BUILDING RESILIENCE
IN THE MILITARY
FAMILY
DURING AND FOLLOWING DEPLOYMENT
Authors

- COL Stephen Bowles, PhD, MSW, ABPP, Associate professor of Behavioral Science, The Eisenhower School, National Defense University, Washington, DC; and Uniformed Services University of the Health Sciences, Department of Medical and Clinical Psychology, Bethesda, MD
- Liz Davenport Pollock, PhD, LCMT, Senior Family Fitness Scientist, Human Performance Resource Center, Department of Military and Emergency Medicine, Uniformed Services University of the Health Sciences, Bethesda, MD
- Colanda Cato, PhD, Licensed Clinical Psychologist, Resilience and Prevention Directorate, Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, Arlington, VA
- Monique Moore, PhD, Psychologist, Resilience and Prevention Directorate, Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, Silver Spring, MD
- Shelley M. MacDermid Wadsworth, PhD, MS, MBA, Director, Military Family Research Institute; Professor, Human Development and Family Studies, Purdue University, West Lafayette, IN
- Vasiliki Anagnostopoulos, research assistant, Department of Medical and Clinical Psychology, Uniformed Services University of the Health Sciences, Bethesda, MD; and Department of Psychology, American University, Washington, DC
- Kathleen K. Sun, Deloitte Consulting LLP, Washington, DC
- Mary Campise, Department of Defense, Office of the Assistant Secretary of Defense, Military Community and Family Policy’s Family Advocacy Program, Washington, DC
- HM1(FMF) Daniel Freeland, USN, brigade adjutant, Uniformed Services University of the Health Sciences, Bethesda, MD
- Capt. Malvis Tarney, Uniformed Services University of the Health Sciences, Brigade, Bethesda, MD
- Maj. Katalin Brogdon, United States Marine Corps Headquarters, Combat and Operational Stress Control, Quantico, VA
- Maj. John Brogdon, United States Marine Corps, Operational Test and Evaluation Activity, Quantico, VA
- HMC (FMF/CAC) Alexis A. Alvarado, USN, enlisted advisor, General Education Office, Uniformed Services University of the Health Sciences, Brigade, Bethesda, MD
- Lt. Col. Mark Bates, PhD, USAF (Ret.), Director of Resilience and Prevention Directorate, Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, Silver Spring, MD
Dear Readers,

The material in this chapter is from the book we edited called *When the Warrior Returns: Making the Transition at Home*. It has since been expanded with additional material and insights and offers valuable advice on how military families can build resilience before and after deployment. The lead authors have assembled service members and psychologists from all of the components as well as DoD agencies to bring you not just the latest research but also practical tips that the contributors have used with their clients and in their own lives. The list of other books, resources, and web pages is thorough and will be one that your family will regularly access for more guidance and suggestions.

We thank your family for your service to our nation. We cannot express our appreciation enough for your dedication to put your lives on hold – and even on the line while you were deployed – to protect our families. We encourage you to read this pamphlet as a family and together act on its recommendations and ideas. Explore the other books, materials, and resources in the back of it and utilize everything you possibly can that can be helpful to you. Do not consider any of these things to be a charity – you and your family earned each and every one of these resources for the sacrifices that your entire family made to our nation. Not using these things would be like leaving part of your paycheck behind on the table.

If you find this material helpful we also encourage you to obtain a copy of the complete book. It is available in many libraries and at bookstores and in e-reader formats.

Thank you again for all you have done for our country. We wish you a safe and speedy reintegration home and for strong, healthy, and resilient families.

With gratitude,
Nathan D. Ainspan
Arlington, VA

Walter E. Penk
New Braunfels, TX
Note: The material produced here is adapted from Chapter 7, “Building Resilience in the Military Family During and Following Deployment,” of the book *When the Warrior Returns: Making the Transition Home* (2012) edited by Nathan D. Ainspan and Walter E. Penk, published by Naval Institute Press, Annapolis, Maryland. Specifically, this adapted chapter has additional information on what makes up a military family, tips for military children and teens, expanded information on cognitive distortions, and a new section on health literacy. The tips for military children and teens are from Chapter 12, which was written by some of the same authors. Permission to expand and distribute this document was granted by the editors and publisher.

This chapter is a combination of evidence-based research and observations of resilience-building approaches for families by service members. An informal focus group generating tips for family members was conducted with some of the authors and those acknowledged in this chapter and can be recognized in quotes throughout the document.

**Disclaimer:** This chapter does not reflect the opinions of the United States Air Force, United States Army, United States Marine Corps, United States Navy, Uniformed Services University, National Defense University, Office of the Secretary of Defense, or Department of Defense.
Building Resilience in the Military Family During and Following Deployment

Since 2001 over 2 million U.S. service members have been deployed to Afghanistan and Iraq (Defense Manpower Data Center, 2012). Multiple tours, prolonged separations, and other stressors associated with every deployment have presented innumerable challenges for members of the military and their families (Chandra, Burns, Tanielian, Jaycox, and Scott, 2008). The challenges of coping with military life do not end when the family member comes home. Indeed, for many that is when the difficulties of maintaining a family are greatest. The family resilience process is the family’s capacity to adapt and grow in the face of adverse stressors and changing demands as measured by family functioning and collective well-being (adapted from Bowles and Bates, 2010; Luthar, 2006; MacDermid Wadsworth, 2011; McCubbin and McCubbin, 1996; The Technical Cooperation Program, 2008; Walsh, 2003). The family process plays a critical role in how military families cope or thrive with the challenges of deployment and reintegration. In addition to all the stressors of deployment and reintegration, military families also have to cope with the routine challenges that civilian counterparts experience, such as financial concerns, relationship problems, and health and work-life stressors. The extent to which families overcome such challenges will be connected to the overall resilience of the family. While most military families are remarkably resilient, even the strongest families experience ups and downs.

This chapter describes the stressors that can impact your service member and your family members in the areas of deployment and reintegration, relationships, children, finances, and injuries. It provides tips and suggestions on how to cope with these stressors and then concludes with three types of resilience-building skills you can utilize to cope with all of these stressors. We also conducted a focus group with deployed service members that are authors or are acknowledged in the section at the end of this chapter. The members described their deployment-cycle experiences in two group meetings that are integrated into the tips section here. These stressors described and tips-coping resources for the family are in alignment with the Military Family Fitness Model to promote healthy resilience and fitness functioning and well-being for the family (Bowles et al., 2011; Bowles et al., 2013).

Resilience is a process of adapting to adverse events that is influenced by heritable characteristics, learned behaviors, and environmental factors. Some people seem to be born with a natural sense of resilience and seem to be able to adapt to anything. Others may not have this heritable resilience but may be fortunate to be in an environment that helps them become more resilient (such as being surrounded by a strong community of other service members or having close family relationships). If you do not have the heritability for resilience or the environmental factors there are still learned behaviors that you can develop and strengthen, and tools that you can utilize to help to develop resilience (see techniques at the end of the chapter). The quality of the parent-child and couple relationships can serve as important buffers for family resilience and fitness (Bowles, Moore, Cato, Pollock, and Bates, 2011).

What Makes Up a Family?

Prior to discussing specific stressors that military families experience during and post deployment and key resources available to military families, it is important to define the concept of “family.” The basic unit of society, a family is a group of individuals who are related by marriage, birth, or
adoption and aim to foster and maintain connections that support and enhance the physical, mental, emotional, and social development of each family member.

A military family can be defined in many ways, including but not limited to the following: a single service member along with his or her parents and siblings or with grandparents (acting) as parents, a single parent with children or unmarried partners with children, an engaged couple, a pair of adult siblings, a combination of two families connected through marriage, a newly married couple with extended family, or two adults with children (including adopted and fostered) (adapted from MacDermid, 2011). It is also important to understand that cultural differences can exist between and within family members. Recognizing the many family variations, the chapter aims to offer military families detailed guidance and resilience-building tips related to the challenges of deployment and reintegration for their specific family unit.

