

Contributions of PTSD and TBI to Military/Veteran Family Risk

Military Families in Transition Conference

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Defining the Problem

- 33% combat SMs suffer from TBI, PTSD or depression (Rand 2008)
 - 250,000 cases of TBI through 2012 (DoD)
 - 12-18% prevalence rates of PTSD (Hoge et al. 2004, Seal et al. 2007, Schell and Marshall 2008)
- 55% AD SMs married/44% have children
 - 42% of children of AD \leq 5 yo
- Longitudinal course/effects of disorders

Impact of PTSD on Couples

- Poorer couple adjustment (Gewirtz et al. 2010)
- Negative communication and lower marital satisfaction (Allen et al. 2010)
- Greater mutual physical violence (Jordan et al. 1992)
- Greater rates of conflict (Sayer et al. 2009)
- Negative intimacy satisfaction (Nelson Goff et al. 2007, Monson et al. 2009)
- Risk of spouse PTSD (Klarik et al. 2012)

PTSD, Parenting and Child Outcomes

- Poor problem solving, communication and involvement (Davidson and Mellor 2001)
- Decreased parenting satisfaction (Samper et al. 2004)
- Greater perceived parenting challenges (Gewirtz et al. 2010)
- More child symptoms (Rosenheck and Nathan 1985), intergenerational trauma (Rosenheck and Fontana 1989)
- Differential developmental effects



PTSD - Mediators and Moderators

- Emotional numbing/avoidance most closely linked to interpersonal impairment in relationship with partners and children (Ruscio et al. 2002, Galovski & Lyons 2004)
- Co-morbid veteran anger and depression as well as partner anger also mediate family problems (Evans et al. 2003)
- *Emotional sharing* moderates PTSD effects on marital relationship and parental functioning (Solomon et al. 2011)



NMFA Camp Study (n=42)

- Injury/parent PTSD symptoms: *no direct effects* on child functioning
- Parenting behaviors: varying direct effects on child functioning
 - Involvement behaviors- no direct effects
 - Low monitoring behaviors associated with child conduct problems
- Parenting behaviors moderated effects of PTSD

