

SAMPLE APPLICATION

Operation Enduring Families: A Support and Education Program for Returning Iraq and Afghanistan Veterans and Their Families manual

NAME, degree, facility, location – Principal Investigator
NAMES of co-applicants

I. INTRODUCTION/JUSTIFICATION

Since September 11, 2001 more than one million American troops have been deployed to the Global War on Terror. 430,000 of these troops have now separated from the military, and 119,000 have come to the VA system. More than 1/3 have served at least two tours in a combat zone. Not since the Vietnam War has such a large group of soldiers returned from combat (National Veterans Foundation, 2006).

Returning soldiers are facing a range of adjustment difficulties and mental health issues. A study of 1,700 Army and Marine soldiers back from Iraq found that 15-17% met criteria for major depression, generalized anxiety disorder or PTSD, and 24-33% admitted to using more alcohol than they meant to (Hoge, 2004). Many more veterans face adjustment reactions. Educating veterans about these reactions and normalizing their experience can be helpful in the reintegration process and many veterans are seeking this type of care. One study found that 35% of veterans who served in Iraq sought mental health care within the first year of homecoming (Hoge, 2006).

Veterans' families are also impacted by combat deployment and reintegration, especially when the veteran has symptoms of PTSD or another mental illness. Combat veterans experience a high rate of marital instability and are at increased risk for domestic violence (Kessler, 2000). Between 2001 and 2004, divorce rates among active-duty army officers and enlisted personnel nearly doubled (Crary, 2005). Research has found that distressed partners are less likely to provide support to their spouse (Beach et. al, 1993). Many professionals working with this population have expressed a need for more family services. As Joyce Raezer, government relations director for the National Military Family Association said; "At the end of the day, wounded service members have wounded families...more must be done to link service members and families with the services they need (Shane, 2005)."

B. Available Resources

A range of informational handouts provide returning veterans and their families with information regarding common reactions to and ways of coping with a deployment (eg National Center for PTSD). Padin-Rivera has developed a Post-Traumatic Stress Resiliency Therapy (2006) that includes work with families as a component, but does not focus on OIF/OEF veterans, and requires the participation of the veteran. Recent books such as When Duty Calls (Vandesteege, 2001) provide information for dealing with military separations. Rabin and Nardi (1991) have developed a psychoeducational program for treating PTSD in couples. Monson, Stevents & Schnurr (2005) have developed the Cognitive Behavioral Couple's Treatment for Post-traumatic Stress Disorder. A trial found that this 15 week treatment program reduced PTSD symptoms in veterans. In addition, Pawlowski (2005) has developed the C.A.R.E.S. resource for couples coping with military deployment. Sherman has developed and used the

SAMPLE APPLICATION

S.A.F.E. program (2003) for the family members of veterans with a persistent mental illness or PTSD. However, none of these curriculums or programs are focused on providing psychoeducational materials specifically for returning Iraq and Afghanistan veterans and their families. As such, Operation Enduring Families would fill a needed and important gap.

C. Closing the Gap

The Operation Enduring Families curriculum is a modification of the Support and Family Education Program (SAFE), which has already been found effective in increasing understanding and reducing distress in the family members of veterans with persistent mental illness and PTSD (Sherman, 2003). The Operation Enduring Families manual consists of 10 sessions (5 for veterans and their families and 5 for family members only), which cover a range of topics including:

- Improving family relationships
- Communication and intimacy
- Dealing with anger
- Managing depression
- Coping with PTSD and other trauma reactions
- Creating a low-stress environment
- Substance Use: Risks, self-assessment, treatment referrals and alternative coping strategies
- Self-Care

These topics were chosen because they are most commonly recognized in the literature as being of concern for returning Iraq and Afghanistan veterans (Hoge 2006, Hutchinson & Banks-Williams, 2006). Education and information regarding the symptoms and treatment have been found helpful in reducing both patient and family member distress (Sherman, 2003) and increasing family and social functioning (Faloon et. al, 2002). Each session utilizes empirically supported treatments for coping with a particular issue. For example, the session on communication focuses on techniques such as softened start up and turning towards that research has found are helpful in strengthening emotional connection and reducing tension (Gottman & Silver, 1999).