**Deployment Stressors, Coping, and Reintegration Strategies for Families**

A family has the potential to be either a source of support, love, and comfort or a source of stress for each member. Oftentimes it is both. Like their civilian counterparts, military families rely on the support of family and friends to mitigate stress. Whether or not your home offers these supportive qualities usually depends on the relationships within a family and the stressors it faces. While all families face some level of discord at times, the separation of a military deployment places additional stress and demands on the entire family of each service member. Everyday living for a civilian family brings routine stressors that include financial, relationship/marital, parental (e.g., children’s behavior and schedules), mechanical (e.g., car breakdowns and home repairs), health, and work-life balance-related issues. Furthermore, conflicts, disagreements, and misunderstandings occur in any family. These challenges can spill over into the work and school environments and generate additional stress with work/school-family balance. Military families must deal with these everyday stressors in addition to military-specific ones generated by the strain of deployment.

The family members of service members who remain on the home front face a unique set of challenges. They struggle with worrying that their service member is in constant danger and with the fear he or she will be killed or injured. A spouse at home also may struggle to manage the household and juggle multiple responsibilities that were formerly divided between two people while trying to maintain a strong connection with the deployed spouse. For military families with children, added challenges for the at-home spouse include finding proper and sufficient child-care services in the neighborhood and balancing work while dealing with all child needs in the absence of the deployed spouse. Additionally, parents of service members may find it challenging to communicate and maintain a strong relationship with their child. Other stressors surrounding the deployment of a service member may strain all members of the family. For instance, a short home-to-deployment dwell time—the amount of time spent at home compared to the amount of time on deployment—may not provide a service member adequate rest or time to reconnect with his or her family. In addition, the uncertainty about deployment and redeployment dates (i.e., when a service member leaves for or returns from deployment) can generate anxiety in family members.

As the service member’s family at home reacts to stressors, the stressed family will in turn create stress for the deployed service member. As an example, in 2010 the Joint Mental Health Advisory Team 7 found that 25% of soldiers reported that stress at home caused them to be distracted at work while they were deployed. In addition, 19% of deployed service members also
reported anxiety and tension that made it difficult for them to do their jobs because of concerns for their family back home.

**General Tips to Cope with the Stressors of Deployment and Reintegration**

Coping with the separation of deployment can be very challenging for the military family. The following tips are offered as specific strategies your family members can engage in to help maintain your resilience as you cope with deployment separations and reintegration.

**Communicate Regularly**

Communication is crucial during and after deployment. Communicating regularly, staying connected, and adjusting to changed roles are all critical strategies that can help family members manage stressors associated with deployment. Factors that may shape and maintain communication between the couple are the duration, time difference, content, and frequency (Merolla, 2010). This in turn will help you build resilience to cope with the challenges of deployment.

**Do Not Isolate**

Social support groups are key to helping family members stay connected, manage their emotions, and maintain resilience during times of stress. Activities with other service members’ families, extended family, and friends are not only useful while your service member is away but will also provide important support during the reintegration period and afterwards. You can find these groups through your local military base (if you live near one), houses of worship, in your local community, and by contacting the Veterans’ Service Organizations listed in the appendix of this chapter.

**Manage Stress**

Keeping stress under control through the practice of stress management techniques can also be helpful in maintaining family resilience. Service members in the focus group organized by the authors of this chapter offered the following general stress management suggestions to help service members and family members cope with separation and reintegration:

- Ensure adequate sleep and rest.
- Practice breathing exercises and meditation.
- Exercise and participate in other recreational activities as time allows.
- Maintain a regular routine as much as possible.
- Enjoy the times you spend interacting with members in your unit, including family and friends.
- Read for enjoyment.
- Maintain regular communication with family members through various web-based communication (e.g., social media, Skype) while away and continue to stay involved upon your return.
- Make plans to do social things to help lessen the amount of time spent strictly at work; making set plans can help establish clear boundaries between work and home. This in turn helps build a good social network.
- Do not put your life on hold; remain engaged and active by starting activities or continuing existing ones.
How Relationships Are Impacted by Deployment and Reintegration

During deployment, your family may have had a difficult time adjusting to the absence of your service member. As the stay-at-home spouse, you might have assumed new roles and responsibilities, including employment, oversight of family finances, and childrearing. Some spouses who chose to leave a military base and stay with parents or in-laws may feel less connected to their military community. Spouses’ reactions and behaviors during deployment may range from thriving on the independence or as indicated in a survey where the majority reported struggling with feelings of loneliness, depression, and or anxiety (Human Resources Strategic Assessment Program [HRSAP], 2009) that may contribute to increased alcohol or substance use and abuse and other conditions related to stress.

Communication issues often develop during deployment due to distance and the inability of service members and their family members to speak with one another often. Spouses are unaware of what loved ones are encountering and may become frustrated and concerned when they cannot talk to them while they are away. Likewise, deployed service members may not always be aware of what is happening at home. Resilience can be built if a couple can address issues through communication and can adjust their communication skills when the service member returns home.

Building a strong marital friendship, keeping in touch, and sharing feelings and thoughts are essential for couples to maintain strong relationships and mitigate stress during deployment and reintegration. Relationship problems, especially when left unresolved for long periods of time, can potentially impact well-being. If you find yourself having issues in your relationship, do not hesitate to seek help from a friend, support group, counselor, chaplain, or mentor. We have highlighted in this chapter the ways that military deployment can place enormous strains on even the best relationship. If you have issues with your relationship you need not be alone—help is available for your family.

When your service member returns you should be prepared to adjust and work together as a couple to redevelop intimacy (if necessary) since people change and grow during the time spent away from each other. Couples’ retreats can be useful to help you build communication skills so that you can discuss intimacy and strengthen your relationship.

In addition to intimacy issues, you as a couple will need to communicate about home-life activity changes upon the return of your service member. Both you and your service member should be patient and willing to slowly adapt to the changes in your family’s finances, daily routines, role changes, and other home-life activities that may occur during the transition period. It may be difficult for your service member to discuss what he or she may view as trivial issues at home based on their extreme experience in combat. Dealing with things together in a steady manner may be the best way to help your service member reintegrate back into the family. Outcomes are best if you and your service member are receptive, open-minded, and patient; it can take several months to a year before service members can get on a regular home-life schedule.

Other common stressors on marriages and relationships include:

- Worries about infidelity.
- The spouse’s lack of familiarity with the military lifestyle and lack of understanding of the communication difficulties while the service member was deployed.
- Difficulty communicating due to phone and Internet connection problems in a foreign country (as well as mission requirements).
• Changes in sexual and intimacy interest due to the separation and physical and mental effects of the war.
• Lack of preparation or foundation for the responsibilities of marriage, especially when service members and their spouses marry at a young age.
• Difficulty dealing with roles changing during the post-deployment process.

Tips for Couples Coping with Reintegration Stressors
For spouses and partners, the following coping strategies may help you build resilience during the reintegration period:
• Anticipate the challenges and sacrifices associated with post-deployment. Knowing what to expect can help prepare you for difficult decisions regarding work-life balance and career transitions.
• Communicate openly and consistently.
• Surround yourselves with people you enjoy spending time with, both as a family and as a couple.
• Engage in hobbies.
• Take time for yourself.
• Avoid overusing alcohol and over-the-counter medications, using illegal drugs, engaging in aggressive driving, or engaging in sexually promiscuous behaviors.
• Remain connected with your own social network.
• Take advantage of professional services such as your chaplain, installation’s family support center, and Military OneSource (http://www.militaryonesource.com).
• Try to be open-minded, flexible, and adjust to the unexpected. Try practicing relaxation techniques or mindfulness through downloadable music, audiobooks, or classes. This can help foster flexibility and greater tolerance for uncertainty.
• Prioritize your time with family and friends. Do not stay at work if you are not truly needed.
• Try prayer, meditation, and/or reflection together.
• Upon return, try to treat family members as you normally would or adjust your interactions with them depending on how they have changed (e.g., perhaps the children have grown).
• Be patient. Slowly transition into roles; avoid rapid changes in roles or responsibilities, since transitioning too abruptly can cause friction and disrupt relationships.

