

Nov 06, 2012 - By Judy Lin

Injured vets, families learn to heal hidden wounds of war



For the 72 wounded warriors served by [UCLA Operation Mend](#), the scars of combat in Afghanistan and Iraq are painfully obvious. Disfigured faces, missing limbs and other devastating injuries bring them to the Reagan UCLA Medical Center for reconstructive surgery and specialized treatment under the program created in 2007 by UCLA Health Sciences and the U.S. military.

Not so obvious is the toll these vets' injuries take on the families who have stood by them through years of multiple surgeries and, in some cases, complications of Post-Traumatic Stress Syndrome (PTSD) and other psychological reverberations of war. Very often, little attention has been paid to their caregivers — their spouses or parents, most often — or their children.

"The majority of these families have not had someone talk to them about what it's like," said psychologist Jo Sornborger of the Semel Institute for Neuroscience and Human Behavior. "No one has asked them about how these injuries have impacted family life or how they talk with their children about having a parent injured in combat."

But a UCLA Health System partnership is changing this under the leadership of Dr. Patricia Lester, a UCLA psychiatrist and director of Families OverComing Under Stress (FOCUS), a Semel Institute program which supports thousands of military and veteran families nationwide.

Over the past year, FOCUS has been teaming up with Operation Mend to promote psychological health and physical recovery for patients and their family members through Operation Mend-FOCUS. The new program provides a set of "resiliency tools" to help family members understand themselves and communicate better, solve problems and feel closer to one another.

"This program is about reducing stress and promoting resilience in patients and their families," said Lester. "This process enables them to identify their strengths and challenges and helps them think and communicate more effectively about the difficulties they may be having" in adjusting to a catastrophic injury.

Sornborger, who serves as the Operation Mend family care manager, said these families "have a great dedication to keep going, to improve their circumstances." Admired and respected in their communities, "they have lots of people saying, 'Oh, this had to have been so difficult for you. You're so strong!'" she said. Despite such compliments, these families "don't really feel people understand them," she added. "They need to be asked, 'What does this strength mean to *you*?'"



Psychiatry Professor Dr. Patricia Lester (left) and psychologist Jo Sornborger help veterans and their families mend from the traumas of war.

Sornborger and her team meet with Operation Mend family members when they accompany their injured service member — most of them men — to Westwood for surgery. "It might be that a spouse is feeling overburdened, and the patient hadn't really paid attention to that," she said. "Now she can voice her own experience. There's a sense of relief when caregivers have the opportunity to share their frustrations and sadness."

Many spouses — and oftentimes their children, too — who stepped up their responsibilities immediately after their husbands' injuries are still at it years later. Sornborger lets them know that just because they've have been handling things all this time "doesn't mean that they have to do it for the rest of their lives."

As patients recover, couples may need support in renegotiating their evolving roles. One father, for example, had lost a hand in battle four years before. Following several successful surgeries, he was ready to pitch in more but wasn't sure where to begin. Sornborger helped his family develop a plan: "While going to the market is a tough one for him because he reacts [with combat flashbacks] at the meat counter ... he could help with the folding of the laundry."

As an innovative, web-based "family check-in," each member completes a survey that shows where things are going well and where problems are lurking. One 8-year-old boy expressed anxiety over his father's sudden angry outbursts back home. The father had suffered a traumatic brain injury (TBI) that resulted in a dramatic personality shift — something his son had a hard time understanding.

"Parents want to explain to their kids what's going on, but don't exactly know what to say," said Lester, who specializes in child and adolescent psychiatry. "And so, like most of us, they end up avoiding these conversations ... and then the kids fill in the gaps with their imaginations, thinking 'Dad snapped at me because I'm bad, and he doesn't want to play with me anymore.'"

The Operation Mend-FOCUS program provides families with "psycho-education" about the causes and symptoms of disorders like TBI and PTSD, and teaches parents how to explain them in reassuring, child-friendly ways.



"We want families to pull together, identify what's strong and help them develop a sense of hope," said Lester. To foster this, resiliency training equips them with communication and problem-solving tools.

The "feeling thermometer," for example, is a four-color visual aid that starts at a cool and calm green, rises a notch to yellow, then to orange and tops off at an emotionally charged red. This tool offers an easy way to monitor and manage hard-to-handle feelings like stress and anger.

"The way families make it part of their communication is really compelling," said Lester. In one family, three teenage girls used the feeling thermometer to help avoid arguments with their mother about their "attitude." "What teenager likes to talk about feelings?" Lester asked. "But they could alert their mother, 'I'm in the orange'" and take a break to cool down.

High on the list of resiliency skills is collaborative problem-solving. One family practiced this in a session with Sornborger to address a longstanding problem: When the family went to Walmart, the father would oftentimes "freak out," suddenly disappearing from the store, leaving his wife and kids confused, embarrassed and angry. After talking to Sornborger about this, the family was able to understand that his "battle mind" was perceiving the store, a cavernous space with no visible exits, as a dangerous environment that he needed to escape. Brainstorming, they came up with a workable plan: The father, who can sense his reaction coming on, immediately calls his wife to say he's leaving the store. The family now views the situation calmly as "Dad's taking a break in the parking lot."

The Operation Mend-FOCUS program is proving so successful that the U.S. military is planning to use it at some of their treatment facilities. Meanwhile, a "telehealth" component is being developed so that families can work with Sornborger and other team members via video-conference, along with a mobile phone application with games that teach kids resiliency skills.

"This is our way to give back," said Sornborger. Said Lester, "Our military families deserve our nation's attention and service."

Learn more at the websites of [Operation Mend](#) and the [FOCUS program](#). And see this story about [UCLA's Veteran's Day ceremony](#) on Nov. 9.