

The background of the slide is a stylized American flag. The top left corner features a blue field with white stars, while the rest of the image is composed of red and white diagonal stripes. The stripes are slightly wavy, giving the impression of a flag in motion. The text is overlaid on this background.

Supporting Military Families through Family Therapy

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- **University of Maryland's commitment to improving experience of returning veterans who are university students**



Focus Groups

Participants

- *26 Veterans of the Iraq and Afghanistan Wars*
- *69% male and 31% female*
- *Average age of 28.5 years, ranging from 23-46 years*
- *Army (58%), Air Force (23%), Marines (11%), and Navy (8%)*

Procedure

- *Four 90-minute focus groups (one all-female focus group)*
- *Sessions taped, transcribed, and coded with Atlas-TI Software*
- *Reviewed and validated findings with sub-sample of veterans and two campus staff members who deal with veterans' issues*

Family Challenges

- **Student veterans reported challenges in re-establishing couple and family relationships and readjusting to their roles as partners and parents.**

- *"It's horrible to see the things that soldiers go through with significant others. They miss you and you miss them. You're fighting a war but they still have to go on. I had a girlfriend... we broke up. My buddy's wife had a baby...he tried but he couldn't get leave...I mean he's crying [because of] the stress...it's big...it's the worst I've ever seen."*
- *"It's hard to migrate back into the civilian population...you're trapped in a time capsule and things are changing back home ...It's going to be the same thing for you every day, but your kid is learning how to speak at home, and sooner or later you come back and he's walking."*



“I had a big struggle when I came back into country...I moved out of a military community into downtown Baltimore...I lost a marriage. I had relationship troubles. I was separated, then divorced. And then started a whole new job, which was going back to school full time. So I had a huge social adjustment difficulty.”

“One of the hard parts is the transition and reunification...It used to be we took a ship [home], and when you’re floating across the ocean, you have six weeks to talk with people who just came out [of combat], and you can share...Now, it’s 24 hours and you’re back, and you think “holy crap”...When I came back I was given a CD and a booklet and that was it. They say, “Here’s the PowerPoint, here’s your family, your family support...we’re here for you” and that’s it.”



Center for Healthy Families



CFT TRAINING OPPORTUNITY:
**WORKING WITH
MILITARY FAMILIES**



**Using EFT
with Military Families**
February 23, 2009 (Mon)
9-4pm 1308 MMH
Kathryn Rheem, LCMFT

Deployment & Families
April 3, 2009 (Fri)
9-4pm 1308 MMH
Center for Deployment
Psychology, USUHS

**Dual Perspectives:
MFT & Military Wife**
March 9, 2009 (Mon)
9-11 am 1308 MMH
Stephanie Chupein, LCMFT

Preparation Courses for Family Therapists working with Military Families

- **War and Families**
- Overview of the issues impacting contemporary military families during times of war.
 - Military family lifestyle and culture
 - Strengths of the military family, community, and institution
 - Challenges facing military families
 - deployment and reunion
 - mental and physical health issues
 - social, emotional, educational, and financial concerns.
 - Skills and strategies for working with military families

Preparation Courses – Con't

- **Trauma and Addiction in the Context of the Family**
 - Definitions of trauma & implications of trauma on the individual and family
 - Specific types of trauma/addiction including , attachment trauma, combat trauma, and complex trauma
 - Conceptualize addictions and substance abuse through a trauma lens
 - Assessment and treatment strategies for both trauma and addictions

Clinical Services to Military Families

- 5 free sessions
- All remaining sessions at a rate of \$20 (on a sliding scale of \$20-\$60)
- Currently collecting evaluation data from participating military families. As numbers increase will be able to adapt services to better meet needs.



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