

## CLINICAL CONSIDERATIONS & TOOLS FOR PROMOTING RESILIENCE IN MILITARY COUPLES DEALING WITH POST-COMBAT STRESS

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## “We do not come home from war. We come home *with* war.”

Stephen C. Hunt, MD, MPH  
Director, VA Puget Sound Post-Deployment Health Clinic Programs  
National Director, Post-Deployment Integrated Care Initiative

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### ~ The Importance of Partners ~

- Front-line people and first-responders
- Encouragers of help – “de-stigmatizers”
- Social support for positive outcomes
- Strengthen the family unit

\* They have the greatest impact/potential for impact.

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### “Our Career”

- A military career often requires sacrifices from everyone in the family (“married to the military”)
- Work demands, deployments, the social structure encourage active engagement
- Those who remain in the service are those who generally have established a family unit that is committed to the military lifestyle (e.g., early self selection = separation from service)

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## Objectives

- Increased awareness of the demographics of the current military force
- Ability to explain impact of combat-related deployment upon service members and their partners
- Identify clinical areas of need for assisting service members and partners with the tasks of reintegration (e.g., post-combat stress)
- Develop interventions/treatments that promote resilience within the dyadic relationship, by strengthening interpersonal relating and couple/family functioning and well-being

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## Social Representation of the U.S. Military




http://www.cispa.org/abn.com      Ann Landes, Ph.D. 2010

## Deployments to Urban Combat Zones

- > **Number of troops** who have served in OEF/OIF ~ 1.69 million (since 2001)

<http://ptsdcombat.blogspot.com/2007/03/war-list-oef-oif-statistics.html>

- > **Multiple deployments**

- 2<sup>nd</sup> Tour of duty: 50% of the troops
- 3<sup>rd</sup> and 4<sup>th</sup> Tours: 25%

<http://www.homebasecc.org/PDFs/RSC/4.20.07%20Iraq%20Vets.pdf>

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## End of FY 2006

- Active Duty, enlisted: slightly under 1.15 million
- Selected Reserve (Army National Guard, Army Reserve, Naval Reserve, Marine Corps Reserve, Air National Guard, and Air Force Reserve): nearly 703,000

[http://www.defenselink.mil/prhome/PopRep\\_FY06/summary.html](http://www.defenselink.mil/prhome/PopRep_FY06/summary.html)

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## Then versus Now ...

Compared with the Vietnam era, a greater proportion of those who served in OEF/OIF conflicts are:

- Older (almost ½ are > 30 years of age)
- Female
- Constituted from the *National Guard or Reserves* (approximately 30 %)

[http://gainscenter.samhsa.gov/text/veterans/Responding\\_to\\_Needs\\_8\\_08.asp](http://gainscenter.samhsa.gov/text/veterans/Responding_to_Needs_8_08.asp)

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## Demographics of Current Military

- Females Active: **15%**
- Females Reserve: **17%**
- Over **50%** of service members are **married**
- **11 %** of the marriages are to other service members

[http://www.ptsd.va.gov/professional/ptsd101/flash-files/Military\\_Culture/player.html](http://www.ptsd.va.gov/professional/ptsd101/flash-files/Military_Culture/player.html)

[http://www.psychceu.com/war/iraq\\_clinician\\_guide\\_v2.pdf](http://www.psychceu.com/war/iraq_clinician_guide_v2.pdf)

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## Demographics of Current Military (pg. 2)

- # of children with active duty parent(s): approx. 1.9 million

[http://www.ptsdcombat.com/documents/ptsdcombat\\_war-list\\_oef-oif-statistics.pdf](http://www.ptsdcombat.com/documents/ptsdcombat_war-list_oef-oif-statistics.pdf)

- # of U.S. families with two-parents on active duty (estimated): 49,000 (Freeman, Moore, & Freeman, 2009)

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## Military Culture 101

### Military Personnel

- Air Force = Air man
- Army = Soldier
- Coast Guard = Guardian
- Marine Corps = Marine
- Navy = Sailor

If separated from the military = Miss or Sir

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### Job Specialty

MOS = Military occupational specialty

NEC = Navy enlisted classification

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### Military Status

- Active Duty
- National Guard or Reserve
- Individual Augmentees

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### Active Duty

- Full-time employees
- 24/7 when deployed
- Deployment length: between 6-15 months

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### National Guard & Reserve

- Part-time employees – approx. 39 days/year (drills)
- Called to active duty: unexpected, sudden

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### Individual Augmentees

- Active Duty personnel: assigned temporarily to another unit or different branch of the military
- Deployments: unpredictable, sudden

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## Mental Health and Military Service

\* Level of combat: *greatest impact*

Non-combat related:

- *length* of deployment: longer and more frequent
- Homefront issues – most common form of emotional stress during deployment (OEF/OIF)

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## Deployment Related Stressors



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## Military Families are Made Up of Two Types of Heroes ...

