

MINISTERING TO FAMILIES AFFECTED BY MILITARY DEPLOYMENT



Photo by Diana Bahr, 22nd ASG Public Affairs Office

Deployment Resources
For
America's Clergy



ARMY STRONG.™



DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF CHAPLAINS
2700 ARMY PENTAGON
WASHINGTON DC 20310-2700

DACH-ZA

1 January 2007

MEMORANDUM FOR CIVILIAN CLERGY

SUBJECT: Information Papers to assist Civilian Clergy in providing ministry to family members of mobilized members of the National Guard and Reserves.

1. The U.S. Army Chief of Chaplains is grateful to partner with civilian clergy of various denominational backgrounds to more effectively minister to community based family members of the military Reserve Forces.
2. Information papers are designed to present facts in a clear and concise format. Hopefully, the paragraphs contain only essential facts concerning the subject indicated on each paper.
3. The subjects of the Information Papers are:
 - a. Coming Home Brochures for soldiers and their families
 - b. Contact Points for State National Guard Family Program Offices
 - c. Healthcare Benefits for military Reserve Force Members when on Active Duty for more than 30 days and their families.
 - d. An internet "One Source" point of contact to find help for military family members of mobilized military Reserve Forces.
 - e. Resources to help mobilized military Reserve Forces family members learn about their benefits.
 - f. Stress Management resources
 - g. Normal Experiences After Combat and what to do about them
 - h. Access to the American Red Cross
 - i. Ministry to soldier families in times of grief.
 - j. The Emotional Cycle of Deployment: A Military Family Perspective
4. Please make suggestions for change or additional information to the Directorate of Ministry Initiatives: 1421 Jefferson Davis Highway Suite 10600, ATTN: CH (COL) Richard G. Poindexter, Arlington, VA 22202-3259, (703) 601-0075; richard.poindexter@us.army.mil

A handwritten signature in black ink that reads "David H. Hicks".

David H. Hicks
Chaplain (MG) USA
Chief of Chaplains

INFORMATION PAPER

DACH-MIZ

1 January 2007

1. SUBJECT: Coming Home Brochures
2. Purpose: To provide a summary of the Coming Home Brochures and a link to make available for printing the information listed below into three separate tri fold brochures.
3. Facts: The following pages provide copies of Military Community & Family Policy Coming Home brochures with content summary as follows:
 - a. *A Guide for Spouses of Service Members Returning from Mobilization/ Deployment*
What to Expect When the Service Members Comes Home
Communicate!
What to Expect from Your Children
Take Time for Yourself
 - b. *A Guide For Parents Extended Family Members or Friends of Service Members Returning from Mobilization/ Deployment.*
What to Expect When the Service member Comes Home
Making the Reunion Easier
Take Time for Yourself to Make the Reunion for Everyone Concerned Easier
 - c. *A Guide for Service Members Returning from Mobilization/ Deployment*
Reuniting with your Spouse
Reuniting with Your Children
Single Service members/ Single Parents- - Reuniting with Parents, Extended Family Members and Friends
Take Time for Yourself



“COMING HOME”

**A Guide for Service
Members Returning from
Mobilization/Deployment**



As a spouse or child of an active, Guard or Reserve Service member, who is just coming home or is arriving soon, you are probably both excited and nervous about the homecoming. Even if you have been through a mobilization/deployment before, this one has been different because of the increased stressors of the time. Regardless of your experience and Service member's assignment, you will have a period of natural adjustment. You may find this tip sheet helpful in ensuring a successful homecoming and readjustment.

What to Expect When the Service member Comes Home:

- ✓ You have become more confident and independent and your spouse has changed too. Expect things to be different.
- ✓ It is normal to feel nervous and anxious about the homecoming. You may wonder whether your spouse will: "Like the way I look?" "Like what I've done with the house?" "Be proud of me for how I've handled things?" "Still need me?" "Still love me?"
- ✓ Plan for homecoming day. After homecoming, make an agreement with your spouse on the schedule for the next few days or weeks. Where do the children, parents, extended family members, or friends fit in?
- ✓ Realize the day of homecoming is very stressful. You and your spouse may not have slept much and may be worn out from preparations.
- ✓ Take time to get used to each other again. Reestablishing sexual intimacy will take patience, time, and good communication—some people need to be courted again.
- ✓ **COMMUNICATE!!** Tell your spouse how you feel—nervous, scared, happy, that you love and missed them. Listen to your spouse in return. The best way to get through these acquaintance jitters, regain closeness, and renegotiate your roles in the family is by talking and actively listening.
- ✓ You've both been used to doing what you wanted during personal time. Feeling like you need some space is normal.
- ✓ Your fantasies and expectations about how life will be upon return may be just fantasies. Be prepared to be flexible.
- ✓ You and/or your spouse may be facing a change in job assignment or a move. Readjustment and job transition cause stress. This may be especially true for demobilizing Guard/Reservists who are transitioning back to civilian life.
- ✓ Be calm and assertive, not defensive when discussing decisions you have made, new family activities and customs, or methods of disciplining the children. Your spouse may need to hear that it wasn't the same doing these things alone, that you're glad he/she's back, and

that you'd like to discuss problems and criticisms calmly.

- ✓ Reassure your spouse that they are needed, even though you've coped during the deployment. Talk about keeping some of the independence you've developed. It's best not to "dump" all the chores or only the ones you dislike back on your spouse.
- ✓ Your spouse may have seen or experienced some things that were very upsetting. Some normal reactions to these stressful situations are fear, nervousness, irritability, fatigue, sleep disturbances, startle reactions, moodiness, trouble concentrating, feelings of numbness, and frequent thoughts of the event. Talking with others and/or counselors trained in crisis stress reactions is very important.
- ✓ Resist the temptation to go on a spending spree to celebrate the reunion. The extra money saved during deployment may be needed later for unexpected household expenses. Stick to your household budget. Show your care through your time and effort.

What to Expect from Your Children:

- ✓ Children may be feeling the same confusing things you and your spouse feel—worry, fear, stress, happiness, excitement. Depending on their age, they may not understand how your spouse could leave them if he/she really loved them.
- ✓ They may be unsure of what to expect from your spouse. They may feel uncomfortable or think of him/her as a stranger.
- ✓ It's hard for children to control their excitement. Let them give and get the attention they need from the returning parent before you try to have quiet time alone with your spouse.
- ✓ Children's reactions to the returning parent will differ according to their ages. Some normal reactions you can expect are:
 - o **Infants:** Cry, fuss, pull away from the returning parent, cling to you or the caregiver.
 - o **Toddlers:** Be shy, clingy, not recognize the returning parent, cry, have temper tantrums, return to behaviors they had outgrown (no longer toilet trained).
 - o **Preschoolers:** Feel guilty for making parent go away, need time to warm-up to returning parent, intense anger, act out to get attention, be demanding.
 - o **School Age:** Excitement, joy, talk constantly to bring the returning parent up to date, boast about the returning parent, guilt about not doing enough or being good enough.
 - o **Teenagers:** Excitement, guilt about not living up to standards, concern about

rules and responsibilities, feel too old or unwilling to change plans to meet or spend extended time with the returning parent.

- ✓ Prepare children for homecoming with activities, photographs, participating in preparations, talking about dad or mom.
- ✓ Children are excited and tend to act out. Accept and discuss these physical, attitudinal, mental, emotional changes. Plan time as a couple and as a family with the children.
- ✓ Stay involved with your children's school and social activities.

Take Time for Yourself:

- ✓ Look into ways to manage stress—diet, exercise, recreation—and definitely take care of yourself!
- ✓ Make time to rest. Negotiate the number of social events you and your family attend.
- ✓ Limit your use of alcohol. Remember alcohol was restricted during your spouse's deployment and tolerance is lowered.
- ✓ Go slowly in getting back into the swing of things. Depend on family, your spouse's unit, friends for support.

Remember...

Go slowly – don't try to make up for lost time.

Accept that your partner may be different.

Take time to get reacquainted.

Seek help for family members, if needed.

If you feel like you are having trouble coping with adjustment, it is healthy to ask for help. Many normal, healthy people occasionally need help to handle tough challenges in their lives. Contact a counseling agency or a minister, a Military Family Center, Military Chaplain, the Veterans Administration, or one of your community support groups that has been established in your area.

Points of view or opinions in this pamphlet do not necessarily represent the official position of the U.S. Department of Defense.





“COMING HOME”

**A Guide for Parents, Extended
Family Members or Friends of
Service Members Returning from
Mobilization/Deployment**



As a parent, extended family member, or friend of an active, Guard or Reserve Service member, who is just coming home or is arriving soon, you are probably both excited and nervous about the homecoming. Even if you've been through a mobilization/ deployment before, this one has been different because of the increased stressors of the time. Regardless of your experience and Service member's assignment, there will be a period of adjustment. You may find this tip sheet helpful in ensuring a successful homecoming and readjustment.

What to Expect When the Service member Comes Home:

- ✓ You have certainly missed your Service member, as they have missed you. Reestablishing relationships will take time and communication.
- ✓ It's normal for the returning Service member to "need space" upon their return.
- ✓ It's normal to feel nervous and anxious about the homecoming. Plan for homecoming day. After homecoming, allow the returning Service member to schedule the next few days or weeks.
- ✓ Expect things to be different. Take time to understand how the Service member has changed. Be prepared and flexible.
- ✓ The Service member may have seen or experienced some things that were very upsetting. Some normal reactions to these abnormal situations are fear, nervousness, irritability, fatigue, sleep disturbances, startle reactions, moodiness, trouble concentrating, feelings of numbness, and frequent thoughts of the event. Talking with others who were there and/or counselors trained in crisis stress reactions is very important. The Service member may be facing a change in job assignment or a move. Readjustment and job transition cause stress. This may be especially true for demobilizing Guard and Reservists who are transitioning back into civilian life.