How Children and Teens Are Impacted by Deployment and Reintegration
Deployments and reintegration will impact your children, but there are techniques that can help them be more resilient as well. A 2008 RAND study of military spouses indicated that children with parents in reserve components reported more readjustment difficulties, while children of active-duty parents reported more anxiety with their home caregiver (Chandra et al., 2008). During deployment, children miss their deployed parent and feel the stress of the parent left behind. Each child will react differently: Some may feel the need to act older and take on responsibilities such as the role of co-parent for younger siblings. Children may also exhibit more behavior problems during the parent’s deployment and display increased attachment behavior during the reunion (Barker and Berry, 2009). The table below was adapted from a preliminary Presidential Task Force (Johnson, 2007) and a book chapter relevant to children and deployment (Chandra, 2011).
Table 1: Child–Adolescent Deployment and Reintegration Behaviors

<table>
<thead>
<tr>
<th></th>
<th>Deployment</th>
<th>Post-Deployment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infants</strong></td>
<td>Refuse to eat or lose energy</td>
<td>May not recognize returning service member and be fearful of him/her and may cry when held</td>
</tr>
<tr>
<td><strong>Toddlers</strong></td>
<td>Cry, throw tantrums, and exhibit irritability and sadness</td>
<td>May be hesitant to be affectionate with returned parent</td>
</tr>
<tr>
<td><strong>Preschoolers</strong></td>
<td>Sadness, tantrums, changes in eating/elimination habits, symptoms of separation anxiety may appear; may display regressive behavior, irritation, sadness, and aggression, and may have somatic complaints</td>
<td>Happy and excited, but also experience anger at separation; scared or angry</td>
</tr>
<tr>
<td><strong>School-Aged</strong></td>
<td>Increased somatic complaints, mood changes, decline in school performance; may complain of body aches, whine, and display aggression</td>
<td>Happy and angry, often leading to acting out behaviors; may crave attention from returned parent</td>
</tr>
<tr>
<td><strong>Adolescents/Teenagers</strong></td>
<td>Angry, aloof, apathetic, acting out behaviors may increase; loss of interest in normal activities; decline in school performance; likely to isolate, display irritation, rebel, fight, and may engage more frequently in risky behaviors</td>
<td>Defiant, disappointed if their contributions at home are not acknowledged; may isolate themselves</td>
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</table>

Note: Chandra, Burns, Tanielian, and Jaycox, 2011, p. 178; Johnson et al., 2007, p. 28

Upon the service member’s return home, sometimes the problems that the children encountered during deployment may worsen without focused attention from parents. The feelings and behaviors children have toward their parent’s deployment may also vary depending on the child’s age; if the child is very young when the parent is deployed, the child may not recognize the parent upon return. The parent and child may need to spend time getting reacquainted with each other and re-forging a relationship (Huebner and Mancini, 2005).

Following deployment, disciplinary roles may change as they become shared between both parents. Service members and their children need to readjust after the parent’s absence. Just as children who took on more responsibility during their parent’s deployment or relied heavily on the parent at home may find it difficult to re-shift some of those responsibilities (Huebner and Mancini, 2005) and expectations back on the returning parent, the returning service member may need to recognize his or her children’s greater independence and maturity.
Children of service members who may be suffering from a physical or psychological injury may find it hard to understand and relate to their parent’s behavior. Children may feel responsible for the parent’s changes or worry that the injured parent no longer loves them; the non-injured spouse will need to reassure the children and help them see they are not at fault. During these times, self-awareness and awareness of others’ behaviors, as well as frank communication, may help individual family members understand and enhance family bonding.

Teenagers with deployed parents often worry about the safety of their deployed parent or consequences from deployment and may experience changes in sleep, diet, and emotions (Chandra et al., 2008; Huebner and Mancini, 2005). The stress of having a parent deployed may cause worry about that parent, disrespectful behavior at home and school, or changes in academic performance (Huebner and Mancini, 2005). Under stress, teenagers may adapt initially by keeping their feelings to themselves; however, over time this can become isolating and can perpetuate problems.

**Tips for Parents to Help Children Cope with Deployment**

- Plan and engage in normal family activities such as watching movies, hiking, or having a picnic together.
- Allow children to ask all questions regarding deployment and give them open and honest (age-appropriate) answers.
- Talk about changes that occur during deployment. Some children may not want to talk and instead can express themselves through playing or drawing.
- Involve children in the communication process (e.g., videos, smartphone communication) to keep the deployed parent abreast of events/accomplishments for a smoother reunion.
- Ensure children are involved in age-appropriate activities in school, camps, and other recreations. Enroll your children in a military youth program if available.
- The deployed parent could voice-record books that the child can listen to during the parent’s deployment; this will help the child feel connected to the deployed parent and continue family routines such as reading before bed.
- Although kids often do not understand timeframes as well as adults do (depending on age), continuing to reinforce plans during and after their mother’s or father’s return will help them deal with the separation.
- Spouses should try to refer to your service member’s deployment as work instead of just saying he or she is gone. This will help children realize that the service member did not simply choose to leave them and may make for a better reunion. Before the service member returns, communicate what activities you can do and what issues to address when your service member does return. This will help maintain a relationship with children and spouses.
- If needed, participate in group counseling with your children or teens; it can be a helpful forum where everyone can discuss their experiences, feelings, and thoughts.
- Establish a network of fellow “deployed families.” Having people to communicate with, who understand first-hand, can inspire perseverance and provide incredible support.
- Encourage items such as art or drawing pictures for the deployed parent. Many kids enjoy drawing, and if you tell the child it’s for his or her mommy/daddy, who will show it to all his/her friends, usually that draws out negative thoughts and replaces them with positive ones.
**Tips for Parents to Help Teens Cope with Deployment**

- The most important strategy for teens is maintaining open communication among all family members about concerns, emotions, and questions. Teens can be encouraged to express their thoughts and feelings to their loved ones as a way to manage their emotions while simultaneously fostering cohesive family relationships.
- Communication prior to deployment with the deploying parent and adolescent seem to help the adolescent “cope better” during the deployment. Communicating to the deployed spouse about the adolescent can help regulate parent expectation upon return and likewise discuss with the teen what the deployed parent is doing while deployed and discussing with their teen their (non-deployed parent) own feelings related to deployment (Huebner and Mancini, 2005).
- Communication between the deployed parent and the youth, especially using technology the youth frequently uses, can help maintain the relationship bond.
- Allowing teens to establish the frequency and mode of communication could also be a way to reinforce their growing autonomy while maintaining the relationship in new and flexible ways upon the service member’s return.
- View deployment as a chance for the whole family to grow.

**Tips for Parents to Help Children Cope with Reintegration**

- Slowly transition roles and responsibilities at home while addressing the needs of each family member as well as the family as a whole.
- Let children know they are loved unconditionally while providing clear expectations and boundaries.
- Brainstorm a list of fun activities to do as a family.
- Children grow up and go through different events that service members miss, so they grow and change over the course of a deployment. Devoting individual time with each child upon return home could help get to know your children during reintegration.
- Model healthy coping strategies, as children learn from watching their parents.
- Use age-appropriate emotion management strategies. For example, children can be taught emotion management such as a “feeling thermometer,” and family members can help monitor and regulate their feelings along the thermometer so that stress-management strategies can be employed when the temperature is too high (Lester et al., 2011).
- Try not to overload event planning, but slowly begin doing activities. Start slowly, such as internal entertainment in household, family game night, or a movie night. When family cohesion starts back up, go to the movies or shopping with them. Take them to a one-day event, then maybe camping for a weekend, and then longer vacations.

**Tips for Parents to Help Teens Cope with Reintegration**

- Provide skills training (problem solving, cognitive restructuring, attending to behavior) for non-deployed parents that can help their youth cope effectively with absence of deployed parent (Bowles et al., 2011). These skills (particularly with good parental modeling) may help youth better manage reintegration and redeployment, particularly those with parents with multiple and extended redeployments.
- Huebner and Mancini (2008) recommend that youth-development professionals teach your adolescents the deployment cycle and emotions that can be associated with the separation of their parent. You may also want to work in conjunction with a youth-
development professional about feelings of depression, anger, or anxiety and how to communicate this with your child.