**There are those who risk their lives to defend our country, and those who keep households and families together while their loved ones are deployed.**

<http://myheroesathome.com/index.html>

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## Emotional Cycle of Deployment

[http://www.ptsd.va.gov/professional/manuals/manual-pdf/iwgcg/iraq\\_clinician\\_guide\\_ch\\_13.pdf](http://www.ptsd.va.gov/professional/manuals/manual-pdf/iwgcg/iraq_clinician_guide_ch_13.pdf)

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## Cycles of Deployment

**Stage 1: Pre-deployment** - notification of deployment → departure

**Stage 2: Deployment** - 1st month of deployment

**Stage 3: Sustainment** - One month beyond deployment → 1 month prior to return

**Stage 4: Re-deployment** - One month prior to return → actual physical return home

**Stage 5: Post-deployment (reunion → reintegration)** – Arrival to home station → three to six months

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## Returning Home ... The Dialogue

SM:

“I feel like a total stranger in my own home.”

“It’s like they {family} don’t even need me anymore.”

“There must be something wrong – I can’t seem to have feelings for people I should care for.”

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### Common Dialogue

Partner:  
 "They look like the same person, but they're not."  
  
 "I feel unappreciated and unacknowledged."  
  
 "I like the independence I have found."

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### Reintegration can be ----

a time of ambivalence and disequilibrium

- joy and anxiety and anger
- closeness and pulling away
- clear expectations, but unrealistic goals/desires

In summary, reintegration involves →

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**CHANGE**



No one remains the same... there is now a new normal.

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### Positive Note

The majority of military couples do well with deployment and reintegration issues... many are able to manage and prove resilient.

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### Service Member: Risk Factors and Clinical Considerations

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### Salient Clinical Issues

- Mental Health
  - Combat related stress reactions
  - Depressive disorders
  - Grief and bereavement
- Anxiety disorders
- Reduced insight

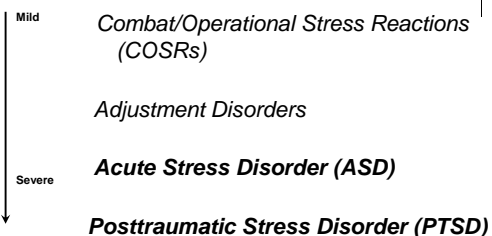
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## Salient Clinical Issues

- Emotions management
  - Avoidance
  - Blunting of emotions/numbing
  - Low frustration tolerance, displaced frustrations
  - Explosive, uncontrolled anger
  - Impulsivity (i.e., adrenaline rush/thrill seeking behaviors) = *boredom*
  - Detachment from loved ones

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## Stress Reactions



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## Brief Definitions

**COSR:** variety of physical and emotional symptoms that result from an overwhelming traumatic occurrence, or a result of ongoing combat and non-combat related stressors

Considered the mildest, most common form of deployment-related stressor

Tend to occur immediately after the stressful event and generally resolves without significant interventions.

## Adjustment Disorder

Occurs when an individual is exposed to stress, resulting in significant distress or impairment.

Typically, will not last for extended periods of time. Symptoms may begin manifesting as long as three months following the stressor, but usually resolve in less than or equal to 6 months.

(DSM-IV-TR) American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. (Washington, D.C. APA, 2000).

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## Acute Stress Disorder (ASD)

Development symptoms that are experienced during or immediately after a traumatic event

- Onset of symptoms: *within 4 weeks* of the event
- duration: *at least* two days
- *resolve within 4 weeks* after the conclusion of the traumatic event

If > 1 mth. = consider changing diagnosis to PTSD, if the full criteria for PTSD are met

(DSM-IV-TR) American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. (Washington, D.C. APA, 2000). Ann Landes, Ph.D. 2010

## PTSD

Exposure to an extreme, traumatic event involving direct personal experience of actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate.

The person's response must involve intense fear, helplessness, or horror.

Duration of symptoms: must be > 1 mth.

If < 3 mths. = *Acute PTSD*

If = or > 3 mths. = *Chronic PTSD*

*Delayed onset PTSD:* onset of symptoms is at least six months after the stressor.

