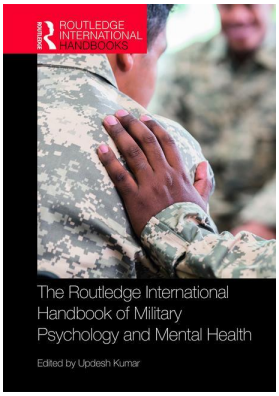

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FAMILY-BASED PSYCHOLOGICAL INTERVENTIONS

A heuristic approach

Jyoti Mishra and Shobit Garg

Ayam nijah paroveti ganana laghuchetasam
Udharacharitanam tu vasudhiva kutumbhakam
(This is my own and that a stranger'—is the calculation of the narrow-minded. For the magnanimous hearts however, the entire earth is but a family)
(Hitopadesha, 1.3.71)

As a social being, man has played the game of survival well and has evolved to the present level of civilization advancement … and if there is one cohesive force that binds a group of people into unique set pieces of culture, cuisine and civility, then it is the institution of family, all the more replete with diversity, color and compassion in the Indian context—who took it a step further with the concept of "Vasudhaiv kutumb kam" taken right out of the Upanishads and ingrained it in our DNA. But in today's rapidly urbanizing world, one institution that still truly lives by this ancient shlok in its letter and spirits is the Armed Forces.

Military life, where deployment away from family is a fact of life, is tough; comes with passion, bravery and dedication and is entirely different from the civil life. For families, deployment fears are realistic and the effect of war can extend far beyond the deployment fear. A family that loses the active presence of a person serving in the military through separation faces significant challenges and stress in life. Along with the unspoken fear of military life, there are general day-to-day concerns like the lifestyle, frequent moves and lack of stability which create additional issues for the family to handle. Partners of service members who are deployed, for example, face the challenge of worrying about and supporting a loved one for an extended period without knowing if or when they will return. Not only the service member but also the family, spouses and children face a number of other challenges like emotional, social and, even more, day-to-day challenges before, during and after deployment. They prepare themselves for the absence of one of the important members in their family.

There are several stages of the emotional deployment cycle (Pincus, House, Christenson, & Adler, 2001), considering three broad periods of deployment and associated family stress, as the entire family is affected with a range of stressors and challenges throughout the deployment cycle. These stages are: (1) pre-deployment, (2) deployment and (3) post-deployment or reintegration

(Gewirtz, Erbes, Polusny, Forgatch & DeGarmo, 2011; Mohan & Arora, 2013). The *pre-deployment period* involves anticipatory worry and tension associated with imminent separation. The *deployment period* involves prolonged separation and single parenting when the deployed parent is absent. The *post-deployment period*, or *period of reintegration* after deployment, can bring additional challenges for two-parent families in re-establishing a parenting 'equilibrium'. There is increasing and compelling evidence describing the significant deleterious impact of the deployment cycle on family members, including children. The literature supports evidence-based engagement strategies, a successful process of engaging military families with young children in a home-based reintegration program designed to support parenting and strengthen parent-child relationships (Ross & Devoe, 2014). However, rates of engagement and service utilization in prevention and intervention services continue to lag far below apparent need among service members and their families because of both practical and psychological barriers. Existing evidence also suggests that military veterans with mental health disorders have poorer family functioning (McFarlane, 2009; Gates, Holowka, Vasterling, Keane, Marx & Rosen, 2012; Sayers, Farrow, Ross & Oslin, 2009; Creech & Misca, 2017). They report family problems such as feeling like a guest in their household, their children acting afraid or not being warm toward them or being unsure about their family role. Depression and posttraumatic stress disorder symptoms were both associated with higher rates of family reintegration problems (Sayers et al., 2009).

It is a fact that family members of deployed military personnel are often the 'silent ranks', supporting service members' military journey through all its stages. The potential challenges and mental health consequences of war-time deployments to service members and veterans are considerable, and increasing evidence suggests that families face diverse stressors at different periods in the deployment cycle (Pincus et al.,2001). Therefore, the psychological consequences of military life also apply to families of military personnel. Despite the known detrimental impact of military life on family members, very little emphasis has been given to family-based psychological interventions with their families. The mental health of military personnel and their families becomes essential for the growth and security of the nation. Therefore, the current chapter focuses on what these stressors are; how they affect the mental health of the serving person and his/her entire family and the psychotherapeutic approach to dealing with these demanding states for families of military personnel.

