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# HEALING TOGETHER: TRAUMA-INFORMED PARENTING STRATEGIES FOR MILITARY AND VETERAN FAMILIES FACING PTSD

**STRENGTH  HOME**  
**PARENTS**

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Austin, Texas

April 24, 2025

1440-1540 ET



# **PRESENTER**

Suzannah Creech, PhD

Trauma-Informed Parenting for Veterans with Post-  
Traumatic Stress Disorder (PTSD)

Dell Medical School, University of Texas at Austin  
Austin, Texas



# SUZANNAH CREECH, PhD



Suzannah Creech, PhD is a research psychologist at the Central Texas VA and the VA VISN 17 Center of Excellence and Associate Dean for Research Strategic Initiatives and Professor of Psychiatry and Behavioral Sciences at the Dell Medical School of University of Texas at Austin. She received her PhD in clinical psychology at Texas A&M and completed fellowships at the National Center for PTSD and the Brown Medical School Psychology training consortium. Her research program spans treatment development, clinical trial and implementation science methodologies within organized healthcare settings. Her research focus is on improving family functioning and prevention of interpersonal violence and its consequences in populations exposed to trauma. Her studies have been funded by the VA, DOD, NIDA and private foundations.

# Disclosures

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- The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the Department of Defense, the Department of Veterans Affairs (VA), nor the U.S. Government.
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# Learning Objectives

At the conclusion of this session, participants will be able to:

1. Explain how family functioning and mental health appear to be related.
2. Describe factors that may maintain post-traumatic stress disorder (PTSD) symptoms and negative family functioning.
3. Identify how PTSD symptoms may impact parenting behaviors and child psychosocial functioning.
4. Discuss positive parenting and apply some simple tips for positive parenting techniques in their practice.





# Terminology

- **Terms:**
- PTSD refers to “post-traumatic stress disorder”
- Family functioning refers to family health
- “Positive parenting” is a set of approaches to parenting that can be helpful in the long-term

# What is Positive Parenting?

- A mindset that prioritizes the parent-child relationship.
- Discipline is viewed as an effort to provide order and structure for children, and to teach lessons instead of to punish.
- Emphasis is placed on taking the time to listen, talk and play with children.
- When a problem occurs, the focus is on collaborative solutions.
- When PTSD symptoms are higher we see less positive parenting and more inconsistent and harsh discipline.

# PTSD and Relationships

- PTSD highly prevalent in U.S. Veterans using care at VA
- Linked to myriad relationship functioning difficulties
  - lower intimate relationship satisfaction, poorer overall relationship adjustment over time
  - greater levels of intimate partner violence (IPV) (OR if PTSD for IPV use in past year = 2.84, Okuda, 2018)
    - IPV negative influence on children (Gilbert et al., 2013) including risk for maltreatment (Hamby et al., 2010); poorer parenting practices (Chiesa et al., 2018; Stover et al., 2013)



# PTSD and Parenting

- Higher parenting stress, lower parenting satisfaction and overall family functioning difficulties (Creech et al., 2014).
- Parenting difficulties (Gewirtz et al., 2010; Giff et al., 2019; Leen-Feldner et al., 2011; Sherman et al., 2016; Tomassetti-Long et al., 2015).
- Inconsistent discipline, decreased positive parenting, and harsh discipline and parenting practices, including physical aggression and child maltreatment (Gewirtz et al., 2010).

# Children's Outcomes

- Children of a parent with PTSD are at increased risk for lifetime psychiatric disorders (Leen-Feldner et al., 2013) and poor psychosocial outcomes (Castro-Vale et al., 2020).
- Parenting is an **intergenerational pathway** through which parental trauma and psychopathology lead to negative child outcomes (Castro-Vale et al., 2020; Leen-Feldner et al., 2013; Roberts et al., 2012).
- When parenting difficulties cross into child maltreatment
  - Greater risk IPV through lifespan (McMahon et al., 2015)
  - Child maltreatment past year OR of IPV use 2-3 (Okuda, 2015)

