

Using a CBT-Based Therapeutic Community Program to Facilitate Healthy Relationships  
Among  
Military Veterans and their Families

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### **Abstract**

The authors propose a CBT-based Therapeutic Community (TC) program designed to facilitate healthy relationships between military veterans and their families. In many military veteran families, there is a struggle to maintain a healthy and balanced life both outside and inside the household. This struggle affects both spouses and children and is evidenced by the higher rate of suicide, unemployment, divorce, and homelessness that are often found in this population. The Therapeutic Community Model was originally created in order to effectively treat clients suffering from substance-abuse and related issues and has been found to be successful in this, and other populations. The program follows a 12-week or 90-day design that is then divided into three separate, smaller phases. In addition to outlining this model, we offer recommendations for ways that this approach could impact the counseling field in new and positive ways.

## **Using a CBT-Based Therapeutic Community Program to Facilitate Healthy Relationships Among Military Veterans and their Families**

In military Veteran families, particularly in those that have experienced deployment, there is often a struggle to maintain a healthy balance in familial relationships (Lester, Peterson, Reeves, Knauss, Glover, Mogil, Duan, Saltzman, Pynoos, Wilt, & Beardslee, 2010). However, research concerning military Veterans has primarily reflected a deficit orientation by emphasizing such issues as unemployment and suicide. In most cases, Veterans have been viewed as individuals without much consideration to the family unit as a whole (Weiss, Coll, Myeda, Mascarnas, Lawlor, Debraber, 2012). Bradshaw and colleagues (2010) showed that factors, such as sustained parental absence and inconsistent parental communication, can delay child development. In addition, the Asbury and Martin (2011) demonstrated that the stress of multiple deployments and returns of those deployed can have similarly negative effects on spousal support. Additionally, some scholars have suggested a more humanistic perspective is needed to further the exploration of the concerns of military Veteran families (Barker & Berry, 2009; Bevcars, 2013; Jordan, 2011).

Resilience theory has been used to employ a humanistic approach to research in the behavioral sciences. Though resilience is usually applied as a term to individuals, it has more recently been applied to the family unit as a whole (Patterson, 2002). Previously, resilience had been characterized as an individual characteristic, and with regards to families, individual members have been deemed resilient if they have escaped an unhealthy family, parental, or spousal relationship. More recently, the concept of resilience has been moving away from the idea that the family is the source of maladaptive behavior and dysfunction to the idea that the family can be the foundation and source of resilience (Bevcars, 2013).

The author reviews prior research regarding the mental health concern among military Veterans and their family members and then offers an exemplary clinical program promotes both empowerment and resilience within the same population. Additionally, recommendations for practitioners and policy makers are provided.

### **Review of the Literature**

Current research of military Veterans and their families since the terrorist attacks on September 11<sup>th</sup>, 2001 has painted a picture of struggle and adversity for this population (Wadsworth & Riggs, 2011), and current research has discovered that military Veteran families as a whole need to be considered when conducting future research.

Several scholars have demonstrated that there are many other issues surrounding military Veterans other than their experiences in active duty (Asbury, & Martin, 2011; Barker, & Berry, 2009; Betz, & Thorngren, 2006).

### **Understanding the Impact on Children**

In many military Veteran households with children, it was found that youth experience secondary trauma when the parent returns from combat in addition to the ambiguous loss of having a parent deployed (Kelly & Ward, 2011). The idea of ambiguous loss is described as a “physical or psychological experiences of families that are not as concrete or identifiable as traditional losses such as death” (Berz & Thorngren, 2006, pp. 359). It was found that “military children experience emotional and behavioral difficulties at rates above the national average” (Walinski & Kirchner, 2013). Such children had problems with behavior when their parents were deployed, and had problems with attachment to them once they returned (Barker & Berry, 2009). Additionally, “Even very young children show signs of behavioral problems, sleep disturbances,

depressive symptoms, and anxiety from parental deployment”, (Walinski, Bokony, Edlund, & Kirchner, 2012, pp. 157). Bradshaw and colleagues (2010) found that children of military families who experience deployment often have more difficulty adjusting to a new school and experience more stressors than their peers do. This result is perhaps the most pressing when determining appropriate avenues for treatment with these types of families.

### **Understanding the Impact on Spouses and Partners**

Other researchers have identified issues within the spousal relationships as well as with those of children. One study found that with multiple deployments, spouses experienced a cumulative effect with depression and anxiety symptoms, along with their children (Lester, et.al. 2010). Another study detailed all of the emotional, environmental, psychological and physical stressors that military Veterans face before, during and after deployment. While military Veterans face challenges and frustrations they are not alone as their spouses and partners face them as well (Jordan, 2011). This highlights the idea that just because spouses do not face active duty in the field, the stressors they face are no less real and no less life-changing. Walinski and Kirchner (2013) stated that military spouses and wives have reported negative experiences such as worrying, loneliness, and waiting for their partners to return, and that keeping busy and their mind occupied was their primary coping skill.

