

## Working with Military Couples and Families

Interview by Jim Thomas with Dr. Kathryn Rheem



**Kathryn Rheem, Ph.D., Clinical Member, AAMFT, is an ICEEFT Certified EFT Trainer, Director of the Washington D.C./Baltimore Center for EFT, specializing in work with military couples and other couples facing impact of trauma in their relationship.**

**How did you get in to the therapy field?** I began to feel constrained by my non-profit directors job, and that motivated me back to graduate school. I had studied some organizational development, transformational leadership, but decided the focus on these larger systems wasn't for me. So I drew a funnel -- society, community, organizations, then to families and couples, and at the time, never thought of myself as a future couple therapist. At first my focus was on families and family systems work.

**What led you to couples therapy part of the mental health field?** I went in to graduate school thinking of working with adolescents and families, interested in systems and process thinking. I applied to the COAMFTE accredited program at Virginia Tech, and was accepted in to the Master's Degree at Virginia Tech with Sandra Stith and Eric McCollum. Luckily for me, one of my first classes was couple therapy (taught by EFT Supervisor Linda Rogers). As I was introduced to and learned Emotionally Focused Couple Therapy (EFT), everything fell in place, and I felt that I had found the theory that best fit for me. So, I signed up right away for an EFT Externship. More recently, I finished my doctorate where my dissertation was a task analysis of the withdrawer re-engagement change event in EFT.

**How did you end up working with military families?** Years ago, it was surprising to learn there were no post-deployment resources for couples when I was working for the Army. Sue (Johnson, originator of EFT for couples) and I started Strong Bonds, Strong Couples (SBSC), an EFT-based retreat for Soldiers returning from Iraq and Afghanistan and their partners. There was PTSD, intense needs, and many unspoken issues. I sat with soldier after soldier who had PTSD, but had never been told about traumatic stress. Based on adult attachment and the science of emotions, we help couples reconnect emotionally after deployment in our SBSC program. Our priority is the emotional reconnection which for many military couples never happens after deployment and combat. We had one couple that after 8 deployments said, "This is what never happened, we didn't know how to reconnect emotionally."

**What is the process goal of Strong Bonds, Strong Couples?** Our goal is to create a space in their relationship to integrate the echoes of battle, whatever these echoes might be. The

stateside spouse has been fighting the war in their own way at home. They learned to cope without their partner physically present. They may try not to stir the pot, need them too much when they are away. And the Soldier is at war –in harm’s way in a military culture where sharing worries and fears could undermine the mission. In long deployments, humans typically shut down to cope, shut down emotionally (both the deployed Soldier and their partner protecting the home front). When a soldier goes into combat, so does the partner and the family. Both go to war, one on the military mission while the other stays home to protect the home front. So when they reunite, so many couples experience a short honeymoon, and then the echoes of battle emerge. But they don’t know how to name it, to talk about it, or how to open up with each other and share what is happening to them. We foster emotional safety and give them tools to be open, to reach for each other, and to ask for support and comfort.

**What draws you to work with military couples?** What inspires and awes me, is the human ability to endure, adapt and be resilient. These couples are so resilient and strong, even when they feel broken. I admire them, their courage. They are hungry to get support for their relationship. They are keen on being amazing military service members and amazing partners too. That is a difficult contrast during multiple deployments. To help them get to that place where they can reach for each other, take that risk, they may have never taken with each other, is deeply moving. We see this helping the soldiers with PTSD, and with the fallout from Traumatic Brain Injuries. We see this also supporting the partners of service members. The relationship itself becomes a source of healing and support.

**How do you assist them to take the risk to share, to open up?** We help them learn to open up, to share pieces of vulnerability. They need a place to start sharing about what they each went through given the culture of never sharing your fears. Your commander has told you not to share what you just experienced, or witnessed for military reasons. When you come home, come to couples therapy, it is a place to discuss and to process their felt experiences. Not always the nitty-gritty, but sharing with each other what you felt, what you went through emotionally. It gives both partners more flexibility in what they share. They learn it is more about attending to each other as they share. They are learning to attune to each other. Then, the relationship has a chance to become a secure base and safe haven. We want the relationship to be a place for recovery. Unfortunately, without intervention, often the partners are triggers and the relationship a source of escalation. In EFT, we foster a relationship that is a source of recovery for each partner.

**Any tips for therapist maybe working with a military couple for first time?** It is important to recognize that the military culture is unique and to really get to know the culture for each military couple you are working with. How does this particular couple experience in the military culture? There are many nuances, so be careful not to make assumptions. Be curious

and explore this with them as you would any couple. It is important to slow down, and let the clients teach you about their culture. Need to learn some basic facts too, like National Guard and Reservists have higher rates of mental health issues including suicide oftentimes without the support of an installation or resources that the active-duty component may have. Do some research about military deployment, how the Iraq and Afghan wars are unique, different than previous wars. For instance, learn how those experiences are different for the partner who is at home protecting the home front and how being enlisted is different than being an officer.

**You are really talking about both partners being impacted by deployment right?** Yes, definitely and each couple, each partner is impacted differently. I find it important to slow down and attend to each partner's felt experience of each deployment. Iraq is different than Afghanistan, being in Iraq in the early years of the war is different than has been lately – so, each deployment is different and these differences are also based on what was happening at home in terms of family growth, holidays missed, important family milestones. So like any good therapy, be curious, slow down, and attend to the unique experiences of this couple. In the end, we are simply fostering their deeper emotional connection. They are wired to need each other and they will thrive when they can turn to each other and ask for support and comfort. This is a gift that they deserve as couples and families that make such sacrifices for us and our country.

Note: Author Jim Thomas, LMFT, is an ICEEFT Certified Trainer, AAMFT Approved Supervisor and Executive Director, Denver Family Institute,