Positive effect of military life on family

It is an acknowledged fact that the status of a 'warrior' has stood the test of time. History and society have both held the soldier in respect and offered him a unique status in society. Additionally, the military family is a close-knit family. It is a world in itself, full of its own curriculum, fun and responsibilities. The military not only looks after service members but also gives all the comfort to the family. They have access to major life securities like medical security, financial security and their own schools to promote children's education. The civilian life, on the other hand, lacks job satisfaction, and aimlessness in many leads to frustration and results in job-hopping. On the contrary, a sense of purpose, responsibility and pride negate any job dissatisfaction in the military.

Negative effect of military life on family

Every good thing comes with some repercussions and so does the military life. It can be bravery for the nation but a lifetime of pain for the family members. Figures presented by the defense minister to the Lok Sabha in 2013 revealed that a total of 368 defense personnel committed suicide from the

year 2010–2012 (Indian Military News, 2013). Along with the occupational stressor, job satisfaction (Sharma, 2015; Asnani et al., 2001), most suicides and cases of violence stemmed from marital discord, domestic problems, love affairs, property disputes or heavy debts rather than stress related to insurgency-affected regions (Suman, 2009). Approximately 2 million children have been affected by military deployment, where adjustment-related issues of children experiencing a parent's combat deployment have emerged only within the past 5–10 years (Gewirtz & Zamirt, 2014).

Military families are aware, but not every family is used to deployment; they may experience boundary ambiguity in terms of roles and task performances within the family. Findings from studies suggest high rates of depression in spouses of service members (Verdeli et al., 2011), as greater deployment exposure was related to impaired family functioning and marital instability (Lester et al., 2016). There has also been a significant impact of mothers' anxiety on the children of deployed parents (Palmer, 2008; McFarlane, 2009; Gates et al., 2012; Sayers et al., 2009, Creech & Misca, 2017). Additionally, reunification after deployment further poses challenges for families, like re-establishing roles and routines and the potentially necessary accommodation of combat-related injuries or psychological effects (Walsh et al., 2014). Reunification and deployment also pose significant levels of parenting stress and identified specific challenges, like difficulty reconnecting with children, adapting expectations from military to family life and co-parenting. Hence, fathers acknowledged regret about missing an important period in their child's development and indicated a strong desire to improve their parenting skills. They described a need for support in expressing emotions, nurturing and managing their tempers (Walsh et al., 2014).

Deployment stressors have a detrimental impact on the mental health outcomes of women in terms of adverse life events, war experiences, posttraumatic stress disorder (PTSD) and depression symptoms. They had difficulties in emotional regulation, parenting, couple adjustment and child functioning (Gewirtz, Pinna, Hanson, & Brockberg, 2014). These parental stress symptoms were associated with impairments in social-emotional adjustment in young children, increased anxiety in early childhood and adjustment problems in school-age children (Lester et al., 2016). On the other hand, female service members in the military also experience trauma, sexual assault, sexual harassment and other interpersonal stressors during deployment (Street, Vogt & Dutra, 2009; Dutra et al., 2011).

Despite the resiliency of many military families, young children can be especially vulnerable to stressors of parental deployment and family transition. This type of separation can constitute a developmental crisis for a young child (Paris, DeVoe, Ross & Acker, 2010), affects academic functioning, increases greater acting-out behavior and makes emotional adjustment worse for boys (Martinez & Forgatch, 2002; Prabhu, Prakash, Bhat, & Gambhir, 2011; Rossiter, D'Aoust & Shafer, 2016). Military parents of young children often bear repeated separations from their children, and these may disrupt the early parent-child relationship. Various qualitative studies have reported parental experiences of separation with their families during deployment-related adjustment challenges, disruptions of routines and responsibilities and heightened emotions on the part of each family member. Parents face difficulty in supporting the development of qualities like strength, confidence and self-sufficiency in their young children due to problems in dealing with the negative emotions and difficult behaviors that their children exhibit (Chandra, Martin, Hawkins & Richardson, 2010; Dayton, Walsh, Muzik, Erwin & Rosenblum, 2014; Paris et al., 2010; McFarlane, 2009; Willerton, Schwarz, Wadsworth & Oglesby, 2011).

