

HANDOUT 5.1

What to Say and When to Say It: Preparing Your Children for Deployment

Instructions: Use these handouts together to think about how and when to tell your children about an upcoming deployment and how to say good-bye at the point of departure. As difficult as this conversation can be, both emotionally and logistically, it is critical to consider carefully how to inform and support your children in preparation for a parental deployment.

General Guidelines: What Does Your Child or Adolescent Really Want and Need to Know?

Children of all ages need to know who will take care of them, that both parents love them, and that they will be protected and cared for throughout the deployment cycle.

- Young and school-age children need to hear these messages concretely and with physical reassurance, such as hugs. Follow a “less-is-more” principle; that is, provide the information your child requests and assess whether more detail is necessary.
- Older children and adolescents may hear best through honest discussion and reassurance that you are still there to support them even though they are older. Provide information at a more sophisticated level and provide support to enable them to handle more difficult realities. For example, an older child or adolescent will understand that deployment to a war zone can involve dangers and risks. However, you can reassure your child that you are very well trained and that your goal is to stay safe and come home.
- Be direct and honest, even with young children, but do not give unnecessary or frightening details.

Before Deployment

Consider the timing of telling your children about an upcoming deployment. Although you do not want to prolong anxiety, do make sure you leave time for your family to process the event. Here are some suggested activities:

Copyright Ellen R. DeVoe, Ruth Paris, and Abigail Ross. Reprinted with permission of the authors in *Couple-Based Interventions for Military and Veteran Families: A Practitioner's Guide*, edited by Douglas K. Snyder and Candice A. Monson. Permission to photocopy this handout is granted to purchasers of this book for personal use only (see copyright page for details).

Handout 5.1 (page 2 of 2)

- Make “protected” time to announce the news and to respond to your children’s reactions.
- Spend special time with each of your children before you leave for deployment.
- Write letters to your children before you leave; make videos or audios and create rituals that can serve as comforts and reminders to your children of how much you love them.
- Tell your children where you are going and what you will be doing. Keep it simple.
- Reassure your children that you will take very good care of yourself and be as safe as possible while you are away. Remind them to do the same.
- Tell your children you will miss them very much, and that you will think about them every day.
- Tell your children you are not leaving because of anything that they did/ thought/said, because you don’t love them, or because you do not want to be home with them.
- Encourage your children to ask questions and stop explaining when your children appear satisfied with your answers and explanations.
- Explain how you will communicate with your children during deployment (e.g., e-mail, telephone, webcam).

Say Good-bye!

Be sure you say good-bye in person to each child when you leave! Support your child regardless of how he or she reacts (e.g., with tears, anger, sadness). For example, if your child cries, tell your child that you are sad too and that’s okay. If your child is angry, sympathize with him or her and say, “I can understand why you are angry—but remember that I love you no matter what.”

HANDOUT 5.2

Creating a Parenting Plan for Deployment

Instructions: Use this handout to create a parenting plan for the period of deployment. Although it is difficult to anticipate every *parenting* situation that may arise during deployment, it is important to consider how best to take care of your children while one parent is deployed. The goal of this exercise is to put some thought into what your children need, based on their ages, personalities, and developmental abilities, and how each of you can best be supported by the other throughout this time. Ask yourselves these questions:

What Will Your Children Need during the Deployment?

In the largest sense, your children need to know that you love them, that you are there to support them, and that your family is safe. You know your children best, so consider how each of your children may respond to the deployment, and how best to meet their individual needs over time.

- “How do my children communicate with me? Given their ages and abilities, what kinds of communication will be most useful or meaningful to my children?”
- “What can I do before I deploy to keep communication going while I am away?”
- “What do I need from my partner to parent successfully during deployment?”

If You Are the Nondeploying Partner, Ask Yourself:

- “What do I need to take care of myself?”
- “What will make me feel most supported and appreciated in my efforts to parent while my partner is deployed?”
- “What is my ‘style’ of parenting and how will I be most effective on my own?”
- “What are my emotional and concrete resources? For example, who can I talk to while my partner is away? Where can I turn for concrete help, such as household maintenance?”

Copyright Ellen R. DeVoe, Ruth Paris, and Abigail Ross. Reprinted with permission of the authors in *Couple-Based Interventions for Military and Veteran Families: A Practitioner’s Guide*, edited by Douglas K. Snyder and Candice A. Monson. Permission to photocopy this handout is granted to purchasers of this book for personal use only (see copyright page for details).

If You Are the Deploying Partner, Ask Yourself:

- “Given my mission, what is a realistic plan for communicating with my family?”
- “How might I be affected by knowing what is happening at home with my kids?”
- “Are there child-related issues that my partner should not tell me about because it will be too distracting or upsetting?”
- “Will I do better if I know exactly what’s happening at home?”
- “What can I do to keep the lines of communication open with my kids?”
- “How can I balance mission and family responsibilities during deployment?”

