosable mental health condition, such as anxiety or depression. Symptoms of PTSD might not manifest until 6-24 months after a soldier has returned from service, making it difficult for veterans and their families to gauge their progress in the reintegration process.

"A soldier's body comes home. The nervous system often doesn't arrive for quite a while," Dr. Darwin said.

SOFAR educates families about what to expect during the reintegration process and what to flag as a warning sign, "so they can seek help both for themselves and for their soldier," Dr. Darwin said.

The program offers military families the tools to address secondary trauma, but getting soldiers and these families to take advantage of these has proved difficult.

The Rand study showed that only half of the veterans who report experiencing PTSD or major depression have sought treatment. SOFAR is faced with combating the stigma that often marks popular perceptions of psychotherapy, psychopharmacology, and mental health problems in general.

"The hardest thing for us to do is to destigmatize mental health and to get the families to understand that there are services available and get them to make use of them," Dr. Darwin said. ■

Options Limited for Soldiers Needing Therapy for Gambling

BY KERRI WACHTER
Senior Writer

WASHINGTON — Military personnel are at risk for problem gambling, but it is often difficult for them to get adequate treatment, according to the director of a Veterans Affairs program for problem gamblers.

In 2002, there were 1.4 million active service members. That year, the Pentagon conducted a survey of health-related behaviors among military personnel. According to that survey, about 17,500 service members, or 1.2% of the military, met the DSM-IV criteria for pathological gambling. For comparison, the national average is 1.6%. In a 2005 VA study, 10% of Native American soldiers and 4.3% of Hispanic soldiers met the DSM-IV criteria for pathological gambling, Dr. Rena Nora said at the annual meeting of the American Psychiatric Association.

Yet only three programs for military members with problem gambling exist: one at Camp Pendleton in California; one at the VA facility in Brecksville, Ohio; and the intensive outpatient program for problem gamblers at the VA Southern Nevada Healthcare System in Las Vegas, of which Dr. Nora is the medical director.

Military personnel have a number of risk factors for gambling: the sociodemographic composition of the military (mostly young males), feelings of loneliness and alienation, prevalence of risk-taking personality, and severe stress and anxiety. The accessibility of gambling also is a risk factor because there are approximately 8,000 slot machines at 94 military facilities overseas.

Limited confidentiality for mental health treatment is also problematic. A soldier's commanding officer can request and obtain access to mental health records. "When the commander or anyone else wants the records, you do not say no," said Dr. Nora, who also is with the department of psychiatry at the University of Nevada, Reno. "There is really no confidentiality if you are an active-duty service member."

Although there is legislation that provides for treatment of mental health disorders such as pathological gambling, the provision of services in reality it is not so easy. "I had to go all of the way to the Department of Defense to get something in writing, so that we were able to justify budget and staffing for a gambling program," said Dr. Nora. Since the program in Las Vegas began in fiscal year 2004, she and her colleagues have treated 1,423 patients.

Dr. Nora reported that she had no relevant conflicts of interest. ■