



***Working With Military Families
in an Acute, Civilian Inpatient
Setting***

Michael DeFalco, PsyD
Director of Adult and
Military Services

**The Military Wellness Program at
Holliswood Hospital**

Andrea Ford, LMSW
Clinical Social Worker

**The Military Wellness Program
at Holliswood Hospital**

The Military Wellness Program

The Military Wellness Program at Holliswood Hospital provides a **trauma-informed clinical approach**, where each individual receives intensive, evidence-based treatments for post traumatic stress disorders, depression, anxiety, anger management problems, and substance misuse issues.

We offer a wide range of treatments for active-duty service members, OEF/OIF/OND veterans, and their family members during their stay in order to best maximize their treatment experiences and have positive outcomes.

Our program has three clinical tracks: **PTSD Track, Dual Recovery Track, and General Psychiatric Track**

The Military Wellness Program

PTSD TRACK

The PTSD Track within the Military Wellness Program understands that exposure to trauma is pervasive. This program offers a trauma-specific intensive therapeutic experience for individuals who have been affected by their exposure to both combat-related and non-combat traumatic experiences.

DUAL RECOVERY TRACK

The Dual-Recovery Track of the Military Wellness Program recognizes that many persons, after experiencing traumatic events, turn to using substances or partake in other risky behaviors as a method of coping with a myriad of difficult emotions, thoughts, and experiences. Individuals placed in this track will receive specialized treatment of these co-occurring problems, including individual Substance/Alcohol Abuse therapy with CASAC Staff.

The Military Wellness Program

GENERAL PSYCHIATRIC TRACK

The General Psychiatric Track in the Military Wellness Program is designed to address a wide range of behavioral and/or emotional problems separate from PTSD and Substance Misuse Disorders. Includes focus on diagnosis and assessment for co-morbid conditions, and medication/mood stabilization.

The Military Wellness Program

The following is a list of Clinical Services offered as part of our integrative treatment model:

- **Assessment and diagnosis of primary and possible comorbid conditions**
- **Evidence-Based Individual Therapy: 3-4 times per week**
 - **Trauma-Specific Exposure and Cognitive Therapies**
 - **Eye Movement Desensitization and Reprocessing**
 - **Brainspotting**
 - **Expressive Art Therapies**
 - **Cognitive Behavioral Therapy**
 - **Prolonged Exposure Therapy**
 - **Cognitive Processing Therapy**
 - **Narrative Therapy**
- **Creative Arts Therapy- daily**
- **Expressive Therapies (writing, drama, narrative, music)- daily**
- **Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Cognitive Re-framing- daily**
- **Evidence Based Group Therapy covering a wide range of topics- daily**
- **Substance and Alcohol Recovery Treatment- daily**
- **Psychoeducation (specialized in trauma and addiction)- daily**

The Military Wellness Program

The following is a list of Clinical Services offered as part of our integrative treatment model:

- Medication management, when indicated- daily
- Supervised visiting and medication dispensing- daily
- Encouragement/Facilitation of Positive Peer Support- daily
- Access to Fitness Center- daily
- Acupuncture- twice weekly
- Movement Therapy- weekly
- Tai Chi- weekly
- Equine Therapy- weekly
- NA/AA meetings, 12 step programming- weekly
- Marital/Family Therapy- weekly
- • Family Reintegration Program- Offered weekly to spouses and family members-includes clinical and respite services
- • Yoga- weekly
- Pet Therapy- weekly
- Meditation and Biofeedback- weekly
- Peer/Community Supported Events- twice monthly
- • Peer Mentorship Program with local and regional veterans, FDNY, NYPD-twice monthly

The Military Wellness Program

The following is a list of Clinical Services offered as part of our integrative treatment model:

- **Spiritual/Pastoral services- monthly**
- **Cinematherapy- monthly**
- **FDNY visits- both in house and to local firehouses- monthly**
- **Financial Advisory- monthly and individually as-needed**
- **Benefits education- monthly**
- **Ground Zero Therapeutic trips- quarterly**
- **Vocational Workshops and Identity training with career counselors- quarterly**
- **Risk Management and Crisis Intervention- as needed**
- **Pain Management Assessments- as needed**
- **Traumatic Brain Injury Screening- as needed**
- **Neuropsychiatry Assessments- as needed**

The Military Wellness Program

In addition, the following clinical experiences are regularly available as part of our ongoing program:

Ground Zero Therapeutic Visits: service members in treatment accompany staff on a tour of the National 9/11 Memorial site, then have lunch at a local firehouse hosted by FDNY.

Above and Beyond Vocational Rehabilitation Workshops: through our partnership with [Hope For The Warriors](#)®, monthly vocational workshops are held on-site to assist service members develop resumes, work on interviewing skills, and learn about networking and successful vocational transition.

