

PUTTING RESEARCH TO WORK FOR MILITARY FAMILIES

The Implication of Combat-Induced Stress Reaction, PTSD, and Attachment in Parenting Among War Veterans

INTL Military

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Cohen, E., Zerach, G., & Solomon, Z. (2011). Journal of Family Psychology, 25(5), 688-698.

This study of Israeli war veterans (primarily fathers) examined the role of combat-induced stress reaction (CSR), an acute stress reaction that occurs on the battlefield or immediately after trauma and post-traumatic stress disorder (PTSD), on parenting behaviors and concern for adult children during their child's military service in the Israeli Defense Forces (IDF). Military service is mandatory for all Israeli citizens over the age of 18.

Key Findings:

- Preliminary analysis showed a significant relationship between CSR and PTSD. Of those experiencing CSR, 35.6% also reported PTSD, for those without CSR, 13.8% reported PTSD.
- Veterans who reported PTSD (with or without CSR) reported lower levels of parental functioning (i.e., involvement in raising children, satisfaction of children's emotional and physical needs) and parental satisfaction (i.e., satisfaction with self as parent, satisfaction with relationship with child).
- Compared to veterans without CSR, Veterans who suffered from both CSR and PTSD reported higher levels of concern for their children's military service.
- Higher levels of avoidant and anxious attachment were associated with lower parental functioning and lower parental
 satisfaction for both groups; however, higher levels of anxious attachment were associated with higher levels of concern for the
 child during military service among the CSR group only.

Implications for Programs:

- Programs serving Service members may incorporate curriculum training, support and resources designed to address functioning and attachment issues and PTSD symptoms in families.
- Professional development and educational opportunities should continue to be available for program staff to learn about the
 experiences of military families as well as ways to support military families.

Implications for Policies:

- Support during and after deployment should continue to be available and accessible to Service members and their families, either through providing additional funding to existing programs/services or working with community programs and services to increase the network of available resources.
- Support organizations and systems should continue to receive support to address PTSD for individuals and extend services to their children and families.

Avenues for Future Research:

- The current research needs to be replicated in more diverse samples and within U.S. samples, and using longitudinal methods to control for pre-combat measures of parental functioning and satisfaction.
- Additional research can examine how parental mental health (specifically experiencing PTSD and/or CSR) can influence the well-being of adult children who are Service members.









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Background information

Methodology:

- This quantitative study used cross-sectional data collected from Israeli war veterans recruited by phone to participate in the study. The CSR participants were identified by mental health personnel. The criteria for identifying CSR participants included a referral for psychiatric intervention from the battalion surgeon during the war, a diagnosis of acute CSR made on the battlefield by a trained clinician, and no indication of serious injury and/or other psychiatric disorders. PTSD was assessed for all groups using self-report PTSD Inventory (Solomon, 1993) and operationalized using the DSM criteria.
- This study focused on Israeli war veterans.

Participants:

- The participants included 477 male Israeli war veterans, of whom 288 had children in the Israeli Defense Forces (267 CSR veterans; 210 non-CSR veterans) participated. It is important to note, those participants without children in the IDF were asked responded to the parent measures, but not about concern for their child.
- Age: CSR group: M = 46.9 years (SD = 5.76); Control (non-CSR) group: M = 47.59 years (SD = 5.40).

Limitations:

- Those who participated may differ from non-participants in a way that is not measured, but affected the outcome variables. For instance, those who participated may be experiencing fewer CSR symptoms than those who did not participate.
- Pre-trauma measures of attachment and family functioning are not present, which limits our ability to know if poor functioning and attachment existed prior to and was aggravated by combat-exposure or if they were caused by combat exposure.

Assessing Research that Works Research Design and Sample Quality Rating: Questionable Excellent Appropriate Limited The design of the study (e.g., research plan, sample, \boxtimes recruitment) used to address the research question was.... **Research Methods Quality Rating:** Excellent Appropriate Limited Questionable The research methods (e.g., measurement, analysis) used \boxtimes to answer the research question were... Limitations Quality Rating: Appropriate Questionable Excellent Limited Minor Few Several Many/Severe Limitations Limitations Limitations Limitations The limitations of this study are... \boxtimes **Implications** Quality Rating: Excellent Appropriate Limited Questionable The implications of this research to programs, policies and \boxtimes the field, stated by the authors, are... ☐ Not applicable because authors do not discuss implications Overall Quality Rating

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