



Returning from the War Zone

A Guide for Families of Military Members

September 2008

Your service member is home!

You've wondered, you've worried, you've felt sad and lonely. You may have had sleepless nights because you were afraid for your loved one's safety in the war zone. But now you can breathe a sigh of relief: your service member is returning home. He or she has served our country well, and has helped others gain the same rights and privileges that we take for granted here in the U.S.

Reunions Can Be Happy and Stressful

Although reunion is a happy time, it can also bring considerable stress — stress you may not expect. You and your service member have had

different experiences during the deployment period, and you all have changed as a result. For example, you all have had to learn new skills as you took on additional responsibilities. It can take time to rebuild intimacy, and you may need to re-examine common goals. Even if your service member has been called up before, you

may find that new challenges will arise with each reunion. In order to make the homecoming event as happy as possible, you need to know what kinds of challenges you might face. And you need to make sure your expectations are realistic.

This guide discusses:

- What are common reactions to war that you should expect? page 2
- How can you prepare for this reunion? page 5
- What common issues do families of returning service members experience? page 3
- How can you positively cope with the transition? page 7
- What are red flags that your service member might need some outside help? page 8
- What are treatment options for PTSD and other mental health problems? page 9
- Where can you and your service member go for help? page 13



NOTE:
Throughout the Guide, you will find live links to more information on our Web site: www.ncptsd.va.gov



You are not alone. Many families wrestle with reintegration issues. The purpose of this guide is to help you work through any problems you might encounter.

Common War Zone Experiences

Your service member's time in the war zone will affect him or her for a long time. His or her experiences in the military and during deployment have helped make him more responsible, a better leader, and team player. He or she may have received incoming fire. Or he or she may have witnessed the death or injury of friends or other military personnel, civilians, or enemy combatants. He or she may have received very serious injuries as a result of a bombing, mine blast, IED, or accident.

Being in an unfamiliar setting and an unfamiliar culture may have complicated these experiences. All the while, he or she was in full military mindset. It can be difficult to change back to a "civilian" mindset once he or she returns home.

WAR ZONE EXPERIENCES REPORTED BY MEMBERS OF THE U.S. MILITARY



Being attacked or ambushed **60%**

Receiving incoming fire **86%**

Being shot at **50%**

Discharged weapon **36%**

Seeing dead bodies or remains **63%**

Knowing someone seriously injured or killed **79%**

Percentages are based on a sample of troops serving in Iraq in 2006.

Common Reactions to Trauma

Each service member will have his or her own experiences. But understand that almost all service members will need time to readjust after being in a war zone. This can be especially intense during the first weeks at home. These common stress reactions are a normal part of readjustment. The reactions do not, by themselves, mean that your service member has a problem, such as posttraumatic stress disorder (PTSD), which requires healthcare.

Most returning service members will successfully readjust with few major problems. It may take a few months, but, for most, life will stabilize following demobilization.

Below are [common physical, mental/emotional, and behavioral reactions](#) that your service member may experience.

Common Physical Reactions

- Trouble sleeping, overly tired
- Stomach upset, trouble eating
- Headaches and sweating when thinking of the war
- Rapid heartbeat or breathing
- Existing health problems become worse

Mental and emotional reactions

- Bad dreams, [nightmares](#)
- Flashbacks or frequent unwanted memories
- [Anger](#)
- Experiencing shock, being numb, unable to feel happy
- Feeling nervous, helpless, or fearful
- Feeling guilty, self-blame, shame
- Feeling sad, rejected, or abandoned
- Agitated, easily upset, irritated, or annoyed
- Feeling hopeless about the future

Your service member may have unwanted memories of the war zone. If something happens that reminds him or her of a war experience, he or she may have memories (“flashbacks”) that are so realistic your service member will feel they’re back in the war.

He or she may get irritated or react more strongly to common family issues. Anger and aggression are common war zone stress reactions. Even minor incidents can lead to over-reactions.

Battlemind

Most service members coming from war zones will have stress reactions. But only a small number will develop PTSD. The Army produced the “BATTLEMIND” program (www.battlemind.org) to help service members and families understand how a wartime mindset is useful at war but not at home.

Behavioral Reactions

- Trouble concentrating
- Edgy, jumpy and easily startled
- Being on guard, always alert, concerned too much about safety and security
- Avoiding people or places related to the [trauma](#)
- Too much drinking, smoking, or drug use
- Lack of exercise, poor diet or health care
- Problems doing regular tasks at work or school
- Aggressive driving habits

Aggressive driving is also extremely common among service members returning from conflicts in the Middle East. It may be wise for your service member to not drive for a few weeks until he or she feels capable of defensive driving. This is particularly true if he or she is feeling edgy or upset.