Community Support Lunches: service members and veterans in treatment are able to break bread in an informal setting on a weekly basis with program staff and local individuals/organizations whose mission is to support our military. Friends of Firefighters, members of FDNY, NYPD, and [Hope For The Warriors](#)® are regular attendees.

Family Reintegration Program: *spouses and/or significant others of warriors in treatment in our program are brought to New York free of charge to take part in a four-day workshop aimed at educating and supporting family members and improving military family resiliency.*

Profile of Servicemembers Admitted to The Military Wellness Program

- Represent a complex combination of the above-listed problems
- 90% male
- Average age 24 (ranges 20-30+)
- Most deployed- OEF/OIF
- 75% are dually-diagnoses with a significant behavioral health disorder (depression, anxiety, PTSD) and substance/alcohol abuse/dependence
- Most are active-duty from Army, Marines, Navy, and Coast Guard

Trends

- Posttraumatic Stress Disorder (and co- morbid disorders- depression, anxiety, “behavioral acting out”)
- **Substance Abuse/Misuse**
- Suicide Attempts (completions)
- Military Sexual Trauma
- TBI
- Chronic Pain

Role of Military Wellness Social Worker With Military Families

Using the Social Worker Perspective:

Person in Environment

People do not live within a vacuum, but rather in the context of their family and culture. It is imperative for clinicians to address environmental factors in order to set service members up for success.

Military Wellness Social Workers integrate families in treatment in the following ways:

Role of Military Wellness Social Worker With Military Families

- **During Initial Assessment:** Social Workers inquire about the level of family involvement the service member would like, create genograms, assess family dynamics, and contact family members to address their concerns and goals.
- **Throughout Treatment:** Social Workers provide family members with psychoeducation, emotional support, resources, and referrals when needed. Outside of FRP, Social Workers provide phone sessions involving family members to address issues relevant to treatment.
- **Planning for Aftercare:** Social Workers coordinate with family members to ensure that the service member have a comprehensive discharge plan that promotes resiliency; meeting the family s specific needs and highlights their existing strengths.



Family Reintegration Program



*Our Military Spouses are the unsung heroes
within the folds of our military.*

*They do not earn medals or promotions and
not a single paycheck is deposited in their name.
Yet, the weight of sacrifice and service has been set
squarely on their shoulders.*

Tina Atherall- Hope for the Warriors

*No matter what the situation or how many directions they're being pulled in,
our military families always stand ready to serve their loved ones, their
communities and our country. After 10 years of war, it's our turn to return
their service and sacrifice with honor and appreciation of our own —
and not just in word, but in deed.*

First Lady Michelle Obama



Family Reintegration Program



- Genesis of Program- Lunch and car-ride conversation.... March 2011
- Stakeholders Meeting- June 2011
 - Sponsored by Military Wellness Program and Hope for the Warriors®
 - Full-day focus group with seven military spouses- all had husbands who had been deployed in OEF/OIF; six had warriors with severe wounds related to deployments and were both CARETAKERS and ADVOCATES for military spouses/families.
- Pilot Program Operationalized/Implemented- October 2011 - present



Family Reintegration Program



Summary of Stakeholders Meeting- June 14, 2011

- **Spouses/families have REAL problems as well**
 - Issues of LOSS- identity, marital partner, family identity, loss of HOPE “We are a now caregiving team, not a family”

- **Spouses are TIRED- feel isolated in caregiver role; overwhelmed- depression**
 - “I need time to be me”

- **Spouses are ANGRY- at husbands, at the military- at the VA/caregivers**
 - “War destroyed him, then he destroyed the family”

- **Lack of vetted resources- education abt illness, skills to manage self, WW, and family, who to turn to**
 - “We all need someone to talk with”



Family Reintegration Program



Summary of Stakeholders Meeting- June 14, 2011

- **Lack of productive involvement in treatment of WW- from intake through D/C**
 - “Caseworkers don t talk with me and he only tells me ¼ of what was said and done”
 - “are gains in treatment real, and will they last?”

Summary:

Spouses want to be supported, educated, and empowered to care for themselves, their families, and their wounded warriors; they want to be partners in the process, both during and after treatment



Family Reintegration Program



Mission:

The Family Reintegration Program aims to, first and foremost, support wounded warriors and their families by engaging the warrior and their spouse/caregiver in a therapeutic experience that promotes family communication, recovery and resiliency.



Family Reintegration Program



Program Description:

While a service member or veteran is admitted into Holliswood Hospital's Military Wellness Program, the **Family Reintegration Program** will bring their spouse/significant others FREE OF CHARGE to New York City for a four-day workshop that will include:

- Focused education and skills training to better understand and manage PTSD, TBI and substance misuse issues.
- Conjoint/marital therapy, focus on strengthening the marriage and family.
- Ongoing follow up and support for the spouse after the warrior has completed the residential program.
- Respite and self-care opportunities for the spouse while in New York.