Psychological intervention for families

Stress is experienced and managed differently by each individual. For each person, stressful situations may vary but the psychological and physiological symptoms remain the same. Military life also adds day-to-day life stressors in addition to deployment and stress related to frequent shifts. In order to

cope better in a stressful situation, it is important to address and understand the stressor and what it demands. Families need to understand how deployment can affect not only the serving member but also the family. Life in the military is a known phenomenon, however to many it differs when it comes to personal experiences. Therefore, "*Psycho-education*" (Schachman, 2010) about the process of pre, during and post deployment becomes essential. For a person who is a civilian, not being aware about the military life, the deployment process, and risk of life, it is difficult for them to live in this unpredictable life. Families may also need time to adapt to new roles resulting from the absence of the military personnel. Efforts should be made to prepare a person psychologically about the process as soon as they enter the military life. They should be educated about how these changes can affect them psychologically, emotionally and physically. Additionally, while dealing with the process, healthy coping becomes essential for the survival since stressful conditions may develop unhealthy copings like smoking, drinking and over or under eating etc. "*Building Resilience*" is an important part of healthy coping. It is an ability to cope successfully within stressful situation and return back to the previous healthy mental health condition. A person with good resilient ability maintains a more positive viewpoint and copes with stress more effectively. Some people are born with these resilience traits but these behaviors can also be learned. In Military life, the emphasis should be on strength based resilience building approach while working with the military families. This helps the family members to use their strength and values to cope better with deployment related stress. The intervention begins with identifying their past ways of coping with military related stressors as that will help in identifying and emphasizing existing effective practices within the families. "*Cognitive and behavioral therapy*" (CBT) approaches can be found effective in order to foster resilience. Developing a good social support system, building positive belief and self esteem among military personnel and family members, adjusting to the new changes, working on problem-solving and attribution style and emotional awareness facilitate building resilience. Moreover, cognitive behavioral therapy is effective as well as cost effective in comparison with alternative treatments (Durham et al., 2005). It helps in restructuring negative automated beliefs, as psychological health is a critical factor that needs to be addressed in military families. It aims to help a person restructure their cognition and replace maladaptive thoughts with thoughts that are more helpful in coping with stressful situations. Despite a high prevalence of mental health difficulties in the family members of armed forces veterans, little is known about their mental health treatment (Dimiceli, Steinhardt & Smith, 2010; Spelman, Hunt, Seal & Burgo-Black, 2012; Drummet, Coleman & Cable, 2003). Research also examined the heightened anxiety, social support and physical health of spouses of military service members and reported poorer overall health and more physical health comorbidities (Fields, Nichols, Martindale-Adams, Zuber, & Graney, 2012). Existing systematic reviews have found cognitive behavioral therapy and psychosocial interventions effective for the treatment of mental health disorders, mainly depression and anxiety in armed forces veterans as well as family members (Kitchiner, Roberts, Wilcox & Bisson, 2012).

Some *family therapy* techniques may help in alleviating stressful conditions that crop up because of unpredictable circumstances in military families. In military families, crisis does not regularly or predictably occur in the course of family development. Nevertheless when it comes, it puts lot of pressure onto the family. *Brief family crisis intervention* becomes imperative in these unpredictable circumstances. Adams (1991) articulated basic components to follow in brief family crisis intervention, where he talked about *identifying the family in crisis, the symptoms of each person in the family, what has precipitated the crisis, affective connection among the family members, relevant past coping resources, formulating the situation, providing family members with a cognitive grasp of what has happened, supporting affective integration and then mobilizing effective coping*. These steps can help the therapist teach family members to deal effectively with these unpredictable circumstances. Furthermore, *structural interventions* (Minuchin, 1974) may be useful in working with military families. Some