PAUL *knew that a lot of soldiers had it so much worse than he did. He was not certain if it was the 12 months in Iraq that had made him feel so numb.*

Something, however, had changed for him and his family. Paul had trouble being involved with his family. He did not enjoy being a father to his two daughters, 7 and 5, anymore. He didn't feel close to his wife. Little things made him jumpy and angry. He was tired all of the time. He also knew that he was not comfortable talking about any of this with Lisa, his wife of 9 years. When she would try to confront him, he would look down at his hands and start playing with his fingernails, doing anything to avoid eye contact with her.

He just thought that there was no way that she could understand what he had been through and the guilt that he was feeling now. Besides, they didn't seem to need him anymore. ■

Preparing for Your Service Member's Return

Planning ahead is ideal, but you can still prepare for your service member's return by taking at least some of the following steps:

- Educate yourself about what to expect and think about how you'll cope.
- Discuss with your service member before his/her return how you'll handle balance of work, home responsibilities, and leisure time for both of you.
- Talk to other people who have experienced the return of service members.
- Take care of yourself. Live the healthiest lifestyle possible.
- Remember that each reunion may be different.

Partners

There is usually a "honeymoon" phase shortly after demobilization, yet it never lasts. Your children have grown. Your service member has been through traumatic experiences. You have had to face new situations in your service member's absence. You might also feel angry because you had to handle so much on your own while he or she was away. Each reunion is different.

When your service member returns home, you will need to work at getting to know one another again. Your life has changed, too. You may have developed new relationships. You may be feeling pride in what you were able to accomplish while he or she was away. Priorities and goals may now be different. Issues of infidelity may have arisen. You may need to talk about each other's commitment to the relationship.

Children

Prepare children to be with your returning service member. Kids may have different needs now. They might take awhile to warm up to the service member, especially if they were very young when he or she left.

Do men and women experience re-entry differently?

Both men and women often feel that no one understands what they've been through. After deployment, men and women often have different ways of re-entering the family. To cope with stress, men tend to isolate themselves. They might seek support outside the home from old friends or military buddies. Women tend to try to share their feelings and experiences with their partners. But they can become easily frustrated or irritable if they feel support is inadequate. Their male partners may come to resent or misunderstand those negative feelings. Then, they find it hard to provide the support that she really needs.



Parents

Parents and other family members must make many of the same readjustments as partners. They, too, will have to realize that everybody has grown and changed. Their relationship, with the returning service member will also be different. While they take time to get reacquainted, they will need to be aware of boundaries. It's easy for parents and others who have cared for a service member in the past to fall into old patterns. They want to take care of him or her again in ways he or she no longer needs or wants.

Communicating

You probably have lots to share with one another! You should listen but try not to force your returning service member to talk about his or her war experiences. Instead, give your service member opportunities to talk about the war and his or her reactions and feelings whenever he or she feels comfortable doing so. Above all, be careful not to be judgmental or negative during these conversations. You should be aware that service members may be more comfortable talking with their comrades about their time at war. Try not to take this personally.

JENNY *could not wait to see Brad again. He had been away from their family for almost a year and she was relieved that finally he was going to come home. She was proud of the fact that they had all survived and that she had managed to keep things together at home for their two young sons.*

But it was hard when Brad first arrived. The younger son, Harry, didn't even recognize Brad and he cried when Brad tried to take him in his arms. That made Brad angry and for a while after that, he wouldn't even try again to interact with the boys. He also didn't seem interested in her, even though she had tried so hard to fix up for him and show him how much she cared. When she would reach over to pat him on the knee or try to hug him, she could feel him pull away and it hurt her to think that he no longer loved her.

But Jenny was determined to give him time to get the war out of his mind. She contacted the chaplain on base and learned of a new program to help reunite families. They went on a weekend retreat together and finally Brad began sharing, connecting with his wife again. It was not easy and he still felt uncomfortable with all of the talk but gradually things began feeling a little like their old relationship. ■

BRAD'S *divorced parents, Ralph and Sandy, were each incredibly relieved to learn their son was coming home. They had heard from Jenny that Brad had changed and did not know quite what to expect.*

First, Sandy wanted to give him some space to get reacquainted with his wife and children. But she also could not wait to hug him and let him know how happy she was to have him home. At the same time, she did NOT want to meet Ralph's new wife at the homecoming.

