

# FOR FAMILIES: SUPPORTING YOURSELF WHEN YOUR LOVED ONE IS STRUGGLING WITH A POST-TRAUMATIC STRESS INJURY

Living with a post-traumatic stress injury (PTSI) can be overwhelming. Often, Families have their own unique needs and struggles related to this experience.

It is important to know that, as Family members, your well-being and care matter in their own right. Just as your loved one may need certain resources and supports in place, you do too.

This written resource outlines the different impacts that PTSIs can have on your Family, as well as tips on how to support yourself and your loved one with a PTSI.

## How PTSIs can impact your Family

PTSIs can have far-reaching impacts. When your loved one experiences a PTSI, the whole Family is often affected — not only spouses and partners, but also parents, children, siblings and friends. The impacts may not be noticeable at first, but over time, they may become more apparent.

Below is a list of the different types of impacts that you as a Family member of a person living with a PTSI may experience. It is important to remember that every Family situation is unique. This means that you may experience some, all or none of these effects.

- Heightened stress levels
- Relationship tensions (e.g. difficulty connecting with others, intimacy issues with partners)
- Changes in routine (e.g. avoiding usual activities, taking on different and/or additional roles, such as child care responsibilities, errands and finances)
- Negative thoughts and emotions (e.g. sadness, anger, loss, guilt, grief, anxiety, feeling detached)
- Burnout (e.g. feeling worn out)
- Using new harmful or helpful coping behaviours (e.g. drinking, smoking, exercise)
- Vicarious or secondary trauma (e.g. experiencing PTSI symptoms yourself)
- Compassion fatigue (e.g. having trouble empathizing with your loved one, or reduced empathy for your loved one over time)



It may sometimes feel like the impacts of having a loved one with a PTSD are mostly negative. However, there can also eventually be positive outcomes from supporting them.

- Strength in difficulty: Learning resilience, adaptability, compassion and empathy
- Improved knowledge: Learning about PTSDs through firsthand experience
- Better communication and connection: Learning to navigate the healing journey together
- Self-awareness and growth: Learning about your strengths as an individual and as a Family

## PTSDs and children

Children can be particularly sensitive to the impacts of a PTSD, especially when a person at home is suffering from a PTSD. Each child may react differently to a Family member with a PTSD. Some common reactions include children reporting or demonstrating:

- Feeling more anxious or worried than usual
- Feeling emotionally detached
- Feeling resentful towards their loved ones or their Family situation
- Feeling responsible or blaming themselves for their loved one's symptoms
- Being overly alert to avoid setting off their loved one's symptoms
- Working to please others, often to their own detriment
- Avoiding friends and Family
- Strained relationships with other Family members
- Acting younger or older than their age, such as bed-wetting or taking on a "parent" role
- Over- or underachieving in school and other areas of life
- Behaving in an antisocial manner, such as being aggressive or lying
- Engaging in risky behaviours, such as taking illicit substances or dangerous driving
- Experiencing physical symptoms, such as stomach aches or headaches



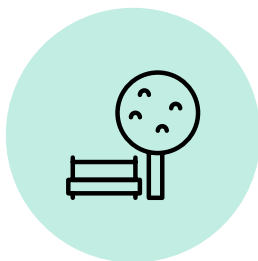
## TIPS AND STRATEGIES

Your loved one's recovery is not your responsibility, but as a Family member, you may play a supportive role in their recovery journey.

Having a loved one with a PTSD can feel overwhelming at times, but there are healthy ways to cope. The tips and strategies below can help to support yourself and your Family:

### Looking after yourself

- Remember that looking after your well-being is your first priority. As the saying goes, "You cannot pour from an empty glass." While it can be challenging, try your best to eat regularly, get rest and maintain your own health (e.g. brushing your teeth, attending your own medical appointments).
- Engage in activities or hobbies that recharge your batteries and bring you happiness (e.g. being in nature, reading or watching your favourite television show).
- Acknowledge that whatever range of emotions you may be feeling is completely normal.
- Seek support from a mental health professional as needed. Consider getting dedicated help for yourself and separate help for you and your loved one (e.g. couples therapy, group therapy). An important first step is to make an appointment with a qualified professional for an assessment.



