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The *Ripple Effect* Children of servicemembers can feel the impact of their parent's post- traumatic stress. of PTS

By Don Vaughan

Illustration by Marina Munn

Navy Chief Petty Officer Jason Miller of Lisbon, Wis., served three tours in Iraq as an explosive ordnance disposal (EOD) technician, one of the most stressful and dangerous jobs in the military. Over the course of his service, he lost several buddies to enemy bombs and was blown up a couple of times himself, resulting in hearing loss and traumatic brain injury.

Miller also developed post-traumatic stress (PTS), though it took a while for him to realize it. During visits home between deployments, all he could think about was returning to Iraq, and he often found himself feeling anxious and irritable. Miller's PTS had a detrimental effect on his relationship with his young daughters, the second of whom was born just two weeks before his second tour.

"When I returned home, she had colic and would continually cry for no reason," Miller says. "I couldn't stand to be in the same room with her. When you can't even hold your own child or tolerate the sound of her crying, there's something wrong."

Other times, Miller says, he simply checked out. "I was present [with my children] physically, but not mentally," he explains. Miller recalls one incident in which his daughters were taking a bath and pouring cups of water on the floor at his feet. "It didn't even faze me," he says. "I was a million miles away." As a result of his emotional issues,

Miller says, his older daughter began pulling away emotionally and remains somewhat distant today.

When he started waking up feeling angry and required more and more alcohol to fall asleep at night, Miller knew he needed help. Through an Air Force psychiatrist, he tried a number of therapeutic modalities and found cognitive processing therapy, which requires him to write about his most traumatic events over and over, to be most effective.

At around the same time, Miller's parent command stepped in, pulling him from EOD and instructing him to work on getting better. Miller retired from the Navy in 2013 after 16 years of service.

Though he still experiences symptoms of PTS, Miller says things are much better for both him and his family. Miller continues to journal as needed and published a book about his experiences in Iraq and afterward titled *The Coffin*. (See "Related Resources," facing page.)

"Cognitive processing therapy is a way to help suppress the anxiety," he

says. "I still become anxious, but now I know how to deal with it. And that has definitely helped my relationship with my kids."

A common issue

Miller is far from alone in his struggles with PTS. The National Center for PTSD estimates that between 11 and 20 percent of veterans who served in operations Enduring Freedom and Iraqi Freedom will experience related symptoms in any given year, and the condition affects a significant number of Gulf War and Vietnam veterans as well.

The most commonly reported problems associated with PTS include intrusive memories or nightmares of a traumatic event, feelings such as numbing or guilt, and symptoms of hyperarousal, such as hypervigilance, irritability, and sleep problems. Understandably, these symptoms can have far-reaching effects on a veteran's children, mental health experts note.

Dr. John A. Fairbank, a psychologist and codirector of the UCLA-

Duke University National Center for Child Traumatic Stress, has been studying the effects of trauma on children for decades. In the 1980s, he was part of a study that interviewed Vietnam veterans and their spouses.

"We took a look at how the children were doing from the spouse's perspective," Fairbank explains. "We compared the families of veterans who had PTSD with the families of veterans who did not, and not surprisingly, we found higher rates of reported problems among the children whose veteran parents had war-related PTSD. There was a significant difference."

According to the American Academy of Experts in Traumatic Stress, a parent's PTS can influence a child in numerous ways, depending on age and other factors. The three most typical patterns among children are ■ the overidentified child, who experiences secondary traumatization and might experience some of the same symptoms as the veteran parent; ■ the rescuer, who assumes the adult role to compensate for the parent's difficulties; and ■ the emotionally uninvolved child, who receives little emotional support from the parent.

These children are more prone to depression, anxiety, and difficulties at school.

How parents express symptoms of PTS can influence the relationship they have with their children, notes Dr. Paula Schnurr, a psychologist and executive director of the National Center for PTSD.

"One of the symptoms of PTSD is feeling numb or cut off from the world," Schnurr explains. "The extent to which that is communicated to a child can have the particularly negative effect of distancing the child from the parent. The child may feel unloved or less connected to the parent in that circumstance. And that is children across all age ranges."

However, people vary in the extent to which they feel numbing or how they communicate, Schnurr adds.

"I've had clinicians tell me about parents who can communicate with their children but not anyone else," Schnurr says. "Their children touch them differently. So it's not a foregone conclusion that someone who comes back with numbing is going to be unable to communicate love or have feelings for a child."

Consequences of anger

Another common problem is anger, Schnurr notes. "Fortunately, many people with PTSD don't display significantly angry behaviors, but if they do, I think there are obvious problems that can emerge," she reports. "In extreme cases, anger can really challenge the parent/child relationship."

Young people can respond to a parent's PTS symptoms in a wide variety of ways, experts report. Among toddlers, this might include regression, such as when a toilet-trained child suddenly refuses to use the toilet, or engaging in frequent tantrums. Older children might engage in potentially dangerous behaviors, such as getting into fights, participating in risky activities, or using alcohol or drugs.