Making the Reunion Easier:

- ✓ Take time to get reacquainted. Communicate your love and concern.
- ✓ **COMMUNICATE!!** Tell each other how you feel—nervous, scared, happy, that you love and missed them. Listen to each other. The best way to get through the reacquaintance jitters and regain closeness is to talk and actively listen.
- ✓ Reassure the Service member that they are needed, and that you are happy he/she has returned safely.
- ✓ Be calm and assertive, not defensive, when discussing events that have taken place during the Service member's absence. The service member may need to hear that it wasn't the same doing these things alone, that you're glad he/she's back, and that you'd like to discuss problems and criticisms calmly.

- ✓ Prepare children of the extended family for homecoming and involve them in reunion activities.

Take Time for Yourself to Make the Reunion for Everyone Concerned Easier:

- ✓ Make time to rest. Negotiate social events and activities.
- ✓ Limit your use of alcohol. Remember alcohol was restricted during the Service member's deployment and tolerance is lowered.
- ✓ Go slowly in getting back into the swing of things. Depend on family and friends for support. You are part of the Service member's support network.

Remember...

Go slowly – don't try to make up for lost time.

Accept that your Service member may be different.

Take time to get reacquainted.

Reassure your loved ones.

Seek help for family members, if needed.

Many of these tips have cross-application to the Service member, spouse, children, extended family members, and friends. If you feel like you are having trouble coping with adjustment, it is healthy to ask for help. Many normal, healthy people occasionally need help to handle tough challenges in their lives. Contact a counseling agency or a minister, a Military Family Center, Military Chaplain, the Veterans Administration, or one of your community support groups that has been established in your area.

Points of view or opinions in this pamphlet do not necessarily represent the official position of the U.S. Department of Defense.





“COMING HOME”

**A Guide for Spouses of
Service Members Returning
from Mobilization /
Deployment**



As an active, Guard or Reserve Service member, who is just coming home or is arriving soon, you are probably both excited and nervous about the homecoming. Even if you've been through a mobilization/deployment before, this one has been different because of the increased stressors of the time. Regardless of your experience and assignment, you will have a natural period of adjustment. You may find this tip sheet helpful in ensuring a successful homecoming and readjustment.

Reuniting with your Spouse:

- ✓ It is normal to feel nervous and anxious about homecoming. Often Service members wonder whether my spouse will still: "Be proud of me?" "Love me and need me?" "Expect things from me?"
- ✓ Plan for homecoming day. After homecoming, make an agreement with your spouse on the schedule for the next few days or weeks. Where do the children, extended family members or friends fit in?
- ✓ Realize the day of homecoming is very stressful. You and your spouse may not have slept much and may be worn out from preparations.
- ✓ Don't be surprised if your spouse is a bit resentful of your mobilization/deployment. Others often think of the deployment as more fun and exciting than staying at home—even if you know otherwise.
- ✓ Take time to get used to each other again. Reestablishing sexual intimacy will take patience, time and good communication—some people need to be courted again.
- ✓ **COMMUNICATE!!** Tell your spouse how you feel—nervous, scared, happy, that you love and missed them. Listen to your spouse in return. The best way to get through the reacquaintance jitters, regain closeness and renegotiate your roles in the family is by talking and actively listening.
- ✓ You've both been used to doing what you wanted during personal time. Feeling like you need some space is normal.
- ✓ Your fantasies and expectations about how life will be upon return may be just fantasies. Be prepared to be flexible.
- ✓ You and/or your spouse may be facing a change in job assignment or a move. Readjustment and job transition cause stress. This may be especially true for demobilizing Guard/Reservists who are transitioning back to civilian life.
- ✓ Resist the temptation to go on a spending spree to celebrate the reunion. The extra money saved during deployment may be needed later for unexpected household expenses. Stick to your budget. Show you care through your time and effort.

Reuniting with Your Children:

- ✓ Children may be feeling the same confusing things you and your spouse feel—worry, fear, stress, happiness, excitement. Depending on their age, they may not understand how you could leave them if

on their age, they may not understand how you could leave them if you really loved them.

- ✓ They may be unsure of what to expect from their returning parent. They may feel uncomfortable around you or think of you as a stranger.
- ✓ It's hard for children to control their excitement. Let them give and get the attention they need from you before you try to have quiet time alone with your spouse.
- ✓ Children's reactions to your return will differ according to their ages. Some normal reactions you can expect, and suggestions for handling them are:
 - o **Infants:** Cry, fuss, pull away from you, cling to your spouse or the caregiver they know. Talk to them while holding, hugging, bathing, changing, feeding, playing, and relaxing with them.
 - o **Toddlers:** Be shy, clingy, not recognize you, cry, have temper tantrums, return to behaviors they had outgrown (no longer toilet trained). Give them space and warm-up time. Be gentle and fun. Sit on floor at their level and play with them.
 - o **Preschoolers:** Feel guilty for making you go away, need time to warm-up to you, intense anger, act out to get attention, be demanding. Reinforce that they are loved unconditionally, listen carefully, accept their feelings, find out new things they are interested in, play with them, control attention-getting behavior.
 - o **School Age:** Excitement, joy, talk constantly to bring you up to date, boast about you, guilt about not doing enough or being good enough. Review pictures, school work, family scrap-book, praise for what they did during your deployment, do not criticize.
 - o **Teenagers:** Excitement, guilt about not living up to standards, concern about rules and responsibilities, feel too old or unwilling to change plans to meet you or spend extended time with you upon your return. Share what's happened during deployment, encourage them to share, do chores together, listen, respect privacy and friends, don't be judgemental.
- ✓ Reassure children and spouse and communicate your love to family.
- ✓ Children are excited and tend to act out. Accept and discuss these physical, attitudinal, mental, emotional changes.
- ✓ Get re-involved with your children's school and social activities.

Single Service members/Single Parents—Reuniting with Parents, Extended Family Members and Friends:

- ✓ You have certainly missed your family and friends, and they have missed you. Let them be a part of

the reunion but balance your needs with those you love and care about. You will have a period of readjustment when you return home.

- ✓ If you are single or live with your parent(s), family, or a friend, many of the above tips for a reuniting with spouses and children may apply. Changes in the house or routine may be stressful. Go slowly in trying to make the adjustment to being home again.
- ✓ Some things will have changed at home while you were gone—marriage in your family or with friends, new babies born, new neighbors, changes in relationships.
- ✓ Some things will change with the people you've lived and worked with prior to deployment. Married friends will be involved with their families. Others may return to their old friends and you may feel left out.
- ✓ Your parents and family have been very worried about you over the past months. Give them time and special attention.
- ✓ You may be facing a change in job assignment or a move, or trying to meet new people, looking for a new relationship. All these things cause stress.

Take Time for Yourself:

- ✓ You may have seen or experienced some things that were very upsetting. Some normal reactions to these abnormal situations are fear, nervousness, irritability, fatigue, sleep disturbances, startle reactions, moodiness, trouble concentrating, feelings of numbness, and frequent thoughts of the event. Talking with others who were there and/or counselors trained in crisis stress reactions is very important.
- ✓ Look into ways to manage stress—diet, exercise, recreation—and definitely take care of yourself!
- ✓ Make time to rest. Negotiate the number of social events to attend.
- ✓ Limit your use of alcohol. Remember alcohol was restricted during your deployment and your tolerance is lowered.
- ✓ Depend on family, your unit, and friends for support.

Remember...

Go slowly – don't try to make up for lost time.
Accept that your partner and loved ones may be different.
Take time to get reacquainted.

Seek help, if needed.

If you feel like you are having trouble coping with adjustment, it is healthy to ask for help. Many normal, healthy people occasionally need help in handling tough challenges in their lives. Contact a counseling agency or a minister, a Military Family Center, Military Chaplain, the Veterans Administration, or one of your community support groups that has been established in your area.



INFORMATION PAPER

DACH-MIZ

1 January 2007

SUBJECT: Contact Points for State National Guard Family Program Offices.

1. Purpose: To provide contact points to access family assistance information for family members of mobilized Reserve Component members irrespective of branch of service.

2. Facts.

a. Help for every family member in the military is available through the National Guard Family Program offices located in each state. Each National Guard Program Office is designed to assist family members of all services (Army, Navy, Marine Corps, Air Force, and Coast Guard) members, regardless of military organizations or status, with information and / or referrals.

b. The National Guard Family Program is a Joint Force initiative that serves as the foundation for support to families of the Army and Air National Guard and general support to family members of all other services. As the military faces unprecedented increase in military activity and extended deployments, it is more vital than ever to ensure that families are prepared for the stresses of deployment and supported throughout the entire deployment cycle.

c. The Family Program Office acts as a network that allows families to mutually support one another. By providing families with information, resources, and support, the program strengthens both the units and the service members.

d. Immediately following this page is a list of the contact numbers for National Guard Family Program Offices in each state and territory.