(DSM-IV-TR) American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. (Washington, D.C. APA, 2000).

## Salient Clinical Issues

**Cognitive Issues** (i.e., resulting from TBI, medical conditions, MH concerns)

- Reduced concentration and attention
- Difficulty with executive functioning
  - Planning, decision-making
  - Initiating tasks, following-through to completion
  - Tendency towards procrastination
  - Problem-solving

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## Salient Clinical Issues

**Safety and Violence**

- Internalized Aggression
  - *Suicidality*
  - Acts of self-harm (i.e., cutting, risk-taking)
- Externalized Aggression
  - Family
  - Friends
  - Toward strangers/the public
  - Co-workers

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## Salient Clinical Issues

**Behavioral Health**

- Coping
- Substance abuse and misuse
- Stress/anxiety management
- Managing medical concerns

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## Salient Clinical Issues

- Sleep problems (over – or under - )
- Self-care (neglect of)
- Physical illness (headaches, GI, chronic pain, reduced stamina, respiratory, etc.)

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## Salient Clinical Issues

**Spiritual concerns**

- Guilt and shame
- Meaning of military experiences and sacrifices
- Death and loss
- Lack of purpose in life

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### Partner/Spouse: Risk Factors and Clinical Considerations

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## Salient Clinical Issues

(partner, spouse)

- Re-adjustment/re-organization to pre-deployment role(s)
- Gender roles issues/familial traditions
- Potential loss of “new identity” (e.g., independence)

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## Salient Clinical Issues

(partner, spouse)

### Secondary traumatic stress (STS)

- Distressing reactions to partner’s combat experiences (from mild to severe end of spectrum)
- Also called *compassion stress*, *secondary victimization*, *vicarious traumatization*
- “It is the natural, consequent behaviors and emotions resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person.”

(Figley, 1999)

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## Salient Clinical Issues

(partner, spouse)

- Coping mechanisms
- Mental health concerns
  - Depression
  - Anxiety, stress
  - Substance abuse
- Psychosomatic complaints

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## Relationship Issues: Risk Factors and Clinical Considerations

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## Relational Markers of Stress

- Excessive “clinginess” or dependency on another
- Familial conflicts that seem to be “irresolvable”
- Making certain people in family the “target” for “all” of the problems (scapegoating)
- Mistrust, due to issues of relationship infidelity, etc.

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## Relational Markers of Stress

(Holifoll, et al., 1991)

- Physical and/or verbal abuse
- Uncharacteristic isolation
  - Individual
  - Family
  - From each other
- Reduced intimacy

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## When PTSD is present ...

### Experiential avoidance:

engaging in activities that aim to reduce the frequency of experiencing distressful internal thoughts, feelings, memories, physiological sensations (i.e., unhealthy coping)

### Impact on relationships?

1. Low cohesiveness
2. Engaged in constant distractions
3. "Can't seem to love" syndrome
4. Reduces the opportunities for intimacy, validation/acceptance

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## When PTSD is present ...

**Hyperarousal and Hypervigilance:** irritability, anger, being on edge, on-guard, defensive

### Impact on relationships?

1. IPV, abuse
2. Hinders communications; absence of warmth and responsiveness
3. Ineffective problem-solving, conflict resolution
4. Alienation
5. Decreases opps for getting stronger and gaining perspective
6. Being overly-dependent upon external reinforcement

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## When PTSD is present ...

**Trust:** May be due to guilt over what one did while in combat; may be the desire to protect the family member from "seeing" what they saw

### Impact on relationships?

1. Self-disclosure – fear of judgment/being misunderstood
2. Partner internalization of problem(s)
3. Worsening trauma sxs if experiences are not processed

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## When PTSD is present ...

**Control:** Need to be in constant control of situations and people (safety concerns)

### Impact on relationships?

1. Increased conflicts due to disagreements about parenting style, degree of autonomy, finances
2. Partner may feel "smothered"
3. Increased familial isolation from others/decreased emotional & social supports
4. Increased stress due to "perfectionism" – do things my way!
5. Withdrawal of family members to decrease conflict

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## When PTSD is present ...

