Easing Reintegration: Telephone Support Groups for Spouses of Returning Iraq and Afghanistan Service Members


Female participants in year-long, monthly telephone support groups focused on education, skill building, and support for partners of OIF and OEF Service members were assessed at baseline, 6 and 12 months to assess changes in mental health, marriage quality, family coping and communication. Partner depression and anxiety significantly decreased and perceived social support increased during the course of the study.

**Key Findings:**

- Half of the partners attended at least 6 monthly support group calls, 26% attended 3 or fewer, and 22% attended 9 or more sessions; most partners endorsed wanting more frequent sessions.
- Partners reported statistically significant improvements in depression, anxiety, and social support over the course of the group; however, no differences emerged in marriage quality, family coping, or family communication.
- Partners struggling with a Service member’s illness or injury were more burdened; they reported greater depression and anxiety and less social support and poorer perceived marriage quality compared to partners who did not have a Service member with an illness or injury that caused care difficulties.
- Although the partners caring for injured/ill Service members improved over the course of the study, they did not reach the level of the non-caregiving partners.

**Implications for Programs:**

- Programs could consider offering telephone support groups to partners of returning Service members as a means of increasing social support and minimizing mental health issues.
- Programs could develop resource lists and empower spouses/partners of recently returned Service members to seek the attention they need from healthcare providers due to the documented increased risks for physical and mental health related problems.

**Implications for Policies:**

- Continued support for the roll-out and evaluation of the spouse telephone support program could be beneficial.
- Additional resources could be allocated to develop adjunctive support programs for military spouses to mitigate the challenges associated with the reintegration period.

**Avenues for Future Research:**

- Additional research using a randomized trial of this intervention could help establish whether effects are due to the intervention or other factors.
- Future studies could examine which parts of the intervention have the largest impact and seek to develop and support those aspects.
Methodology:
- Cohabitating partners of post-deployment (at least 1 month) Iraq or Afghanistan Service members were recruited via a study website, flyers, referrals, and through the Wounded Warrior Project; Service members gave consent for their partners to participate.
- Groups of 5-10 partners selected their own 60-minute weekly meeting time with a master’s level counselor. Each group met 12 times over the course of a year.
- Each group spent time checking in and reviewing strategies from the previous call, discussing new didactic information, and practicing and discussing ways of implementing strategies.
- All data collection took place over the phone at baseline, 6 and 12 months; demographics and measures of depression, anxiety, quality of marriage, social support, family coping, and family communication were collected.
- Mixed-effects linear models analyzed individuals’ baseline and follow-up scores over time.

Participants:
- 86 female partners of Service members were enrolled in 14 different telephone support groups.
- Average partner age =37.4 years (SD=9); 85% White/Caucasian, 11% Black/African American, 11% Latino/Hispanic.
- Average marriage length = 10.4 (SD=8.2) years; average number of children =1.5 (SD=1.2).
- 51% employed; average education 14.3 years (SD=2.4), household income = $4,881 (SD=2,703)/month.
- Service member characteristics: 48% Guard or Reserve; 78% Army, 62% non-commissioned officers; average number of deployments =2.6 (SD=2.8); 64% had been injured during deployment.

Limitations:
- There was no control group and therefore we cannot be sure the effects are due to the intervention and not to time or other factors.
- The sample size was small which limits the generalizability of these results.
- Some of the participants recruited through the Wounded Warrior Project knew each other, which may have biased the results.

Assessing Research that Works

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<th>Research Design and Sample</th>
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Overall Quality Rating: ★★★