### Seeking mental health support can sometimes feel overwhelming and impossible

Seeking support is important, but the reality is that doing so can take significant time, energy and money. Here are a few considerations that may make the process feel less daunting:

- If you have one, talk to your family doctor first, as they can help connect you with other professionals in your area, such as therapists or counsellors.
- Use an online directory to find a list of services and supports near you. Check out the [Atlas Institute's website](#) or [PSPNET](#) for some ideas.
- Ask your therapist or counsellor about virtual or evening sessions.
- Some areas have community mental health clinics that can offer free or low-cost services to those who need it. You may also consider participating in a free community support group.
- Use a mental health app to complement professional support, which you can access on a smartphone or tablet at your leisure.

## Learning

- Learn more about PTSIs through existing resources or supports. Better understanding of PTSD can help you support your and your loved one's well-being. You can learn more about the effects of a PTSD in our [What are PTSDs resource](#).
- Although people with mental illness are not prone to violence, common responses to trauma include anger, irritability and aggression. Sometimes, these behaviours can create problems within your family. Look out for your safety and the safety of those around you, including that of your loved one. Remember that having a PTSD does not justify harming others emotionally or physically. There are different approaches that can be helpful for navigating certain behaviours related to PTSDs, such as anger. For more resources and information for families, check out the Atlas Institute's [website](#).

## Contextualizing

- Remember that your loved one's behaviours are not personal and not your fault (e.g. reduced intimacy can be common for people with a PTSD, without having anything to do with rejecting their loved ones).
- Explain symptoms to children using relatable examples (e.g. "Because of Mom's/Dad's injury, they are very uncomfortable in crowded places, so they may become impatient and be in a hurry to leave").
- You might not know what to do in every situation, especially at first, and that is OK.
- Reassure children as needed and emphasize that their job as a child is to learn, grow and play.

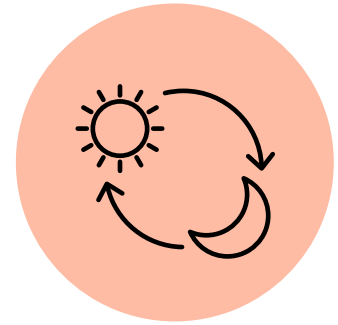
## Communicating

- Language matters and can prompt certain emotions – previously harmless language may now have unintended meanings for a person living with a PTSD. Focus on impact over intent. For example, try offering smaller chunks of information or requests at a time. Too much information at once may overwhelm them. In practice, this may look like asking them to do one task at a time (e.g. "Would you be able to pick up some milk after work?") instead of multiple items ("Would you be able to pick up some milk after work, as well as drop these off at the post office, and then walk the dog when you get home?").
- Sometimes PTSD symptoms can make communication more challenging, which may require more patience, understanding and support than usual.
- Be open and honest about how you are feeling. Ignoring problems will not make them go away. You may need help from a qualified professional to navigate challenging conversations.
- Talk openly to your children about PTSDs, using easy and safe language (e.g. focus on the impact of the PTSD rather than events that contributed to it).



## Adapting

- Establish household routines that are consistent and predictable. Routines can offer certainty and stability for everyone in your Family, including yourself.
- Adopt special words and cues that help identify when PTSD symptoms are having an impact (e.g. having a bad day can be expressed as feeling “red”).
- Set aside time just for you or your child(ren). This dedicated time can provide something to look forward to, without worrying about how your loved one might react or respond.
- Be open to modifying your usual activities to make them more PTSD-friendly (e.g. popcorn and movie night at home rather than at the movie theatre). If you or your loved one(s) are working with a qualified professional, check to make sure your activities are consistent with their recommendations.
- Set and respect healthy boundaries. Give and take space as needed (e.g. take timeouts when emotions heighten).



## Becoming an ally

- Become an ally in your loved one’s treatment. For example, your loved one may want you to accompany them to occasional appointments<sup>+</sup> to learn how to best support them in their recovery. This can offer numerous benefits, from reduction in symptoms to improved quality of care.

<sup>+</sup>Note: Every situation is unique. It is important to act in alignment with the needs, values and preferences of your Family member.

Visit the website to learn more: [atlasveterans.ca/PSP](https://atlasveterans.ca/PSP)