- Encourage adolescents to attend youth skill-building sessions that help with identifying deployment-cycle affective triggers (i.e., anger, anxiety, depression) and provide some skills (cognitive restructuring, relaxation/deep breathing, communication) to better manage stress (Bowles et al., 2011; Esposito-Smythers et al., 2011).
- If needed, participate in counseling with your teen; it can be a helpful forum for additional support where everyone can discuss his or her experiences, feelings, and thoughts.
- Deployment and reintegration can also be a time of family strength and growth. Reframing the deployment and reintegration period as a way of practicing new roles and routines can sometimes help families adapt as necessary to the challenges of deployment and reintegration.

Many children born and raised in military families learn to adapt to their parent’s deployment and reintegration and become more resilient as a result. However, no family is immune to stress. The resilience strategies highlighted in this chapter may provide valuable support and protection against stress over the long run, but determine what works best for your family (and for each individual within it).

How Family Finances Are Impacted by Deployment and Reintegration
Military spouses experience a range of unique financial stressors associated with military life, including challenges to finding employment and building a career. Most spouses want to work, but their career development and opportunities may be limited for a preferred career as a result of their spouse’s multiple relocations (Sanchez, 2011; Savych, 2008). When a family relocates, the service member already has a new position waiting for him/her, while the spouse often must find a new one in an unfamiliar environment.

Work-life balance can be an ongoing stressor for military families. It is important to communicate and discuss career expectations and aspirations with your partner. A shared vision and commitment to your future and joint decision-making may help prevent career goals from generating relationship conflicts.

Budgeting issues also can arise during a service member’s deployment and can carry over when they return home. Spouses also may have trouble budgeting at home. Sometimes family members may have limited skills and abilities in managing their own finances or do not have the skills to manage money. Unexpected repairs, childcare costs, or other services also can upset a family’s budget.

Tips for Addressing Family Financial Concerns
The following tips by Ryan Yarnell and Lee Aker can help your family reduce your financial stressors and in turn improve your family’s resilience against these stressors.

- **Have the “Money Talk.”** Discuss your financial dreams and ambitions with your family. What are you trying to achieve with money? Who will be the day-to-day money manager? How will you make decisions when there are competing goals? (Acker, pers. comm., July 2011)

- **Save for emergencies.** Murphy’s Law states: “Anything that can go wrong will go wrong.” Setting money aside for the inevitable financial emergency creates a strong foundation for financial security and helps “Murphy-proof” your life. We recommend earmarking a
minimum of $1,000 for the unexpected, though ideally you should increase that amount to account for three to six months of total monthly expenses (Yarnell, pers. comm., July 2011).

- **Pay off debt.** Paying off debt is one of the best things you can do to improve your financial situation. Not only are you saving on interest, but you also free up cash flow as you pay your debts off. Develop a plan to work through your debts, starting with the lowest balances and working your way up the list (Yarnell, pers. comm., July 2011).

- **Create and use a budget.** The budget is the most useful tool to ensure a strong financial future. The budget will drive most of your financial decisions, small and large, and it should be prepared monthly to account for variations in spending throughout the year. A budget is only as good as the information put into it, so be sure to track your spending to make your budget more accurate. Additionally, the budget is only useful if you follow it, so set realistic goals and work to stay on target. Families should be prepared to make lifestyle changes if necessary (e.g., eat out less, take fewer vacations, switch to generic brands, etc.) (Yarnell, pers. comm., July 2011).

- **Save for retirement.** Traditional pensions are almost nonexistent, and the future of Social Security is unknown. The only way to ensure a comfortable retirement is to save money on your own. Tax-sheltered investment vehicles such as the government’s Thrift Savings Plan (TSP) and Individual Retirement Accounts (IRAs) are great tax-advantaged ways to set aside money for your future retirement. A good rule of thumb is to save 10–15% of your gross income into retirement accounts. Save early, and save often. The best time to start saving for retirement is today, no matter how old you are, and set up your contributions to occur automatically on a regular basis, such as monthly or every two weeks. A little cash saved today will be a lot of money saved tomorrow (Yarnell, pers. comm., July 2011).

- **Check your credit.** Your credit information is used for other purposes besides deciding whether or not you can borrow money. Everyone is looking at your credit: your landlord, your insurance companies, the military, and even future employers. There are many reasons—such as the increased incidence of identity theft—for learning about what is included in your credit file. By federal law, you can obtain a copy of your credit report once every twelve months from each of the credit reporting agencies (Experian, Equifax, and TransUnion) by going to http://www.annualcreditreport.com, which is the only site where you can get your reports absolutely free. Instead of pulling all three reports at the same time, pull them at different times throughout the year; this way you will not have to wait twelve months to see your credit report for free (Yarnell, pers. comm., July 2011).

- **Get insured.** Make sure that you have all the right insurance for your needs: life insurance for all the contributing adults, healthcare insurance reviewed by your provider, auto insurance, and homeowner’s or renter’s insurance (Acker, pers. comm., July 2011).

- **Create a will.** Setting up a will is necessary. Consult with free legal services (available on most military installations for active-duty military and family members) for other necessary documents such as those for appointing powers of attorney or guardians for children or special-needs relatives. Creating a will can bring much-needed help and peace to loved ones in the case of unfortunate events (Acker, pers. comm., July 2011).
War-Related Physical and Mental Health Conditions

Injuries sustained during deployment (including physical ones such as combat wounds and traumatic brain injury [TBI] and psychological ones, including post-traumatic stress disorder [PTSD] and depression) will have an impact on family members, who may be prone to their own trauma, burnout, and compassion fatigue by virtue of the care they provide for their family member. Spouses who care for a wounded warrior will need to attend to their own well-being to keep up their own resilience and should not feel guilty doing so.

Veterans with PTSD often present difficult challenges for families (MacDermid Wadsworth, 2010; Taft, Schumm, Panuzio, and Proctor, 2008). An injured service member may forget important family events or be unable to do previous home chores or recreational activities to the fullest extent. The family may be unable to participate in activities they once loved to do together. Family members may feel unsafe if behavior is unpredictable. At times the family members may feel there is no one that they can reach out to during stressful events and will need to seek counseling to help cope with the changes in family dynamics. The family members may feel sad, angry, or worried about the service member and his or her future. Stress and depressive feelings occurring for one or more of the family members may decrease the family’s potential for cohesion and functioning.

Building mental fitness before and resilience after a physical or mental injury is critical. Military families need to understand the unique circumstances and health conditions of the service member in order to maintain strong family units and resilience. Several obstacles make it difficult to maintain optimal health in military life and culture. Moving frequently and changing healthcare providers can sometimes make it challenging to establish continuity of care. Some younger military couples and parents are under greater stress because they may be newlyweds or first-time parents living apart from each other. The stress can be exacerbated by the lack of support or distance from extended family. More-established families might face various challenges throughout the family lifecycle. Loved ones may have difficulty understanding complex regimens or health instructions from providers, which may result in unintended problems for family health care.

Health Literacy Tips: How to Prepare for the Healthcare Provider Visit

There are several things families can do to be proactive about their health care. When going in for treatment, make sure you are prepared to record important information.

- Be prepared with a checklist of questions for your healthcare provider regarding the physical or mental health condition.
- Be able to provide your physician with information about your medications or special diets and dietary supplements.
- You may request healthcare literature from your provider or ask for recommended Internet sites to help further educate yourself on the condition.
- Ask the provider for a way to follow up with any additional questions you may have in the future either through him/her or staff.
- If the family member is agreeable, it is often helpful to be accompanied by someone to take notes and help capture all necessary information (adapted from Center for the Study of Traumatic Stress [CSTS]).
- Openly communicate with your provider about any healthcare concerns, and ask for clarification if you do not understand some of the information provided. If you do not feel
you are getting the service or care you need, ask your provider how to go about getting a second opinion (Bates, Bowles, Kilgore, and Solursh, 2008).