structural family therapy techniques are designed to create new interactional sequences. For example, in *enactment*, the therapist guides family members to perform new patterns of behavior, allowing the therapist to observe how family members interact and see how the problem behavior is embedded in the interactional sequence of transactions. The therapist directly instructs family members to act in particular ways that are more useful. This disrupts existing patterns, testing the system's ability to adopt alternative and more functional rules. Another technique is *communication skill*, where family problems are conceptualized in terms of communication problems: 'we have trouble talking', 'my wife or family member does not understand', 'we simply don't seem to be on the same wavelength' or 'my child does not listen to anyone'. The problem can become worse when the discussion about managing the family situation occurs from distant modes like telephonically and not in person. As part of the assessment process, the therapist notes both the family's verbal and the nonverbal communications and discrepancies between the messages sent via each of these two channels and also from other modes (e.g., conversation via telephone). The therapist should also consider the clarity, directness and sufficiency of communications, both verbal and nonverbal, and the availability and openness of those to whom communications are addressed. The therapist provides direct instruction in communication skills, for example, listening attentively; reflecting or summarizing accurately; delivering clear non-blaming 'I' messages and being congruent in affect, body language and verbal content (McKay, Fanning & Paleg, 2006).

Couples therapy

The instability associated with military life becomes a common ground for divorces. Various marital concerns like role expectations, domestic pressure, arguments, inadequate salary and sexual deprivation are the major causes of stress in military personnel's life (Mohan & Arora, 2013). Approximately 20% of couples are distressed, with marital satisfaction decreasing in the first decade of marriage (Bradbury, Fincham & Beach, 2000). Couples distress is strongly associated with emotional, substance abuse and health-related problems (Whisman & Uebelacker, 2006).

The relevant issues of couples can also be addressed through family interventions like couples therapy. In couples therapy, through a *problem-solving approach*, the first step is to make the couple agree on a clear definition of the problem. The couple then brainstorms possible solutions with the therapist, discussing the implications of each. The therapist leads the couple to consider all possibilities and prepares them to use their communication skills to prioritize each option. The therapist offers behaviorally specific feedback as the couple work through the decision-making process. When the couple has developed a solution, the therapist helps them out to develop a contract specifying the terms of the agreement and work accordingly. The therapist works on altering the couple's view of the presenting problem to be more objective and contextualized, decreasing emotion-driven communication, improving communication and promoting strengths. In couples therapy, *behavioral couples therapy* (Jacobson & Margolin, 1979; Stuart, 1980) is one of the techniques focusing on behavioral exchanges (Atkins, Dimidjian, & Christensen, 2003) and also incorporates communication skills training, problem solving and behavioral contracting (Johnson & Lebow, 2000), helping in overcoming the marital/couple conflicts among military personnel. *Role-playing* is another action technique that can be useful when verbal approaches prove ineffective. It can be especially valuable in families who intellectualize their problems. Having them act out scenes or events from their lives can facilitate change. For example, a family might be asked to act out what happens when father returns from deployment; here the therapist, like sculpting, through role-playing brings something of the reality of family life into the therapy session and brings the family into awareness about the faulty communication and problem-solving approaches. *Mindfulness practice* is another effective approach to dealing with

stressful situations. It is the direction of attention towards one's ongoing experience, in a manner that is characterized by openness and acceptance (Bishop et al., 2004). Mindfulness interventions are derived from Eastern meditation practice. Mindfulness practices invite one to attend to one's thought processes, emotions and sensations without judgment. There is no effort to reform cognitions or reject particular emotions. Mindfulness practices can be used as a self-regulation practice. Attention to physiological sensations and breath encourages physiological relaxation.

Family therapy should be considered when there is a malfunctioning family group and the problems which therapy is to address are related to the functioning of the family. Family therapy aims to change the functioning of families. It is likely to be of value when the presenting problems concern children or adolescents, when families present complain that members have problems in relating to each other and when a family appears to be having difficulty making the changes required in the family. Family therapy is neither a 'cure-all' nor a treatment of last resort but an effective way of dealing with problems rooted in a dysfunctional family system. It may sometimes be usefully combined with the treatment of individual family members.

Spouses of military service members report increased depression and anxiety post-deployment as they work to reintegrate the family and service member. Reconnecting the family, renegotiating roles that have shifted, reestablishing communication patterns and dealing with mental health concerns are all tasks that spouses must undertake as part of reintegration. Study findings also suggest that a well-established, high-access intervention can help improve quality of life for military spouses who are struggling with reintegration of the service member and family (Nichols, Martindale-Adams, Graney, Zuber & Burns, 2013). So, adapting a mental health service to meet the needs of armed forces veterans and family members enhances acceptability and promotes mental health help-seeking (Farrand et al., 2018). Efforts to improve mental health service provision for family members are increasingly important, given that they represent an underserved group (Blaisure et al., 2016).