↑ Monitoring as ↑ PTSD: ↓ Emotional Symptoms

↑ Involvement as ↑ PTSD: ↑ Conduct Problems

- Results suggest differential parenting effects

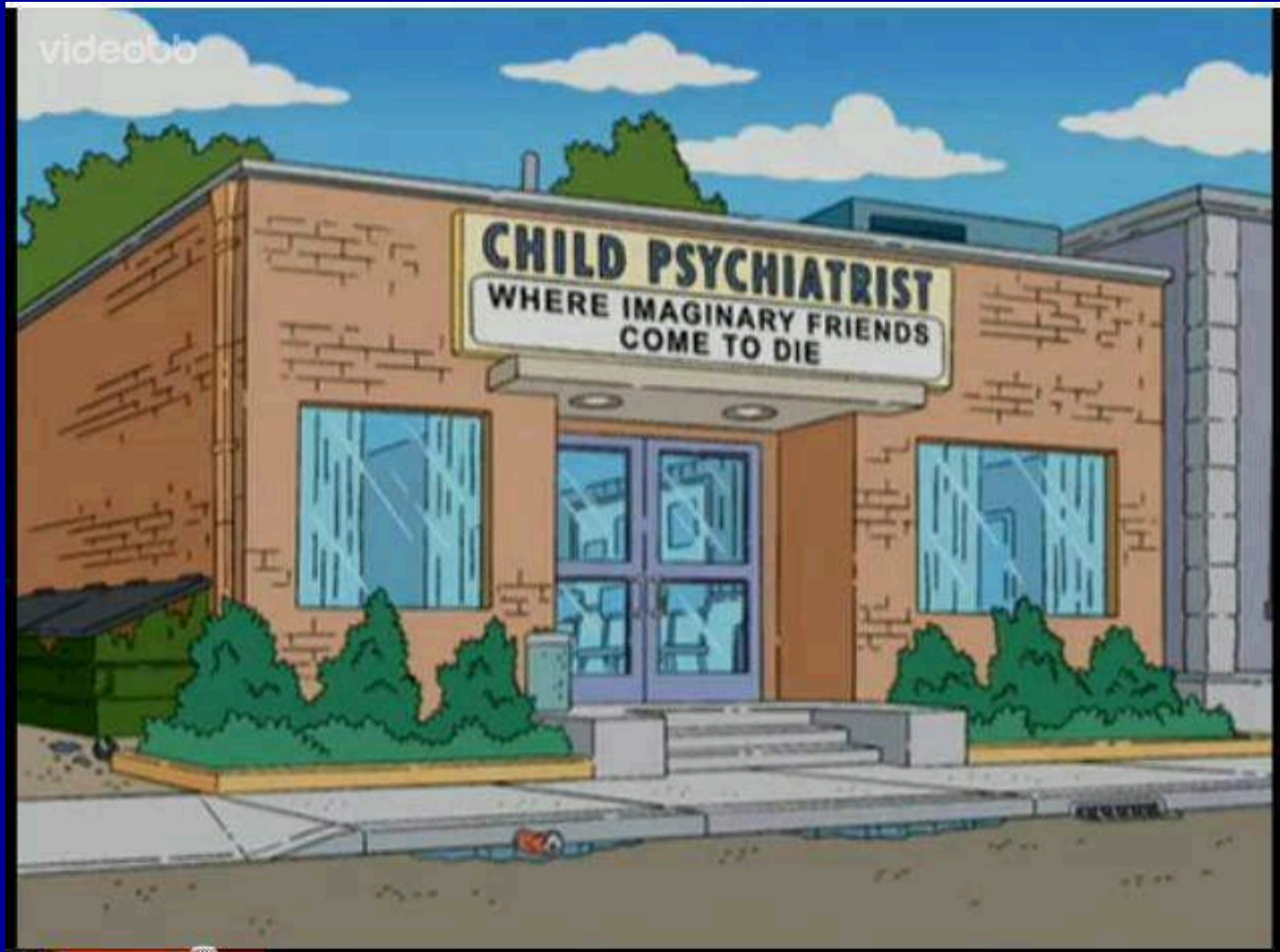
TBI and Families

- More distressing and more disruptive than other injuries (Urbach and Culbert 1991)
- More problems with parental irritability, anger, behavioral regulation, cognitive capacity and communication
- *Impulsive* and *episodic* aggression (Wood and Thomas 2013)
- Resultant compromised parenting
- Diminished parenting in either parent leads to more child emotional/behavioral problems (Pessar et al. 1993)
- Caretaking burden and requirement for continuous professional help (Verhaege et al. 2005, Griffin et al. 2012)

Transition Challenges

- Long-term impact and transitions in care
- Shifts in the *national will* and reductions in funding
- Problems in community reintegration (Resnick et al. 2011) and clinical engagement
- Patient-focused services that exclude family members
 - Lack of clinical expertise
 - Disconnection of veteran/family care in VA system
 - SM/veteran hesitation to include family members
- Reactive punitive/legal response to domestic violence

Challenges - Stigma and Engagement





Recommended Actions

- Identify the need for sustained care and services
- Define PTSD and TBI as *interpersonal disorders*
 - Incorporate assessments of interpersonal impact and include psychoeducation
- Highlight relationship b/t SM/veteran and family member health

Recommended Actions

- Implement family focused/interpersonal treatments
 - Use relationship/functional outcomes in addition to symptom response
 - Teach collaborative parenting in PTSD/TBI
- Utilize violence prevention programs that proactively address risk in families
 - Family emotion reg, communication, prob solving
 - ID hotspots/triggers
 - Build a safety net through planning



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