What Is Realistic for Your Family?

It is important that you and your partner are realistic about the challenges of parenting during deployment, and the constraints on your ability to communicate with each other in satisfying and useful ways. Thoughtful and realistic planning before deployment and open communication with each other throughout deployment will facilitate your ability to problem-solve and support each other and your children.

HANDOUT 5.3

When the Questions Get Harder: Talking with Your Child about War

Instructions: Use this handout with your partner to discuss how you would like to handle your children's questions and need for information about what really happens when a parent is deployed. Even very young children can and do sense when the family environment is stressful or when a parent is upset. As children get older, they begin to understand the potential dangers and actions required in war and peacekeeping, which can result in requests for more information about parental military service, mission, and the purpose of conflicts. As they get older, kids learn about deployment on their own through the Internet, TV, and other media outlets, and their friends. With all of this in mind, it is important for you and your partner to think about how you want to tell your own family's story of military service.

Are You Ready for Your Children's Questions?

- "What do our kids understand about military service at this point?"
- "What do we want them to know about deployment, war, and peacekeeping?"
- "What questions have our children asked? How did we answer?"
- "What are our concerns in giving our children more information?"
- "Do we have a family story of military service? What is it?"
- "What do we do when our kids start asking harder questions?"

Kids Are on a "Need-to-Know Basis"

Kids will typically ask for just enough information to deal with their current concerns. If you give them too much information, it can be overwhelming and confusing, especially for younger children. Make sure you know what they are asking. Support them no matter what they ask or how they react.

Copyright Ellen R. DeVoe, Ruth Paris, and Abigail Ross. Reprinted with permission of the authors in *Couple-Based Interventions for Military and Veteran Families: A Practitioner's Guide*, edited by Douglas K. Snyder and Candice A. Monson. Permission to photocopy this handout is granted to purchasers of this book for personal use only (see copyright page for details).

Tell the Truth

Kids are smart. What you want to do is let them know that you respect their right and desire to understand what is happening in your family, while also helping them handle new and deeper knowledge about military service.

We know children do better when the message from parents is positive, truthful, and unified. Imagine the different school and social contexts of your children. What is likely to emerge in these environments regarding your military service and deployment? Consider both positive and negative messages about military service and how you want to address your children's developing views, even if they are not the same as yours. The following topics are common themes to consider and discuss with your children in an age-appropriate manner.

- Service, sense of purpose, duty, courage, pride, patriotism
- Work, education, training in military service
- Political perspectives, including positive views and opposition to war
- Your specific mission and what you are/were required to do; what you witnessed
- What your service means for your children, your lifestyle, and your family

HANDOUT 6.1

Talking about the Affair

Instructions: Use this handout during initial discussions about the affair to focus on the most important information. It's usually better to have a series of brief discussions (20–30 minutes each) focusing on a specific issue than one long discussion that tries to cover too much. Save extended discussions about "Why did you do it?" for later. If your discussion becomes too heated to handle constructively, take a 30-minute break and try again, or come back the next day.

"What Happened?"

- "When did the affair begin? Is this person someone you've known for a while? When did it become sexual, if it was sexual?"
- "Is the other person married or in a committed relationship? Does that person's partner know?"
- "How much emotional involvement was there? What else did you do together?"
- "What kinds of contraception or protection against sexually transmitted disease (STD) were used? Did you sometimes not use protection?"
- "Has the affair ended? If the affair has ended, is this just for now or permanently? What steps, if any, have you taken to ensure that no further contact takes place?"
- "Who else knows about the affair? What do others know, and how did they find out?"
- "Are there any other consequences we need to consider? Could there be any complications at work or other legal problems?"

"Why Did You Do It?"

- "Why do you think this happened? What was going on with you? What else was going on in your life? What was going on between us?"
- "Why didn't you tell me? (Or why did you wait to tell me?)"

(continued)

From *Couple-Based Interventions for Military and Veteran Families: A Practitioner's Guide* edited by Douglas K. Snyder and Candice M. Monson. Copyright 2012 by The Guilford Press. Permission to photocopy this handout is granted to purchasers of this book for personal use only (see copyright page for details).

“Where Does This Leave Us?”

- “What about us? Should we continue to live together? Do you know what you want?”
- “Have you considered divorce? What steps, if any, have you already taken?”
- “How do we deal with the basic tasks of managing the relationship and our household?”
- “How do we make sure that we talk about the things that need to be talked about?”
- “What acts of caring feel okay right now? What other expressions of intimacy do we want?”
- “How should we handle it when our discussions start to get out of control?”
- “What commitments, if any, do either of us feel prepared to make at this time? About how to work toward moving on? About our own relationships with our children?”

HANDOUT 6.2

Potential Contributing Factors to Vulnerability to an Affair

Instructions: Use this handout when discussing various factors that potentially contributed to vulnerability to an affair. Some possible factors suggested below probably had more influence than others. It's unlikely that the affair resulted from only two to three factors. Use this handout to keep a "broad perspective" in considering factors you may have missed.

