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Connecting with Military Families: An Insider's View

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Jacqueline Gagliardi: Thank you for doing this interview, Jenny. Before we start, I'd like you to tell me a little bit about yourself in terms of your position at William James, because one of the things we want to talk about today is working with military families and the impact — and for clinicians who might come in contact with these families or individuals, to be aware of some of the things that would be helpful for them to know?

Jenny D'Olympia: Ok great. So I'm Dr. Jenny D'Olympia. I spent nine years in the military — five years active and four years in the reserves. I am also the spouse of a servicemember who has served for 22 years. While I was in the military, I earned my masters in Mental Health Counseling, After my time in the military, I worked at the Boston Vet Center as a Licensed Mental Health Counselor, and in the Brockton Med Center as well doing outreach to the first wave of veterans who were returning from Iraq and Afghanistan to help them gain access to their benefits and also counseling at the Vet Center, which is part of the Readjustment Counseling Service. Their primary focus is working with combat veterans and their families, as well as individuals who have experienced military sexual trauma or,r service members who have experienced homelessness. But the Vet Center is a really great first place to go for individuals who are returning veterans. So I spent some time working there and then I returned to school at William James and I earned my doctorate in Clinical Psychology.

I have stayed on at William James and am the Director for the Military & Veterans Psychology Concentration as well as the Trained Vets to Treat Vets Program. The Military & Veterans Psychology Concentration is basically coursework that students who are either in the Counseling Program or in the Clinical PsyD Program do in addition to their general curriculum. It gives them additional information about military and veteran families, military and veteran culture, and different aspects of mental health related to that specific population to help them really understand and address that population and community better. The Trained Vets to Treat Vets Program is a program that is designed and supported by a grant through the Department of Massachusetts Veterans Services. In that program, we work closely with our military and veteran students throughout the school — regardless of their desire to work with veterans or not, we help

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them build on their leadership skills that they have, that they bring to us. They come with significant life experiences that are often overlooked in the community, and we help them maximize any areas where they need additional growth and we add additional scaffolding to help them get from the front door to graduation. whatever that might be — each individual might need something a little bit different. But we're there to support them. And we're there also to teach the community about military and veteran specific topics.

Jacqueline Gagliardi: Yeah, so you were talking about the concentration and what you want the masters level students to…and I would imagine the doctoral level students too — to really know about this population. And so I'm wondering if we could talk a little bit about the military population and some of the issues that clinicians might face when they're working either individually or with family members. So maybe we could start with deployment?

Jenny D'Olympia: Sure. I think it might be better even to start with what is the military, and what's the difference between military and veteran status because I don't think that people in general know that. We have many different populations that you might encounter. One of them is active duty individuals: they wear a uniform everyday, they go to work for the government in their military uniform and they're in it for a particular period of time, and the whole time that's their only job. And they have families, and they have family support centers on the base, whatever base they're assigned to. if they're in the army, the navy, the air force, the marines, the coast guard, now the space force,all of these have a different way in which they prepare and go to war of which they support their people, and their families. I think that the most support is probably available for our active duty members because they have programs directed towards them. A lot of people live on the base or near the base, and are in a community of people who realize that military people are in the community because they know each other. But I think there aren't a lot of active duty bases in New England. We're more likely, probably, to run into people who are either veterans, or in the Active Duty, National Guard, and Reserves.

And so what are those? The Reserves and the National Guard are both groups of people who are in the military but most of them work, like, one weekend a month, two weeks a year. Although there are some full time positions within those programs, they're relatively small compared to an active duty community. The military family programs for them are not nearly as robust as they are for the active duty programs. So I think it's really important for people in the community to know that.