"Some children really try to behave," says Schnurr. "They over-attribute their ability to control the situation, so they stay out of mom or dad's way or try to prevent mom or dad from getting angry. They may also remove themselves from the situation. Children may also act out because they are angry themselves. In more extreme cases, they may have trouble with school work and general acting-out behavior."

Living in a household with an emotionally distraught parent can have an adverse effect on a child's overall quality of life, observes Fairbank. Sometimes the effects are indirect. For example, a child might do poorly in school because he or she is kept awake

Related Resources

■ *Why Is Dad So Mad?* (Tall Tale Press, 2015) by 1st Sgt. Seth Kastle, USA (Ret)

■ **FOCUS: Family Resilience Training for Military Families** (www.focusproject.org)

■ Free guides for supporting children from military families (for parents, teachers, and others) from Teachers College Press (www.tcpress.com/militaryfamiliesoffer.html)

■ **Parenting for Servicemembers and Veterans free online course** (www.veterantraining.va.gov/parenting)

■ *The Coffin* (War Writers' Campaign Inc., 2015) by Jason Miller

at night by the affected parent's pacing or because the child is concerned about the parent and can't concentrate. Similarly, if a parent is frequently angry or irritable, the child might be reluctant to invite friends over to visit, resulting in social isolation. "There are lots of ways these things can affect children's functioning within the family, within school, and with peers and friends," confirms Fairbank.

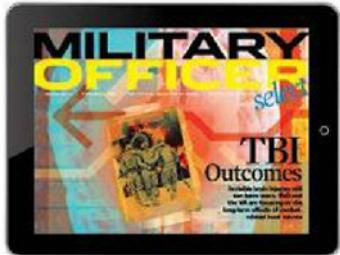
Longitudinal analysis

In an effort to better understand how PTS affects young people in childhood and later in life, Fairbank is working with the Millennium Cohort Family Study, which has collected information from nearly 10,000 military families, including active duty servicemembers and veterans.

"The Millennium Cohort Family Study is specifically designed as a



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longitudinal study, and we hope to follow these families for 21 years," Fairbank notes. "This project will allow us to look at the impact of PTSD and other significant war-related health and mental health conditions and see how the children in the families are doing."

There is research in other areas of trauma, Fairbank says, which suggests that when children are exposed to trauma at a younger age, the impact tends to be more complex. "It has a broader range of outcomes, the younger the person is at the time they are exposed to the trauma," Fairbank says. "But what we don't know at this point is how the age of the child relates to the parent's war-related PTSD. We hope to find that out through our research."

According to Dr. Ron Avi Astor, a psychologist and the Lenore Stein-Wood and William S. Wood Professor of School Behavioral Health at the University of Southern California in Los Angeles, two of the most important factors that can influence how a parent's trauma will affect the rest of the family are family communication skills and outside support systems.

"From our work, we see it's not the PTSD alone or even the experience of war alone that determines the outcome of a child or family," Astor explains. "While the military parent is away, the other parent may struggle with the organization of the household. If they have good support, it's a nonissue. If they have bad support, it can be disastrous. If you add PTSD on top of that, without a lot of strong social support, I think that makes things even more difficult."

Being a parent with PTS can be extremely difficult. But help is available for those who seek it.

"If you believe you have a problem, reach out," advises Miller. "When you figure out that you have dug yourself into a hole, you have to climb out of it and live in the real

world. Essentially, what I was doing was hiding from the reality that I had PTSD for a long time. You have to face it and not let it define you. You have to make sure you are in control of it."

Fairbank recommends a resilience-based resource known as Project FOCUS. (See "Related Resources.") "It is really focused on talking about deployments before they happen and upon return, as well as all of the issues that affect children, spouses, and servicemembers," Fairbank says. "It does it in a very family-focused way."

Early prep is helpful

Advanced preparation for a military parent's deployment and return, and the issues that might pop up afterward, also can be beneficial, says Astor. "The more the family can prepare psychologically, socially, and emotionally and speak openly about it, the better, depending on the age of the child," he explains. "Families also need to situate themselves in a strong, caring and supportive family and community setting."

The VA is there to help, says Schnurr. It provides a variety of family services, including education, consultation, and marriage and family counseling, for immediate family and caregivers. Additionally, many support programs are in place, including a parenting self-help Web-based course (see "Related Resources") tailored to the needs of veterans and active duty servicemembers facing mental health and reintegration challenges.

The VA also has partnered with the UCLA Welcome Back Veterans Family Resilience Center and the Military Child Education Coalition on pilots of clinic-based parenting education initiatives. **MO**

— **Don Vaughan** is a freelance writer from North Carolina. His last article for *Military Officer* was "TBI Prognosis," March 2016.