Aspects of Your Relationship

- Frequent arguing or unresolved conflicts
- Low levels of emotional closeness
- Too little time devoted to shared fun activities
- Low levels of physical intimacy
- Unmet relationship expectations
- Difficulty balancing both relationship and individual goals

Influences Outside Your Relationship

- High demands from work or family responsibilities
- Too much time devoted to activities or persons, excluding your partner
- Stress from illness, money concerns, extended family, or other sources
- Too much time spent with individuals who failed to support your relationship
- Too little time spent with individuals supporting your relationship
- Frequent exposure to situations providing opportunity for outside emotional or sexual involvement

Aspects of the Participating Partner

- Self-doubts and vulnerability to affirmation from an outsider
- High levels of attractiveness to outsiders
- Own behaviors that contributed to or maintained relationship difficulties

(continued)

From *Couple-Based Interventions for Military and Veteran Families: A Practitioner's Guide* edited by Douglas K. Snyder and Candice M. Monson. Copyright 2012 by The Guilford Press. Permission to photocopy this handout is granted to purchasers of this book for personal use only (see copyright page for details).

Handout 6.2 (page 2 of 2)

- Beliefs about affairs emphasizing positive aspects and minimizing negative consequences
- Difficulties in honoring long-term commitments

Aspects of the Injured Partner

- Self-doubts interfering with emotional or physical intimacy
- Own behaviors that contributed to or maintained relationship difficulties
- Difficulties in coping with relationship disappointments or injuries

HANDOUT 6.3

Factors to Consider in Reaching a Decision about Your Relationship

Instructions: Use this handout to help you think through your decision about how to move forward. Consider information you have about your partner, yourself, and your relationship. Consider information from the past as well as the present. You might want to make two lists of “positive” and “negative” factors—and weight each factor for how important it is to you (e.g., 3 for *very important*, 2 for *somewhat important*, and 1 for *least important*).

Evaluating Your Partner

- Is the participating partner’s affair an isolated event or part of a long-term pattern of betrayals?
- Has the participating partner been able to make and continue difficult changes in the past?
- Has the participating partner made appropriate responses to the affair by:
 - Taking responsibility and expressing remorse for his or her actions?
 - Addressing aspects of his or her own that contributed to vulnerability to an affair?
 - Addressing outside factors contributing to risk of an affair?

Evaluating Your Relationship

- Have you and your partner been able to address important relationship factors that contributed to risk of an affair?
- Have you and your partner restored a positive relationship? If not, do you believe you will be able to do so in the future?

Evaluating Yourself (for the Injured Partner)

- Have you addressed any aspects of yourself or your behavior that might have contributed to a risky situation for you and your partner?
- Have you reached a decision to move on?

(continued)

From *Couple-Based Interventions for Military and Veteran Families: A Practitioner’s Guide* edited by Douglas K. Snyder and Candice M. Monson. Copyright 2012 by The Guilford Press. Permission to photocopy this handout is granted to purchasers of this book for personal use only (see copyright page for details).

Handout 6.3 (page 2 of 2)

- Are you able and willing to take gradual, appropriate risks in restoring trust in your partner and your relationship?

Additional Considerations

- Implications of your decision for others (e.g., your children)
- Personal or religious values

HANDOUT 7.1

Couple's Safety Plan

The goal of this safety plan is to prevent partner maltreatment during times of potential stress and conflict by establishing rules and agreements for mutually respectful behavior.

If a situation begins to escalate:

Male partner and female partner agree to avoid all unwanted touching or physical aggression.

Male partner and female partner understand how to use time-out procedures.

Describe the time-out plan: _____

Male partner and female partner were provided emergency phone numbers.

911 _____

Male partner and female partner will agree on a safety plan for the children.

Teach children emergency numbers and how to use them.

Teach children to leave the conflict area.

Male partner and female partner agree not to stop each other or children from leaving or using the telephone.

If conflict continues to escalate, a partner will call an emergency number and/or leave the situation and go to a safe location.

Male partner agrees to the details of this safety plan Yes No

Female partner agrees to the details of this safety plan Yes No

(continued)

From *Couple-Based Interventions for Military and Veteran Families: A Practitioner's Guide* edited by Douglas K. Snyder and Candice M. Monson. Copyright 2012 by The Guilford Press. Permission to photocopy this handout is granted to purchasers of this book for personal use only (see copyright page for details).