Let's talk about what a veteran is first. A veteran is someone who's done with their service, they are no longer wearing a uniform, or they did their service and now they're either in the Guard or the Reserves, so you could actually be in the Guard or the Reserves and be a veteran. But I think that what's important is when you're thinking in your mind "What does a veteran look like?" you sort of have to imagine in your mind what does that look like — and I think that oftentimes the image of what a veteran looks like is not what a veteran actually looks like. A veteran could be anyone in the community at any age, really.People could sign up and have left on their eighteenth birthday and be back at age 19, 20, 21. Veterans could be 21 or 22 years old; they could be 100 years old too. I think we often think about our older veterans as elderly males.

But we never think about our younger people, that they might be veterans; or our young people with families that are blending into the community — that they might be a veteran family. Or, that we often never think about the fact that there are a lot of women veterans as well. That

population I think often really gets overlooked by the system.

Jacqueline Gagliardi: You were saying that people in the National Guards…what are some of the issues that might come up for these families? Like, one that I'm thinking, when I've worked with families, is that they have I think one weekend…like, there's at least one or two weekends a month and how that might impact the family.

Jenny D'Olympia: That's usually about one weekend a month. I think that how that impacts the family is that one of the parents then is the single parent for that weekend. And it depends on what kind of family support system they have in their community. I think that's definitely something that comes up for our National Guard and Reserve families because that can really take a toll after 20, you know, 25 years of one weekend a month, two weeks a year. It can become a lot for a spouse, — not all spouses will really understand what that's all about.

Jacqueline Gagliardi: What are some of the other issues that clinicians might be faced with when working with, for example, veteran families? You made a really great point when I think of veterans, I think of people who are older, but a veteran could be 22 years old. So, what are some of the issues that might come up that would bring them to therapy not at a vet center?

Jenny D'Olympia: Anything that could come up for the general population could also come up for veterans. I think that the perception that we are a special population because it's like one of the only jobs. There are very few other jobs in the world where you sign up to commit to a role up to including your life. And so I think that takes a toll on them mentally, especially since the draft went away. Everyone who signs up is a volunteer.

And so I think that's important to note, and that more and more, as we became an all-volunteer force, and for the past 20 years we've been at war, the number of people in the community who are very connected to that is very small. And so the general community may not even be aware that, you know, this person went to war four times, or this person is in the National Guard and when they go to their drill weekends or they go for three months they may not go someplace else. They might be at war but be virtually at war in some capacity.

So things that could come up are depression, anxiety. I think specifically for our veterans who've experienced wartime experiences a disconnect: it's really hard to connect with their spouse. For example, being psychologically intimate with someone can be really difficult and they might push everyone away. So they might be really isolated and not even realize it.

I think there's two sort of ways you can come back: you can come back and be really invested in being connected with the military and veteran population; or you can come back and not want to identify with it at all. And so, then further isolating and not being connected to the community because losing that connection is really significant. I think what we can do to help is continue to let the community at large know that people who are veterans could be anybody. I think that when we restrict our celebration of, for example, Veterans Day to only celebrating the elderly veterans who are the WWII or Korean veterans — which they do in a lot of towns: they have celebrations for them and then all the other veterans get left out of being included in that celebration. And so they can sort of then think, "Well, I'm not really a veteran, or maybe there's nothing available for me until I'm an older WWII aged veteran as well."

I think another thing that comes up for families — for couples, specifically — is when you're in the military and you deploy, or you're connected to people when you're deployed in a way that…it's like they're your family once you've been in a really difficult situation together. Whenever you are in a really, really difficult situation where lives are on the line, you develop a connection with the people that you're there with. And then when you get back and try to reconnect with your spouse, your spouse may not understand that connection and may feel second to that connection. But it's not…it doesn't make the connection with the spouse less relevant; it's just that's a different connection that people are going to want to have which is going to help them maintain their mental health, really, to keep that connection.