CH (COL) Richard G. Poindexter (richard.poindexter@us.army.mil/ 703-601-0075)



| Category | State | Address | Links |
|------------|---|--|---|
| Alabama | State Family Program Office Joint Force Headquarters | 1720 Cong QL Dickerson Dr. Montgomery 36109-0711 DSN: (334) 271-7283 FAX: (334) 363-7687 State Toll Free: (800) 231-2846 |   |
| Alaska | State Family Program Office Joint Force Headquarters | P.O. Box 5800 Ft Richardson 99505 DSN: (907) 428-6663 FAX: (907) 428-6685 State Toll Free: (888) 917-3608 |   |
| Arizona | State Family Program Office Joint Force Headquarters | 5636 E. McDowell Rd Phoenix DSN: (602) 267-2593 FAX: (602) 629-4483 State Toll Free: (800) 233-7758 |  |
| Arkansas | State Family Program Office Joint Force Headquarters | 6402 Missouri Avenue Building 6402 North Little Rock DSN: (501) 212-4102 FAX: (501) 212-4017 State Toll Free: (800) 446-4645 |    |
| California | State Family Program Office Joint Force Headquarters | CARSD-J1-FP 10620 Mather Blvd Mather DSN: (916) 361-4955 FAX: (916) 854-3752 State Toll Free: (800) 449-9662 |  |
| California | State Family Program Office Operation Ready Families Program | CARSD-J1-FP 10620 Mather Blvd Mather 95655 National Toll Free: (800) 449-9662 Office: (916) 361-4968 Office: | |

| | | | | |
|----------------------|-----------------------------|--|---|---|
| Colorado | State Family Program Office | Joint Force Headquarters | 6848 S. Revere Parkway Centennial DSN: (720) 250-1190 FAX: (720) 250-1199 | |
| Connecticut | State Family Program Office | Joint Force Headquarters | Office of Family Programs 360 Broad Street Hartford 06105-3795 DSN: (860) 493-2745 FAX: (860) 548-3288 State Toll Free: (800) 858-2677 |   |
| Delaware | State Family Program Office | Joint Force Headquarters | 1401 Newport Gap Pike Wilmington 19804-2847 DSN: (302) 326-7268 FAX: (302) 326-7282 |  |
| District of Columbia | State Family Program Office | Joint Force Headquarters | 2001 East Capitol St. Washington DSN: (202) 685-9826 FAX: (202) 685-8853 State Toll Free: None | |
| Georgia | State Family Program Office | Joint Force Headquarters | 935 E. Confederate Avenue SE. Building 21 Atlanta Office: Office: (678) 569-6454 FAX: (678) 569-6711 |   |
| Hawaii | State Family Program Office | Joint Force Headquarters | 3949 Diamond Head Rd. Building 300 Honolulu 96816-4495 DSN: (808) 732-1823/292-5190 cell FAX: (808) 734-4273 State Toll Free: (800) 732-6964 |  |
| Idaho | State Family Program Office | Joint Force Headquarters | 4150 Cessna Street Bldg 218 Boise FAX: (280) 422-4361 | |

| | | | | |
|-----------|-----------------------------|---|--|---|
| Illinois | State Family Program Office | Joint Force Headquarters | 1301 N. MacArthur Blvd. Springfield 62702-2399 DSN: (217) 761-3413/555-3413 FAX: (217) 761-3928 State Toll Free: (800) 832-9225 |   |
| Indiana | State Family Program Office | State Family Program Director (Susan Richards) | Joint Force Headquarters 2002 S Holt Road Indianapolis 46241 Is Headquarters Office: 317-247-3227 FAX: 317-247-3115 State Toll Free: (800) 237-2850 x 3227 |  |
| Iowa | State Family Program Office | Joint Force Headquarters | Camp Dodge 7105 NW 70th Ave. Johnston FAX: (515) 252-4416/431-4416 State Toll Free: (515) 727-3103 AGKS-HRO-SFPC 2800 SW |   |
| Kansas | State Family Program Office | Joint Force Headquarters | Topeka FAX: (785) 274-1171/720-8171 State Toll Free: (785) 720-8604 | |
| Kentucky | State Family Program Office | Joint Force Headquarters | KG-JFHQ-J1 Boone NG Center Building 126 DSN: Frankfort FAX: 40601-6168 |   |
| Louisiana | State Family Program Office | Joint Force Headquarters | 1196 B St. Camp Beauregard Pineville DSN: (318) 641-5428 FAX: (318) 641-3341 State Toll Free: (866) 647-3617 | |
| Maine | State Family Program Office | Joint Force Headquarters | DVEM State House Station #33 Augusta Office: FAX: (207) 626-4410/476-4410 State Toll Free: (207) 626-4521 |   |

| | | | | |
|---------------|-----------------------------|--|---|---|
| Maryland | State Family Program Office | Joint Force Headquarters | 29th Division Street Baltimore DSN: (410) 576-6019 FAX: (410) 576-1470 State Toll Free: (877) 399-6221 | |
| Massachusetts | State Family Program Office | Joint Force Headquarters | Family Program Office 14 Minuteman Lane Wellesley Office: FAX: (508) 233-7222/256-7222 State Toll Free: (508) 233-7232 |  |
| Michigan | State Family Program Office | Joint Force Headquarters | 3411 N Martin Luther King Jr Blvd. Joint Force Headquarters Attn: Family Pr Detroit DSN: (517) 481-8361 FAX: (517) 481-8150 State Toll Free: (877) 616-0128 | |
| Minnesota | State Family Program Office | Joint Force Headquarters | 8180 Belden Boulevard ATTN: MNAG-JCEFO Cottage Grove FAX: (651) 268-8208/825-8208 State Toll Free: (651) 296-4439 |  |
| Mississippi | State Family Program Office | Joint Force Headquarters | P.O, Box 5027 Jackson 39296-5027 DSN: (601) 313-6379/293-6379 FAX: (601) 293-6151 State Toll Free: (866) 369-6506 |  |
| Missouri | State Family Program Office | Joint Force Headquarters | 2302 Militia Drive Attn: JFMO-SS Jefferson City DSN: (573) 638-9549 FAX: (573) 638-9548 State Toll Free: (800) 299-9603 |  |
| Montana | State Family Program Office | Joint Force Headquarters | P.O. Box 4789 Helena 59636 Is Headquarters Office: FAX: (406) 324-3239 State Toll Free: (406) 324-3248 | |

| | | | | |
|----------------|-----------------------------|--|--|---|
| Nebraska | State Family Program Office | Joint Force Headquarters | 1234 Military Road Lincoln 68508-1097 DSN: (402) 309-7331/279-7331 FAX: (402) 309-7334 State Toll Free: (800) 432-6778 |   |
| Nevada | State Family Program Office | Joint Force Headquarters | 2460 Fairview Lane Carson City DSN: (775) 887-7328/830-5328 FAX: (775) 830-5326 State Toll Free: None |  |
| New Hampshire | State Family Program Office | Joint Force Headquarters | 4 Pembroke Road Concord DSN: (603) 225-1215 FAX: (603) 225-1212 State Toll Free: (888) 977-7400 ext 1496 | |
| New Jersey | State Family Program Office | Joint Force Headquarters | Joint Force Headquarters 3650 Saylor's Pond Road Fort Dix 08640 Is Headquarters Office: 609-562-0668 DSN: 944-0668 FAX: (609) 562-0552 |   |
| New Mexico | State Family Program Office | Joint Force Headquarters | 2251 Air Guard Rd SE Kirtland AFB FAX: 505-853-5668/263-5668 |   |
| New York | State Family Program Office | Joint Force Headquarters | 330 Old Niskayuna Rd Latham DSN: 518-786-4525 FAX: 518-786-6075 State Toll Free: 1-877-715-7817 |   |
| North Carolina | State Family Program Office | Joint Force Headquarters | 4105 Reedy Creek Road Raleigh DSN: (919) 664-6324 FAX: (919) 664-6539 State Toll Free: (800) 621-4136 |   |

| | | | | |
|--------------|-----------------------------|--|--|---|
| North Dakota | State Family Program Office | Joint Force Headquarters | P.O. Box 5511 Bismarck DSN: (701) 333-2058/373-2058 FAX: (701) 333-2048 State Toll Free: (800) 242-4940 | |
| Ohio | State Family Program Office | Joint Force Headquarters | 2825 W. Dublin Granville Rd. Columbus 43235-2789 DSN: (614) 336-7192/273-7192 FAX: (614) 273-7195 State Toll Free: (800) 589-9914 |  |
| Oklahoma | State Family Program Office | Joint Force Headquarters | 3501 NE Military Circle Oklahoma 73111-4839 DSN: (405) 228-5036 FAX: (405) 606-7212 State Toll Free: None |  |
| Oregon | State Family Program Office | Joint Force Headquarters | P.O. Box 14350 1776 Militia Way Salem FAX: (503) 584-3543/355-3543 State Toll Free: (503) 584-3987 | |
| Pennsylvania | State Family Program Office | Joint Force Headquarters | Bldg 7-14 FtIG Annville FAX: (717) 861-9676 State Toll Free: (717) 861-2389 | |
| Puerto Rico | State Family Program Office | Joint Force Headquarters | P.O. Box 9023786 San Juan DSN: 787-289-1503 FAX: 787-289-1499 | |
| Rhode Island | State Family Program Office | Joint Force Headquarters | State Family Program Office 645 New London Ave. Cranston Is Headquarters Office: (401) 275-4177 FAX: (401) 275-4306 Office: (401) 247-4469 |   |

