

# Putting Research to Work for Military Families



**Focus:**  
Multiple  
Branches

## Family Problems Among Recently Returned Military Veterans Referred for a Mental Health Evaluation

Sayers, S.L., Farrow, V.A., Ross, J., & Oslin, D.W. (2009). Family problems among recently returned military veterans referred for a mental health evaluation. *Journal of Clinical Psychiatry*, 70(2), 163-170. doi:10.4088/JCP.07m03863

**SUMMARY:** Recent research suggests that psychiatric distress and combat trauma may result in poorer family functioning for Service members. Interviews with recently returned Veterans from Iraq and Afghanistan were used to assess the association between psychiatric distress and family reintegration problems post-deployment. Results indicate that psychiatric distress, particularly depression and anxiety, influence family reintegration for returning Service members.

### KEY FINDINGS:

- Veterans with more depressive and posttraumatic distress symptoms were more likely to report feeling like a visitor in their home (40%) or that their children are afraid of them and act distant toward them (25%).
- Over 50% of Veterans reported mild to moderate domestic violence at home and 4.4% acknowledged that there has been an injury to their partner or the Veteran at least once.
- Roughly 75% of Veterans reported some type of family conflict in the past week, over 50% reported marital discord, and approximately 66% reported that family conflict occurs on a weekly basis.
- Family problems were more prevalent among Veterans with scores indicating provisional diagnoses for depression and anxiety.

### IMPLICATIONS FOR PROGRAMS:

Programs could:

- Offer post-deployment support groups for Service members and their families focused on reintegrating the Service member into family life
- Engage Service members and their partners in classes working to decrease domestic violence and teach emotional regulation skills
- Tailor support groups and workshops to families with a Service members experiencing psychiatric symptoms, particularly depression and anxiety

### IMPLICATIONS FOR POLICIES:

Policies could:

- Promote the development of preventative programs to help Service members and their families with family reintegration post-deployment
- Continue to support programs that help prevent domestic violence and that provide help to Service members with psychiatric symptoms
- Promote the development of education programs for Service members post-deployment regarding psychiatric symptoms and family reintegration

This product is the result of a partnership funded by the Department of Defense between the Office of Military Community and Family Policy and the USDA's National Institute of Food and Agriculture through a grant/cooperative agreement with The University of Minnesota.



# Putting Research to Work for Military Families



## METHODS

- Primary care physicians located at the Philadelphia Veterans Affairs Medical Center referred Veterans who received a behavioral health evaluation.
- Surveys were administered via telephone and assessed depressive symptoms, alcohol misuse, anxiety, posttraumatic stress disorder, panic disorder, psychosis, and mania.
- Participants were also assessed regarding family difficulties post-deployment using family readjustment and domestic abuse measures.
- Statistical analyses examined associations between depressive and posttraumatic depressive disorder symptoms and family adjustment problems.

## PARTICIPANTS

- Participants were Veterans who served in Iraq or Afghanistan after 2001 (n=199).
- The Veteran sample included men and women, 89.5% and 10.5% respectively, and had an average age of 32.7 years old.
- The sample was 53.3% White, 32.2% Black, 22% Multiracial, and 4% Asian American.

## LIMITATIONS

- This study used a clinically referred sample of Veterans, and therefore may not be relevant to the general population of Veterans post deployment.
- Due to the cross-sectional research method, the direction of effects between psychiatric symptoms and family problems cannot be determined.
- All data were gathered via self-report of the Veteran and did not include partners or former partners, even when assessing for domestic violence, which can increase chances of self-report bias.

## AVENUES FOR FUTURE RESEARCH

Future research could:

- Include Veterans who are not clinically referred in efforts to generalize the results to the overall population of Veterans reintegrating into family life after deployment
- Conduct a longitudinal study to better understand the direction of effects between psychiatric distress and family problems
- Gather data from partners and other family members in order to decrease self-report bias regarding psychiatric distress and domestic violence

## ASSESSING RESEARCH THAT WORKS



For more information about the Assessing Research that Works rating scale visit:  
<https://reachmilitaryfamilies.umn.edu/content/assessing-research-that-works>