If you think about a family like a puzzle, a bunch of puzzle pieces —, "You're going to do this, and you're going to do this, and this is my role, and I do the dishes, I do the cooking, and I plan all the doctors appointments, and you do the driving and the getting ready for school." If one person leaves, even for the weekend, those pieces come out and they go shape themselves in a whole other way because they have a new role, new things that are important, new systems of values and morals even when you're in the civilian world. In the meantime, the family has to build up a new structure to fill up all those holes so that the puzzle is whole. And there might be some gaps they might be able to pull from the community, they might be able to pull from family members. If they don't have any family members available to help them, then that will also cause more strain on the family. So if we're talking about the stressor during a deployment, for example, that would be one of them.

Another one would be that individuals who are deployed, now, if they're in a warzone, have contact 24/7 with their family, whereas before we had all this virtual contact, all the emails, all the phone numbers, all the everything, people would write a letter, and it might not get home for a month or two months. And so they would be removed from the civilian world, from their family, and their family would be less dependent on them playing any parts of the roles they played before. Whereas now, there's a dual expectation that you're still going to be the whatever your role is in the family — the mother or the father, the brother or the sister, But now, you know, the expectations can be really hard that you have to play those roles in the family and you also have to be at war and have all of those responsibilities as well. This can be completely overwhelming to have both of those expectations being carried. So I think families who talk about it ahead of time, they talk about it during, they talk about it after. That's a lot more helpful for the families.

Jacqueline Gagliardi: Yeah, you were saying something and I was thinking you could actually do couples therapy with someone who's deployed. And how that could be both positive and negative, and I'm looking at your face as we talk about that…with shock. And so, what would be the fallout of that? Because I think as we're talking about it, the person who's deployed has so many responsibilities, and now they're also worried about maybe the kid at home who's not doing well at school or the expenses that they wouldn't have known about until they got a letter or something. People may think they're being innovative in deciding, "Well, you know, I could do couples therapy, especially if the couple's having trouble and they're deployed." So what do you see…do you see any pros or do you see just cons for that?

Jenny D'Olympia: I don't know if there are any studies on that. I know there are some on doing individual work on, post-trauma in the war zone, like combat stress units doing some work individually with people. I think that addressing emotional trauma is as important and can be felt

as much as a physical trauma. I can't imagine that being good for either party because the one is in the war zone and they really need to pay attention to their job, not the family at that point. Because the decisions that they make are life or death, people's lives are on the line. Back home, those decisions are not necessarily on the same level of consequence. For instance, what your kid gets in trouble at school, whatever, they're not going to die from that. It seems like thinking about that structure, someone else should come in and be supportive and helpful in that moment. And when the spouse gets back, then they work on reintegrating and figuring out how to work that out again.

Jacqueline Gagliardi: Yeah, that makes lots of sense. I was also thinking about when military members come home, what are some of the signs for the partner to look for in terms of trauma, or, PTSD?

Jenny D'Olympia: Well, I think there a lot of symptoms. I think if they're really worried, they should help them get somebody to talk to or get them connected to other veterans so they can just sort of figure out the concerns. I think some concerns might be if they had thoughts of harming themself or others, then they would definitely want to get someone to talk to. If they found that their spouse was totally disconnected and wasn't having any communication with any people outside the family, or maybe even not within the family, then they might need some help. If they're having nightmares every night and it doesn't go away or they become physically aroused whenever they have thoughts about, you know, they won't talk about it. If they don't talk about it with their spouse, though, I think that's really normal. I think a spouse might be really worried. When you're young in your first relationships, you're thinking, "I'm going to tell everything to my spouse and my spouse is going to tell everything to me." But there are certain things that you don't share with your spouse, not because you want to protect them from the terrible things that you've seen when you go to war. So it makes a lot of sense that they would not want their spouse to know about those things because they see the world in a different light. And that's why people sign up for the military: so not everybody has to see it like that.

Jacqueline Gagliardi: Yeah that's a great point. Do you have any other advice for clinicians who might be seeing military families?