II. PROJECT DESCRIPTION

A. Target Audience

The manual is targeted to VA mental health providers who work with returning Iraq and Afghanistan veterans and their families. There will be handouts and materials for the participants as well as a leader's guide.

B. Number of Participants

All returning veterans from Iraq and Afghanistan and their families are eligible to attend. Since this group is just beginning, the exact number of future participants is unknown. In the first 3 sessions of the program, a total of 14 people participated. Many more eligible veterans receive other services at this VA, and attendance is expected to grow as the program gains publicity and support. This will be a multi-site project with the Oklahoma City and Houston VAs. The Oklahoma City VA has 4907 OEF/OIF

SAMPLE APPLICATION

veterans in its catchment area, while the Houston VA has 3602. The curriculum manual includes extensive information regarding publicity strategies for starting a group. These strategies are being implemented in Oklahoma City, and will be implemented in Houston. They include posting flyers and brochures around the VA, sending invitation letters to OIF/OEF veterans in our databases, and notifying appropriate referral sources about the program. Our goal is to include N veterans and family members.

C. Plan and Timetable

Stage 1: Manual Modification

- 3 experts in the field will review the manual for content and clarity and provide written feedback within 30 days.
- A conference call with the reviewers and the investigators will be held to discuss the recommended changes.
- The team will hold a conference call to discuss the recommend changes and their implementation.
- Modifications will be made to the manual

Time Frame: Approximately 4 months

Stage 2: Field Implementation

- A conference call will be held to review curriculum and group procedures. This conference call will ensure that all providers are prepared to implement the program.
- Publicity techniques as outlined in curriculum (letters, phone calls, meetings with referral sources, brochures, information in newsletters) will be used to recruit new group members. All brochures and flyers necessary for beginning a new group are included in the manual.
- Operation Enduring Families groups will be conducted at each site. Each group session will last 1.5 hours. The manual currently consists of 10 sessions. Although the group is open and ongoing, it will take 5 months to complete all the material presented in the manual (the group meets twice per month).
- The program team will hold bi-monthly conference calls to discuss any problems or challenges that arise.
- Group members will complete satisfaction and knowledge and skills measures at the end of each group meeting.

Time frame: 5 months

Stage 3: Program Refinement

- Participant data will be analyzed to see what, if any, improvement trends occurred as a result of group participation and to review participants' feedback regarding the helpfulness of the group sessions.
- VA employees who are content experts (but work at facilities other than Oklahoma City or Houston) will serve as consultants and will review the materials.

SAMPLE APPLICATION

- The program team will meet via conference calls to discuss modifications to the curriculum based on field implementation and the recommendations of the content experts. The manual will be revised based on this feedback.
- The completed manual will be revised by a copy editor to ensure accuracy and readability.
- A graphic designer will be used to make the manual and its handouts visually appealing and user friendly.
- The copy editors and graphic designers will be made aware that projects developed with VA funds are in the public domain. As such, the materials can be copied and distributed without restriction.

Time Frame: Approximately 3 months.

Total project time: 1 year. * *Although this project may take one calendar year to complete, project funds should be spent by the end of the current fiscal year.*

D. Evaluation

Participants will be given a knowledge rating scale at the end of each session. This questionnaire will assess understanding of reintegration and mental health issues and a self-report of participants' own sense of competence in dealing with these issues. A satisfaction questionnaire more specifically addressing the materials and the structure of the group will be administered at the end of every session. Satisfaction data will guide decisions about other program modifications.

III. FUTURE PLANS

A. Early Impact

Thousands of returning veterans and their families need support in coping with the challenges of reintegration. An evidence-based, manual for front-line clinicians would be a valuable resource in meeting the needs of this population. The manual could be easily disseminated via the internet or through the MIRECC. It is particularly user friendly, as all participant handouts and leader materials are included in the manual. When the manual is completed, an electronic and hard copy will be delivered to the MIRECC for dissemination.

