Veterans: Readjusting to Everyday Life
*Work, Family Issues May be Significant*

Whether you’re an employer, employee, or an Employee Assistance professional, if you’re not dealing with war-related emotional issues already, chances are you will be in the near future. Waves of American soldiers in Iraq and Afghanistan — the largest number since the Vietnam years — are returning home. And they are coming back from their deployments with physical and emotional wounds.

According to the *Journal of the American Medical Association*, nearly one out of every five service members (19%) returning from Iraq report having mental health problems, which are often associated with combat experiences. Furthermore, studies have revealed that while 35% of Iraq war veterans used mental health services in the year following their return to the U.S., many more needed services, but did not receive them.

**An Increasing Problem**

Successfully integrating the military with civilian employers is a long-documented challenge that has been further complicated by the mass mobilization of citizen soldiers (National Guard and Reserve) who are being deployed to war zones. More than 355,000 Guard and Reservists have been mobilized since 9/11. These units are currently logging five times more duty hours than they did in the 1990s.

The employment difficulties these units are encountering upon their return home, illustrates the problem. U.S. Department of Labor statistics show that more than 3,500 demobilized Reservists and Guardsman have filed complaints against their employers in the past year. And, according to the Office of Family Policy, 41% of activated Reserve families experience financial stress.

What can an employer do to get a handle on this trend? What can employees do? EAPs?

**Adjustments for Military Families**

Even if the returning soldier is able to effectively transition back into his/her job, that may not be the case at home. Every family situation is different. But, it is important to keep in mind the needs and feelings of the returning family member, the adult that remained at home during the deployment, and the children. Let’s take a brief look at each:

1) **Understanding children** — Children’s responses are influenced by their age. Toddlers may not remember the parent that well and may act shy or strange around them. Teenagers, on the other hand, may seem distant as they continue their activities with friends. As a result, children may need time to warm up and readjust to the returning parent. This should not be misinterpreted or taken personally.

2) **The returning soldier** — Military deployments, especially in a combat zone, can significantly change an individual’s life. If the deployment was in a war zone, there was the constant threat of loss of life or injury. What sustains soldiers are devotion to duty, a close connection with fellow soldiers, and the desire to return home. The returning soldier may seem preoccupied with their experiences. However, they may be unable to talk about it — or they may talk about them excessively.

3) **The adult that stayed at home** — The adult at home had to keep the family together during the deployment. This adult has had to handle many crises. But while these problems are old news at home, they may be big surprises for the returning family member. The adult at home may expect the returning family member to automatically accept the family, as it now exists, even though they may be uncomfortable with their new role.

All family members need time to adjust to the changes that result when a deployed family member returns. Most families will change. Children have been born or have grown. An adult
at home may have become more independent. While the reunion of a military family is cause for celebration, to adjust, families may need to utilize the help offered by the military, EAP, and others.

“You have to find a good support group structure, be it family or your husband’s unit, especially if you have kids. You also have to be a great supporter of your husband and what he believes in, otherwise you might not make it as a family,” states Lena McCollum, military spouse, on the Defend America website (www.defendamerica.mil). (See exercise handout on page 4.)

Operation Comfort

Operation Comfort is one of the organizations addressing issues with veterans who need postwar help, but for whatever reason aren’t receiving services. Operation Comfort is a nonprofit organization that has been providing free psychotherapy to military families and returning soldiers since 2003. Its growing nationwide network consists of over 450 licensed therapists, donating their services to returning soldiers and their loved ones at home. For more information, visit www.operationcomfort.com.

Additional resources (this is not a complete list) include:

• American Legion — www.legion.org
• Disabled American Veterans — www.dav.org
• National Veterans Toll Free Crisis Line — 1-888-777-4443
• U.S. Dept. of Veterans Affairs — www.va.gov
• Veterans Benefits Administration — www.vba.va.gov
• Veterans of Foreign Wars — www.vfw.org
• Vet Center — www.va.gov/res/VetCenter Directory.htm
(See exercise handout on page 4.)

Is He/She Really OK?

Companies need to be aware that many veterans will appear to be OK, when in fact they are not. This is because even though people may be experiencing frightening feelings, they may not know how to ask for help, who to ask, or what to ask.

Helping returning veterans with psychological, emotional, and physical problems requires highly skilled and trained professionals. EAP professionals, many of whom are trained in Post-Traumatic Stress Disorder (PTSD), can help.

What is PTSD?

PTSD is a psychiatric disorder that can occur following the witnessing of life-threatening events, such as military combat, natural disasters, personal assault, and others. People who suffer from PTSD often relive the experience through nightmares and flashbacks, have difficulty sleeping, and feel detached or estranged from work and/or family life. Symptoms may be severe enough, and last long enough to significantly affect the person’s daily life.

PTSD is marked by clear psychological changes. PTSD is complicated by the fact that it frequently occurs in conjunction with related disorders such as depression, substance abuse, memory problems, and others. PTSD is also associated with impairment of the person’s ability to function in social or family life, including occupational instability, marital problems and divorces, family discord, and difficulties in parenting. (See exercise handout on page 4.)

Keep PTSD in Perspective

War-related PTSD is a very real, and serious problem. However, approximately 75% to 85% of all veterans successfully transition into civilian life. Certainly, there is a decompression and re-integration process that is a unique experience for each veteran. But most people move through this phase with a true sense of meaning and purpose for their lives. For most veterans, military experiences greatly serve both themselves and the communities they live in. The leadership and team-building experiences they learned in military life translate into benefits in the workplace.