| | | | | |
|---------------------|-----------------------------|--|---|---|
| South Carolina | State Family Program Office | Joint Force Headquarters | TAG-FP-Stop 1 1 National Guard Rd. Columbia FAX: (803) 806-4387 State Toll Free: (803) 806-4210/583-4210 |   |
| South Dakota | State Family Program Office | Joint Force Headquarters | 2823 West Main Street Bldg 520 Rapid City FAX: (605) 737-6728 State Toll Free: (605) 737-6088 | |
| Tennessee | State Family Program Office | Joint Force Headquarters | Bldg T-515-B Volunteer Tng Site, 8th Ave. Smyrna Is Headquarters FAX: (615) 355-3666 Office: (615) 355-3996/683-3996 State Toll Free: (877) 311-3264 | |
| Texas | State Family Program Office | Joint Force Headquarters | 2200 W. 35th St. Bldg 42 Austin FAX: (512) 782-6748 State Toll Free: (512) 782-6953 |   |
| U.S. Virgin Islands | State Family Program Office | Joint Force Headquarters | 4031 La Grande Princesse LOT 1B Christiansted FAX: 340-712-7787 State Toll Free: 340-712-7782 |   |
| Utah | State Family Program Office | Joint Force Headquarters | UT-CMR-FP 12953 South Minuteman Drive Draper FAX: (801) 523-4533/766-4533 State Toll Free: (801) 766-4677 |   |
| Vermont | State Family Program Office | Joint Force Headquarters | 789 Vermont National Guard Rd. Colchester 05446-3099 DSN: Office (802) 338-3354 FAX: (802) 338-3115 State Toll Free: 1-888-607-8773 |  |

Virginia

State Family
Program Office

[Joint Force Headquarters](#)

Bldg 316
Fort Pickett
VAPA-FP

State Toll Free: 434-298-6365

Washington

State Family
Program Office

[Joint Force Headquarters](#)

Bldg 97 Camp Murray
Tacoma

DSN: (253) 512-7600

FAX: (253) 512-7623

State Toll Free: (800) 364-7492



INFORMATION PAPER

DACH-MIZ

1 January 2007

SUBJECT: Healthcare Benefits for Reserve Component Members when on Active Duty more than 30 days and their Families.

1. Purpose: To provide basic information about TRICARE Healthcare and ways to access information concerning health care enrollment and benefit issues.

2. Facts.

a. Access to Care: The first step is to enroll or update Reserve Component Member and all eligible family members in the Defense Enrollment Eligibility Reporting System (DEERS). DEERS is your key to all benefits. For more information, call DEERS, Monday-Friday, 9am-6:30 p.m Eastern Time, at 1-800-538-9552 (California, 1-800-344-4163), or visit www.tricare.osd.mil/deersaddress.

b. Reserve Component Members on active duty for more than 30 consecutive days, must enroll in TRICARE PRIME. Enrollment means you are eligible for medical and dental care at any Military Treatment Facility.

c. Family members are eligible for health care under either TRICARE Standard or TRICARE Extra when Reserve Component Member is on active duty for more than 30 days. Make sure family members' DEERS records are up-to-date to prevent delays in treatment and claims processing. If Reserve Component Member is on active duty for 179 consecutive days or more, the family members may have the option to enroll in TRICARE Prime.

d. What medical benefits are available to family members of mobilized Reserve component (RC) members?

Family members of a RC member ordered to active duty for more than 30 consecutive days are eligible for the TRICARE benefits on the first day of the sponsor's order to active duty. The Defense Enrollment Eligibility Reporting System (DEERS) reflects a family members' eligibility for TRICARE benefits. TRICARE Standard and TRICARE Extra have cost shares (20% or 15% depending on whether a network provider is selected) and annual \$50 to \$300 deductibles depending on the rank of the sponsor and number of covered family members. Family members may also be eligible for the TRICARE Prime Remote for Active Duty Family Members (TPRADFM). TPRADFM requires enrollment and may be available to RC families of mobilized/activated RC members if they meet the following criteria: (1) The sponsor must be ordered to active duty for more than 30 consecutive days. (2) The sponsor's residence is located in a TPR Zip Code (typically more than 50 miles, or approximately one hour of driving time, from the nearest military medical treatment facility). (3) The eligible family members must reside with the active duty sponsor at the time of activation or effective date of the orders. (4) The RC member's residential mailing address in DEERS must be the same as the family member. Contact your regional contractor for more information

e. Where can Reserve component (RC) family members get more information on their TRICARE options?

There are numerous sources of information on TRICARE benefits. There is a toll free TRICARE Information Center at 1-888 DoD CARE (1-888-363-2273) that provides basic and region-specific information TRICARE also has a website at www.tricare.osd.mil that addresses TRICARE options and regional information. TRICARE and Family Readiness information can be found on the Reserve Affairs website at www.defenselink.mil/ra Commanders can access the National Guard and Reserve Family Readiness Program Toolkit at www.defenselink.mil/ra/family/toolkit/ For information on the TRICARE Dental Program call 1-888-622-2256. To update information in DEERS contact the closest personnel center. For information on location and hours of operation, go to www.dmdc.osd.mil/rsl/ or call the DEERS Telephone Center at 1-800-538-9552

CH (COL) Richard G. Poindexter (richard.poindexter@us.army.mil/ 703-601-0075)

INFORMATION PAPER

DACH-MIZ

1 January 2007

SUBJECT: “Military One Source” contact point to find assistance for military family members of mobilized Reserve Component Soldiers.

1. Purpose. To provide a “Military One Source” point of contact to find help for military families of mobilized members of the Reserve or National Guard. These telephone numbers link to a “qualified individual” that can provide help and/ or referral ...anytime, anywhere...24/7/365.
2. Facts. For information about ALL Branches of Service contact:
 - a. Military One Source
(From US 800-342-9647, or International toll free 800-342-96477, or International collect 484-530-5908):
<http://www.militaryonesource.com>
 - b. In previous years each service had its own toll free “One Source” telephone number: Currently, all these websites will automatically be routed to “Military One Source”

Air Force One Source

<http://www.airforceonesource.com>

Army One Source

<http://www.armyonesource.com>

Navy One Source

<http://www.navyonesource.com>

Marine Corps Community Services One Source

<http://www.mccsonesource.com>

CH (COL) Richard G. Poindexter (richard.poindexter@us.army.mil/ 703-601-0075)

INFORMATION PAPER

DACH-MIZ

1 January 2007

1. SUBJECT: Resources to help Reserve and Guard family members learn about their benefits.
2. FACTS. Following are service specific resources to help mobilized Guard and Reserve family members learn about their benefits (Identification cards, medical benefits, dental benefits, legal assistance, military pay and allowances, commissary, exchange, recreation, child care, emergency financial assistance, American Red Cross, civilian job rights and protections, etc.):
 - a. Guide to Reserve Family Member Benefits www.dod.mil/ra
(Under Family Readiness click "Guard and Reserve Benefits Guide")

Taking Care of America's Armed Force Families



Department of Defense

Office of the
Assistant Secretary of Defense
(Reserve Affairs)
1500 Defense Pentagon
Room 2E185
Washington, DC 20301-1500

7th Edition dated September 1, 2005

- b. Air Force Reserve
<http://www.afrc.af.mil> (Search for Family Readiness)
- c. Air National Guard
<http://www.ang.af.mil> (Click on Programs and National Guard Family Programs)
- d. Army National Guard
<http://www.arng.army.mil> (Click on Soldier Resources & Family Resources)
- e. Army Reserve
www.armyreserve.army.mil (Click on For Families)

- f. Coast Guard Reserve
<http://www.uscg.mil> (Click on Reserve)
- g. DEERS Information
<http://www.tricare.osd.mil/deers> (Click on Defense Enrollment Eligibility Reporting System)
- h. Marine Corps Reserve
<http://www.mfr.usmc.mil/> (Click on Family Support)
- i. Naval Reserve
<http://www.navy.mil>

CH (COL) Richard G. Poindexter (richard.poindexter@us.army.mil/ 703-601-0075)

INFORMATION PAPER

DACH-MIZ

1 January 2007

1. SUBJECT: Stress Management
2. PURPOSE: To remind families of Reserve or National Guard soldiers of the availability of resources related to stress management and to provide two additional possible resources relating to stress management.
3. FACTS
 - a. Stress is tension or pressures that are a natural part of living our lives. Changes and events in our lives are a major source of stress. More frequent and longer deployments may be one of those changes or events that become a source of stress for some families.
 - b. Many resources are readily available to families of Guard and Reserve soldiers to assist in the area of stress management. Seek some of these materials from the following:
 - Unit of assignment rear detachment personnel
 - Family Program Coordinators
 - Family Assistance Centers
 - Medical Personnel
 - c. In addition to those available through the unit family assistance programs, there are other web based avenues of information. Two of these are:
 - National Military Family Association (www.nmfa.org)
 - Hooah4 Health (www.hooah4health.com)
 - d. Deployments can put stress on the military family, but utilizing the resources available to you will help you manage the challenges and make the best of the experience.

CH (COL) Richard G. Poindexter (richard.poindexter@us.army.mil/ 703-601-0075)

INFORMATION PAPER

DACH-MIZ

1 January 2007

1. SUBJECT: Normalization of Experiences
2. Purpose: To understand the “normal” experiences common after a deployment and identify when additional services are required to address post-deployment experiences.

