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STATEMENT OF  
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BEFORE THE  
SENATE COMMITTEE ON VETERANS AFFAIRS

HEARING ON SERVICES TO THE FAMILIES OF WOUNDED WARRIORS  
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Chairman Akaka, Ranking Member Burr, and members of the Committee, thank you for the opportunity to testify. I will frame some of the needs of veterans from the conflicts in Iraq and Afghanistan and their family members by describing for you some of the research that we have recently conducted with these veterans, as part of the VISN 4 Mental Illness Research, Education and Clinical Center (MIRECC). I will focus my comments on married military veterans with mental health issues since my research and experiences as a VA-based University faculty member and clinician have dealt primarily with these veterans.

Returning veterans face a number of challenges in reintegrating into their family. Upon their return from deployment, military service members find that they have changed, their family members have grown and changed, and in some cases they are meeting their newborn children for the first time. It is anticipated veterans and their family members will go through a process of reintegration. It is common for veterans to need to renegotiate their role in the family because the spouse has picked up most of the household responsibilities in his or her absence. It is also common for returning veterans to feel like a guest in their own home, and perceive a lack of connection and warmth from their children. Most existing research suggests that during this reintegration period there are both positive and negative emotional effects of deployment on veteran and family; however, there is little evidence of an overall effect of deployment on the stability of marriages. The limited available research evidence suggests that most veterans work through these experiences successfully.

Our research grew out of the desire to understand what type of family problems returning service members have that may complicate their reintegration into their family and community. Family members can be a source of support and comfort, but where misunderstanding and conflict occurs, there is potential for less success in reintegrating the family member into the family. Previous survey studies done with Vietnam era veterans suggested that veterans experiencing the

mental health problems would be most vulnerable to problems with reintegration. Our first research task was to understand what kind of family problems were most associated with the mental health issues from which these veterans were suffering. These results were drawn from a total sample of 199 veterans who had recently returned from Iraq or Afghanistan, 43 percent of whom were married or living as married; an additional 24 percent had recently separated. These veterans had been referred from a primary care provider for mental health evaluation and they agreed to answer additional questions about family problems.

Among those recently returned veterans with symptoms of depression, PTSD, or another anxiety disorder, we found that family reintegration problems were especially common. Those with symptoms of Major depressive Disorder or PTSD were more likely to report feeling like a guest in their own home. Also, those with depression were less sure about their role in the household. Those with PTSD were more likely to report that their children acted afraid or did not act warmly toward them. The most disruptive psychiatric symptoms appear to be feeling emotionally numbed and cut-off from others, as well as an exaggerated "startle" response or being hyper-alert.

We also asked about relationship conflict, including domestic abuse, among those veterans with current romantic partners or who were recently separated. Mild to moderate conflict involving shouting, pushing or shoving was common (53 percent) among those with a current or recent partner. Over one quarter reported that their partner was afraid of them.

My general findings are as follows: it is not uncommon for family problems to occur along with mental health problems, regardless of the cause. What these specific findings tell us, however, is that the reintegration of the returning service member into the family may become complicated, conflicted, and less successful when one is also dealing with the disruptive symptoms associated with depression and/or PTSD.

The findings also indicate that it is important to intervene on reintegration problems with family members when a veteran has mental health problems. Family members are very aware of the mental health needs of their veteran and often have needs related to unresolved reintegration problems after a deployment, independent of whether the veteran chooses to seek services within the VA system. This is an important area of research. VA research in this area is growing. Examples of projects related to family are studies of caregiver involvement in depression and online family education in serious mental illness. Overall there have been projects and solicitations on access and barriers to care, relevant telemedicine initiatives, collaborative care, other care models, caregivers and related economic issues.

Thank you again, Mr. Chairman, for inviting me today. At this time, I will answer any questions you or other members may have.