Jenny D'Olympia: Yes. I think that, especially thinking about it systemically, the more support we can put in place for our military and veteran families, the better off they're going to be knowing that the community: not only this one therapist is there to support them, but all of these layers of military and veteran benefits. There are benefits at the state level, there are benefits at the federal level, and there are even local community and nonprofit benefits that are available all over the place. Navigating that I think is really the hardest part.

But knowing that if you have somebody in your office who is a military or a veteran person, then likely there are some benefits out there that they could take advantage of that might make their life a little bit easier. You can help them come to the realization that they put the time in and they earned those benefits. I think a lot of licensed clinicians don't want to help fill out forms and stuff like that, but I think that if — especially if you're working with a military or a veteran, and you're building trust and connection so that they come back and they get the help they need —you help them navigate that process, helping them find a form, or helping them fill the form out if they can't do it themselves right there with you, like, "What do you think we should put here?" I think that that is really good in terms of trust-building.

One person I worked with had thirty different jobs since he got back from Vietnam and he had always just felt like he can't do enough. He just felt like he never fit into any of those positions, and as it turns out, he had survived this terrible missile attack and he was the only one who had come out of that, and all these years he'd be like, "Not talking about that,". He hadn't been able to keep a job or support his family. I helped him file his forms; I even helped him with the social security stuff because he just wasn't going to fill it out, so he brought it in, and I'm like, "Let's just fill it out and see what happens. Let's fill out this Veterans compensation claim. Let's tell them what happened and you can let them make the decision on if you're qualified for any benefits." And it came back, and he was 100% covered. He got paid back for this period of time, He became eligible for the community disability benefits that put him sort of in a place where he felt justified, but more "I did go through this really terrible thing." And the community was saying, "Yes, you did it. It was horrible."

Jacqueline Gagliardi: So appreciation? And recognition?

Jenny D'Olympia: Yeah. And validated. Validated is the word I was looking for. He felt validated. And once he got these benefits, then his daughter could go to school for free as part of this benefit. He had provided for her whatever he could at the time; now he could provide her with an education. And they got an apartment together, got a kitten. And he just felt like, "I've worked so hard, and now there's this." So, yeah, I think that just helping people open that door can really be huge.

Jacqueline Gagliardi: Yeah, so where would clinicians find these resources?

Jenny D'Olympia: They can go to the VA's website. The VA has them. Especially in Massachusetts, if they don't know who to talk to about it, every town has a veterans' agent in all of Massachusetts. Veterans who are having a hard time. If they don't have a job and they're having some income difficulties, there are even programs in every town in Massachusetts that'll help veterans cover their bills so they can get back on their feet again, help them cover unexpected bills. I think that's such a huge thing that's often overlooked because when people come in for therapy we think, "Oh, let's help them realize who they want to be, you know, and help them to become." But often I think it starts at a lower level sometimes, and if we overlook that lower level, we lose them to start with. So what I always look at is Maslow's Hierarchy of Needs and, starting down there at the bottom and what are those things that they need to get additional support.
I'm also thinking about how else can they get connected in the community? What other things are out there that they can get connected to? Is there a veterans group that meets for coffee in town? Or is there like a running group for maybe younger veterans? Or is there anything at all that might be available in the community I think is good to connect them with.

Jacqueline Gagliardi: So in many ways it's really interesting, when you begin working with veterans, a way to join is by helping them with resources.

Jenny D'Olympia: Yes.

Jacqueline Gagliardi: Because sometimes all they might need is to feel better financially, feel validated, and also to have some social connections.

Jenny D'Olympia: Yes. Absolutely.

Jacqueline Gagliardi: Yeah, so that's really different than delving into their childhood, right? Or, their depression, because some of their depression might have to do with all these things you've talked about.

Jenny D'Olympia: Yes. Absolutely.

Jacqueline Gagliardi: Do you see a difference…different issues that vets might face in terms of gender or race when they come out of the military? Or experienced while they were in the military that might impact them?