Family Reintegration Program



Program Description:

- Opportunities for ongoing education and support services.
- Provide ongoing education/support for military families living within New York City and on Long Island. Access to many of the educational, therapeutic, and respite/self-care activities offered within the Program, all at no charge to them.

Clinical Social Work within the Family Reintegration Program

Family Therapy in an Acute Setting:

- Mirrors the service member's treatment in that it is intensive, family members are involved in several sessions a day including individual, couples, and group sessions
- Assessment and engagement phases are shortened due to the limited timeframe.
- Utilizes problem-solving techniques and future-oriented questions to focus on achievable goals for FRP
- Social Workers transition from being the service member's individual therapist to couples or family counselor, discuss concerns and confidentiality.

Clinical Social Work within the Family Reintegration Program

Family Structural Therapy :

- Developed by Salvador Minuchin in the 1960s, in response to the need for treatment for families experiencing disruption to their family unit due to environmental stressors.
- Addresses the architecture of the family including invisible and unspoken rules that organize family interaction. Structure includes executive authority, power, member roles, subsystems, boundaries, rules, transactional patterns, flexibility
- An appropriate framework for work with military families due to the nature of deployments and homecomings and their affect on the family structure. Family members are often adjusting and redefining the family architecture.

(Walsh, 2010)

Clinical Social Work within the Family Reintegration Program

Case Examples:

Ronald and Gemma

- **Problems:** Patient and caregiver roles, diffuse boundaries, inability to realign after stress, disengaged subsystem (mother and vs. father), ineffective transactional patterns
- **Intervention:** Psychoeducation incl. normalizing symptoms, task assignments, in-session enactments, affirm empathetic responses, structural mapping, supporting strengths
- **Aftercare:** H4W assisted wife and child with counselors in their Area, Ron returned to VA incl. PTSD treatment, individual psychotherapy and psychiatry, and cognitive rehab

Clinical Social Work within the Family Reintegration Program

Case Examples Continued:

Tim, Donna, and Darlene

- **Problems:** Disorganized boundaries, role confusion, geographical distance, power dynamics
- **Interventions:** Manipulate space, educate about structure, observe and challenge of family members, unbalance subsystems (practice changing behavior)
- **Aftercare:** Tim returned to Fort Drum BH, Donna and Darlene received information about what to expect, what to look out for, resources in there area, how to help Tim activate his own resources – external and internal

FAMILY IS THE BEST AFTERCARE: While professional resources may be limited, providing the family with education, tools, and resources better equips the family to thrive!



Family Reintegration Program



Vignettes

Steve and Cheryl:



Steve (Marine veteran) was admitted to HH from out-of-state with his wife Cheryl (AD Servicemember), accompanying him during the admission process. Steve and Cheryl then participated in a four day workshop, which included clinical couples counseling sessions, in addition to individual sessions with Cheryl alone, and also Support Groups with a Marine wife/peer mentor who came from Texas to assist with programming. Cheryl and Steve were in one session where they both received EMDR and Brain Spotting around a shared traumatic experience. They were able to work through recent struggles within the family dynamic, and gain more effective communication skills, particularly around Steve's PTSD and the impact that the symptoms have had on the family. Steve then proceeded with 5 weeks of intensive inpatient PTSD-focused treatment. Cheryl was brought back in the sixth week for a second round of Family Reintegration Programming. Steve was discharged this week, and was able to meet and surprise Cheryl at the hotel on the first day of Family Programming. That week, they stayed in the hotel together, visiting Holliswood each day for clinical sessions and groups, and participating in respite events together each evening. This week they focused primarily on transitioning, future planning, collaborative maintenance and self-care. Steve and Cheryl then traveled back home together and have been doing well, applying the skills they learned together.





Family Reintegration Program



Vignettes

Michael:



Michael (navy officer, reservist) was admitted to Holliswood's Military Wellness Program for PTSD and alcohol abuse. During his third week of treatment, his girlfriend was brought in to participate in treatment through the Family Reintegration Program. Their focus was on improving communication skills, building intimacy, deepening connectivity, and future planning. She participated in supportive educational groups with other spouses. gained insight into Michael's PTSD and his recent behaviors. During Michael's 5th week of treatment, we brought in his mother and father through the FRP. During this FRP round, their focus was on Michael's upbringing, which consisted of 17 re-locations due to fathers job, and also the impact of mothers alcoholism on their family. Another focus was on the recent loss of Michael's grandfather, who was a Vietnam veteran, and its impact on him and the family. Additional family sessions addressed ways to support and empower Michael through recovery and reintegration.