Psychological intervention for children

Despite evidence that parenting has significant influence on children's functioning and that parenting may be impaired during stressful family transitions, there is a dearth of empirically supported psychological interventions tailored for military families reintegrating after deployment (Gewirtz et al., 2014; Walsh et al., 2014; DeVoe, Paris, Emmert-Aronson, Ross & Acker, 2017). In situations where families and military service personnel are confronted by more complex stressors, these parenting strategies may be important adjuncts to other treatment approaches.

1. Being a single non-deployed parent is exhausting. Help parents 'maintain routine practices' during the deployment cycle as rules and clear limits on children's behavior protect both children and parents through unpredictable transition phases. For a single parent, they become inconsistent, become more relaxed in setting limits and even maintain the same parenting during deployment or following reintegration. Non-deployed parents often sense an inability to stop children's unwanted behavior and often show anger and frustration in return. Suggesting parents maintain 'The Three Rs': the practice of rules, routines and rituals, may represent a means of maintaining family stability in the face of the stresses experienced before, during and after deployment (Sheppard, Malatras & Israel, 2010).
2. Parents need to practice *effective problem solving and coping mechanisms*. The therapist should work on family problem-solving as a tool to support children's coping, as it facilitates ways to reduce children's daily anxieties by increasing predictability and communication, particularly during times of transition.

3. Communication with the children becomes important for the parents in order to understand child psychology. The therapist should facilitate regular communication among family members. Depending upon the child's age and cognitive abilities, strategies should be planned accordingly as to how much information a child can take in. Role-playing situations can support parents to strengthen children's coping with anxiety at stressful times of deployment (Sherman & Sherman, 2009).
4. The therapist needs to make the parents understand that the impact of transitions is anxiety-provoking for children, too. *Minimizing child transitions* during the deployment cycle helps the child cope better as frequent moves to different new schools and making new peer circles on the one hand make the child more flexible in handling life situations but on the other hand might be very stressful for some children.
5. Inconsistent and double-bind communication is emotionally distressing and gives conflicting parenting messages to the children. It can be confusing, stressful and anxiety provoking for them. *Co-parenting*, united parenting, can facilitate a healthy approach towards children with defined goals before and during reintegration.
6. *Regulating emotions of parents*, as posttraumatic stress symptoms, depression and substance abuse have all been linked with impaired parenting practices (Gewirtz, Polusny, DeGarmo, Khaylis & Erbes, 2010). A stressed non-deployed spouse can easily transfer his or her stress onto the child. Providing parents with psychological strategies for encouragement of children using token systems, incentive charts, use of praise and tangible rewards becomes important as a counterbalance to the downward spiral of coercive cycles between parents and children.

Parent Management Training program: Oregon Model (PMTO, Patterson, 2005) is another of the strategies for supporting parenting in military families and may be delivered in the context of a variety of psychological services (i.e., individual or family therapy or prevention services). Generally, these strategies include: (1) building on the resilience of military families, (2) addressing family stress within the context of the deployment cycle and (3) offering strategies to enhance emotion regulation as a key to effective parenting. This program holds the core principles of providing information, teaching, practice and support regarding five effective parenting practices designed to reduce coercive tactics and promote positive parenting (Patterson, 2005; Reid, Patterson & Snyder, 2002). These practices are: (1) contingent skill encouragement, (2) limit-setting, (3) positive involvement, (4) monitoring children's activities and (5) effective family problem-solving. This model is theoretically based on the social interaction learning model, a well-validated model in improving parenting, child adjustment and family functioning like reduced maternal depression, reduced maternal substance use, reduced child substance use, increased income, reduced financial stress and lower rates of police arrests for youngsters and mothers (Forgatch et al., 2009; Patterson et al., 2004) and might be quite appropriate and applicable to military families. Prevention studies shortly after a critical transition showed that the strengthened parenting practices promoted long-term positive adjustment for children and their parents. These studies show the potential efficacy of PMTO in intervening with military families around the time of stressful military transitions such as preparing for or readjusting after a combat deployment (Forgatch, Patterson, DeGarmo & Beldavs, 2009; Reid et al., 2002; Forgatch & Kjøbli, 2016). The *After Deployment Adaptive Parenting Tools* (ADAPT) program is another model based on a PMTO group intervention (Parenting Through Change; Forgatch & DeGarmo, 1999; Forgatch et al., 2009) that has already been shown to be effective for exposure to stressful transitions and traumatic events (Gewirtz & Taylor, 2009). The ADAPT curriculum involves role-playing exercises and audio-visual material relevant to military families and culture. This program targets common post-deployment adjustment reactions like, irritability, hypervigilance