3. Facts:

- a. Four experiences or reactions common during re-deployment/reunion

(1). Intrapersonal Reactions

- Feeling overwhelmed
- Frustration
- Irritability
- Depression
- Guilt
- Crying spells
- Loss of trust
- Loss of interest/motivation
- Fatigue
- Sleep disturbance (oversleeping / trouble falling asleep / waking up in the middle of the night)
- Concentration problems
- Memory problems
- Feeling emotionally numb (often described as “I just don’t feel much of anything anymore”)
- Feeling jumpy
- Flashbacks (include in list but discuss as below)

(2). Interpersonal Reactions

- Difficulty talking about deployment experiences
- Difficulty readjusting to family routines
- Difficulty reconnecting with children and spouse
- Discomfort being around other people

(3). Flashbacks

- Flashbacks are episodes of re-experiencing the events that occurred during a deployment
- Often, soldiers feel as if they are “back in the Gulf” during a flashback episode and are not always aware of their immediate surroundings
- Although disconcerting and uncomfortable, flashbacks are generally normal and not associated with a more serious problem UNLESS they

DACH-MIZ

SUBJECT: Normalization of Experiences

- persist for several months or cause significant interference in a soldier's ability to do the things that he or she needs to do
 - Flashbacks may occur in response to a "trigger" (e.g., a loud noise that sounds like a weapons discharge)
 - Flashbacks may occur spontaneously without a "trigger"
 - Soldiers can cope with flashbacks by reminding themselves that flashbacks are to be expected
 - Soldiers can cope with flashbacks by discussing them with family, friends, supervisors
 - Soldiers can cope with flashbacks by seeking professional assistance if they are very concerned about these experiences
- b. Positive (+) (helpful) and negative (-) (not helpful) coping strategies that soldier's can use to deal with the normal consequences of re-deployment.
- Rest (+)
 - Spending time with family and friends (+)
 - Getting together with buddies to discuss deployment (+)
 - Taking time to relax (+)
 - Resuming a hobby that was not available during the deployment (+)
 - Working around the house (+)
 - Taking leave (+)
 - Reconnecting with friends and family who live elsewhere (+)
 - Drinking alcohol excessively (-)
 - Taking illegal drugs (-)
 - Going on a spending spree (-)
 - Gambling (-)
 - Picking fights (-)
 - Driving recklessly (-)
 - Excessive risk taking behaviors (-)
- c. When Normal Reactions Become Problematic
- Functional impairment is defined as anything that significantly interferes with a soldier's ability to do the things that he or she needs to do in any important area of life (work, home, family, social, spiritual)
 - Example of oversleeping (a common reaction to deployment that has become a functional impairment)
 - Functional impairment is the clearest sign that a normal reaction to deployment may be turning into a more serious problem
 - If these normal reactions persist longer than 6 – 8 weeks AND continue to cause the soldier distress, this is another sign that normal reactions to deployment may be turning into a more serious problem

DACH-MIZ

SUBJECT: Normalization of Experiences

- However, there is no set time line for normal reactions to resolve; in some soldiers 6 – 8 weeks is sufficient, others require less time, other require more
- d. Referral Sources for More Serious Issues
- Chain of command
 - Chaplain
 - Unit or hospital behavioral health officer (review local referral procedures)
 - Unit sick call Veterans Administration
- e. Review of main points
- Common Reactions
 - Coping Mechanisms
 - When Normal Reactions Become Problematic
 - Referral Sources for More Serious Issues

CH (COL) Richard G. Poindexter (richard.poindexter@us.army.mil/ 703-601-0075

INFORMATION PAPER

DACH-MIZ

1 January 2007

1. SUBJECT: Access to the American Red Cross
2. Purpose: To help Civilian Clergy be empowered to access the services of the American Red Cross.
3. Facts:
 - a. Today's Red Cross is keeping pace with the changing military. Using the latest in computer and telecommunications technology, the Red Cross sends communications on behalf of family members who are facing emergencies or other important events to members of the U.S Armed Forces serving all over the world. These communications are delivered around-the-clock, 7 days a week, 365 days a year.
 - b. Members of the National Guard, Reserves and other community based military personnel should be familiar with The American Red Cross **before they need them**. Knowing what services are available through the Red Cross in times of emergencies brings peace of mind and provides a safety net in times of need.
 - c. Red Cross services for members of the Reserves and National Guard include:
 - Emergency communication
 - Counseling
 - Veterans' services
 - Information and referral provided by Armed Forces Emergency Services
 - d. How To Access Red Cross services:

Members of the National Guard and Reserves and their families should contact their local Red Cross Chapter, which is listed in local telephone directories and at www.redcross.org under "Find Your Local Red Cross."

Active duty service members on overseas military installations may access Red Cross reporting and communication assistance by contacting base/installation operators for listing of the on-base Red Cross office or information on how to access Red Cross assistance if there is not a representative on the local installation.

CH (COL) Richard G. Poindexter (richard.poindexter@us.army.mil/ 703-601-0075)

INFORMATION PAPER

DACH-MIZ

1 January 2007

1. SUBJECT: Ministry in Times of Grief
2. Purpose: To assist civilian clergy to understand how to partner with military chaplains in times of grief to provide ministry to the family of a deceased Reserve or National Guard soldier.
3. Facts:
 - a. Casualty Notification to the next of kin of an individual who has been reported as a casualty will be accomplished in a timely, professional, dignified and understanding manner.
Primarily done by a Military Team
 - Officer
 - Chaplain
 - Medical Personnel (in some cases)In rural areas, the Team may stop at the local Sheriff's Office or Police Department for directions.
May call on a local pastor to accompany the team
 - b. A "Casualty Assistance Calls Officer (CACO)" will be assigned to be the Military Point of Contact on all matters dealing with funeral arrangements for the family. A CACO will provide as much information as available regarding the circumstances of a service member's death and will answer any questions at that time. He or she will also ensure the families immediate needs are being met during a difficulty time. The CACO will immediately begin the process of providing the family with any assistance available in making funeral or memorial arrangements as appropriate.
The CACO will assist the family and any other beneficiaries in the preparation and submission of claims to various government agencies for benefits to which they may be entitled. The CACO will assist the family until claims are filed and settled or until any issues regarding those benefits are resolved. The CACO may be released at any time that the family feels that their assistance is no longer needed or desired.
 - c. Role of local pastor
Family's wishes will determine the degree of military involvement and honors at the funeral service. Family may choose to use the chaplain or their local pastor for the funeral, or both.

CH (COL) Richard G. Poindexter (richard.poindexter@us.army.mil/ 703-601-0075)

INFORMATION PAPER

DACH-MIZ

1 January 2007

1. SUBJECT: The Emotional Cycle of Deployment: A Military Family Perspective
2. Purpose: To summarize article published in the Apr-June 2001 edition of *U.S. Army Medical Department Journal* entitled “The Emotional Cycle of Deployment: A Military Family Perspective.”
**Article immediately follows this information paper.
3. Facts:
 - a. The Five Stages of Deployment are:
 - Pre-deployment (varies)
 - Deployment (1st month)
 - Sustainment (months 2-5)
 - Re-deployment (last month)
 - Post-deployment (3-6 months after deployment)
 - b. The authors write, “The emotional cycle of an extended deployment, six months or greater, is readily divided into five distinct stages....Each stage is characterized both by a time frame and specific emotional challenges, which must be dealt with and mastered by each of the family members. Failure to adequately negotiate these challenges can lead to significant strife—both for the family members and the deployed soldier...Furthermore, promoting understanding of the stages of deployment helps to avert crises, minimize the need for command intervention or mental health counseling and can even reduce suicidal threats.”
 - c. “The purpose of this article is to describe the psychological, and event-related aspects of deployments experienced by military families for use as a tool in education, intervention and research... The authors, all military psychiatrists, have integrated their professional and personal experience into a cohesive ‘story’ which is readily identifiable by military leaders, soldiers and their families. Whenever possible, relevant literature on deployment stress is cited.”
 - d. The entire article written by LTC Simon H. Pincus, USA, MC; COL Robert House, USAR,MC; LTC (P) Joseph Christenson, USA, MC: and CAPT Lawrence E. Adler, MC, USNR-R can be found immediately following this page.

CH (COL) Richard G. Poindexter (richard.poindexter@us.army.mil/ 703-601-0075)

NOTE: Previously published in the Apr-Jun 2001 edition of *U.S. Army Medical Department Journal*

The Emotional Cycle of Deployment: A Military Family Perspective

by LTC Simon H. Pincus, USA, MC,
COL Robert House, USAR, MC,
LTC (P) Joseph Christenson, USA, MC, and
CAPT Lawrence E. Adler, MC, USNR-R

Military families have experienced the emotional trauma of deployment on an unprecedented scale since the end of the Gulf War.¹ Humanitarian missions and peace enforcement have sent our troops to Somalia, Cuba, Haiti, Bosnia and Kosovo. In the last decade, military downsizing has increased the likelihood that each soldier will eventually participate on an extended mission. The impact of these long separations is of increasing concern with two-thirds of soldiers now married and deployments to the former Yugoslavia entering a fifth year. Differing coping strategies are needed through five stages of deployment. Education of health care providers, military leaders, soldiers and family members to anticipate these stages is crucial to ensure the soldier's safe return and to minimize familial trauma.