## References

1. Bride, B. E., & Figley, C. R. (2009). Secondary trauma and military veteran caregivers. *Smith College Studies in Social Work*, 79(3-4), 314-329.
2. Casas, J. B., & Benuto, L. T. (2021). Work-related traumatic stress spillover in first responder families: A systematic review of the literature. *Psychological trauma: theory, research, practice, and policy*.
3. Cramm, H., Godfrey, C. M., Murphy, S., McKeown, S., & Dekel, R. (2022). Experiences of children growing up with a parent who has military-related post-traumatic stress disorder: a qualitative systematic review. *JBIV evidence synthesis*, 20(7), 1638-1740.
4. Cramm, H., Norris, D., Schwartz, K. D., Tam-Seto, L., Williams, A., & Mahar, A. (2020). Impact of Canadian Armed Forces veterans' mental health problems on the family during the military to civilian transition. *Military Behavioral Health*, 8(2), 148-158.
5. Diehle, J., Brooks, S. K., & Greenberg, N. (2017). Veterans are not the only ones suffering from posttraumatic stress symptoms: what do we know about dependents' secondary traumatic stress? *Social Psychiatry and Psychiatric Epidemiology*, 52(1), 35-44.
6. Engelhardt, J. A. (2012). The developmental implications of parentification: Effects on childhood attachment. *Graduate Student Journal of Psychology*, 14, 45-52.
7. Frančišković, T., Stevanović, A., Jelušić, I., Roganović, B., Klarić, M., & Grković, J. (2007). Secondary traumatization of wives of war veterans with posttraumatic stress disorder. *Croatian Medical Journal*, 48(2), 0-184.
8. Macfie, J., Brumariu, L. E., & Lyons-Ruth, K. (2015). Parent-child role-confusion: A critical review of an emerging concept. *Developmental Review*, 36, 34-57.
9. McGaw, V. E., Reupert, A. E., & Maybery, D. (2019). Military posttraumatic stress disorder: A qualitative systematic review of the experience of families, parents and children. *Journal of Child and Family Studies*, 28(11), 2942-2952.
10. McGaw, V. E., Reupert, A. E., & Maybery, D. (2020). Partners of veterans with PTSD: Parenting and family experiences. *Families in Society: The Journal of Contemporary Social Services*, 101(4), 456-468.
11. National Center for PTSD. *Effects of PTSD on family*. [ptsd.va.gov/family/effect\\_families.asp](https://ptsd.va.gov/family/effect_families.asp)
12. National Center for PTSD. *Relationships*. [ptsd.va.gov/family/effect\\_relationships.asp](https://ptsd.va.gov/family/effect_relationships.asp)
13. National Center for PTSD. *When a child's parent has PTSD*. [ptsd.va.gov/family/effect\\_parent\\_ptsd.asp](https://ptsd.va.gov/family/effect_parent_ptsd.asp)
14. Office of the Veterans Ombudsman. (2021). *Mental health treatment benefits for family members, in their own right, for conditions related to military service*. [ombudsman-veterans.gc.ca/sites/default/files/2021-01/REPORT\\_Mental%20Health%20Supports%20to%20Families\\_FINAL\\_1.pdf](https://ombudsman-veterans.gc.ca/sites/default/files/2021-01/REPORT_Mental%20Health%20Supports%20to%20Families_FINAL_1.pdf)
15. Oster, C., Lawn, S., & Waddell, E. (2019). Delivering services to the families of veterans of current conflicts: A rapid review of outcomes for veterans. *Journal of Military, Veteran and Family Health*, 5(2), 159-175.
16. Ricciardelli, R., Carleton, R. N., Groll, D., & Cramm, H. (2018). Qualitatively unpacking Canadian public safety personnel experiences of trauma and their well-being. *Canadian Journal of Criminology and Criminal Justice*, 60(4), 566-577.
17. Sharp, M. L., Solomon, N., Harrison, V., Gribble, R., Cramm, H., Pike, G., & Fear, N. T. (2022). The mental health and wellbeing of spouses, partners and children of emergency responders: A systematic review. *PLOS ONE*, 17(6), e0269659.
18. Solomon, Z., Waysman, M., Levy, G., Fried, B., Mikulincer, M., Benbenishty, R., ... Bleich, A. (1992). From front line to home front: A study of secondary traumatization. *Family Process*, 31(3), 289-302.
19. Thandi, G., Harden, L., Cole, L., Greenberg, N., & Fear, N. T. (2018). Systematic review of caregiver burden in spouses and partners providing informal care to wounded, injured or sick (WIS) military personnel. *BMJ Military Health*, 164(5), 365-369.
20. Waddell, E., Lawn, S., Roberts, L., Henderson, J., Venning, A., & Redpath, P. (2020). "Why do you stay?": The lived-experience of partners of Australian veterans and first responders with Posttraumatic Stress Disorder. *Health & social care in the community*, 28(5), 1734-1742.
21. Zwanziger, T., Anderson, C., Lewis, J., Ferreira, R., & Figley, C. (2017). Resilience and knowledge of PTSD symptoms in military spouses. *Traumatology*, 23(1), 43.