### **Current Programs for Veterans and their Families**

Though this paper seeks to introduce a new intervention program for military Veterans and their families, there are many programs that are currently working to bring aid to Veterans, those in active duty, and families. In the next section three of these programs will be introduced and explored further.

### **The “Strength at Home” Initiative**

The Strength at Home Initiative was created to treat intimate partner violence in male active duty or in male military Veteran personal. It is a 12-session cognitive-behavioral therapy (CBT) group intervention program designed with the intention of lowering incidences of intimate partner violence found in this population. The 12-sessions were broken down into several smaller phases and each phase focused on a specific goal or function. For example, in phase one, the focus is on psycho-education regarding intimate partner violence and its relation to trauma and PTSD.

As the study hypothesized, the 12-session program was able to lower the incidence of physical intimate partner violence in the participants. The study shared some of their limitations such as a small sample size, but overall the results point out that with proper intervention, incidences of intimate partner violence can be decreased in this population using CBT techniques (Taft, MacDonald, Monson, Walling, Resick, & Murphy, 2013).

### **Using Mindfulness to Treat Traumatic Stress in Veterans**

The use of mindfulness techniques has had a dramatic increase in use in current literature and practice with regards to military Veterans who experience trauma or other psychopathological disorders. This technique has shown significant promise not only when used alone, but also when it is combined with existing treatments for traumatic stress and related disorders such as PTSD.

Though mindfulness has not been fully explored in all its uses regarding PTSD and trauma, current literature supports that it may be able to aid in four core clinical areas as explained by Vujanovic and colleagues (2011). The first area where mindfulness was shown to help is creating greater present-centered awareness, especially with those who were judgmental

or distressed in some way. The second area is in individuals who received a greater awareness of what was happening in each moment, not dwelling in the past or speculating about the future, were more able to effectively engage in treatment. Third, consistent practice in mindfulness techniques decreases physiological arousal and overall stress levels. Fourth and final, participants who practiced “mindfulness distraction” were better able to apply these principles and techniques to real-world situations such as deciding to stay with a thought or to let those thoughts go and move on.

Because mindfulness is already been proven to be effective with this population, it merits a greater emphasis for research regarding the four areas presented above. Additionally, mindfulness has been proven to be effective when used with already existing techniques and theories such as Mindfulness-Based Cognitive Therapy, and Acceptance and Commitment Therapy.

### **Reduction in Potential Barriers for Treatment-Seeking Veterans**

There are many barriers that can cause a military Veteran or other service member to forgo seeking services for mental health, physical health or other issues. Such barriers include the stigma associated with mental illness, some may equate that asking for help makes them weak, or even more practical barriers such as funding, transportation or child care. Because of these significant barriers, many military Veterans and their families don’t seek the help that they need and suffer because of it. Therefore, there have been several interventions created to assist Veterans and their families with overcoming these barriers.

Some interventions could take place while the military Veteran is still with his or her active unit. This may include presentations to active duty members promoting mental health treatment, or if an early issue is spotted concerning military Veterans, then others may encourage

them to seek help. One of these interventions is known as Defender's Edge and focuses on active duty Air Force members. This intervention focuses on reframing combat, its effects, and trauma in a resiliency lens. This reframing helps to change the way the clients think from negatives to positives and focuses on some aspects of self-care such as "sleep hygiene" as a way to counter fatigue and other sleep disturbances (Zinzow, Britt, McFadden, Burnette & Gillispie, 2012).

Therefore, the concept of intervention strategies can be applied to all aspects of a client's treatment and as this article shows, they can even be used before there is a problem as a preventative measure.

### **Therapeutic Communities (TC): an Exemplar**

After exploring the above examples of the resources and programs that are currently available to military Veterans, a new question arises: is there a need for therapeutic communities in this population and what do such programs have to offer? This question will be answered in the following paragraphs.

A "therapeutic community is a drug-free modality that uses a social psychological, self-help approach to the treatment of drug abuse. Therapeutic community programs are most often community-based residences in urban and nonurban locales" (De Leon, G., (1999). p. 396-397). Though in the past therapeutic communities (TC) have been used to treat substance-dependent clients, they have been applied to other populations and contexts more recently, for example such setting as mental health treatment, families and even prison and jail inmates. For over forty years the TC model has been used to effectively treat substance-dependent clients, however, it has been under-researched. During the last decade there has been a movement to study this model and to discern whether or not there is any true benefit to the clients. Today, there have



been many studies conducted on the TC model and the results indicate that it does truly benefit the substance-dependent population (De Leon, G., 1999).

Because it has been shown to be effective in not only substance-dependent populations, but with other populations as well, there is a potential that the TC model could be applied to Veterans and their families.

### **How Therapeutic Communities can help Veterans and their Families**

The military Veteran population encompasses a diverse group of individuals. Moreover, the issues that military Veterans as a population face are diverse as well. For example, many military Veterans suffer from such issues as substance-dependence, domestic violence, mental health issues and trauma. Additionally, it has been explored in the literature review how these issues and other effect military Veterans and their families. Therefore, this paper proposes a TC model that not only addresses the unique needs of military Veterans and their families, but also empowers them and celebrates the resilience that is so often demonstrated by these individuals.