Handout 7.1 (page 2 of 2)

Client Name (Please Print): _____

Client Signature: _____ Date: _____

Client Name (Please Print): _____

Client Signature: _____ Date: _____

Provider Signature: _____ Date: _____

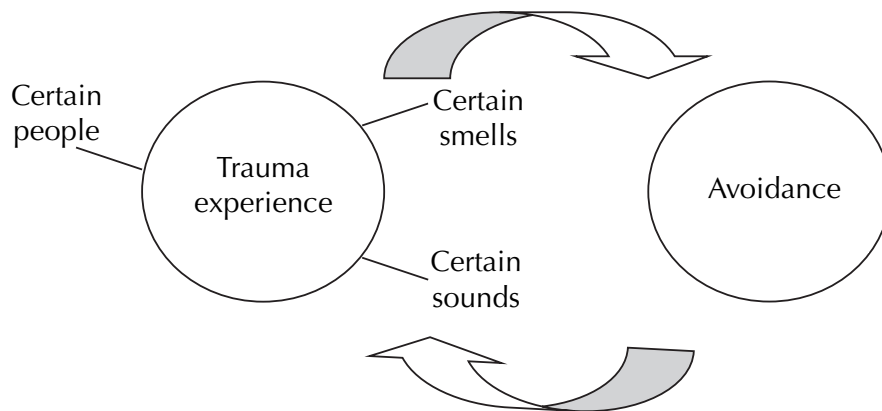
Provider Title: _____

HANDOUT 8.1

PTSD and Avoidance

Instructions: Use this handout to reinforce psychoeducation presented to the dyad in the session about the role of avoidance in maintaining PTSD and relationship problems and to develop a list of avoided places, people, situations, and feelings that the couple will begin to approach systematically during therapy.

As we discussed in the session, many people who have experienced trauma try to avoid thoughts and feelings associated with that event. Similarly, many people also avoid situations, places, and activities that remind them of the trauma or because they just feel scary. People with PTSD can also become frightened of the thoughts, feelings, and physical sensations associated with anxiety itself. This tendency has been described as a “fear of fear.” Although avoiding can make you feel more comfortable in the short run, it actually can make the problem worse in the long run, because it prevents you from overcoming your fears.



Like avoiding situations, places, and activities that remind them of traumas, people with PTSD come to avoid their own internal experience, such as their thoughts, feelings, and physical sensations. We sometimes describe this as a “fear of feeling.” Techniques to avoid your inner experience might include obsessive thinking, emotional numbing, overcontrolling your emotions for fear of being out of control, or injuring yourself to distract from painful emotions.

When you confront feared conversations, memories, situations, or feelings several things begin to happen:

From *Couple-Based Interventions for Military and Veteran Families: A Practitioner's Guide* edited by Douglas K. Snyder and Candice M. Monson. Copyright 2012 by The Guilford Press. Permission to photocopy this handout is granted to purchasers of this book for personal use only (see copyright page for details).

Handout 8.1 (page 2 of 2)

- Facing these situations helps you make sense of them (e.g., “Why am I afraid to talk to my spouse about our children?” → “She might figure out that I don’t feel like I’m an adequate parent”).
- You learn that thinking about these experiences is not dangerous and that being upset or anxious is not dangerous (e.g., “I won’t go crazy if I’m sad after talking about these situations. In fact, my partner and I feel closer”).
- You become less fearful of other situations that remind you of these situations (e.g., “Now that I’ve faced this and had a positive experience, why wouldn’t that be the case in the future?”).
- You learn that you can handle your fear and anxiety; therefore, you feel better about yourself (e.g., “I’m strong enough to handle being sad or angry without acting on these feelings. I don’t have to feel *good* all of the time, but rather be *good* at feeling”).
- You learn that when you repeatedly confront memories or situations you have avoided, the fear and distress gradually decrease. In other words, you again become relatively comfortable in these situations (e.g., “I don’t get nearly as upset as I used to discussing these things with my partner”).

Choosing to more directly address difficult issues for yourself and your relationship is hard work, but will lead to long-term payoff.

List below as many things as possible that, as a couple, you “help” avoid.

Places

Situations

People

Feelings

HANDOUT 8.2

Big Picture Worksheet

Instructions: The Big Picture Worksheet is used to facilitate the dyadic cognitive intervention process. The noticed thought is written in the center of the page; alternative thoughts are written around the noticed thought. The best balanced thought(s) are circled. At the bottom of the form in the “C(hanged feelings and behaviors?)” section the dyad notices the changed feelings and related behaviors and identifies ways that they will practice these changes in the “K(eep practicing)” section.

U = United and curious
N = Notice your thought
S = (Brain) Storm
alternatives
T = Test them out
U = Use the best
C = Changed feelings
and behaviors?
K = Keep practicing

BIG PICTURE

Noticed Thought:



C:

K:

From *Couple-Based Interventions for Military and Veteran Families: A Practitioner's Guide* edited by Douglas K. Snyder and Candice M. Monson. Copyright 2012 by The Guilford Press. Permission to photocopy this handout is granted to purchasers of this book for personal use only (see copyright page for details).

HANDOUT 9.1

Do's and Don'ts of Supporting a Partner with Depression

Instructions: Partners of depressed individuals want to demonstrate their care and support but are often unsure about how to go about doing this in an effective manner. Following are several general guidelines for you to consider in supporting your partner.