Brad's father, Ralph, was proud and stoic about it all. Even though they were divorced and their son was a grown man, he had no desire to face his ex-wife again. Instead of focusing on what Brad might need when he returned, they each were focusing on what the reunion would mean for them. ■

Healthy Coping

Here are some tips to help your family to cope:

■ Reconnect:

- a. Make sure that your service member has the opportunity to spend one-on-one “down-time” with every family member and significant friend.
- b. Urge your service member to interact with others, and also spend time alone as he or she needs. Some time with war zone comrades is good but balance with family is needed.
- c. Experiment with different communication styles. Your service member has been used to operating in the military “need-to-know” mode. He or she may need to relearn the importance of sharing information. Don’t be afraid to ask about the war or how your service member is doing. Know that she or he may not want to talk at first.
- d. Express confidence that you will be able to work things out, and make a happy home for yourselves again.

■ Share and renegotiate roles:

- a. Be prepared for changing household roles (and new personality traits).
- b. Talk about what skills each of you now has, and which responsibilities you’d both prefer. (These may now be different.)
- c. Compromise if necessary. Both of you should feel that needs are understood and respected.



■ Take care of yourself by doing healthy things to relieve stress:

- a. Exercise, including yoga.
- b. Meditate, do breathing exercises.
- c. Get enough sleep (8-9 hours per night).
- d. Drink alcohol only in moderation — family members should set an example for responsible drinking.

■ Try not to:

- a. Pressure your service member to talk.
- b. Stop him or her from talking.

- c. Make judgmental statements (for example, don’t say things like, “what you had to do is so awful!”).
- d. Tell your service member what he or she “should” do.
- e. Use clichés or easy answers (for example, try not to say things like “war is hell”).
- f. Give your service member advice without listening thoroughly.
- g. Rush things. It takes time to become reacquainted and comfortable with one another again.

Seeking Help

You are now aware of some common stress reactions that your loved one may feel after his or her deployment. Remember that reintegration takes time and patience.

However, problems that last for months can affect relationships, work, and overall well-being if not treated. Your service member may be coping with stress by drinking, doing drugs, withdrawing, and isolating. Or he or she may be having sudden emotional outbursts. If so, it's probably time to encourage him or her to seek outside help:

Red Flags

What are signs that your service member needs outside help? You should consider getting help if he or she is having significant distress in these areas:

- Family and social relationship troubles — frequent and intense conflicts, poor communication, inability to meet responsibilities
- Work, school, or community issues — frequent absences, conflicts, inability to meet deadlines, poor performance

- Depressed or angry moods — possibility that he or she is going to hurt someone or him- or herself

If your service member's reactions are causing significant distress or interfering with how he or she functions, he or she will need help. Admitting that he or she has a problem, however, can be tough. Your service member:

- Might think he or she should cope on his/her own
- Might think others can't help
- Might believe the problem(s) will go away on their own
- Is embarrassed to talk to someone about it

SUE AND BOB *had been married for over 10 years. When they said their vows, Sue knew that Bob might possibly be sent to South Korea as part of his duty in the Army but she never dreamed that he could be deployed three times in the past five years!*

After all of these deployments, Bob was not the same man that she had married. He used to be a fun-loving, easy-going guy. Now he never laughed anymore. He looked like he was full of pain and seemed to be far away from her. She felt as if they had missed out on five years and she needed to catch up with him, but he didn't even want to talk to her. He fell asleep every night in his easy chair after a few beers. He didn't enjoy doing any of the things that they used to do and just sat in front of the television.

Bob wouldn't consider going to see a marriage counselor and didn't think that he needed help. Sue finally enlisted the help of some of Bob's old Army friends to get him to realize that he needed to talk to someone about the things that had happened. Gradually, Sue and Bob set aside time to talk to each other. In the meantime Bob met with his old infantry buddies and talked about the war. They convinced him that he should not have as many chronic stress symptoms as he did after being home this long and that he could go see someone at the Vet Center who understands and can help. Bob realized that because of the steps that Sue had made him take, there was something wrong and he needed to enlist the help of a counselor. ■

Emotional or psychological problems are not a sign of weakness. Injuries, including psychological injuries, affect the strong and the brave just like everyone else. But stigma of mental health issues can be a huge barrier for people who need help. **Remind your service member that finding the solution to his or her problem is a sign of strength. Getting assistance from others is sometimes the only way to solve something. Knowing when and how to get help is actually part of military training.**

Treatable Mental Health Problems

Many of the common reactions to experience in a war zone are also symptoms of more serious problems such as PTSD. In PTSD, however, they're much more intense and troubling, and they don't go away. If these symptoms don't decrease over a few months, or if they continue to cause significant problems in your service member's daily life, it's time to *seek treatment from a professional*. Effective treatments exist!