Family Reintegration Program Vignettes



The Smiths

John Smith (Army, currently being Med Boarded) was admitted to Holliswood's Military Wellness Program for PTSD and Bipolar Disorder. John had been recently disconnected with his family, and reported little to no communication with his mother and also his 4 year old son, who was being taken care of by John's father and mother in Florida. John felt that his parents did not fully understand the effects of combat on his mood fluctuations. John's father was brought to Holliswood through the FRP for a week of family sessions, in addition to education and support groups with clinical staff. John's father reported recent stress, followed by a distinct decrease in communication within the family. His father also stated that both he and his wife felt frustrated at their inability to help and support John during this difficult time. John received 3 more weeks of intensive treatment, upon which his father was brought back for a second round of FRP, along with John's mother and four year old son. John's son had previously had little contact with John, and only recognized him when in military uniform. John put on his uniform to meet his son, who appeared detached and uncomfortable at first. That week, the Smith family received a variety of family sessions in order to assess and target needs of the family. Sessions included: individual session with mother, family session with John and mother, couples session with mother and father, art therapy session with four year old son, family session with John, mother and father, and finally a family session with all four Smiths. Sessions were focused around developing a plan for reintegration, building strength within family, and finding collective ways to cope and support each other. During each day, John gradually removed one piece of his uniform and replaced it with a civilian clothing article, to transition his son into recognizing him in plain clothes. By the end of the week, the family was communicating openly and sharing moments of joy and contentment together, something they reported was lacking for years. The Smiths have a clearly defined plan and are going to live together in Florida and focus on creating a stable and positive shared living environment for themselves and John's four year old son.



Family Reintegration Program



Vignettes

The Smiths





Family Reintegration Program



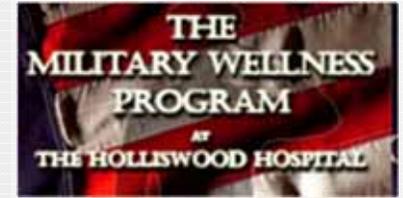
Vignettes

The Smiths





Family Reintegration Program



Vignettes

Joe and Shelly:



Joe (Army-in Med Board process) was admitted to Holliswood's Military Wellness Program for PTSD, Depression and Alcohol Abuse. He was stationed at an active-duty military base in NY, and had not seen his fiancée Shelly, for over 6 months. Prior to that, he had been on a series of deployments. Joe stated that Shelly had been a pivotal factor in his recovery, as she was his beacon of hope and change. However, during the past couple of years, he had been disconnected with her geographically, which made it difficult to maintain focus. Shelly was brought into the FRP for 3 different rounds of programming during Joe's 60-day stay at the MWP. In the first round, there were many tears of joy accompanied by an excited initial embrace. They proceeded to receive couples sessions focusing on expectations, mutual goals and PTSD education. Shelly then came back every 3 weeks, until Joe was discharged back to his duty station. During her visits, Shelly engaged in her own individual EMDR sessions, along with Support Groups and Self-Care education. Together, they were able to do Art Therapy sessions, and participate in extensive relationship counseling. They came up with a detailed future plan, which involved Shelly selling her apartment in Texas and moving to NY with Joe. They are currently happily in the process of executing this plan. The Family Reintegration Program enabled them to re-connect and establish a newfound sense of resiliency as a couple surviving the backlash of combat-related PTSD, and reopened the door for a well-deserved future together.



Testimonials



From spouses who have attended the new Family Reintegration Program.



“Of all the years as a military spouse, I’ve never received this type of treatment. Thank you for remembering the spouses.”

“Since we started this program, I am starting to see a difference in how my husband is handling his PTSD, and how much better we’re communicating. I feel the treatment is actually working”

“I really like being able to talk to other spouses going through similar issues. Makes me feel like I’m not alone”.

“The treatment we’ve received from your organization is beyond words. I feel like a Queen.”



Community Outreach

Hope For The Warriors® relies on community outreach and the support from the military and civilian community. We depend on support from corporate sponsors as well as donations from individuals.

We work closely with many other nonprofit organizations to ensure that together, we use our resources wisely to support our military families in need.

Please join us in our mission to ensure that “no sacrifice forgotten, nor need unmet.”



Contact Information

Hope For The Warriors ®
Tina Atherall, LMSW
Executive Vice President
646-660-5888

tatherall@hopeforthewarriors.org

Military Wellness Program at The Holliswood Hospital
Michael DeFalco, PsyD

Director of Adult and Military Services
The Military Wellness Program at Holliswood Hospital
718-776-8181 x2335

MDefalco1@libertymgt.com



Family Reintegration Program



For inquiries about the Family Reintegration Program,
please contact:

Aynisa Leonardo, LCAT, ATR-BC
Program Director
Family Reintegration Program

(O) (718) 776-8181 x2200

(c) (646) 599-0577

Aleonardo@libertymgt.com