**Intrusive thoughts and memories:** re-experiencing of traumatic events

### Impact on relationships?

1. Distracted, jittery -- inability to attend to partner; self-absorbed
2. Sudden/unexpected drastic mood changes - "walking on egg shells"
3. Could be frightening - "Need to be away/alone" (perpetuates isolation)

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## Other issues related to PTSD

1. Children may withdraw due to fear of poor interactions
2. Partners may decide not to include veteran in parenting or decision-making (to protect the children and themselves) – single parenting
3. Partners may actually begin to decompensate mentally, physically, psychologically due to the stress

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## Family Stress & Coping: Theoretical Orientation

### The Typology Model of Family Adjustment and Adaptation

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## Typology Model

1. Evolution of family stress theory  
(expansion of Hill's original ABCX family crisis model)
2. Focus: Family strengths, capabilities, and buffers against hardship
3. Emerged from studies of families experiencing war-induced stressors

(Figley, 1989)

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## Fundamental Assumptions

1. Hardships and change occur naturally in families.
2. Families develop basic skills to help encourage progress/growth and protection of the family unit and its members.
3. Crises force the family unit to change and adapt.
4. During times of stress, families benefit from being engaged in a network of relationships/community.

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## Fundamental Assumptions (pg. 2)

5. Interventions aimed at improving family functioning include a diagnostic and evaluation process that consider the capabilities & vulnerabilities of the family unit
6. The family can develop & maintain adaptive resources to enhance functioning during times of duress

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## Response to Stressors

**Stressor** : Event/transition that impacts the family unit and results in change in the family system

*The amount of stress a family can handle depends upon the ...*

1. Nature of the situation
2. Psychological and physical well-being of the family members
3. Resources and skills of the family
4. Life-stage of the family (i.e., early in marriage, w/ or w/o children)
5. Pile-up effect

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## Resilience & Adaptation

## Resiliency and Resilience

Resiliency:

Process that unfolds over one's lifetime (Bogar & Killacky, 2006)

Ability to adapt to adversity while maintaining healthy psychological and physical stability (Patterson, 2002)

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## Resilience

Adaptation with stability

AND

Ability to emerge from challenges *transformed*, with newfound confidence and strength (Simon, Murphy, & Smith 2005).

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## Resilience Factors/Buffers

- Internal Resources – skills, talents (within, possesses or attainable)
- External Resources – those things available to individual that are outside of the person

*Let's look at some examples ...*

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## Buffers

- *Social support systems*
- *Flexibility* in roles and change/*adaptability*
  - Positive acceptance of change
- "*Hardiness*" (resistance)
- *Coping self-efficacy*
  - belief in one's ability to cope/manage stressors
  - *knowledge* about the stressors and the situation

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## Buffers

- A sense of *balance*
  - Independence and ability to ask for help
  - Attending to one's own needs and the needs of others
- Having a *perceived sense of control* in one's life (empowerment; skills)
- Possessing a sense of *purpose in life*

*Other examples of internal and external?*

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## Other examples

- Mind: innate intelligence, problem-solving, decision-making, etc.
- Personality: extroversion, humor, ability to ask for help
- Emotional health and stability; self-worth/self-esteem
- Body: health, physical abilities, speed, etc.

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## Other examples

- Spirit: possessing meaning in experiences
- Family, friends, community: \*social supports, belonging (sense of \*\*cohesion within family; routines)
- Training, education: skills, vocation, career

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## Promoting Resilience in Couples

### Specific Interventions

## Instill a Sense of Hope

- Help the couple to “see” their strengths
- Voice your belief in their abilities
- Look for opportunities to highlight their progress (no matter how small)
- Normalize and de-stigmatize

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## Safety Assessment

- Assess and address risk of suicide and/or active self-harm (1-800-273-TALK)
- Domestic violence (intimate partner violence, IPV; abuse of children)  
*Rates of IPV across military veterans and active duty servicemen range widely from 13.5% to 58% (Marshall, Panuzio, & Taft, 2005)*
- Aggression towards others outside of the home (anger management)

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## Psychoeducation

- Normalize: emotional cycle of deployment and stressors of reintegration
- More informed consumers of MH services: MDD, anxiety, PTSD, adjustment disorder, substance abuse, etc.
  - If PTSD is present, educate couple about PTSD and its impact on relationships.