and avoidance that can affect the family dynamics by doing psycho-education and a focus on emotional regulation within a parenting context. ADAPT parent training intervention was associated with linear reductions in PTSD symptoms and represents common pathways for both mothers and fathers (DeGarmo & Gewirtz, 2018; Chesmore, Piehler & Gewirtz, 2018).

Randomized controlled trials showed evidence-based parenting programs have been successful in promoting adaptive parenting practices among families exposed to stress and deployment (Gewirtz, DeGarmo & Zamir, 2018; Chesmore et al., 2018). Studies of children's resilience have revealed the critical role of effective parenting in healthy youth adaptation among families living in stressful circumstances (Masten, 2001). It provides a protective buffer for children and youth, particularly during times of adversity (Gewirtz, Forgatch & Wieling, 2008). Helping parents work together as a team to apply effective child-rearing practices reduces stress at home, provides a supportive context for the transition phase and improves children's resilience as well (Walsh et al., 2014). Hence, various studies supports and suggest the implications for intervention programs include the provision of parenting and self-care skills and inclusion of the father as parenting partner in the intervention. (Dayton et al., 2014; Forgatch & DeGarmo, 1999).

Intervention for military personnel

Not only the family but also the service members themselves may face a range of challenges in reintegrating into family life long after a combat deployment, including adjustment issues of transitioning back to work and family life. Cases of suicide and fratricide in the armed forces are also being reported (Indian Military News, 2013). Family problems are a major source of stress, more than the fear of war and PTSD. Despite all these mental health concerns, minimal efforts have been made to provide psychological services to military personnel.

As growing evidence reports, some common mental health disorders like depression, generalized anxiety disorder, social anxiety, occupational stress, obsessive compulsive disorder, panic and post-traumatic stress disorder (PTSD) are highly prevalent in the armed forces and veterans (Hoge et al., 2004; NICE, 2011; Sharma, 2015), with depression, anxiety and alcohol misuse highly prevalent and more common than PTSD (Iversen & Greenberg, 2009; Iversen et al., 2011). Another common problem for armed forces veterans is anger that can inhibit psychosocial functioning and lead to loss of emotional support (Miller, 2006). Regardless of the prevalence of these difficulties, many armed forces veterans do not seek mental health treatment (Vogt, 2011). One of the causes of this may be the anticipation of stigma and discrimination (Sharp et al., 2015), negative perceptions regarding mental health services (Zinzow, Britt, McFadden, Burnette & Gillispie, 2012) and beliefs that mental health difficulties can only be handled by the individual him- or herself (Creamer et al., 2006); all these factors contribute to low rates of seeking mental health treatment (Iversen et al., 2005). Not seeking treatment may aggravate difficulties for some individuals, as those who are discharged from service with psychological problems are at high risk of experiencing ongoing ill health (Iversen and Greenberg, 2009). No existing review takes mental health into account.

The most effective treatments to promote serving members' mental health concerns are talk therapies, all of which are referred to as a form of cognitive-behavioral therapy. In the above sections, efficacies of evidence-based psychological therapies have been discussed in detail. The prolonged exposure (Steenkamp, Litz, Hoge & Marmar, 2015; Foa et al., 2018; Powers, Halpern, Ferenschak, Gillihan & Foa, 2010) and cognitive processing therapy (Chen et al., 2019; Holder, Holliday, Williams, Mullen, & Surís, 2018; Steenkamp et al., 2015) forms of cognitive behavior therapy also have the most scientific evidence for efficacy in treating PTSD in military personnel. Prolonged exposure exposes the person to gradually approach their trauma-related memories, feelings and situation with the aim that these memories become not dangerous and not to be

avoided. Completing PE can not only reduce the symptoms of PTSD, it also can give the client a strong feeling of accomplishment that he/she was able to face many things that he or she thought he or she couldn't. In addition to PTSD, PE has been shown to help with depression as well. Cognitive processing therapy helps the person learn how to modify and challenge unhelpful beliefs related to the trauma and reduces ongoing negative effects on current life.