SAMPLE APPLICATION

IV. BUDGET

A. Materials

Group Materials

- Reference Materials & Patient Library site) \$ 1000.00 (500 per

These materials will include manuals and other curricula on treating PTSD and combat stress within families, books relevant to trauma adjustment and PTSD, and DVDs and movies related to readjustment after combat.

- 50 3-ring binders for participant materials \$ 100.00
Price from Office Max

- TV/VCR Unit \$ 500.00

Units were priced at Oklahoma City Canteen This unit would be used for showing informational videotapes. The curriculum references some free and for cost informational videos and includes ordering information. These videos are helpful but not necessary for leading group sessions.

Consultants

- 3 non-VA consultants @ \$500 each \$ 1500.00

Editors and Reviewers

- Graphics design artist @ \$50 hr x 20 hours \$ 1000.00
- Editing @ \$20 hr x 50 hours \$ 1500.00

- B. Total Cost Estimate \$ 5600.00

SAMPLE APPLICATION

References

- Beach, S.R. H., Fincham, F.D & Katz, J. (1996). Social support in marriage: A cognitive perspective. In G.R., Pierce & B.R. Sarason (Eds.), *Handbook of social support and the family* (pp. 43-65). New York: Plenum Press.
- Crary, D. (2005). Army divorce rates rising since 2001 [Electronic version]. *Associated Press*.
- Falloon, I.R.H., Roncone, R., Held, T., Coverdale, J.H., & Laidlaw, T.M. (2002). An international overview of family interventions: Developing effective treatment strategies and measuring their benefits for patients, careers, and communities. In H.P. Lefley & D. L. Johnson (Eds.), *Family interventions in mental illness: International perspectives* (pp. 3-23). Westport, CT: Praeger.
- Gottman, J.M., & Silver, N. (1999). *The seven principles for making marriage work*. New York: Three Rivers Press.
- Hoge, C.W., Castro, C.A., Messer, S.C., McGurk, D., Cotting, D.I. & Koffman, R.L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine*, 351 13-22.
- Hoge, C.W., Auchterlonie, J.L., Milliken, C.S. (2006). Mental health problems, use of mental health services and attrition from military service after returning from deployment to Iraq or Afghanistan. *Journal of the American Medical Association*, 295, 1023-1032.
- Hutchinson, J. & Banks-Williams, L. (2006). Clinical issues and treatment considerations for new veterans: Soldiers of the wars in Iraq and Afghanistan. *Primary Psychiatry* 13, 66-71.
- Kessler, R.C. (2000). Posttraumatic stress disorder: The burden to the individual and to society. *Journal of Clinical Psychiatry*, 61 (Suppl. 5), 4-12.
- Monson, C.M., Stevens, S.P., & Schnurr, P.P. (2005). Cognitive behavioral couple's treatment for posttraumatic stress disorder. In T. Corales (Ed.), *Focus on posttraumatic stress disorder*. New York: Nova Sciences Publishers.
- National Veterans Foundation (2006). *Facts about veterans*. Retrieved August 7, 2006, from <http://www.nvf.org/facts.html>
- Padin-Rivera, Edargo (2006). *Stress resiliency therapy*. Unpublished manuscript.
- Pawlowski, L.M., (2005). Coping with military deployment: The C.A.R.E.S. resource for couples. (Doctoral dissertation, Regent University, 2005). *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 66(6-B), 3422.
- Rabin, C., & Nardi, C. (1991). Treatment of post-traumatic stress disorder couples: A psychoeducational program. *Community Mental Health Journal*, 27, 209-224.
- Shane, L. (2005, December 9). Researchers: Alcohol misuse, divorce rates higher among returning troops. *Stars and Stripes*. Retrieved August 8, 2006 from <http://www.estripes.com/article.asp?section=104&article=32730&archive=true>
- Sherman, M.D. (2003). *Best practices in family intervention for serious mental illness*. Retrieved August 7, 2006, from University of Oklahoma Health Sciences Center Web site: <http://w3.ouhsc.edu/bpfamily>
- Vandesteeg, C. (2001). *When duty calls: A guide to equip active duty, guard and reserve personnel and their loved ones for military separations*. Yakima WA: Winepress Publishing.