Jenny D'Olympia: Well, I think one thing that the military has that the rest of the world and community doesn't have is equal pay for the same jobs. So it doesn't matter, right, what your race, religion, sex, ethnicity, or gender, you get paid the same amount at the same rank for the same job. There has been a huge change in the last ten years for women in the military specifically as they've lifted the explicit restriction of women in combat. I think that, even with that, knowing that and with that happening, women are working their way into every community in the military. But before that, they were explicitly forbidden to do certain jobs. Doesn't mean they weren't in combat. So if you just sort of think in your mind, "woman veteran", what kind of media things come up for you or what kind of experiences you think a woman veteran has, or is connected to? I think often the media talks about women veterans and military sexual trauma like in the same sentence more times than they don't. And so the assumption often for our women veterans is that they've experienced military sexual trauma. And I think that's a really important topic. But I think it's also important to realize if a man comes into your office, you don't assume he experienced military sexual trauma, but the male veterans experience it too because rape is about power and control. What we have to remember working with women veterans is that even if that was the case and they did experience sexual abuse, many experienced a fear that it might happen even if it didn't.

And also, many experienced a whole lot of other things not related to sexual trauma or assault. They also did wonderful things. They're also powerful warriors. They also carried weapons. They are very strong. And so assuming that women veterans were victims is not the full story but it seems to come up a lot in the media. And so, I like to bring up that there's other things that we have too. Some of us deployed with special operations forces and they were people…since, for a long time, women have been involved in roles in which they've experienced combat, and it's only just become official that they're allowed to do that. But thinking back, women were involved in roles where they were experiencing combat in combat zones for a long time.

Jacqueline Gagliardi: Yeah, that sounds like something you're really passionate about in terms of people being able to think about women in the military not only sometimes as victims of sexual assault but all the ways in which they r are really strong and what they've gone through which is similar to what males have gone through.

Jenny D'Olympia: Yup, exactly. Similar or the same depending on the role they played. Absolutely.

Jacqueline Gagliardi: What do you think in terms of race?

Jenny D'Olympia: So, I don't know if you know this but 30% of the women in the military are

African American women. So they sign up at a significantly higher portion then they exist in the local community; their representation is much higher in the military. I think that's something to be aware of: that they often don't get enough respect for the commitment that they are making for our national security. I also think we have to wonder: Are we equally reaching out to the entire community to recruit people to be in the military? Is the military selecting specific people in particular communities? Or, are people in those communities, in different communities, seeking out, the military? So that we can make sure that we have equal representation across the board of people. I don't know if that makes sense. Because often a lot of people join the military because they have financial hardships, or they want to get out of a small town. Some people have talked about it being a deliberate targeting of people who need the military to function. I think we have to really pay attention to telling these stories to all of our communities because if we get so far removed that only a certain, 1% of the population volunteers to be in the military right now. 99% don't know anything about it. We have to really pay attention to our military and veteran people, and include them in the decision, include them in the community, in our legislation, all of that so that the decisions we make can take into account the consequences of war.

Jacqueline Gagliardi: Yeah. And so, being in the United States, even as clinicians, when people come home from war, there's information we need to know because we have no idea what the military members have gone through. And, again, I'm just thinking in terms of clinicians, how important it is to get some information about that. And also, how to help families who have also can't wait for their members to come home and sometimes actually are disappointed that the person who left isn't the person who comes back.

Jenny D'Olympia: I think they rarely are the person who comes back that left because you go away and you put on different armor, and you face the world in a way you never faced it before, and you're no longer who you were as a person. Everything changes because the moral and value structure you're dealing with when you're in the service versus when you're not is a lot different than the way you would be dealing with life in the community. So, not only does your family not recognize you when you get home, you don't recognize yourself because you expect to fall right back into what you were doing before, and that isn't necessarily always the case. It can be really hard to put those pieces back together even internally. And then complexities of fitting back into the personalities and relationships with all the people in your family.

Jacqueline Gagliardi: So, what I hear you saying is that you leave as one person and in many ways you come back as another.