There are special sessions in CPT that target specific issues, including trust, power and control, safety, self-esteem, esteem for other people and intimacy. This therapy may also help in dealing with the family-related issues and stressors. In order to deal with stressors military personnel use nonprescription drugs or drink alcohol to try not to think about what happened or what will happen to them professionally and personally. Using drugs and alcohol in return can also increase anger, create problems at work and home and result in many other health hazards. Motivation enhancement therapy (MET) focuses on internally motivated change to stop drug use, while relapse prevention therapy (RPT) focuses on preventing relapse and continuing to motivate a person to remain abstinent. Evidence-based psychological and psychosocial interventions, such as motivation interviewing (Walker et al., 2017), cognitive-behavioral therapy and contingency management show promising results for decreasing drinking and alcohol dependence among this population (Hawkins, Grossbard, Benbow, Nacev & Kivlahan, 2012; Cooper, Chatters, Kaltenthaler & Wong, 2015).

Management through alternative modes

Managing psychological and psychosocial issues face to face may not be feasible every time, especially in military life. However, an appreciation of newer technologies (like internet, web chat and telephones) and rapid modes of communication in today's time makes life less stressful in comparison to the past in the military. A deployed parent often remains absent from major family life events and responsibilities because of deployment in combat regions. A study highlighted the role of online communication with their partner via e-mail, instant messaging, Facebook, blogs and chat rooms with the purpose of restoring balance in their roles (Schachman, 2010). These efforts help in maintaining healthy and cordial relationships among the family members of military personnel and promote positive mental health as well. It was found that spouse depression and anxiety were decreased and perceived social support was increased during the course of the study where telephone support groups focused on helping spouses with basic reintegration process involving focus on education, skill building (communication skills, problem-solving training, cognitive behavioral techniques, stress management), support (Nichols et al., 2013) and web-based tele-health communication (Forgatch & Kjøbli, 2016). Various randomized control trials found significant effects of telephone-delivered cognitive behavioral therapy in reducing worry, generalized anxiety disorder symptoms and depressive symptoms (Brenes, Danhauer, Lyles, Hogan & Miller, 2015; Brenes, Danhauer, Lyles, Anderson & Miller, 2017) and in treatment of depression and those at risk of drinking (Hundt, Barrera, Robinson & Cully, 2014; Kitchiner et al., 2012; O'Shea, Watkins & Farrand, 2017).

Recommendations

These recommendations are useful in addressing common deployment issues and related stress in military families. However, stressors that are severe in nature will require more intensive individual and family approaches and professional services. These recommendations are;

1. Emphasis should be given to educate the military personnel's family members, especially the spouse, about military life, as it is completely different from civil life.

2. There should be a counseling cell of mental health professionals in all units specially focusing on their family members' mental health.
3. Initiatives should be taken to provide mental health support to those family members who are staying home and not with the soldier.
4. Availability of mental health professionals to remote and border areas to help soldiers with healthy coping.
5. Promoting digital modes of communication for family members and military personnel.
6. Helping single parents work on parenting skills and deal with parenting challenges in the absence of the deployed parent.
7. Focus should also be given to the identification and management of marital conflict, as this may be a significant cause of distress for military personnel and their families as well.

It is important to note that these family and parenting strategies do not constitute treatment for severe individual distress faced by military personnel and their families and therefore are not a substitute for individual therapy for severe neurotic illnesses such as PTSD, depression or substance abuse. Similarly, families who face more significant challenges like injured service members, or those who have lost a parent or a spouse in combat, may require more intensive individual or family intervention like trauma-focused cognitive behavioral therapy and family therapies. However, these strategies may be important adjuncts to other treatment approaches.

Conclusion

As the military has the responsibility for the safety of the nation, it becomes essential to look after their emotional, psychological and social well-being, and their families as an essential part of the approach. A considerable body of evidence highlights the need to pay increased attention to military families affected by military life and related stressors, as psychological intervention strategies show promising results for enhancing the well-being of military children and families. Additionally, helping parents, family members or caregivers to work together as a team to apply effective coping strategies reduces stress at home and provides a supportive context for the transition between the battlefront and the home front.

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