- Do learn about depression.
- Do provide support and encouragement.
- Do acknowledge your partner's feelings and express your willingness to try to understand his or her experiences.
- Do provide opportunities for fun activities, but don't pressure your partner to participate.
- Do keep your expectations realistic.
- Do be patient and recognize progress, even small steps.
- Do try to remain active and healthy, maintaining your normal routine and activities as much as possible.
- Do take care of yourself.
- Don't expect your partner to "snap out of" his or her depression.
- Don't ignore your partner's depression, hoping it will go away.
- Don't offer unsolicited advice about what your partner "should" do to overcome his or her depression. Instead, support your partner's efforts to overcome the depression.
- Don't tell your partner why he or she should feel better.
- Don't say you know what your partner is going through, even if you have been depressed.
- Don't take your partner's behavior personally.
- Don't criticize or be negative.
- Don't threaten to leave the relationship.
- Don't avoid the subject of suicide out of fear of giving your partner "ideas."

From *Couple-Based Interventions for Military and Veteran Families: A Practitioner's Guide* edited by Douglas K. Snyder and Candice M. Monson. Copyright 2012 by The Guilford Press. Permission to photocopy this handout is granted to purchasers of this book for personal use only (see copyright page for details).

HANDOUT 9.2

BATTLEMIND

Instructions: Please review the table below. You'll note that each item describes an important objective that helps service members perform their duties when deployed. It may be helpful for you (*the service member*) to describe the value of each item, such as why it is important to have "tactical awareness." Then it will be helpful for you (*the nonmilitary spouse*) to tell your partner when you notice that he or she is "relaxing" from these strict job requirements back home. An example: "Honey, I noticed that you appeared much more open and relaxed when we were out last night."

Behaviors	Consequences for home and relationship behavior
B uddies (cohesion) versus Withdrawal	Bonds built in combat lead to sometimes showing a preference for time with military buddies over family members.
A ccountability versus Controlling	Accountability for control of weapon/gear and one's behavior leads to the need to control access to one's "stuff" and irritability toward family members about this.
T argeted Aggression versus Inappropriate Aggression	Use of anger and aggression in combat leads to a short temper at home.
T actical Awareness versus Hypervigilance	A high degree of situational awareness results in appearing jumpy at home.
L ethally Armed versus "Locked and Loaded" at Home	The need for a weapon for survival in combat leads to feeling like one needs to have a weapon at home, in the car.
E motional Control versus Anger/Detachment	Keeping a necessary lid on one's emotions becomes second nature and leads to being seen as "uncaring" by spouse.

(continued)

From *Couple-Based Interventions for Military and Veteran Families: A Practitioner's Guide* edited by Douglas K. Snyder and Candice M. Monson. Copyright 2012 by The Guilford Press. Permission to photocopy this handout is granted to purchasers of this book for personal use only (see copyright page for details).

Mission Operational Security (OPSEC) versus Secretiveness

Keeping secrets in war may lead to not telling one's whereabouts to one's spouse and discussing very few deployment-related details.

Individual Responsibility versus Guilt

Survivors' guilt about combat events may lead to feelings that the spouse "just can't understand."

Nondefensive (combat) Driving versus Aggressive Driving

Unpredictable combat driving survival skills are risky at home—driving down the middle, not stopping, fast lane changes.

Discipline and Ordering versus Conflict

Giving and following orders in the military carries over to conflicts with spouse or children.

HANDOUT 10.1

Recovery Contract

Instructions: Use this form to formalize each partner's responsibilities as part of the BCT recovery contract.

In order to help (patient) _____ with his or her recovery and to bring peace of mind to (partner) _____, we commit to the following.

Patient's responsibilities	Partner's responsibilities
<input type="checkbox"/> Daily Trust Discussion (with medication _____ if taking it)	
<ul style="list-style-type: none"> • States his or her intention to stay substance free that day (and takes medication if applicable). 	<ul style="list-style-type: none"> • Records that the intention was shared (and medication taken if applicable) on calendar.
<ul style="list-style-type: none"> • Thanks partner for supporting his or her recovery. 	<ul style="list-style-type: none"> • Thanks patient for his or her recovery efforts.
<input type="checkbox"/> Focus on Present and Future, Not Past	
<ul style="list-style-type: none"> • If necessary, requests that partner not mention past or possible future substance abuse outside of counseling sessions. 	<ul style="list-style-type: none"> • Agrees not to mention past substance abuse or fears of future substance abuse outside of counseling sessions.
<input type="checkbox"/> Weekly Self-Help Meetings	
<ul style="list-style-type: none"> • Commitment to 12-Step meetings: _____ _____ 	<ul style="list-style-type: none"> • Commitment to 12-Step meetings: _____ _____
<input type="checkbox"/> Urine Drug Screens	
<ul style="list-style-type: none"> • Urine drug screens: _____ _____ 	

(continued)

From *Behavioral Couples Therapy for Alcoholism and Drug Abuse* by Timothy J. O'Farrell and William Fals-Stewart. Copyright 2006 by The Guilford Press. Reprinted with permission in *Couple-Based Interventions for Military and Veteran Families: A Practitioner's Guide* edited by Douglas M. Snyder and Candice M. Monson (Guilford Press, 2012). Permission to photocopy this handout is granted to purchasers of this book for personal use only (see copyright page for details).