- Parents can use this opportunity to serve as good role models for children and youth regarding healthcare-related behavior and responsibilities such as nutrition, exercise, and stress management, all of which can involve seeking health care.

**Dealing with Individual Stress Responses and Risky Behaviors**

A service member’s involvement in high-stress situations such as combat may trigger a stress response or stress injury. This stress response is the body’s natural reaction to stress in the environment and places the individual’s body and mind at alert for danger. This response can often keep individuals alert and quicken reaction time in dangerous situations, thus increasing the likelihood of staying alive. But after being under stress for a prolonged period of time many individuals find it difficult to calm down and “reset” after stressful experiences. Family members should be aware that their service member could display some of these difficulties post-deployment. These difficulties may involve sleep problems (e.g., problems falling asleep, getting restful sleep, staying asleep, waking up too early, or having nightmares); restlessness; increased startle reactions; feelings of anxiety, depression, and anger; hypersensitivity to environment and ambient noises (objects and locations may be seen as threatening) (CSTS); and pain from injuries. Service members may also withdraw, avoiding social situations and preferring to be alone rather than interacting with family and friends (CSTS).

Returning from deployment, service members sometimes develop unhealthy risk-taking behaviors as attempts to reduce their stress level. This may occur through first-time alcohol use or an increased use of alcohol in an attempt to soothe the emotional pain that stems from combat. The start of or increase in cigarette smoking may serve a similar purpose. Service members may also engage in risky sexual behavior or aggressive driving. These behaviors may be in combination with alcohol use, over-the-counter drug abuse, or illegal drug use. These behaviors can directly or indirectly affect a family’s health. More specific to a family’s health, mixing anger and alcohol in the context of troubled relationships can result in mental or physical abuse (CSTS). When families are placed at risk in this way, immediate medical attention and assistance are necessary to address mental and physical health concerns.

Family members should be aware of the more easily treatable common symptoms of stress injuries or traumatic stress so that they can spot possible warning signs and get the help they need with the post-traumatic stress disorder (PTSD) symptoms. Supportive “intimate relationships” are important for service members with PTSD to encourage utilizing behavioral health care (Meis et al., 2010). Those exposed to a traumatic event may be experiencing a stress injury, traumatic stress, or acute stress disorder (ASD) of which all have similar symptoms to PTSD. Persons with PTSD may have distressing thoughts and experience flashbacks, nightmares, and/or upsetting memories from a traumatic event (DSM-IV-TR, 2000). Those with PTSD may avoid stimuli related to the trauma; avoid thoughts, places, and feelings that remind them of the events; feel detached from others; experience diminished interest in activities; and have no expectations for a future. They are also subject to “hyper-arousal” in which they experience such things as problems falling asleep, angry outburst, and or startle response. Additionally, recent deployment (in the past year) has been found to be associated with higher PTSD symptoms in husbands, and PTSD symptoms were linked to lower marital satisfaction and other relational factors (Allen, Rhoades, Stanley, and Markman, 2010). Service members returning from recent conflicts with trauma symptoms, sleep issues, or sexual problems found they and their female partner had lower levels
of satisfaction with their marriages and relationships (Goff, Crow, Reisbig, and Hamilton, 2007). It is not uncommon for those with stress symptoms to experience a loss or reduction in sexual desire.

Depression is different from the normal disappointments or dissatisfactions that one typically experiences in life. Depression is a long-term response that may cause changes in a person’s normal routine and personality. Someone suffering from depression remains consistently unhappy or “down in the dumps” for an extended period of time. Symptoms or associated problems may include difficulty concentrating or making decisions; loss of interest in daily activities and hobbies; weight change; low energy; sexual difficulties; job problems; feeling worthless; and for some, continual thoughts of death and/or attempts at suicide (DSM-IV-TR, 2000).

The time needed to heal from traumatic brain injury (TBI) caused by head injuries will depend upon the severity and location of the injury, as well as the age and general health of the service member. TBI often coexists with PTSD due to brain injuries resulting from traumatic events (Bryant, 2011). Some conditions of mild TBI include problems associated with thinking (concentration, memory, and decision making), senses (vision, hearing, and smell), communication (speech), mental-health behavioral symptoms (feeling anxious, feeling depressed, irritability, problems controlling emotions, and poor frustration tolerance), and physical health (sleep difficulties, headaches, trouble with balance, and numbness in limbs) (VA/DOD, 2009).

**Tips for Families with Wounded Service Members**

Here are some tips to help your family build resilience and cope with some of the stressors associated with having a service member in your family who was injured or disabled during deployment:

- Surround the service member with people he or she enjoys spending quality time with.
- Join social organizations that support the conditions suffered by the service member.
- Be flexible; things may not return to exactly the way they were before in terms of both family activities and work; your service member may have outbursts of anger and engage in socially inappropriate behavior in public.
- Facilitate your service member’s engagement in social activities, but increase them gradually.
- Children may feel responsible for the parent’s changes or worry that the injured parent no longer loves them. The non-injured spouse will need to reassure children and help them see they are not at fault.
- Stay connected with your social network and self-care routine.
- Ensure children are involved in age-appropriate activities in school, camps, and other recreations.
- For service members with depression or TBI, write things down to help them remember or encourage them to do so when appropriate.
- Become involved with as many of your normal activities as possible.
- Find new hobbies.
- Be patient; it takes time for wounds to heal and for an injured service member to adjust to changes that have occurred in military operations.
- Consistent routines can give a child a sense of safety. Continuing to meet the needs of children during this difficult time is important for ensuring family strength in the long run.
• Adults who are good role models for their children discuss their children’s feelings with them, help them express their feelings, and model good behavior for their children.
• Parents can use this opportunity to serve as good role models for children and youth regarding healthcare-related behavior and responsibilities such as nutrition, exercise, and stress management.
• Try to continue to do activities done prior to the injury that would not be affected by the injury.

Resilience Building Skills: Relax, Think, and Communicate
In line with the Military Family Fitness Model, there are mind-body and cognitive skills that serve as resources that may facilitate individual and family resilience and fitness (Bates et al., 2010; Bowles, Cato, Pollock et al., 2011; Bowles, Moore, Cato, et al., 2011). Three skill sets may help your family build resilience to be better prepared to take on all of the stressors described above: (1) mind-body skills, (2) cognitive skills (i.e., cognitive reframing), and (3) communication skills. While other variations exist, these three approaches are easily learned and applied for resilience building. Each of these skills is detailed below, along with concrete examples of how to apply each skill.

Resilience Skill #1: Relax: Incorporating Mind-Body Skills
Being able to manage stress and intense emotions is a key factor in promoting resilience. As described above, stress can place individuals at risk of being less able to manage negative emotions such as anxiety, anger, and depression and can strain your family relationships. Increasingly, integrative health practices such as diaphragmatic breathing, yoga, mindfulness, meditation, and guided imagery are being used in military communities as effective tools aimed at building resilience (e.g., the Army’s Comprehensive Soldier Fitness and the Air Force’s Comprehensive Airman Fitness programs). In particular, a variety of breathing exercises that trigger the body’s relaxation response often can be learned quickly and can provide immediate relief for feelings of anxiety, stress, and anger and can be practiced by individuals to de-escalate stress during times of high tension and conflict (Bowles, Moore, Cato et al., 2011; Moore, Brown, Money, and Bates, 2011). Regular practice of one or more of these techniques may increase feelings of relaxation and reduce feelings of anxiety. The Relaxation Response by Herbert Benson is a relaxation exercise that is illustrated below. There are even some couples’ meditation and yoga classes as well as parent-child meditation and yoga classes.