- Openly discuss your concerns in a spirit of understanding and not blame.
- Help your service member to explore treatment options. Explain that good treatments exist. Early treatment can prevent problems from worsening.
- If necessary, also seek help for yourself or other family members.

PTSD (Posttraumatic Stress Disorder)

PTSD is a treatable condition that is diagnosed by a health-care provider. PTSD is a serious disorder that can occur after a person has been through a traumatic event.

Symptoms of PTSD

Re-experiencing

Bad memories of a traumatic event can come back at any time. You may feel the same fear and horror you did when the event took place. Sometimes there's a trigger: a sound, sight, or smell that causes you to relive the event.

Avoidance and Numbing

People with PTSD often go to great lengths to avoid things that might remind them of the traumatic event they endured. They also may shut themselves off emotionally in order to protect themselves from feeling pain and fear.

Hypervigilance or Increased Arousal

Those suffering from PTSD may operate on "high-alert" at all times, often have very short fuses, and startle easily.

How likely is your service member to get PTSD?

This depends on many factors, such as:

- How severe the trauma was
- If he or she was injured
- The intensity of his or her reaction to the trauma
- Whether someone close to your service member died or was injured
- How much his or her own life was in danger
- How much he or she felt they could not control things
- How much help and support he or she got following the event

Steps to solving the problem and getting help

Treatment involves several steps:

- Assessment: Having a professional evaluate the symptoms with a full interview

How common is PTSD in OEF/OIF military personnel?

About 7% of U.S. civilians have PTSD in their lifetime. According to research following the early years of the current conflicts in Afghanistan and Iraq, 11-20% of veterans developed PTSD.

- Education about PTSD and other conditions, including symptoms and how they can affect
- [Therapy, medication, or both](#)

In therapy your service member will learn:

- How the problem affects him or her and others
- Goal setting about ways to improve life
- New coping skills
- How to accept thoughts and feelings and strategies to deal with them

For more information on PTSD treatments, see the NCPTSD fact sheets:

- [Specialized PTSD Treatment Programs in the U.S. Department of Veterans Affairs](#)
- [Treatment of PTSD](#)
- [Finding a Therapist](#)

How PTSD Affects Family Members

PTSD CAN MAKE somebody hard to be with. Family members of a person with PTSD may experience the following:

1. **Sympathy:** You may feel sorry for your loved one's suffering. This may help your service member know that you sympathize with him or her. However, be careful that you are not treating him or her like a permanently disabled person. With help, he or she can feel better.
2. **Negative feelings:** If you believe your service member no longer has the traits you loved, it may be hard to feel good about them. The best way to avoid negative feelings is to educate yourself about PTSD. Even if your loved one refuses treatment, you will probably benefit from some support. See "Where Can My Service Member — and Our Family — Find Assistance?" on page 13.

3. **Avoidance:** You may be avoiding the same things as your service member. Or, you may be afraid of his or her reaction. One possible solution is to do some social activities, but let your service member stay home if he or she wishes. However, he or she might be so afraid for your safety that you also can't go out. If so, seek professional help.
4. **Depression:** This is common among family members when the person with PTSD causes feelings of pain or loss. When PTSD lasts for a long time, you may begin to lose hope that your family will ever "get back to normal."
5. **Anger and guilt:** If you feel responsible for your service member's happiness, you might feel guilty when you can't make a difference. You could also be angry if he or she can't keep a job or drinks too much, or because he or she

is angry or irritable. You and your loved one must get past this anger and guilt by understanding that the feelings are no one's fault.

6. **Health problems:** Everyone's drinking, smoking, not exercising, and other bad habits can get worse when trying to cope with their service member's PTSD symptoms. You may also develop other health problems when you're constantly worried, angry, or depressed.

For more information, see the NCPTSD fact sheets:

- [Children of Veterans and Adults with PTSD](#)
- [Partners of Veterans with PTSD: Caregiver Burden and Related Problems](#)

Other Treatable Mental Health Problems

PTSD is not the only serious problem that can occur after deployment. Watch out for signs of these other conditions in your service member.