<input type="checkbox"/> Other Recovery Support	
• _____	• _____

Early Warning System

If, at any time the trust discussion (with medication if taking it) does not take place for two days in a row, we will contact (therapist/phone #: _____) immediately.

Length of Contract

This agreement covers the time from today until the end of weekly therapy sessions, when it can be renewed. It cannot be changed unless all of those signing below discuss the changes together.

_____	_____
Patient	Partner
_____	_____/_____/_____
Therapist	Date

HANDOUT 10.3

My Continuing Recovery Plan

Instructions: Partners should complete this form to indicate details of how they will continue to implement their skills learned as part of the therapy.

As part of my continuing recovery, I have checked the tools, activities and skills I will practice and use to maintain sobriety and continue to improve my relationship after weekly couples therapy ends.

1. Recovery Contract

_____ Trust discussion (daily)

_____ Take medication (_____) during trust discussion

_____ Regular support meetings

2. Positive Activities

_____ Catch and tell

_____ Shared rewarding activities (_____ ×/week)

_____ Caring day (_____ ×/week)

3. Communication Skills

_____ Communication sessions (_____ ×/week)

_____ Listening and understanding

_____ "I" messages

_____ Relationship agreements (specify: _____)

_____ Problem solving

_____ Time-out—as needed

From *Behavioral Couples Therapy for Alcoholism and Drug Abuse* by Timothy J. O'Farrell and William Fals-Stewart. Copyright 2006 by The Guilford Press. Reprinted with permission in *Couple-Based Interventions for Military and Veteran Families: A Practitioner's Guide* edited by Douglas M. Snyder and Candice M. Monson (Guilford Press, 2012). Permission to photocopy this handout is granted to purchasers of this book for personal use only (see copyright page for details).

4. Continuing Recovery Tools

- _____ Action plan to prevent or minimize relapse
- _____ Couple check-up visits (1-month follow-up)
- _____ Couple relapse prevention sessions

5. Other

6. Partner's Role (completed by partner)

HANDOUT 11.1

Facts about Combat-Related Traumatic Brain Injury

Instructions: Use this handout to provide information about the common effects of traumatic brain injury (TBI), the severity levels of TBI, and common symptoms of TBI.

TBI is the most common physical injury in the OIF/OEF conflicts.

There are estimates that 10–20% of OIF/OEF service members have incurred a TBI.

Most OIF/OEF TBI results from closed head injuries—such as being hit with something or hitting the head after an explosion, or just being close to a big explosion and being exposed to the percussive pressure waves.

There are many kinds of TBI symptoms.

Common Effects of a TBI			
Physical: Headache, sleep changes, fatigue/loss of stamina, dizziness, balance problems (tendency to fall), sensory changes	Cognitive: Confusion, slowed speed of processing, attention problems, difficulties with memory, planning and organization problems, difficulty with decision making and problem solving, recalling events that did not actually happen	Communication: Difficulty speaking clearly, problems starting a conversation, word-finding problems, problems following a conversation, reading comprehension problems	Behavioral and Emotional: Frustration, increased anger/aggressiveness, impulsivity or difficulties in self-control, poor judgment, reduced or lack of initiative, repetitive behaviors, less effective social skills, changes in sexual behaviors, lack of self-awareness

(continued)

From *Couple-Based Interventions for Military and Veteran Families: A Practitioner's Guide* edited by Douglas K. Snyder and Candice M. Monson. Copyright 2012 by The Guilford Press. Permission to photocopy this handout is granted to purchasers of this book for personal use only (see copyright page for details).

Multiple exposures to head trauma likely make symptoms worse.

TBIs can be classified as mild, moderate, or severe. TBIs are classified in severity based on what happened at the time of injury.

Severity Grades of TBI		
Mild (Grade 1)	Moderate (Grade 2)	Severe (Grade 3 & 4)
Altered or loss of consciousness (LOC) < 30 minutes With normal CT & MRI	LOC < 6 hours with abnormal computed tomography (CT) or magnetic resonance imaging (MRI)	LOC > 6 hours with abnormal CT or MRI
Glasgow Coma Scale (GCS) score 13–15	GCS 9–12	GCS < 9
Posttrauma amnesia (PTA) < 24 hours	PTA < 7 days	PTA > 7 days

Most of the TBIs suffered by service members in Iraq and Afghanistan are in the mild–moderate range.

Typical symptoms of a mild TBI (also called a *concussive injury*) are listed in the table below. It is important to note that *mild* refers to the circumstances at the time of the injury, not to the impact of the symptoms on the service member or veteran and his or her family.