### TABLE 2. Relaxation Response by Dr. Herbert Benson

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Sit quietly in a comfortable position.</td>
</tr>
<tr>
<td>2.</td>
<td>Close your eyes.</td>
</tr>
<tr>
<td>3.</td>
<td>Deeply relax all your muscles, beginning at your feet and progressing up to your face. Keep them relaxed.</td>
</tr>
</tbody>
</table>
4. Breathe through your nose. Become aware of your breathing. As you breathe out, say the word "one"* silently to yourself. For example, breathe in...out, "one," in...out, "one," etc. Breathe easily and naturally.

5. Continue for 10 to 20 minutes. You may open your eyes to check the time, but do not use an alarm. When you finish, sit quietly for several minutes, at first with your eyes closed and later with your eyes open. Do not stand up for a few minutes.

6. Do not worry about whether you are successful in achieving a deep level of relaxation. Maintain a passive attitude and permit relaxation to occur at its own pace. When distracting thoughts occur, try to ignore them by not dwelling upon them and return to repeating "one."

With practice, the response should come with little effort. Practice the technique once or twice daily, but not within two hours after any meal, since the digestive processes seem to interfere with the elicitation of the Relaxation Response.

* or any soothing, mellifluous sound, preferably with no meaning or association, to avoid stimulation of unnecessary thoughts.

Note: Benson, 2000, p. 162-163

Resilience Skill #2: Think: Incorporating Cognitive-Behavioral Skills
Building resilience within the family can also be accomplished by using cognitive-behavioral skills. These skills show you how to recognize faulty or unproductive ways of thinking (called cognitive distortions) and develop alternate thoughts and behaviors to promote healthy, realistic thoughts, and positive emotions (called cognitive reframing).

Cognitive Distortions
Burns (1999) describes a number of cognitive distortions or “thinking traps” that often typify negative misinterpretations of events. The following ten cognitive distortions can often lead to negative outcomes, moods, and family interactions (Burns, 1999).

- **All-or-nothing thinking** refers to assumptions that things are either black or white, with no middle-ground thinking.
- **Overgeneralizations** involve seeing one isolated situation and applying it to all situations or using terms such as “always” or “never” to describe events or behaviors.
- **Mental filter** is intensely focusing on negative feedback or information to the exclusion of contradictory evidence or events, typically resulting in obsessive thinking about the one negative event for days or months.
- **Discounting the positive** refers to the rejection of any positive experiences and believing such events are flukes or accidents.
- **Jumping to conclusions** involves assuming the worst outcome without having any supporting evidence or information. Two examples of jumping to conclusions include “mind reading” and “fortune telling,” which involve making assumptions about another person’s behavior or an event without doing a reality check of the situation or with the person to see if your thoughts are accurate.
- **Magnification** involves overstating the importance of an event or action and focusing on the aspects that put you or another person in the most negative light possible.
- **Emotional reasoning** refers to allowing feelings or emotions to be interpreted or experienced as facts. For example, if you feel very strongly about the danger of an
upcoming deployment, it must mean that the deployment is incredibly dangerous, despite the fact that the deployment may be within the forward operating base (FOB) and outside regular combat operations.

- **“Should” statements** focus on beliefs about what you or others ought to, have to, or should do or be to have a particular positive result.
- **Labeling** is a form of rigid, “black-or-white” thinking, in which you label yourself or others as bad or awful because of a single, individual event or isolated situation.
- **Personalization of blame** involves assigning blame to yourself or someone else for something over which you or the other person had little or no control.

Any one of the above distortions could seriously hamper one’s ability to think realistically or positively about a situation or person and result in negative family interactions. The extent to which family members can successfully identify and recognize when such frameworks are being utilized can impact how a person responds to events, situations, and other people. One such technique that can assist individuals with addressing these types of cognitive distortions—cognitive reframing—is described next along with a practical case example.

**Cognitive Reframing**

Cognitive reframing is a cognitive behavioral strategy that refers to a person’s ability to critically identify, examine, and correct his or her distorted thinking. It involves examining the thoughts you are having through questioning whether the thoughts are realistic, helpful, or supported by outside evidence and then mentally rephrasing the thought for a more positive outcome.

The following case example highlights a number of challenges and demands military family members may face, many of which were described in detail in previous sections of this chapter. Using cognitive reframing, unhealthy conclusions drawn from specific actions in the scenario are reframed into healthier, more positive conclusions. Such steps are likely to improve resilience, enhance family interactions, and result in improved family reintegration processes post-deployment.

**CASE EXAMPLE**

Not long after returning from his third deployment, Master Sergeant Smith, an Air Force Security Forces first sergeant, knew that something wasn’t right. He was having trouble sleeping due to intrusive memories of a young airman his unit lost in a convoy ambush in Iraq and began to wonder why he was spared. He was easily startled by noises around the house and began shutting his door to be alone. His wife noticed the changes first, including a withdrawal from normal activities that he used to enjoy, such as going out with his friends, reading, and working out. Although he remembered his wedding anniversary, he forgot other daily chores, including picking up groceries, clothes from the cleaners, or dog food. Easily angered and short-tempered, he and his spouse argued frequently about things that had never bothered them in the past. His spouse believed that he was withdrawing to avoid being around her and the kids and that he was angry at her.

The clinical symptoms depicted within the above scenario could be interpreted in a number of ways. Using the cognitive reframing strategy, specific cognitive symptoms associated with depressive disorders, PTSD, and TBI are described in the table below. Table 1 below also describes unhealthy perceptions and identifies alternative healthy perceptions that can be substituted through reframing unhealthy perceptions. Specific cognitive distortions are noted within the
unhealthy perception column to illustrate negative interpretations of potentially neutral or innocuous events.

Table 2. Reframing Common Clinical Symptoms Associated with Depression, Stress Injuries, and TBI

<table>
<thead>
<tr>
<th>Cognitive Behavioral Strategy</th>
<th>Case Example Symptom</th>
<th>Unhealthy Perception</th>
<th>Healthy Perception</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reframing Depressive Symptoms</td>
<td>Trouble sleeping</td>
<td>He’s avoiding coming to bed at night because he doesn’t find me attractive. (Personalization of blame)</td>
<td>He’s really tired after a long day, and he’s trying to catch up on work-unit activities after being away on a long deployment.</td>
</tr>
<tr>
<td></td>
<td>Decreased interest in activities</td>
<td>He’s withdrawing from activities, because he doesn’t want to spend time with the kids or me. He’s going to leave me and file for divorce. (Magnification)</td>
<td>He may need some additional help from a professional, or perhaps I could plan some activities that he might enjoy, such as a family movie night.</td>
</tr>
<tr>
<td>Reframing PTSD Symptoms</td>
<td>Withdrawal from friends</td>
<td>He doesn’t want to be a part of our lives anymore or socialize with friends we’ve had for years. It’s going to be like this forever. (All-or-nothing thinking)</td>
<td>This might be part of a larger issue related to his PTSD or stress injuries and is not a direct result of anything I’ve said or done. After he’s had some time to adjust being back, he may be more interested in socializing with others again.</td>
</tr>
<tr>
<td></td>
<td>Hyper-arousal; exaggerated startled response</td>
<td>He’s angered so quickly because the kids and I are annoying him. It’s totally my fault that he gets so angry all the time. I am an awful spouse because I keep saying the wrong things to upset him. (Labeling)</td>
<td>If I obtain more information about PTSD, perhaps I can learn how his hyper-vigilant behavior in a warzone was very adaptive there. It may take some time before he’s able to adapt to not being in a warzone.</td>
</tr>
<tr>
<td></td>
<td>Numbing</td>
<td>He ignores me and acts as if I’m not even there. (Jumping to conclusions)</td>
<td>He’s going through a tough time dealing with his PTSD or stress injury. This is likely another part of the disorder that I’m not aware of. He’s not intentionally ignoring me, but really trying to cope with the</td>
</tr>
</tbody>
</table>
Resilience Skill #3: Communication: A Key Family Resilience-Building Skill

Communication can be a lifeline for service members and their families after deployment and serves as one of several family factors that can promote resilience in the military family (Gottman, Gottman, and Atkins, 2011; Meredith et al., 2011). Stress can blur and destroy communication in families and hinder family members’ abilities to effectively engage in problem solving and meet each other’s emotional needs. This in turn can potentially deteriorate relationship quality (Gottman et al., 2011). Communication between couples can often take some time to re-adjust or reset once back home.

