

Providing Trauma-Informed Care to Military Families

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At eight years old, Julia* was struggling when she first came to counseling. She was experiencing frequent nightmares and having trouble focusing in school. She felt like she had no friends. Julia's father had been deployed on four combat tours to the Middle East, and it had taken its toll on the whole family.

As focus tends to be on the returning military servicemen or women, children—who are a vital part of the military family system—are often overlooked. These children report higher rates of mental health problems across a wide variety of areas relative to the general population. According to a study supported by the U.S. Army's Operation Military Kids, military children suffer from increased rates of depression and anxiety, emotional reactivity and aggression, attention difficulties, poor academic performance, and increased rates of post-traumatic stress disorder and secondary trauma.

Unfortunately, mental health professionals are often ill equipped to properly counsel military members and their families. According to a recent RAND Corporation Study, only 13% of civilian providers are adequately prepared to deliver “culturally competent, high-quality care to service members, veterans and their families.” Effectively engaging servicemen and women and their families requires both familiarity and comfort with military and veteran culture. Additionally, mental health providers must possess an understanding of the unique facets of military life that may complicate treatment.

Even without wartime deployments, transitions are a hallmark of a military child's life. Deployment and post-deployment is a time of shifting family structure, a change in routines, and variations in roles and responsibilities. In active duty military families, the stress of these transitions may be mitigated by the support of other military families stationed nearby. However, National Guard and Reservist families, who work and live in the civilian population and may never have defined themselves as a “military family,” report feeling more isolated in their communities. Linking parents and children to supportive resources, including other military families, has been found to be a protective factor.

Family members may also experience emotional strains related to traumatic events experienced by the servicemen and women. The National Center for PTSD reports that 10% to 20% of Iraq/Afghanistan veterans are likely to develop PTSD. The same report predicts increased rates of depression and alcohol abuse among those veterans. Military spouses report higher rates of psychiatric and somatic complaints. In children, internalizing symptoms, such as anxiety, depression and somatic complaints, were found to be symptoms of secondary trauma. Children and teens look to their parents for how to manage challenges the family is facing and may adopt parents' healthy or unhealthy coping skills.

Therapists and school counselors can support military families and children in a variety of ways, and can be an invaluable source of support during these critical times. They can help children and teens develop healthy coping skills or assist parents in explaining the visible and invisible injuries of war. Counseling helps families improve communication, renegotiate roles and clarify rules. Interventions such as Eye Movement Desensitization and Reprocessing (EMDR), and Trauma-Focused Cognitive Behavior Therapy address secondary trauma and PTSD. Theraplay and Family Play Therapy, as well as psychoeducation on parenting and child development, are excellent ways to strengthen attachment and family bonds.

Despite the numerous challenges military children and families face, with support from professionals with an understanding of Military and Trauma-Informed Care, they have a chance to heal. Julia and her father worked together in family counseling to reconnect and learn about changes they both went through. Through our work together, Julia slowly began to feel more at ease at home and school, forming meaningful friendships with her classmates and a stronger bond with her parents.

*Name and identifying information changed for confidentiality.

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