Postconcussion/Mild TBI-Related Symptoms		
Physical Symptoms: Headache, dizziness, balance disorders, nausea, fatigue, sleep disturbance, blurred vision, sensitivity to light, hearing difficulties/loss, sensitivity to noise, seizure, transient neurological abnormalities, numbness or tingling	Cognitive Symptoms: Difficulties in attention, concentration, memory, speed of processing, judgment, executive control	Behavior/Emotional Symptoms: Depression, anxiety, agitation, irritability, impulsivity, aggression

(continued)

Handout 11.1 (page 3 of 3)

At least 70% of persons with a mild TBI recover within about 3 to 6 months. It is not yet known why a subset does not recover as quickly. Some have argued that ongoing symptoms may be more related to other physical health and psychological problems such as posttraumatic stress disorder (PTSD).

Clinicians cannot predict who will make a full recovery from a TBI and who will not.

It is important to have hope. People can recover from TBIs. Often, survivors experience slow but gradual improvements over months and even years.

Treatment for a TBI involves rehabilitation—targeted efforts at specific problems such as memory, irritability, and so forth. There are no medications to cure TBI, but some help to improve symptoms such as poor concentration.

Many people with a TBI also develop other problems—PTSD, depression, anxiety, and substance use are most common. These can often be treated with medication or psychotherapy.

Loving someone with a TBI can be hard. Survivors usually do better if their families can develop accepting and supportive, positive attitudes, become good problem solvers, and take care of themselves as well. Trying to avoid existing problems is usually not a good strategy.

HANDOUT 11.2

Stress and Self-Care

Instructions: Use this handout to help partners consider stressors that they are facing and healthy ways for them to cope with their stress.

We all live with stress and it can be hard to deal with. Partners coping with a TBI do better if they find positive ways to cope with stress. What are some of the stressors you are currently facing? _____

How do you cope with them? _____

Which of these strategies are you willing to try to reduce stress as you go through the couple treatment? Circle at least two you will try this week. If they help, we would like to continue using them. If not, we would like you to try new ones.

Guided imagery

Do physical exercise

Take a nap

Talk with friends or family

Read a book, newspaper, or magazine

Make a list, prioritize, and do one thing on the list each day

Don't be a perfectionist; good enough is often good enough

Try deep breathing

Eat nutritiously

Other _____

Concentrate on what is controllable, not on what's not controllable

Do a favorite hobby

Go for a drive

Say "no" when you are overwhelmed

Let the little things go

Go for a walk or a run

Look for the positives

Pray

Take a short break

Do some problem solving

Get enough sleep

Do (or plan) something fun

From *Couple-Based Interventions for Military and Veteran Families: A Practitioner's Guide* edited by Douglas K. Snyder and Candice M. Monson. Copyright 2012 by The Guilford Press. Permission to photocopy this handout is granted to purchasers of this book for personal use only (see copyright page for details).

HANDOUT 11.3

Problem-Solving/Goal-Setting Record

Instructions: Use this handout to facilitate the couple's problem-solving or goal-setting discussions. Remind the partners to wait to evaluate their solutions until they consider advantages and disadvantages of each solution.

1. Discuss the problem or goal. Get everyone's opinion. Try to reach agreement on exactly what the problem/goal is. Write down specifically what the problem /goal is. _____
2. Brainstorm at least three possible solutions (five is better). Do not evaluate them at this time—wait until Step 3. _____
3. Briefly evaluate each solution. List major advantages and disadvantages.

Advantages

Disadvantages

4. Choose the best solution(s). Consider how easy it would be to implement each solution and how likely it is to be effective. _____
5. Plan the implementation. When will it be implemented? _____

What resources are needed and how will they be obtained? _____

Who will do what to implement the solution? _____

List what might go wrong in the implementation and how to overcome it.

Practice any difficult parts of the plan. _____

Who will check that all the steps of the plan have been implemented?

6. Review implementation at next meeting (Date: _____). Revise as needed.

From *Couple-Based Interventions for Military and Veteran Families: A Practitioner's Guide* edited by Douglas K. Snyder and Candice M. Monson. Copyright 2012 by The Guilford Press. Permission to photocopy this handout is granted to purchasers of this book for personal use only (see copyright page for details).

HANDOUT 11.4

Good Communication Elements

Instructions: Use this list of good communication elements to teach partners how to better communicate with one another. Encourage them to review these elements as they practice communicating outside of session.

- Maintain good eye contact.
- Use “I” statements (“I feel _____ when you _____”).
- Be specific about the event or behavior upon which you are commenting.
- Make sure you are close enough to hear each other.

Examples:

Active Listening

- Look the speaker in the eyes.
- Nod your head.
- Say “Uh huh.”
- Paraphrase what you have heard.