Introduction

Upon signing the Dayton Peace Accords in 1995, the Implementation Force (IFOR) deployed to Bosnia for one year. This multinational effort included 20,000 U.S. troops.² Since that time, six to eight month rotations have been the norm for the follow-on Stabilization Force (SFOR). In March 2000, an estimated 4,600 U.S. troops -- commanded by the Texas National Guard -- deployed to participate in the seventh such Stabilization Force rotation or SFOR VII.³ Future deployments to Bosnia are scheduled through SFOR XII ending in October 2004.⁴

With peace enforcement missions to Bosnia now entering a fifth year, there is a growing body of experience regarding the impact of extended deployment on military families. In this paper, the emotional cycle of deployment experienced by family members at home is discussed in detail. In order to provide a common frame of reference, this cycle is divided into five distinct stages closely corresponding to the soldier's experience of deployment: pre-deployment, deployment, sustainment, re-deployment and post-deployment.⁵

The purpose of this article is to describe the psychological, and event-related aspects of deployments experienced by military families for use as a tool in education, intervention and research. This paper relies on narrative format to describe the process of deployment and its impact on military families. The authors, all military psychiatrists, have integrated their professional and personal experience into a cohesive "story" which is readily identifiable by military leaders, soldiers and their families. This story has been tempered by numerous presentations of this materiel, as well as modifications provided by military leaders, soldiers and family members. Whenever possible, relevant literature on deployment stress is cited.

The Five Stages

The emotional cycle of an extended deployment, six months or greater, is readily divided into five distinct stages (Table 1). These stages are: pre-deployment, deployment, sustainment, re-deployment and post-deployment. Each stage is characterized both by a time frame and specific emotional challenges, which must be dealt with and mastered by each of the family members. Failure to adequately negotiate these challenges can lead to significant strife -- both for family members and the deployed soldier. Providing information early about what to expect, especially for families who have not endured a lengthy separation before, can go a long way towards “normalizing” and coping positively with the deployment experience.⁶ Furthermore, promoting understanding of the stages of deployment helps to avert crises, minimize the need for command intervention or mental health counseling and can even reduce suicidal threats.

| Stages of Deployment |
|---|
| <ul style="list-style-type: none">• Pre-deployment (varies)• Deployment (1st month)• Sustainment (months 2 thru 5)• Re-deployment (last month)• Post-deployment (3-6 months after deployment) |

Table 1

Pre-deployment

The onset of this stage begins with the warning order for deployment. This stage ends when the soldier actually departs from home station. The pre-deployment timeframe is extremely variable from several weeks to more than a year.

The pre-deployment stage is characterized alternately by denial and anticipation of loss (Table 2). As the departure date gets closer, spouses often ask: “You don’t really have to go, do you?” Eventually, the increased field training, preparation, and long hours away from home herald the extended separation that is to come.

| Stage 1. Pre-Deployment |
|--|
| <ul style="list-style-type: none">• Anticipation of loss vs denial• Train-up/long hours away• Getting affairs in order• Mental/physical distance• Arguments <p>Time frame: first month</p> |

Table 2

Soldiers energetically talk more and more about the upcoming mission and their unit. This “bonding” to fellow soldiers is essential to unit cohesion that is necessary for a safe and successful deployment. Yet it also creates an increasing sense of emotional and physical distance for military spouses.^{5, 7, 8} In their frustration, many spouses complain: “I wish you were gone already.” It is as if their loved ones are already “psychologically deployed.”

As the reality of the deployment finally sinks in, the soldier and family try to get their affairs in order. Long “honey-do” lists are generated dealing with all manner of issues including: home repairs, security (door and window locks, burglar alarms, etc.), car maintenance, finances, tax preparation, child care plans and wills, just to name a few. At the same time, many couples strive for increased intimacy. Plans are made for the “best” Christmas, the “perfect” vacation, or the “most” romantic anniversary. In contrast, there may be some ambivalence about sexual relations: “this is it for six months, but I do not want to be that close.” Fears about fidelity or marital integrity are raised or may go unspoken. Other frequently voiced concerns may include: “How will the children handle the separation? Can I cope without him/her? Will my marriage survive?” In this very busy and tumultuous time, resolving all these issues, completing the multitude of tasks or fulfilling high expectations often falls short.

A common occurrence, just prior to deployment, is for soldiers and their spouses to have a significant argument.^{5, 9} For couples with a long history, this argument is readily attributed to the ebb-and-flow of marital life and therefore not taken too seriously. For younger couples, especially those experiencing an extended separation for the first time, such an argument can take on “catastrophic” proportions. Fears that the relationship is over can lead to tremendous anxiety for both soldier and spouse. In retrospect, these arguments are most likely caused by the stress of the pending separation. From a psychological perspective, it is easier to be angry than confront the pain and loss of saying goodbye for six months or more.^{5, 6}

However, the impact of unresolved family concerns can have potentially devastating consequences. From a command perspective, a worried, preoccupied soldier is easily distracted and unable to focus on essential tasks during the critical movement of heavy military equipment. In the worst-case scenario, this can lead to a serious accident or the development of a soldier stress casualty who is mission ineffective.^{2, 10, 11} On the home front, significant spousal distress interferes with completing basic routines, concentrating at work, and attending to the needs of children. At worst, this can exacerbate children’s fears that the parents are unable to adequately care for them or even that the soldier will not return. Adverse reactions by children can include inconsolable crying, apathy, tantrums, and other regressive behaviors. In response, a downward spiral can develop -- if not quickly checked -- in which both soldier and spouse become even more upset at the prospect of separating.

Although easier said than done, it is often helpful for military couples -- in the pre-deployment stage -- to discuss in detail their expectations of each other during the deployment. These expectations can include a variety of issues, to include: freedom to make independent decisions, contact with the opposite sex (fidelity), going out with friends, budgeting, child-rearing, and even how often letters or care packages will be sent. Failure to accurately communicate these and other expectations is frequently a source of misperception, distortion and hurt later on in the deployment. It is difficult at best to resolve major marital disagreements when face-to-face, let alone over six thousand miles apart.

Deployment

This stage is the period from the soldier's departure from home through the first month of the deployment.

A roller coaster of mixed emotions is common during the deployment stage (Table 3). Some military spouses report feeling disoriented and overwhelmed. Others may feel relieved that they no longer have to appear brave and strong. There may be residual anger at tasks left undone. The soldier's departure creates a "hole," which can lead to feelings of numbness, sadness, being alone or abandonment. It is common to have difficulty sleeping and anxiety about coping. Worries about security issues may ensue, including: "What if there is a pay problem? Is the house safe? How will I manage if my child gets sick? What if the car breaks down?" For many, the deployment stage is an unpleasant, disorganizing experience.

| Stage 2. Deployment |
|---|
| <ul style="list-style-type: none">• Mixed emotions/relief• Disoriented/overwhelmed• Numb, sad, alone• Sleep difficulty• Security issues |
| Time frame: first month |

Table 3

On the positive side, the ability to communicate home from Bosnia, or any other site, is a great morale boost. The Defense Satellite Network (DSN) provides soldiers the ability to call home at no cost, although usually for a fifteen-minute time limit. For some soldiers, who are unwilling to wait on line, using commercial phone lines is an option. Unfortunately, it is common for huge phone bills to result, which can further add to familial stress. Another potential source of anxiety for families is that several weeks may pass before soldiers are able to make their first call home.

For most military spouses, reconnecting with their loved ones is a stabilizing experience. For those, who have "bad" phone calls, this contact can markedly exacerbate the stress of the deployment stage and may result in the need for counseling.⁵ One possible disadvantage of easy phone access is the immediacy and proximity to unsettling events at home or in theater. It is virtually impossible to disguise negative feelings of hurt, anger, frustration and loss on the phone. For example, a spouse may be having

significant difficulty (children acting out, car breaking down, finances etc.) or a soldier may not initially get along with peers or a supervisor. Spouse and soldier may feel helpless and unable to support each other in their time of need. Likewise, there may be jealousy towards the individual(s) whom the spouse or soldier do rely on, or confide in, during the deployment. These situations can add to the stress and uncertainty surrounding the deployment. Yet, military families have come to expect phone (and now even video) contact as technology advances. However, most report that the ability to stay in close touch -- especially during key milestones (birthdays, anniversaries, etc.) -- greatly helps them to cope with the separation.

Sustainment

The sustainment stage lasts from the first month through the fifth (penultimate) month of deployment.

Sustainment is a time of establishing new sources of support and new routines (Table 4). Many rely on the Family Readiness Group (FRG), which serves as a close network that meets on a regular basis to handle problems and disseminate the latest information.¹² Others are more comfortable with family, friends, church or other religious institution as their main means of emotional support. As challenges come up, most spouses learn that they are able to cope with crises and make important decisions on their own. They report feeling more confident and in control. During the sustainment stage, it is common to hear military spouses say: “I can do this!”

| Stage 3. Sustainment |
|--|
| <ul style="list-style-type: none">• New routines established• New sources of support• Feel more in control• Independence• Confidence (“I can do this”) |
| Time frame: months 2 thru 5 |

Table 4

One challenge, during this stage, is the rapid speed of information provided by widespread phone and e-mail access. In the near future, one can even expect that individual soldiers will have the ability to call home with personal cellular phones. Over long distances and without face-to-face contact, communications between husband and wife are much more vulnerable to distortion or misperception. Given this limitation, discussing “hot topics” in a marriage can be problematic and are probably best left on hold until after the deployment when they can be resolved more fully. Obvious exceptions, to this rule, include a family emergency (the critical illness of a loved one) or a joyful event (the birth of a child). In these situations, the ideal route of communication is through the Red Cross so that the soldier’s command is able to coordinate emergency leave if required.