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## Psychoeducation (pg. 2)

- Help couple to develop realistic expectations
- Ways to maintain or increase well-being
- Social and support connections: w/ other couples, support units (provide information and referral)

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## Interpersonal/Relationship Skills

- Communications – matching levels, attending to verbals & nonverbals
- Conflict management
- Intimacy
- Management of emotions (identification and expression)

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## Behavioral Health

- Sleep
  - Addressing sleep hygiene needs
  - Referral for sleep study
- Coping
  - Proper diet and exercise
  - Relaxation
  - Addressing substance abuse issues

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## Spiritual/Meaning/Life Purpose

- Making meaning from experience(s)
- Addressing guilt and shame
- Attending to grief and loss
- Finding purpose in life NOW

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## Evidence-Based Treatments for Couples

Focus: PTSD & Relationship Issues

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## Cognitive-Behavioral Couples Therapy (CBCT)

- ❖ Found to be as efficacious as individual therapy in treating several disorders, like MDD, panic d/o, agoraphobia, substance abuse
- ❖ Improves relationship satisfaction
- ❖ Reduces relapse
- ❖ Decreases physical aggression

(Monson, Schnurr, Stevens, & Guthrie, 2004)

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## CBCT for PTSD: brief outline

Monson, Schnurr, Stevens, & Guthrie (2004) study

- 15 sessions, with three treatment (tx) phases
  1. *Tx rationale and psycho-ed* about PTSD and its impact on intimate relationships
  2. *Behaviorally-based communications skills training*
    - Co-joint behavioral interventions aimed @ overcoming experiential avoidance & improving communications
  3. *Cognitive interventions*
    - Focus is to modify core interacting schemas that develop and/or maintain relationship issues as they relate to PTSD

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### Traditional Behavioral Couple Therapy (TBCT) vs. Integrative Behavioral Couple Therapy (IBCT)

Christensen et al. , 2004 study

- TBCT (aka behavioral marital therapy): far more studies have been conducted on this intervention than any other couple therapy.
- IBCT: builds on TBCT and takes into account the component of emotional acceptance

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### TBCT: Brief Outline

**Goal:** Promote positive change in couple, via direct instruction and skills development

Therapist emphasizes the couple's strengths and helps couple to define specific problems areas that can be used during the therapy

Key Skills:

**Behavioral exchange:** List of actions each can take that are positive & encouraged couple to pos reinforce each other's actions (appreciation, warmth)

**Communications:** empathic listening and responding

**Problem-solving:** identify, generate positive solutions, discuss alternatives & negotiate, implement the change

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### IBCT: General Outline

Focus more on **emotional reactions** of the couple to problems, versus actual solutions to resolve issues

Therapist:

- a) emphasizes the couple's strengths
- b) identifies global themes (vs. specific problems) that are present in the couples relationship concerns
- c) Helps the couple to understand the existing difference between them as a couple and their self-defeating actions, as well as each other's emotional reactions to these hurtful actions

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### IBCT, during session

- Focus on recent salient concern (argument on the way to therapy) to promote emotional acceptance
  - Empathic joining around the issue (have couple express their emotional reactions and have partner expresses empathy for them)
  - Unified detachment from the concern (step back and take a non-evaluative stance – more descriptive)
  - Building tolerance to each other's response(s) or reactions to the problem (discuss the pos and neg functions of each other's responses)

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### Summary of Interventions for PTSD (Foa, 2009)

1. Behavioral family therapy
2. Behavioral marital therapy
3. Cognitive-behavioral couple treatment for PTSD
4. Critical interaction therapy
5. Emotionally-focused couple therapy
6. Family systems-based therapy
7. Lifestyle management
8. Spousal education and support programs

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### Primary components

- Psycho-ed
- Communication skills building
- Problem-solving
- Managing anger
- Self-Care
- Stress reduction
- Addressing low self-esteem

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## Primary components

- Substance abuse treatment
- Clarifying one's role(s) in the family
- Encourage acceptance of one another
- Enhancing intimacy (i.e., touch, gentleness)
- Engagement in rituals (bonding, affiliation)

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## Other Possible Interventions

- Group counseling
- Individual therapy for both individuals
- Other ideas?

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Christensen, A., Baucom, D. H., Atkins, D. C., Berns, S., Wheeler, J., Simpson, L. E. (2004). Traditional versus integrative behavioral couple therapy for significantly and chronically distressed married couples. *Journal of Counseling and Clinical Psychology, 72*(2), 176.

Figley, C.R. (1999). Compassion Fatigue: Toward a New Understanding of the Costs of Caring", 2nd ed. in Dr. B.H. Stamm (Ed.), *Secondary Traumatic Stress: Self-care Issues for Clinicians, Researchers, and Educators*. Lutherville, MD: Sidran.

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Monson, C. M., Schnurr, P. P., Stevens, S. P., & Guthrie, K. A. (2004). Cognitive-behavioral couple's treatment for posttraumatic stress disorder: Initial findings. *Journal of Traumatic Stress, 17*(4), 341.