Expressing Positive Feelings

- “I feel happy that you cleaned the bathroom.”
- “I felt relieved that you called the family meeting when you said you would.”

Making a Positive Request

- “I would appreciate it if you would pick up your clothes off the floor. It would make me feel happier if we shared the responsibilities.”
- “I would feel proud if you really tried to complete the school semester without any more absences.”
- Expressing Negative Feelings (usually combined with a positive request)
- “I am hurt that you criticized me in front of the kids. In the future, I would feel less upset if you would wait until we were alone.”
- “I am frustrated that you forgot to pay the rent again. I would feel calmer if you would make sure you pay it a day or two before it’s due.”

From *Couple-Based Interventions for Military and Veteran Families: A Practitioner’s Guide* edited by Douglas K. Snyder and Candice M. Monson. Copyright 2012 by The Guilford Press. Permission to photocopy this handout is granted to purchasers of this book for personal use only (see copyright page for details).

HANDOUT 12.1

Understanding Grief and Loss

Instructions: Use this handout to provide information about the normal grief process and to encourage discussion about challenges each partner is experiencing and how to pursue additional emotional and instrumental support.

What is grief?

Grief is a normal response to loss. Events commonly triggering grief include

- Death of a family member, friend, coworker, or fellow service member/veteran
- Illness or injury that results in loss or impairment of physical abilities
- Loss of community due to moves, or separation from work or military service
- Loss of status or role, including changes in intimate relationships or family life

What does grief look like?

Everyone grieves in his or her own way.

- Common feelings include sadness, loneliness, despair, guilt, anger, fear, numbness
- Common thoughts include hopelessness for the future, undue responsibility for the past
- Common behaviors include retreat or withdrawal, irritability or unpredictable reactions

Will the grief ever go away?

Feelings of sadness or hurt may never go away entirely. But for most persons, when offered adequate emotional and instrumental support from others around them, grief diminishes after a few months.

(continued)

From *Couple-Based Interventions for Military and Veteran Families: A Practitioner's Guide* edited by Douglas K. Snyder and Candice M. Monson. Copyright 2012 by The Guilford Press. Permission to photocopy this handout is granted to purchasers of this book for personal use only (see copyright page for details).

The recovery process varies from person to person. But common phases include

- Denial: "I can't believe this has happened to me."
- Anger: "Why did this happen? Who's to blame?"
- Bargaining: "Just make this go away, and in return I will _____."
- Depression: "I can't go on. I just don't have the emotional or physical energy necessary."
- Acceptance: "I can find meaning in this, and regain direction and purpose in life."

Grieving individuals may experience all, none, or only some of these phrases.

Can any good come from grieving?

Although unwelcomed, grieving presents opportunities for growth:

- Forming new or deepened connections with other persons
- Creating new understandings and meanings about life

How can someone care for another person who is grieving?

- Just listen. Recognize and support feelings, and refrain from offering advice.
- Offer practical support, such as providing assistance with meals, laundry, child care, or simply time off from other responsibilities.

How can individuals care for themselves during times of grief?

- Don't isolate yourself. Seek out and accept emotional support from others:
 - Lean on family members, friends, and others who care about you.
 - If you follow a religious tradition, draw on the rituals that bring caring persons together.
- Seek out and accept instrumental help from others:
 - Consider asking for help at work, or for temporary reduction in hours or responsibilities.
 - Ask for occasional help at home—with meals, yard work, or child care.
 - This is a time to draw on friends and neighbors, or members of your church.
 - Become familiar with special resources available to service members and veterans.
- Take care of yourself emotionally and physically:
 - Allow yourself to experience and express your difficult feelings.
 - Make sure you're getting enough sleep and good nutrition.
 - Avoid alcohol or illicit drugs to numb the pain of grief.

Handout 12.1 (page 3 of 3)

- Anticipate grief triggers such as anniversaries or holidays
 - Plan to be with others or engaged in positive activities when those occasions arise.
- Be patient with yourself:
 - The grieving process takes time, and no one experiences it exactly the same way.
 - Be prepared for unexpected reminders and other setbacks when the grief resurfaces or surges unexpectedly.
 - Find an outlet for your feelings. Cry, walk, write about your experience, or talk with a friend.

Remember that your spouse, partner, or family member may also be grieving.

- Understand that your partner may not always be able to support you in your grief, and at times may need your support as well.
- Try to find ways of grieving together—for example, by spending time together quietly, or by participating in events that bring each of you comfort or joy.
- Allow each other to experience grief in your own unique ways and time lines.

How do I know if I need additional professional help?

Most persons can benefit from professional counseling at one time or another. Getting help now to deal with grief may prevent difficulties down the road. Consider getting some additional help from a professional if

- You're experiencing thoughts of suicide or dying
- Your grief is interfering with your close relationships
- Your grief is interfering with your ability to function at work or at home
- The frequency or intensity of painful grief reactions doesn't diminish or it actually increases
- You're feeling numb and disconnected from others for more than a few weeks