### **A TC for Veterans**

As previously described, a TC is a community-as-clinician model that promotes a “social connectedness and provide a safe, supportive milieu: [while] the CB techniques address specific skills deficits” (Burling, Seider, Salvio, & Marshall, 1994, p. 622). This is similar in construction to the military community that each of these individuals experience while in active duty. This program is designed to play upon this communicable strength that is created during basic training and that is perpetuated during and after active duty. This program targets military Veterans and is in-patient in nature. The program aim is to treat the military Veterans out of their environment and away from their families for the first third of the treatment then to gradually introduce the families and other support systems back into the treatment.

### **A 90-Day Program**

The research states that the TC model is more effective the longer a client stays in the program and it also states that the highest point during which clients leave treatment unsuccessfully is during the early stages (De Leon, G., 1999). Therefore, the proposed program length is a minimum of 90 days. The program is designed to be in-patient and the clients will live together, sleep near one another, and go through their treatment together. The traditional TC encompasses a hierarchy structure within the program. The clients who have been in treatment for longer than 30 days are able to become members of the hierarchy and essentially teach and help the clients who are just arriving in their treatment.

The program itself can be broken up into 12 weeks, and further still into three four-week periods. During the first four weeks the military Veterans are separated from their families and other support systems. They are surrounded by other clients who have had similar experiences and who deal with similar issues as well as staff members who are there to help and address these issues. The first third of the treatment is designed to address the individual needs of the specific client. The client will go to group counseling in the afternoon for three hours and will participate in individual counseling each morning for an hour. Additionally, the client will be assessed upon intake and placed into focus counseling groups to deal with specific issues such as trauma, anger management, substance abuse, or parenting.

The second group of four weeks will begin the reintegration of the client's primary support group. The daily schedule will shift and the client will attend two hours of group counseling in the morning, at least one individual session per week, and during the afternoon, the clients will attend counseling with their families for three hours along with other clients and their families. These group counseling sessions will further address issues at home such as domestic

violence, parenting, or even budgeting issues. Additionally, these groups will focus on repairing or building the communication within the family and community system.

Finally, the last four weeks will address reintegrating the client into the community system as a whole. The client will still attend two hours of group counseling in the morning and at least one hour of individual counseling per week. During the afternoon the client will receive training in such areas as job interviewing, resume building, exploring educational opportunities, and other community-oriented pursuits. In the evening, the clients will focus on gaining social support in the form of AA or NA groups, or socializing with other military Veterans and their families in healthy ways.

### **Discussion**

This new idea transforms how the counseling profession is currently able to work with this population in several ways. First of all, because counselors have not yet had the necessary opportunity to work with military Veterans and their families, the implementation of this type of therapeutic community offers a new and innovative way to treat not just the Veterans themselves, but also their families and their home environments as well.

Second of all, therapeutic communities have been used for decades to treat individuals with substance-abuse and dependence issues and the military Veteran communities are unfortunately not exempt from this problem. This model helps tackle any potential substance use issues and also helps support the family unit who may also be suffering from these issues as well. Third, because of the in-patient nature of this program and the emphasis on community, this program is uniquely suited to addressing the support problems that Veterans face when they first come back from active duty and are placed back into civilian roles once again.

Overall, the therapeutic community program that is presented in this article addresses many of the issues that face Veterans and their families today. Additionally, for the first time in many decades since these programs first came about, there has been an increased push to discover just what about them helps individuals, and what about them can be applied to other populations. In short, these programs are evidenced-based and though there are several other programs, some of which were presented in this article, there are many other programs or services for Veterans and their families that are not evidenced-based or have never been evaluated.

### **Recommendations**

Because of the evidence presented in this paper in favor of the therapeutic community model as applied to Veterans and their families, this paper calls for implementation and continued action. Programs in the United States are not serving Veterans and their families effectively which is why there has been so much research conducted on issues that plague this population such as unemployment and suicide. Therefore, there needs to be additional research and programming developed to address this current failures of services and support systems.

By implementing more programs that address the core issues that this population experiences, the hope is that these issues can not only be decreased, but also prevented. Additionally it is also a hope that the promotion of the success of evidence-based programming such as the therapeutic community model will also decrease the stigma that many Veterans and their families experience when seeking services or other support.

### **Future Research**

Future research in the areas of resilience and the wellness-model with this population is sorely needed. The Veteran population is one that truly needs help and support in multiple areas,

especially when considering the family unit. Currently, more research needs to be conducted that focuses on resilience and other positive factors. Additionally, much of current and past research has focused on the outsider's perspective with this population instead of directly asking those affected what they think is working, and what they think is not working.

I am currently working on such a study which uses qualitative interviewing techniques to find out not only the military Veteran's perspective but also the spouse's perspective as far as what resilience factors helped them before, during and after deployment. This current study is designed as a small case-study with a limited participant pool. After this study is complete and depending on the results, additional studies may focus on the entire family unit including the children or other supportive family members in order to get a full picture of the trials and strengths that these families endure on a daily basis and what they think can be done to support them and support others who are experiencing similar issues.

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