What we as a society must focus on are the remaining 15% to 25% of returning veterans who are suffering from the effects of combat. Unfortunately, research indicates that the majority of veterans suffering from PTSD and other emotional problems do not seek help. The reasons for this include the fear of stigmatization by peers and superiors, along with the mindset that is developed through military training. Codes and
values such as, “The Few, the Proud, the Marines” and “Adapt, Overcome, and Improvise” instill a sense of self-reliance that doesn’t line up with thinking that it’s OK to seek help. Although the military has begun developing programs and resources to address these issues, additional family and work support, education, and awareness are crucial to understanding the needs of returning soldiers.

**Not Enough Resources**

Further exacerbating this problem is the fact that the military is not equipped to meet the mental health needs of so many returning veterans. According to a 2004 VA study by 31 veteran service organizations, the number of veterans using the VA system has risen from 2.9 million in 1995 to 5 million in 2003. Meanwhile, inflation-adjusted spending has declined by 25% over the past seven years. In other words, a downsized VA system is faced with the additional burden of trying to help the hundreds of thousands of soldiers returning from combat in Iraq and Afghanistan.

Consequently, it is not realistic to assume that military resources alone are sufficient to resolve emotional issues stemming from combat situations. Increased awareness and education of resources like EAPs are critical to help address these growing needs. *(See exercise handout on page 4.)*

**What Else can be Done?**

An individual needn’t be an expert in PTSD to help a returning veteran. Employer, co-worker, and EAP alike can help heal the wounds of war by learning more about the experiences that soldiers have had, and how it affects their lives as they adjust to civilian life. The following are some related facts:

- A significant number of military personnel are in National Guard and Reserve units rather than active duty. In the hierarchy of the military, there is a difference.
- The lines are blurred and there is a great deal of confusion over just who the enemy is. What do their uniforms look like? How are they different from civilians?
- Bear in mind that troops go from peacekeeping and security roles to “warrior,” and back again.
- The culture our troops have been sent to protect is very different from the one they left. Language, religion, emotions, beliefs, and behaviors are very different and are not easy for Americans to understand.
- The role of politics and the media are always present. And their perspectives don’t always line up with the situations experienced on the battleground.
- Combat-related injuries are always traumatic. Many occur from explosions, which may be horrendous.

How can you help the veteran when you recognize there might be a problem?

- Get to know the person.
- Build trust; don’t try to be someone you’re not.
- Ask about the environment they were in. Learn the military language (e.g. MRE, CTM, IED, etc.)
- Believe the individual.
- Use appropriate referrals. Use the person’s resources. For example, ask about their journal and their buddies.
- Don’t believe the media. Ask the veteran what the war was like.

**Summary**

EAP professionals can expect to be asked to help heal the wounds of war in increasing numbers as additional veterans return home from Iraq and Afghanistan. Keep up with issues related to war-related stress and trauma. Learn the soldier’s language. Ask for help from managers, supervisors, and co-workers, and remind them that the individual may be having emotional problems even when it might not appear that way on the surface.

The EAP can be an enormous resource by offering to lead work groups and trainings on trauma, re-entry and re-adjustment issues. Remember that soldiers’ families are affected as well, and involve them in awareness sessions whenever possible.

*Additional sources: Jon Christensen, MS, Msed, a veteran and CEAP and LPC with On-Belay Workplace Services in Racine, WI (414-530-6575) and Veterans and Families (www.veteransandfamilies.citymax.com/home.html), a national nonprofit organization, founded and directed by veterans, parents, grandparents, family members, employers, mental health professionals, and community leaders.*
Healing the Wounds of War

Troops returning home to cheers, hugs, and kisses have become familiar scenes. While everyone involved is glad when they return home, the fact remains that the effects of war can expect to be present for years to come. Consider the following questions:

**Exercise:** What has changed at home since the soldier left? Is the returning veteran having difficulty accepting changes at home? Are children having problems coping with the parent’s return? Are any other problems occurring due to the family member’s return?

**Exercise:** Is the returning veteran seeking assistance through Operation Comfort? The military? An EAP? Others? Is he/she aware of what resources are available and how to get help?

**Exercise:** Is the individual experiencing psychological problems? To what extent? Is the individual receiving help?

**Exercise:** How aware are employees of the EAP as a resource to help with war-related PTSD and other emotional issues? What could be done to increase awareness?

**Disturbing Trends**

- **Increase in combat-stress disorders** — A recent *New England Journal of Medicine* study found that 15-17% of U.S. Iraq veterans were suffering from Post-Traumatic Stress Disorder (PTSD), a condition strongly correlated with high rates of depression, suicide, alcoholism, and drug abuse.

- **Increase in suicides** — The U.S. Army reports that 23 soldiers in Iraq and Afghanistan committed suicide in the past year. In 2003, the Army reported that the suicide rate among soldiers increased from an 8-year average of 11.9 per 100,000 to 15.6 per 100,000. Furthermore, the Army’s first-ever study of mental health in a combat zone in 2004 found that only one-third of soldiers who wanted help actually received help.

- **Increased strain on VA system** — A downsized VA system is faced with the additional burden of trying to help the hundreds of thousands of soldiers returning from combat operations in Iraq and Afghanistan.

- **Increase in employment difficulties** — U.S. Department of Labor statistics show that more than 3,500 demobilized Reservists and Guardsman have filed complaints against their employers in the past year. According to the Office of Family Policy, 41% of Activated Reserve families experience financial stress. Part-time military employees or reservists face unique post-deployment employment challenges. Employers vary significantly in the amount of emotional and financial support they offer reservist employees.

*Additional source: Veterans and Families ([www.veteransandfamilies.citymax.com/home.html](http://www.veteransandfamilies.citymax.com/home.html)).*