Jenny D'Olympia: Exactly. I do think that happens. And that not being prepared for that or not, or continuing to expect to wake up tomorrow and find who you were before again, to be there can really be detrimental for your mental health because you're not going to wake up and be who you were before. You can't unsee what you've seen.

Jacqueline Gagliardi: Right. How can clinicians help with that?

Jenny D'Olympia: Personally, I like Internal Family Systems therapy as an approach for helping you introduce who you are now to who you were then. Like, internally, just having that sort of conversation and helping to reintegrate those parts that can be stuck.

Jacqueline Gagliardi: So that would be a really helpful approach?

Jenny D'Olympia: Yeah, I like that a lot.

Jacqueline Gagliardi: And how can clinicians help other family members of significant others recognize and deal with the fact that the person that left is not the same person?

Jenny D'Olympia: Well, I think they probably would have to go through a process of grieving. Pretty much, like, a grief therapy sort of protocol where you come to terms with, "This is new and we're starting over and this is where we go from here. You know, what are the new expectations?" And hoping to reframe this, of, "This isn't the end; it's just a new beginning."

Jacqueline Gagliardi: Yeah, that's really helpful. Before we end, is there anything else that you can think of that would be helpful for clinicians who are working with the military population?

Jenny D'Olympia: Make no assumptions. Each individual, each family member, each family will have experienced all these events that have led them to where they are and that each one of those will be a little different. And what helps one might not help the other. So, I think it's having an open mind and doing some research if you need to do some research, not expecting the military member or veteran to, for example, give you the context of the war. Oh, like asking a question, "What's going on in such and such country? Why did they go to war there? I didn't know we were at war there." Like, those are the kinds of questions that you can do as a clinician outside the therapeutic relationship and so that you can inform yourself.

So, I would say: Be mindful of, if you're asking questions, is it related to the therapy or your own curiosity? And if you're working on the trauma with the family or the individual, I think the same thing goes because even if they have these terrible experiences, I think they don't necessarily have to tell you all the nitty-gritty details of that in order to get help, in order to feel some relief or some self-compassion for where they've been and where they are. Because sometimes those details I think can actually muddy the waters and make it harder for people to function — especially in the relationship, because imagine talking about your traumatic wartime experiences with the person you love the most in the world, like, listening and witnessing that; I don't know that that's always going to be very helpful.

Jacqueline Gagliardi: And I have one more question for you that I just thought about. Are there differences for children, between their mom going off to war or their dad going off to war?

Jenny D'Olympia: That's a great question. And is there research on that? I don't know about that. I think that what's most important is the kind of structure that's available before, during, and after. And just like if there were a divorce or a separation, you would need to work out those terms so that it would be a seamless integration for the child and having the same expectations throughout. That's what's going to help the child the most. If the family has problems before deployment, they're probably going to have the same and more after the deployment. So, if the relationship with the couple is not great, it's going to keep being not great. But for families who have, who have a strong relationship and a strong family and a set sense of, "These are our rules. This is how we enforce our rules." Because sometimes one parent has different rules than the other parent and then there's this whole argument and discussion about that. So, it's a lot easier when they do have that going on than if they don't.

Let's say you were working with a family and they were preparing for that, like, letting

them know, "If you're ok, your kids are going to be ok. Like, they're going to get through this. They're going to experience things that other kids don't experience. And there might be some hard times for them. There's also going to be these pieces of resilience that they wouldn't otherwise have." And so, I think building on those strengths while also reducing those risk factors is really the way to focus with the family, with the couples, and with the children.

Jacqueline Gagliardi: Well, Jenny, thank you so much. I think you've given us a lot of information.

Jenny D'Olympia: Ok, great.

Jacqueline Gagliardi: I hope this helps clinicians who really are not familiar with the military or military issues that might come up for military members. So thank you very much.

Jenny D'Olympia: Thanks.