Patterson, J. M. (2002). Integrating family resilience and family stress theory. *Journal of Marriage & Family, 64*(2), 349.

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## Questions? Suggestion?

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## Suggested Readings & Resources

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Please also refer to the handouts.

## Reading Material

Back from the Brink: A Family Guide to Overcoming Traumatic Stress, Catherall, D. R. New York: Bantam Books, 1992.

Communicating in Relationships: A Guide for Couples and Professionals, Fincham, Frank D., Fernandes, Leyan O.L., and Humphreys, Keith. Campaign, IL: Research Press, 1993. A book that provides information about how one can enhance current and future relationships through improved communication.

Couple Skills: Making Your Relationship Work, McKay, Matthew et.al. New Harbinger Publications, 2006.

A classic relationship-skills book offering couples a comprehensive approach to better communication, greater intimacy, and deeper commitment based on cognitive behavioral therapy.

Courage After Fire: Coping Strategies for Returning Soldiers and Their Families, Armstrong, K., Best, S., & Domenici, P. Ulysses Press, 2005.

Advice for families of service members dealing with return and reunion issues, combat stress, and PTSD.

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## Reading Material

Down Range: To Iraq and Back, Cantrell, Bridget, & Dean, C. Wordsmith Books, 2006.

Advice and information for families of service members dealing with combat stress and PTSD. With real stories from service members.

Healing the trauma of domestic violence: A workbook for women, Kubany, Edward S., McCaig, Mari A., & Laconsay, Janet R. Oakland: New Harbinger, 2003.

This is a self help workbook that provides a step-by-step approach for formerly battered women to overcome abuse-related Posttraumatic Stress Disorder.

Odysseus in America: Combat Trauma and the Trials of Homecoming, Shay, J. Scribner, 2003. Understanding the challenges veterans face when returning to civilian life after combat.

Returning From the War Zone: A Guide for Family Members is a publication available only from the Web site of the National Center for Post-Traumatic Stress Disorder, [www.ncptsd.va.gov](http://www.ncptsd.va.gov). Scroll down until you see the heading "War in Afghanistan and Iraq" or type the title into the search box.

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## Reading Material

Surviving Deployment: A Guide for Military Families, Pavlicin, Karen M. Elva Resa Publishing, 2003.

This book covers everything from long-distance romance and post-deployment marriage advice to problems with finances, kids, communication and careers.

The Treasure of Staying Connected for Military Couples, Lange, Janel. Serviam Publishing, 2004.

This short book gives tips for strengthening relationships and success stories of couples who have weathered the storm of military separation.

When Duty Calls: A Handbook for Families Facing Military Separation, Vandesteeg, Carol. Life Journey Publishing, 2005.

This book helps families learn what to expect as they prepare for deployment, how to communicate while separated, keeping the love alive between spouses, helping children through the separation, and reuniting at the end of the tour of duty.

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## Useful Websites

- <http://www.militaryonesource.com/> - very valuable resource for all branches of the service
- <http://www.npc.navy.mil/CommandSupport/SpouseSupport/> - Navy family support
- <http://www.veteransandfamilies.org/page/page/1362000.htm> - Veterans & Families Coming Home

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## Useful Websites

- <http://www.hooah4health.com/deployment/familymatters/default.htm> - The Family Deployment Guide by Department of the Army
- <http://www.militaryhomefront.dod.mil> – lots of information for families, including on parenting
- <http://www.milspouse.org/Benefits/SuppServ/deploy/> - lots of links to other site

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## Useful Websites

- [http://www.nationalresourcedirectory.gov/nrd/public/DisplayPage.do?parentFolderId=600\\_6](http://www.nationalresourcedirectory.gov/nrd/public/DisplayPage.do?parentFolderId=600_6) - The National Resource Directory (NRD) is an online tool for wounded, ill and injured Service Members, Veterans, their families and those who support them. The NRD provides access to thousands of services and resources at the national, state and local levels that support recovery, rehabilitation and community reintegration.

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## Useful Websites



- For PTSD: <http://www.ncptsd.va.gov/> - the National Center for PTSD
- Link to ATTC Network: (part of SAMHSA)  
<http://www.attcnetwork.org/learn/topics/veterans/attc.asp>
- Link to reading on veterans and substance abuse:  
<http://www.attcnetwork.org/learn/topics/veterans/docs/vetnwsitr2004.pdf>

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