Depression: We all experience sadness or feel down from time to time. That's a normal part of being human. Depression, however, is different. It lasts longer and is more serious than normal sadness or grief. Common symptoms include:

- Feeling down or sad more days than not
- Losing interest in hobbies or activities that used to be enjoyable or fun
- Being excessively low in energy and/or overly tired
- Feeling that things are never going to get better

Suicidal Thoughts and Suicide: War experiences and combat stress reactions, especially those caused by personal loss, can lead a depressed person to think about hurting or killing him- or herself. If your service member is feeling this way, take it seriously, and get help. Suicide Hotline 1-800-273-TALK (8255)



Violence and Abuse: Abuse can take the form of threats, swearing, criticism, throwing things, conflict, pushing, grabbing, and hitting. Here are a few warning signs that may lead to domestic violence:

- Controlling behaviors or jealousy
- Blaming others for problems or conflict
- Radical mood changes
- Verbal abuse such as humiliating, manipulating, confusing
- Self-destructive or overly risky actions; heated arguments

Substance Abuse: It's common for service members to "self-medicate." They drink or abuse drugs to numb out the difficult thoughts, feelings, and memories related to their war zone experiences. While alcohol or drugs may seem

to offer a quick solution, they actually lead to more problems. Sometimes it can be difficult to know if your service member's drinking is actually a problem. Warning signs of an alcohol problem include:

- Frequent excessive drinking
- Having thoughts that he or she should cut down
- Feeling guilty or bad about drinking
- Others becoming annoyed or criticizing how much the person drinks
- Drinking: with dinner, after work, after dinner, without thinking
- Drinking in the morning to calm nerves
- Problems with work, family, school, or other regular activities caused by drinking

Ways family can help someone with PTSD:

- Tell your loved one** you want to listen and that you also understand if he or she doesn't feel like talking.
- Learn** as much as you can about PTSD.
- Go with your loved one** to visit the doctors and participate in his or her treatment.
- Give your loved one space**, but keep encouraging your loved one to have contact with family and friends and to do fun things. Withdrawal symptoms may make him or her hesitant to be around other people, but keep trying because social support is important. ■

What Percentage of Veterans Have Received Help for Mental Health Problems?

Concussions or Mild Traumatic Brain Injury (mTBI)

Explosions that produce dangerous blast waves of high pressure rattle a person's brain inside the skull and can cause mTBI. Helmets cannot protect against this type of impact. In fact, 60 to 80 percent of service members who have injuries from some form of blast may have mTBI.

Symptoms associated with mild TBI (or concussion) can parallel those of PTSD but also include:

- Headaches or dizziness
- Emotional problems, such as impatience or impulsiveness
- Cognitive problems such as trouble concentrating, making decisions, or thinking logically
- Trouble remembering things, amnesia
- Lower tolerance for lights and noise

There are effective treatments for these problems! PTSD is also associated with these conditions.

- **37% of all veterans have sought services at VA**
- **Top 2 reasons: Musculoskeletal Problems and Mental Health**
- **Of the 40.1% who have sought mental health care:**
 - **49.8%: PTSD problems**
 - **33.2%: acute stress reactions (before a PTSD diagnosis)**
 - **30%: depression**

(VA data as of 04/2008)



Where Can My Service Member — and Our Family — Find Assistance?

VA Services:

The U.S. Department of Veterans Affairs

VA is the largest healthcare system in the U.S., with facilities located in every state. Service members are urged to complete VA Form 10-10EZ to sign up, even if they think they'll never use these services.

Healthcare: 877-222 VETS (8387)

Benefits: 800-827-1000

Web site: www.va.gov/

VA Medical Centers

The VA services soldiers/airmen, including the Guard and Reserves. Veterans can receive free services for military-related problems for the first five years following deployment, and co-pay based on eligibility after that. The VA has many **community-based outpatient clinics (CBOCs)** located in the community in addition to their medical centers. [Find a facility near you:](#)

Each medical center has:

- An OEF/OIF Program Manager to help all recent returnees
- Health and Mental Health Services
- [Women Veterans Program Manager](#)
- Social Work Services

Vet Centers

Readjustment Counseling Service

Toll-free: 800-905-4675

Assist veterans and their *family* to making a successful postwar adjustment, offering:

- Readjustment counseling (including PTSD treatment)
- Marriage and family, benefits, bereavement, alcohol and drug counseling
- Job services and help obtaining services at the VA and community agencies

There are no co-payments or charges for Vet Center services, and services are *completely confidential*.