Each individual within the family will have his or her own experiences of deployment and the reintegration process. Therefore, it can be helpful during reintegration for families to collectively share and listen to each family member’s experiences. For example, the Families OverComing Under Stress (FOCUS) program has family members discussing “deployment narratives” and places these narratives on a timeline so that each member can gain a good understanding of the other members’ feelings and experiences (Lester et al., 2011). The program is available online at http://www.focusproject.org. Additionally, all military family resilience programs include some focus on the importance of communication as a central aspect of family strength building both during deployment and post-deployment (Lester et al., 2011; Gottman et al., 2011). Borrowing from these programs, as well as from findings from research with military families, the following tips can help protect or rebuild communication to strengthen relationships.

**Tips for Family Communications**

Use the following guidelines to help you effectively communicate with a loved one when there is something important that you want to discuss (adapted from Epstein and Baucom, 2002):

The *person speaking* should follow these guidelines:
- Use “I” statements when describing your thoughts and feelings. “I” statements help your listener not feel attacked and helps him hear what you are saying.
- Be specific: Only discuss one main issue at a time.
- Pick a good time and place for expressing.

The *person listening* should then follow these guidelines:
- Summarize and restate what you heard.
- Do not ask questions, react to what the speaker said, offer solutions, or interpret the meaning of her comments.
- Assess your tone of voice, facial expressions, and your posture to indicate that you are open and not defensive.
- Put yourself in the speaker’s shoes.

<table>
<thead>
<tr>
<th>Reframing TBI Symptoms</th>
<th>Forgetfulness</th>
<th>problems he’s experiencing.</th>
</tr>
</thead>
<tbody>
<tr>
<td>He forgets everything and just doesn’t care. He should be able to remember simple things. How hard is it to remember to pick up dog food? (Should statements)</td>
<td>Perhaps this is part of the health issue he is experiencing. Just because he’s become more forgetful lately doesn’t mean that he doesn’t care.</td>
<td></td>
</tr>
</tbody>
</table>
Once one small issue has been expressed and heard, partners switch roles. These guidelines can help break communication down to the basics so each member can feel heard. Being able to have a dialogue and discuss serious issues is important in relationships. Research indicates that a little under 70% of the problems that couples face remain the same throughout the relationship (implying that only about 30% of problems are solvable) (Gottman, 1999). Therefore, learning how to solve the problems that are solvable and engaging in an ongoing discussion around perpetual problems is key to optimally functioning relationships.

General Communication Tips

• Start the conversation gently and choose the right tone (Gottman et al., 2001). In the beginning of conflictual discussions, stable marriages share more positive than negative emotions; oftentimes the first three minutes of conversation will predict how the rest of the conversation goes (Carrère and Gottman, 1999; Gottman and DeClaire, 2001).

• Avoid the following four attitudes when communicating with your loved ones: 1) making global negative statements about each other (criticism), 2) being sarcastic (in a mean way) or mocking your loved one (contempt), 3) responding without listening to defend your behavior (defensiveness), and 4) withdrawing from or ignoring your loved one (stonewalling) (Gottman, 1994). Having high levels of these characteristics is linked to unhappy relationships over the long term.

• In conflict conversations, try to use a “repair attempt” that defuses the conflict or stress of the argument. This is when one or both members try to defuse the disagreement, calm down, and connect with each other through agreeing to disagree, bringing humor into the conversation, gentle statements, or other ways. Sometimes what will work as a repair attempt in one conflict will not work as well in another situation.

• Remember to compliment each other. You want to show you care for, are thinking of, love, and respect your loved ones on a daily basis. Studies suggest that couples who have at least five positive interactions for every negative interaction (a 5:1 ratio) are more likely to have long-term, happy, successful marriages than unhappy couples who tend to have less than one positive interaction for every negative interaction (sometimes as low as a ratio of 0.8:1) (Gottman, 1998; Gottman, 1999).

• Foster a good friendship with your partner: Discuss your goals and dreams for the future, listen to the small daily things that interest each of you, and try to do things you like together occasionally. A marital friendship is an important part of long-term marital satisfaction.

Summary

A variety of coping tips have been identified for family members as they reunite after deployment. The utilization of mind-body, cognitive-behavioral, and communication skills can allow family members to more accurately interpret and understand potentially negative events, communicate and respond to loved ones’ needs more effectively, and exhibit lower levels of stress and higher levels of family functioning. Effective communication, developing positive cognitive skills, and learning mind-body exercises can be important for family resilience building.
The Way Ahead
This chapter discusses stressors and demands and offers tips for family members to help cope with and mitigate these stressors and demands and increase the possibility of greater resilience and or fitness resulting in positive family functioning and well-being as outcomes, similar to what is outlined in the Military Family Fitness Model (Bowles, Cato, Pollock et al., 2011; Bowles et al., 2013). Applying family resilience tips can strengthen your family. Be aware of each family member’s needs, as well as your own—and be patient and compassionate with each other. Increase your family’s confidence through communicating love, praise, encouragement, and in-person support at every opportunity you have in order to build a good foundation for everyone in both good and difficult times. Just as in a sports team, each member of the family team has an important role and function—and everyone needs to work together to get to the other side of the field. Like all successful teams, bring your family together for regular routines (e.g., eating together), celebrations (e.g., graduations, birthdays), and traditions (e.g., holiday events) that will strengthen your family, build cohesion, and create fond memories. Make sure your team has available experts such as coaches, Family Readiness Group advisors, therapists, counselors, and spiritual leaders to provide valuable advice, assistance, and support. Surround yourself with positive people and participate in activities that make you happy, serving as examples for your family. All athletes need rest days and periods to recover from high-intensity training; therefore, make sure you plan and take time to remove yourself from your hurried life and reflect for a couple of minutes to regroup or to think about how you can strengthen yourself and your family. Make sure you are doing fun activities, enjoying yourself, resting, and recharging. The more rested and balanced and stress-free you are, the greater the likelihood you and your family will be more flexible to meet the challenges of life.

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References


APPENDIX

Websites and Resources for Families

1. Military OneSource is recommended by many of our authors as a virtual one-stop center for information for military families. If you have difficulty finding services or are overwhelmed by the number of services in your area, this is a useful resource: [http://www.militaryonesource.mil](http://www.militaryonesource.mil) or [http://www.militaryonesource.com](http://www.militaryonesource.com) or (800) 342-9647.

2. TRICARE provides health care to military members and their families. All active-duty families are eligible for TRICARE, and those in the Reserves or National Guard may be eligible if they have a service member either deployed or recently returned home from a deployment: [http://www.tricare.mil/](http://www.tricare.mil/).

3. The Department of Veterans Affairs (VA) maintains an extensive website. The main website is [http://www.va.gov/](http://www.va.gov/). The General Benefits Information number is (800) 827-1000. Healthcare eligibility information is at (877) 222-VETS (8387).

   - VA Vet Centers: The VA has 300 vet centers around the country. Find the one closest to you at [http://www.vetcenter.va.gov/](http://www.vetcenter.va.gov/) or through the call center at (877) WAR-VETS (927-8387).

   - The VA’s Returning Service Members site for members of the recent conflicts: [http://www.oefoif.va.gov/](http://www.oefoif.va.gov/).

   - My HealtheVet is the way to manage your VA healthcare needs online: [http://www.myhealth.va.gov/](http://www.myhealth.va.gov/).


   - The National Caregiver Support Phone Line has social workers who can answer your questions and connect you to the Caregiver Support Coordinator at your local VA Medical Center: [http://www.caregiver.va.gov/](http://www.caregiver.va.gov/) or (855) 260-3274.


   - The Human Performance Resource Center is a website that can help your family build resiliency. It is a Department of Defense initiative that translates and disseminates scientifically based information on physical fitness, nutrition/supplements, family and relationships, mind tactics, environmental factors, and total force fitness to commanders, service members, family members, medical personnel, and researchers for human performance optimization: [http://hprc-online.org](http://hprc-online.org).