On a related note, many spouses report significant frustration because phone contact is unidirectional and must be initiated by the soldier. Some even report feeling “trapped” at home for fear that they will miss a call. Likewise, soldiers may feel forgotten if they call -- especially after waiting a long time on line to get to a phone -- and no one is home. This can lead to anger and resentment, especially if an expectation regarding the frequency of calls is unmet. Now that Internet and e-mail are widely available, spouses report feeling much more in control as they can initiate communication and do not have to stay waiting by the phone. Another advantage of e-mail, for both soldier and spouse, is the ability to be more thoughtful about what is said and to “filter out” intense emotions that may be unnecessarily disturbing. This is not to say that military couples should “lie” to protect each other, but rather it helps to recognize that the direct support available from one’s mate is limited during the deployment.

Furthermore, rapid communication can lead to unanticipated rumors, which then circulate unchecked within the Family Readiness Group (FRG).⁵ The most damning rumor involves an allegation of infidelity that is difficult to prove true or false. Other troubling rumors may include: handling the deployment poorly, accidents or injuries, changes in the date of return, disciplinary actions, or even who calls home the most. Needless to say, such rumors can be very hurtful to soldier, spouse, the FRG. At its worst, unit cohesion and even mission success can suffer. Limiting the negative impact of such rumors is a constant challenge for unit leaders and chaplains. It is extremely important to keep soldiers and family members fully informed and to dispel rumors quickly. In fact, rumors lose their destructive power once the “secret” is exposed:

There was a rumor that a commander’s wife reported that a deployed soldier was having an affair. Members of the FRG, who were very upset, related the details to their deployed spouses. Senior unit leaders decided not to tell the commander because the allegations were deemed too inflammatory. Unfortunately, unit morale and cohesion began to suffer greatly as the rumor spread throughout the ranks. A month later, the commander finally learned of this destructive rumor, which had been undermining his authority to lead. He immediately confronted his wife, senior leaders and the soldier about whom the allegation had been made. Evidence about the validity of these allegations, or how the rumor started in the first place, could not be found. In response, the commander issued a very firm policy regarding exposing all rumors -- whether they be true or false. Unit morale and cohesion, although badly bruised, then began to recover.

The response of children to extended deployment of parent is very individualized and also depends on their developmental age: infants, toddlers, preschool, school age, and teenagers.¹³⁻¹⁵ It is reasonable to assume that a sudden negative change in a child’s behavior or mood is a predictable response to the stress of having a deployed parent (Table 5).

Infants (< 1 year) must be held and actively nurtured in order to thrive. If a primary caregiver becomes significantly depressed then the infant will be at risk for apathy, refusal to eat and even weight loss. Early intervention becomes critical to prevent undue harm or neglect. Pediatricians can perform serial exams to ensure growth continues as expected on height/weight charts. Army Community Services and Social Work can assist with parenting skills and eliciting family or community support. Lastly, the primary caregiver may also benefit from individual counseling.

Toddlers (1-3 years) will generally take their cue from the primary caregiver. One issue is whether it is the mother or father who is the soldier leaving -- especially when children are very young. If the “non-deploying” parent is coping well, they will tend to do well. The converse is also true. If the primary caregiver is not coping well, then toddlers may become sullen, tearful, throw tantrums or develop sleep disturbance. They will usually respond to increased attention, hugs and holding hands. The “non-deploying” parent may also benefit from sharing their day-to-day experiences with other parents facing similar challenges. In particular, it is important for the primary caregiver to balance the demands for caring for children alone with their own needs for time for self.

Preschoolers (3-6 years) may regress in their skills (difficulty with potty training, “baby talk,” thumb sucking, refusal to sleep alone) and seem more “clingy.” They may be irritable, depressed, aggressive, prone to somatic complaints and have fears about parents or others leaving. Caregivers will need to reassure them with extra attention and physical closeness (hugs, holding hands). In addition, it is important to avoid changing family routines such as sleeping in their own bed, unless they are “very” scared. Answers to questions about the deployment should be brief, matter-of-fact and to the point. This will help to contain the free-floating anxiety of an overactive imagination.

School age children (6-12 years) may whine, complain, become aggressive or otherwise “act out” their feelings. They may focus on the soldier-parent missing a key event, for example: “will you (the soldier) be here for my birthday.” Depressive symptoms may include: sleep disturbance, loss of interest in school, eating or even playing with their friends. They will need to talk about their feelings and will need more physical attention than usual. Expectations regarding school performance may need to be a little lower, but keeping routines as close to normal is best for them.

Teenagers (13-18 years) may be irritable, rebellious, fight or participate in other attention-getting behavior. They may show a lack of interest in school, peers and school activities. In addition, they are at greater risk for promiscuity, alcohol and drug use. Although they may deny problems and worries, it is extremely important for caregivers to stay engaged and be available to talk out their concerns. At first, lowering academic expectations may be helpful; however, return to their usual school performance should be supported. Sports and social activities should be encouraged to give normal structure to their life. Likewise, additional responsibility in the family, commensurate with their emotional maturity, will make them feel important and needed.

| Negative Changes in Children | | | | |
|-------------------------------------|-------------|-------------------------|----------------|-------------------------------------|
| | Ages | Behaviors | Moods | Remedy |
| Infants | <1 yr | Refuses to eat | Listless | Support for parent, pediatrician |
| Toddlers | 1-3 yrs | Cries, tantrums | Irritable, sad | Increased attention, holding, hugs |
| Preschool | 3-6 yrs | Potty accidents, clingy | Irritable, sad | Increased attention, holding, hugs |
| School age | 6-12 yrs | Whines, body aches | Irritable, sad | Spend time, maintain routines |
| Teenagers | 12-18 yrs | Isolates, uses drugs | Anger, apathy | Patience, limit-setting, counseling |

Table 5

Unfortunately, some children may have great difficulty adapting to the stress of a deployed parent. If they are unable to return to at least some part of their normal routine or display serious problems over several weeks, a visit to the family doctor or mental health counselor is indicated. Children of deployed parents are also more vulnerable to psychiatric hospitalization - especially in single-parent and blended families.¹⁶

Despite all these obstacles, the vast majority of spouses and family members successfully negotiate the sustainment stage and begin to look forward to their loved ones coming home.

Re-deployment

The re-deployment stage is essentially defined as the month before the soldier is scheduled to return home.

The re-deployment stage is generally one of intense anticipation (Table 6). Like the deployment stage, there can be a surge of conflicting emotions. On the one hand, there is excitement that the soldier is coming home. On the other, there is some apprehension. Some concerns include: “Will he (she) agree with the changes that I have made? Will I have to give up my independence? Will we get along?” Ironically, even though the separation is almost over, there can be renewed difficulty in making decisions. This is due, in part, to increased attention to choices that the returning soldier might make. Many spouses also experience a burst of energy during this stage.^{5,6} There is often a rush to complete “to-do” lists before their mate returns - especially around the home. It is almost inevitable that expectations will be high.

| Stage 4. Re-Deployment |
|--|
| <ul style="list-style-type: none">• Anticipation of homecoming• Excitement• Apprehension• Burst of energy/”nesting”• Difficulty making decisions |
| Time frame: months 5 thru 6 |

Table 6

Post-deployment

The post-deployment stage begins with the arrival to home station (Table 7). Like the pre-deployment stage, the timeframe for this stage is also variable depending on the particular family. Typically, this stage lasts from three to six months.

Stage 5. Post-Deployment

- Honeymoon period
- Loss of independence
- Need for “own” space
- Renegotiating routines
- Reintegrating into family

Time frame: 3 to 6 months after deployment

Table 7

This stage starts with the “homecoming” of the deployed soldier. This can be a wonderfully joyous occasion with children rushing to the returning parent followed by the warm embrace and kiss of the reunited couple. The unit then comes to attention for one last time, followed by words of praise from the senior commander present. Lastly, weapons are turned in and duffle bags retrieved and the family goes home.

Homecoming can also be an extremely frustrating and upsetting experience. The date of return may change repeatedly or units may travel home piece-meal over several days. Despite best intentions, the spouse at home may not be able to meet the returning soldier (short notice, the children might be sick, sitters cannot be found in the middle of the night, unable to get off work, etc.). Soldiers may expect to be received as a “heroes” and “heroines” only to find that they have to make their own way home.

Typically, a “honeymoon” period follows in which couples reunite physically, but not necessarily emotionally. Some spouses express a sense of awkwardness in addition to excitement: “Who is this stranger in my bed?” For others, however, the desire for sexual intimacy may require time in order to reconnect emotionally first.

Eventually, soldiers will want to reassert their role as a member of the family, which can lead to tension.⁶ This is an essential task, which requires considerable patience to accomplish successfully. Soldiers may feel pressure to make up for lost time and missed milestones. Soldiers may want to take back all the responsibilities they had before. However, some things will have changed in their absence: spouses are more autonomous, children have grown, and individual personal priorities in life may be different. It is not realistic to return home and expect everything to be the same as before the deployment.¹⁷

During this period, spouses may report a lost sense of independence. There may be resentment at having been “abandoned” for six months or more. Spouses may consider themselves to be the true heroes (watching the house, children, paying bills, etc.) while soldiers cared only for themselves. At least one study¹⁸ suggests that the stay-at-home parent is more likely to report distress than the deployed soldier. Spouses will also have to adapt to changes. Spouses may find that they are more irritable with their mates underfoot. They may desire their “own” space. Basic household chores and routines need to be renegotiated. The role played by the spouse in the marriage must be reestablished.