Web site: www.va.gov/rcs

Other Federal, State and Community Resources

Military OneSource

(user id: military; password: onesource)

This resource helps military members, veterans, and families deal with life issues 24/7. Service members and family members can call in and speak to a master's-level consultant who can answer almost any question, no matter how big or small.

Toll-free (in the US): 800-342-9647

Toll-free (outside the US): (country access code) 800-342-9647 (dial all 11 numbers)

International toll free: 800-464-8107.

Web site: www.militaryonesource.com/

Veterans Service Organizations (VSOs)

VSOs can help you to complete necessary paperwork and to navigate the VA system. They include organizations such as the American Legion, the VFW, AMVETS, Disabled American Veterans (DAV), and more.

Directory of Veterans Service Organizations

Web site:

www1.va.gov/vso/index.cfm?template=view

State Resources:

All states have a variety of programs and resources for veterans and their families. Most states have an information and referral line such as dialing 2-1-1 (visit 211.org to see what your state offers). Or call your local:

- Agency or Department of Health and or Human Services
- State's Office of Veterans Affairs ([NASDVA](#))
- Veteran representatives in the offices of legislative officials
- Employer Support of the Guard and Reserves ([ESGR](#))
- [Veterans Transition Assistance Representative](#)

FAMILY SUPPORT PROGRAMS:

Family Assistance Centers: Located at armor-ies across the states, these centers were cre-ated by the National Guard but *exist to assist all members and families of all branches of military*. For instance, if your son or daughter is deployed from Arkansas but you live in Miami, you can still go to any Florida FAC and receive assistance. To find the location nearest you, visit www.guardfamily.org.

Army Community Services (ACS):

www.armymwr.com

US Air Force Services Agency:

www-p.afsv.af.mil/

LIFELines: www.lifelines.navy.mil/lifelines.

Air Force Reserve Family Readiness:

800-223-1784, ext. 7-1243 (7 am-5 pm)

(ext. 7-0089 after duty hours)

www.afrc.af.mil/library/family.asp.

Marine Corps Reserve Community Services

(MCCS): www.usmc-mccs.org

Army Family Team Building (AFTB):

www.myarmylifetoo.com

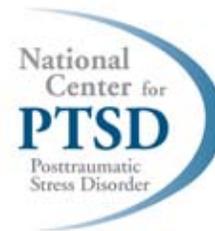
Family Readiness Groups (FRG): Army units have groups of volunteers structured to help with communication to the families of deployed troops. Your FRG should contact your family but if it doesn't, you can locate them through your service member's unit.

For more information:

- “Homecoming After Deployment: Dealing with Changes and Expectations” http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/homecoming.html?opm=1&rr=rr119&srt=d&echorr=true
- “Homecoming After Deployment: Tips for Reunion” http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/homecoming.html?opm=1&rr=rr119&srt=d&echorr=true
- “Coping With Traumatic Stress Reactions” http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_coping_stress.html?opm=1&rr=rr118&srt=d&echorr=true
- Understanding the military mindset: BATTLEMIND (developed by the Army): www.battlemind.org.
- “War-Zone-Related Stress Reactions: What Families Need to Know” http://www.ncptsd.va.gov/ncmain/ncdocs/handouts/iraq_clinician_guide_app_j7.pdf?opm=1&rr=rr1417&srt=d&echorr=true
- Information for families from Military OneSource (registration required): <https://www.militaryonesource.com/skins/MOS/display.aspx?ModuleID=8cde2e88-3052-448c-893d-d0b4b14b31c4&CategoryID=e3bd2bec-71da-4517-ad11-5950b2d4ed80&ObjectID=4882f467-3e3d-42f0-a829-029fe0122209>
- “An Overview of the Mental Health Effects of Serving in Afghanistan and Iraq” (http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/overview_mental_health_effects.html)

Closing Thoughts

- Most returning service members will experience common stress reactions during and after reintegration.
- Even if problems persist, your service member is not alone. The most recent national study of adults found that 46 percent of people in the U.S. have had a mental health problem. Military members were included in this survey.
- Your service member — and you — can feel better. Healthcare workers can treat the problems discussed in this publication.
- It's a sign of health to admit you and/or your service member have a problem and take action.



This Guide was created by the VA National Center for PTSD

The Center conducts research and education on trauma and PTSD. Their Web site offers extensive information on coping, educational materials, and more for a variety of audiences, including veterans and their families, providers, researchers, and others.

Web site: www.ncptsd.va.gov