   - The Yellow Ribbon Reintegration Program has information for Reservists and members of the National Guard and their families: [http://www.yellowribbon.mil/](http://www.yellowribbon.mil/).

   - AfterDeployment.org is a website with pages on mental wellness and other health issues for military families with common post-deployment problems such as stress, anger, depression, and relationship issues: [http://www.afterdeployment.org/](http://www.afterdeployment.org/).

   - Courage to Care provides electronic fact sheets on health topics relevant to military life. It was developed by leading military health experts from the Uniformed Services University of the Health Sciences: [http://www.cstsonline.org/category/resources/courage-to-care/](http://www.cstsonline.org/category/resources/courage-to-care/)
• The Substance Abuse and Mental Health Services Administration (SAMHSA) has a comprehensive resource list for military members, veterans, and their families: http://www.samhsa.gov/vets
• The Real Warriors Campaign has a web page for families and also provides 24/7 help and a message board for family members: http://www.realwarriors.net/family/ and (866)966-1020.
• The National Alliance on Mental Illness (NAMI) has a website dedicated to service members and their families: http://www.nami.org/veterans

Other Organizations and Resources for Military Families
• The Coming Home Project provides compassionate care, support, education, and stress management tools for Iraq and Afghanistan veterans, service members, their families, and their service providers: http://www.cominghomeproject.net/.
• A Different Kind of Courage: Safeguarding and Enhancing Your Psychological Health is an educational DVD depicting how service members and their families may be affected by combat and deployment stress: http://www.mentalhealthscreening.org/programs/military/resources/a-different-kind-of-courage.aspx.
• Give an Hour provides free psychotherapy to military families and returning service members: http://www.giveanhour.org/.
• The Leader’s Guide for Managing Marines in Distress is designed to provide guidance and tools to leaders on what to look for, what to do, and specific resources for helping Marines who are in distress: http://www.usmc-mccs.org/LeadersGuide. The Navy has a similar book called The Navy Leader’s Guide for Managing Sailors in Distress: http://www.nmcphc.med.navy.mil/lguides.
• Courage to Care, Courage to Talk about War Injuries was developed by the Center for the Study of Traumatic Stress. It has information for providers and families about TBI and war injury: http://www.couragetotalk.org/index.php.
• The Defense and Veterans Brain Injury Center is an information clearinghouse on TBI: http://www.dvbic.org/.
• InTransition is a voluntary and confidential program to support service members and veterans that offers a personal coach, resources, and tools: http://www.health.mil/intransition/.
• Military Pathways has mental health information and a referral program offered to families and service members affected by deployment: http://www.MilitaryMentalHealth.org/.
• The Military Severely Injured Support Hotline is available 24 hours a day: (888) 774 -1361.
• National Alliance on Mental Illness: http://www.nami.org/veterans and (800) 950 -6264. Specific information on post-traumatic stress disorder (PTSD) treatment and recovery is available at: http://www.nami.org/PTSD.
• The National Center for Post-Traumatic Stress Disorder: http://www.ncptsd.va.gov/.
• The National Resource Directory for Wounded Warriors is an online tool for wounded, ill, and injured troops, veterans, and their families, and provides access to more than 11,000 services and resources at the national, state, and local levels: http://www.nationalresourcedirectory.org/.
• The Navy Safe Harbor was created to provide information and non-medical care for seriously wounded, ill, and injured sailors, coastguardsmen, and their families:
Resources for Children and Teens of Service Members

Resources for Parents

- The American Academy of Pediatrics has a website with videos and documents to help military youth understand deployment and reintegration: [http://www2.aap.org/sections/uniformedservices/deployment/videos.html](http://www2.aap.org/sections/uniformedservices/deployment/videos.html).
- Courage to Care, Courage to Talk about War Injuries was developed by the Center for the Study of Traumatic Stress and contains information about talking to children about war injuries: [http://www.couragetotalk.org/index.php](http://www.couragetotalk.org/index.php).
- Operation Purple is a program of free summer camps run by the National Association of Military Families for military youth: [http://www.militaryfamily.org/](http://www.militaryfamily.org/).
- Zero to Three supports babies and toddlers affected by a military parent’s deployment, injury, or death: [http://www.zerotothree.org/](http://www.zerotothree.org/).

Resources for Your Children

- Army Reserve Child and Youth Service’s Online Teen Deployment Class: [http://www.arfp.org/teenclasses](http://www.arfp.org/teenclasses).
• The Military Child Education Coalition is an organization that helps military families, schools, and communities with the challenges that school-age children of military families face: http://www.militarychild.org/.

• Military Kids Connect: http://www.militarykidsconnect.com/.

• National Guard Family Program: http://www.guardfamily.org/.

• National Guard Youth Program: http://www.guardfamilyyouth.org/.


• Military Families Near and Far was created by Sesame Street and the Electric Company: http://www.familiesnearandfar.org/login/.

• Talk, Listen, Connect: Deployments, Homecomings, Changes are Sesame Street DVDs for families with youth ages two to five, available at http://www.militaryonesource.org/ or at http://www.sesameworkshop.org/.

• Youth Coping with Military Deployment: Promoting Resilience in Your Family is a video from Operation Purple summer camp with interviews with military kids. Mr. Poe and Friends is a video about deployment for elementary-school children. Both were made by the American Academy of Pediatrics and are at: http://www2.aap.org/sections/uniformedservices/deployment/index.html.

Resources on Building Resilience in Your Family

• Military Family Support Centers: Each branch of the military has a community service or family support center.
  • Army Community Service (ACS): (877) 811-ARMY or http://www.myarmyonesource.com/.
  • Air Force Family Readiness: http://www.wpafb.af.mil/afref/
  • Navy’s Fleet and Family Support Center (FFSC): http://www.cnic.navy.mil/CNIC_HQ_Site/WhatWeDo/FleetAndFamilyReadiness/FamilyReadiness/FleetAndFamilySupportProgram/
  • Marine Corps Community Services (MCCS): https://www.manpower.usmc.mil/portal/page/portal/M_RA_HOME/MF
  • Coast Guard Family Advocacy Program: http://www.uscg.mil/worklife/family_advocacy.asp.

• Comprehensive Soldier Fitness (CSF) provides service members and family members with the physical and mental skills required for optimal performance and well-being. CSF is an integrated resilience-building program developed by the Army in collaboration with researchers in positive psychology and resilience-building. The CSF Resilience for Family Members has Family Resilience Training Modules online for spouses of service members to help prepare for deployment and the post-deployment transition. CSF offers Post-Deployment Resilience Training for Spouses/Couples. Initially developed for the Army community, CSF has been adapted for use by the Air Force, Navy, and Marines: http://csf.army.mil/

• The Military Pathways Program, available online or over the phone, provides free, anonymous mental health and alcoholism self-assessments for family members and service personnel in all branches including the National Guard and Reserves: http://www.militarymentalhealth.org/
• Building Resilient Kids is a course for school personnel focused on building resilience among students from military families, and was created by the Johns Hopkins Bloomberg School of Public Health’s Military Child Initiative: http://www.jhsph.edu/research/centers-and-institutes/military-child-initiative/training_course/

• Army Strong Bonds Couples Training and the Navy’s CREDO program are couples’ training programs provided to service members and their significant others. The programs, led by chaplains, aim to improve individual and family resilience by having couples go on a weekend retreat where they can receive relationship education and skills training: http://www.strongbonds.org/ and http://www.cnic.navy.mil/regions/cnrnw/om/religious_programs/credo/credo_retreats.html.

• FOCUS: Families OverComing Under Stress (FOCUS) is a family-focused resilience initiative that was developed by the Navy and researchers at the Semel Institute at the University of California, Los Angeles. FOCUS is an evidence-based program that helps military family members address military-specific stressors such as deployment, reintegration issues, and service members returning from deployments with mental health concerns: http://www.focusproject.org/.