Reunion with children can also be a challenge. Their feelings tend to depend on their age and understanding of why the soldier was gone.¹⁸ Babies less than 1 year old may not know the soldier and cry when held. Toddlers (1-3 years) may be slow to warm up. Pre-schoolers (3-6 years) may feel guilty and scared over the separation. School age children (6-12 years) may want a lot of attention. Teenagers (13-18 years) may be moody and may not appear to care. In addition, children are often loyal to the parent that remains behind and do not respond to discipline from the returning soldier. They may also fear the soldier's return: "Wait till mommy/daddy gets home!" Some children may display significant anxiety up to a year later ("anniversary reaction"), triggered by the possibility of separation. In addition, the soldier may not approve of privileges granted to children by the non-deployed parent. However, it is probably best for the soldier not to try to make changes right away and to take time renegotiating family rules and norms. Not heeding this advice, the soldier risks invalidating the efforts of his/her mate and alienating the children. Soldiers may feel hurt in response to such a lukewarm reception. Clearly going slow and letting the child(ren) set the pace goes a long way towards a successful reunion.

Post-deployment is probably the most important stage for both soldier and spouse. Patient communication, going slow, lowering expectations and the taking time to get to know each other again is critical to the task of successful reintegration of the soldier back into the family.^{5,6} Counseling may be required in the event that the soldier is injured or returns as a stress casualty. On the other hand, the separation of deployment -- unlike civilian couples -- provides soldier and spouse a chance to evaluate changes within themselves and what direction they want their marriage to take. Although a difficult as well as joyful stage, many military couples have reported that their relationship is much stronger as a result.

Lessons Learned

There are many challenges for military families to overcome during the five stages of deployment (see Tables 8 and 9). Anticipating these challenges is important to minimize the emotional trauma caused by extended deployment.^{1,5,6} It is important not to over-interpret arguments which are often caused by the pain and loss of separation. Resolving marital issues that precede deployment is very difficult to accomplish over long distances and is probably best left until the soldier's return. Dates of departure and return often "slip" forwards and backwards. Establishing or maintaining a support network helps families cope. Rumors are hurtful and are best not repeated. If they cannot be resolved, then contact the chain of command to find out the truth or put a stop to them. Breaking up the time is a useful technique to prevent being overwhelmed. This can include: weekly get-togethers with other families, monthly outings for the children (a favorite restaurant, the park, a picnic etc.), and a visit to, or from, parents and in-laws around mid-deployment just to name a few. In order to maintain their sanity, parents -- now "single" because of the deployment -- will need time without their children. Scheduling a regular "mommy's (daddy's) day out" can be achieved by daycare or sharing sitting with someone you trust. Overspending or increased alcohol use may provide short-term relief; but in the long-term, they will only exacerbate the stress of deployment. Lastly, and most importantly, soldier, spouse and children will change and grow during the deployment. It is critical to go slow, be patient and allow several months to reestablish family bonds.

Pitfalls

- Over-interpreting arguments
- Hot topics/long distances
- Rumors/loss of trust
- Investment in date of return
- Not accepting changes in marriage

Table 8

Helpful Hints

- Establish a base of support
- Make plans to break up time
- E-mail/phone calls/letters
- Avoid overspending/alcohol
- “Single” parents need time without kids

Table 9

Discussion

Several questions remain to be answered regarding the impact of extended deployments on soldiers and their families.

Many family members complain of the emotional distance during the pre-deployment stage. How long is the optimal time for families to be notified in advance of a deployment? What is the impact on soldiers who may feel torn between their family and their unit? How much time do commanders need to get their units ready to deploy?

In addition, there are many questions about the remaining stages of deployment. What is the relative impact on families with four month (most Air Force deployments) versus six-eight months (SFOR, Navy Sea Duty) versus one year (IFOR, the initial Bosnia deployment)? Do families of different services cope better with separation? Why? What is the minimum recovery time in which a family needs to be stabilized from moves, military schools or even routine field training, after a soldier returns home? What is the impact on children? How about their school performance or disciplinary problems? What if a spouse is pregnant or delivers during the deployment?¹⁹ What if the spouse works versus stays at home? How about single parents? What if both spouses are in the military and deploy? What is the impact of extended deployments on marital longevity, spouse and child abuse when compared with civilian families? What about soldier retention? What about the families of soldiers who have had multiple or back-to-back deployments? How about the Reserves or National Guard who may not have as extensive support as their counterparts on Active Duty?²⁰ Is there sufficient notice for them to transition from their civilian roles in anticipation of deployment? What about the potential economic dislocation to include: loss of job and loss of income? How about the loss of unit cohesiveness when Reserves or Guard deploy as individual augmentees assigned to other units? Delineating the five stages of deployment is a reasonable starting point for answering some of these questions and the challenges they present to soldiers and their families.

Conclusion

Over the past eight years since the Gulf War, soldiers and their families have had to adapt to a major shift in U.S. foreign policy and the role of the Army in extended multinational deployments. Now entering its fifth year, the Bosnian experience has provided new insight into the different skills needed to minimize familial trauma. Furthermore, family well-being is not only essential to mission success with two-thirds of soldiers now married, but also to the future health of the Army through retention of trained soldiers.^{21,22} Health care professionals (including civilian providers accepting TRICARE insurance) and military leaders must be prepared to support soldiers and their families through five stages of deployment. Providing information early, about what to expect, will help families cope with the deployment experience. More research is needed, about the impact of deployment on soldiers and their families, to ensure that our forces are better prepared and ready for challenges of the next century.

References:

1. Peeble-Klieger MJ, Klieger JH. Re-integration stress for Desert Storm families: wartime deployments and family trauma. *Journal of Traumatic Stress* April 1994; 7(2) 173-94.
2. Pincus SH, Benedek DM. Operational Stress Control in the Former Yugoslavia: A Joint Endeavor. *Military Medicine* June 1998; 163: 358-362.
3. Diedrich J. Fewer Fort Carson troops may go to Bosnia in 2000. *The Gazette*, November 23, 1999: A1.
4. Tsimekles. Bosnia mission boosts Guard's relevance. *Army Times* November 15, 1999.
5. Pincus SH, Nam TS. Psychological Aspects of Deployment: The Bosnian Experience. *JAMEDD* January-March 1999; PB 8-99-1/2/3, 38-44.
6. Logan KV. The Emotional Cycle of Deployment. *Proceedings* February 1987; 43-47.
7. Diedrich J. Deployment overseas can take toll on families. *The Gazette*, October 31, 1999: A4
8. MacIntosh H. Separation problems in military wives. *American Journal of Psychiatry* August 1968; 125(2): 260-5.
9. Black WG. Military-Induced Family Separation: A Stress Reduction Intervention. National Association of Social Workers, 1993; 277.
10. Noy S. Stress and personality factors in the causality and prognosis of combat reactions. Presented at the Second International Conference on Psychological Stress and Adjustment in War and Peace, Jerusalem, Israel, June 19-23, 1978.
11. Neumann M, Levy A. A specific military installation for the treatment of combat reactions during the war in Lebanon. *Military Medicine* 1984; 149:196-199.

12. 96th ARCOM Family Readiness: About Family Support Groups. Channing L. Bete CO., Inc, South Deerfield, Massachusetts, 1993; 1-15.
 13. Corder B, Haizlip T. A Coloring Book: Feelings about War for Children and their Parents or Helpers, University of North Carolina, 1991; 1-21.
 14. Lagrone DM. The Military Family Syndrome. *American Journal of Psychiatry* September 1978; 135(9): 1043-3.
 15. Crumley FE, Blumenthal RS. Children's reactions to temporary loss of the father. . *American Journal of Psychiatry* July 1973; 130(7): 778-82.
 16. Levai M, Kaplan S. Ackerman R. Hammock M. The effect of father absence on the psychiatric hospitalization of Navy children. *Military Medicine*. March 1995; 160(3): 104-6.
 17. De Leo WJ. Personal Redeployment Readiness Guide, USAREUR and 7th Army, 1996; 1-47.
 18. Reunion Pamphlet, 1st Infantry Division Mental Health Service, Grafenwoehr, Germany, 1997; 1-2.
 19. Tam LW. Psychological aspects of pregnancy in the military: a review. *Military Medicine* June 1998; 163(6): 408-12.
 20. Army Reserve: What's Next - A Guide to Family Readiness. Education Publications, Inc., Jenkintown, Pennsylvania, 1998; 1-76.
 21. Schneider RJ, Martin James A. Military Families and Combat Readiness in Textbook of Military Medicine, Part I: Military Psychiatry - Preparing in Peace for War, Borden Institute, Washington, D.C., 1995; 19-30.
 22. Division of Neuropsychiatry. The Impact of Deployment Separation on Families. Walter Reed Army Institute of Research, Washington, D.C., 1984; 1-14.
-

Please make suggestions
for
change or additional information
to the
Office of the Chief of Chaplains
Directorate of Ministry Initiatives
1421 Jefferson Davis Highway
Suite 10600
ATTN: CH (COL) C. David Reese
Arlington, VA 22202-3259
703-601-0074
Charles.Reese@hqda.army.mil