# The Next Generation of Service Members:

- 28% of new recruits to active duty are children of Veterans

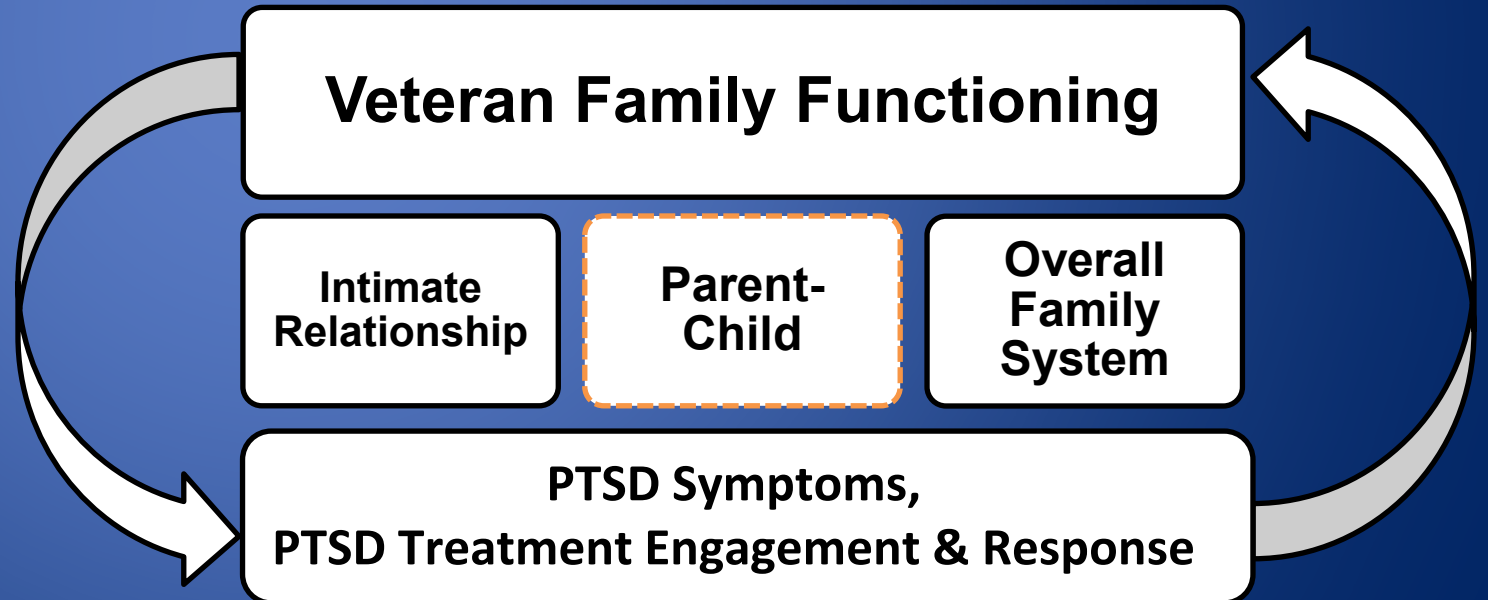


(Department of Defense, 2014)



# Reciprocal Association

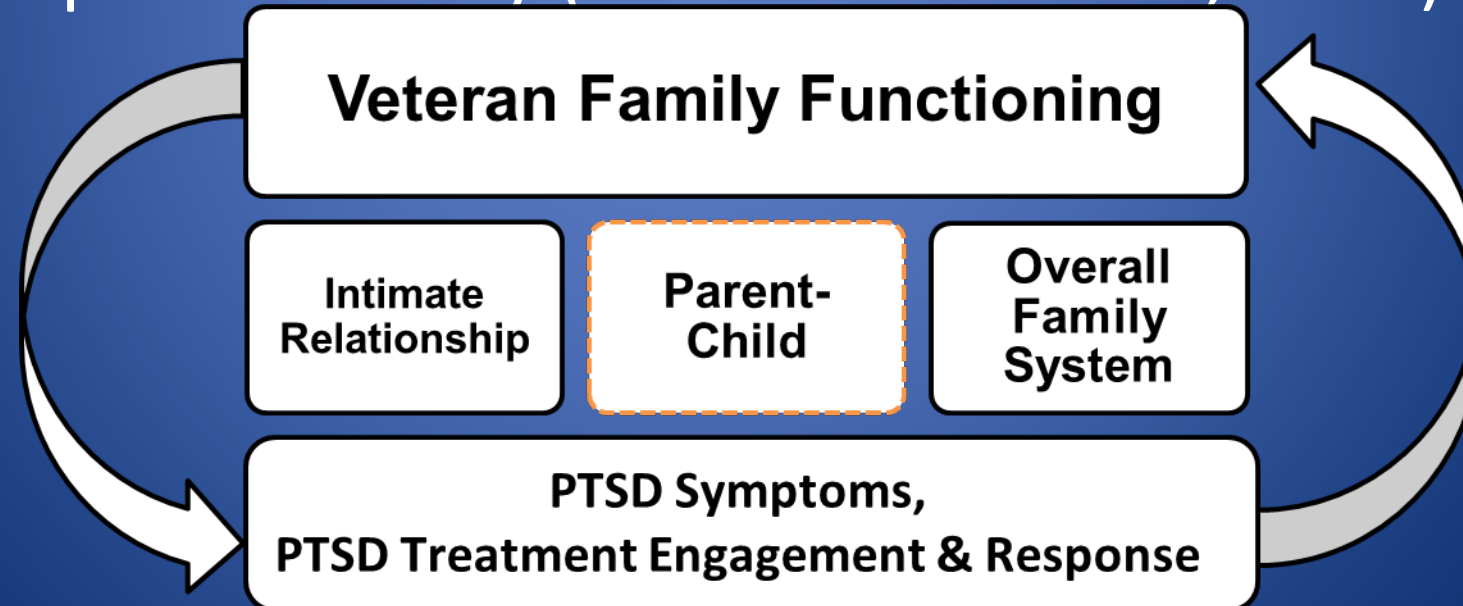
- Interpersonal difficulties appear to be reciprocally related to PTSD symptoms over time and can persist even when PTSD symptoms decrease (Lord et al., 2020; Swerdlow et al., 2023).
- Family Health impacts PTSD treatment engagement and response
- Reciprocal Cycle:



(Meis, Barry, Kehle, Erbes, & Polusny, 2010 ; Price, Gros, Strachan, Ruggiero & Acierno, 2013; Evans et al, 2010) ; Evans, Cowlshaw & Hopwood, 2009; Monson, Fredman & Dekel, 2010)

# Parenting and PTSD

- Parent to dependent child 40% more likely to have dx of PTSD in first year of VA care (Janke-Stedronsky et al., 2015).
- Minor children at home = increased PTSD symptom severity (Jobe-Shields et al., 2015)



- (Office of the Surgeon General, 2024)





# Promise of a New Target

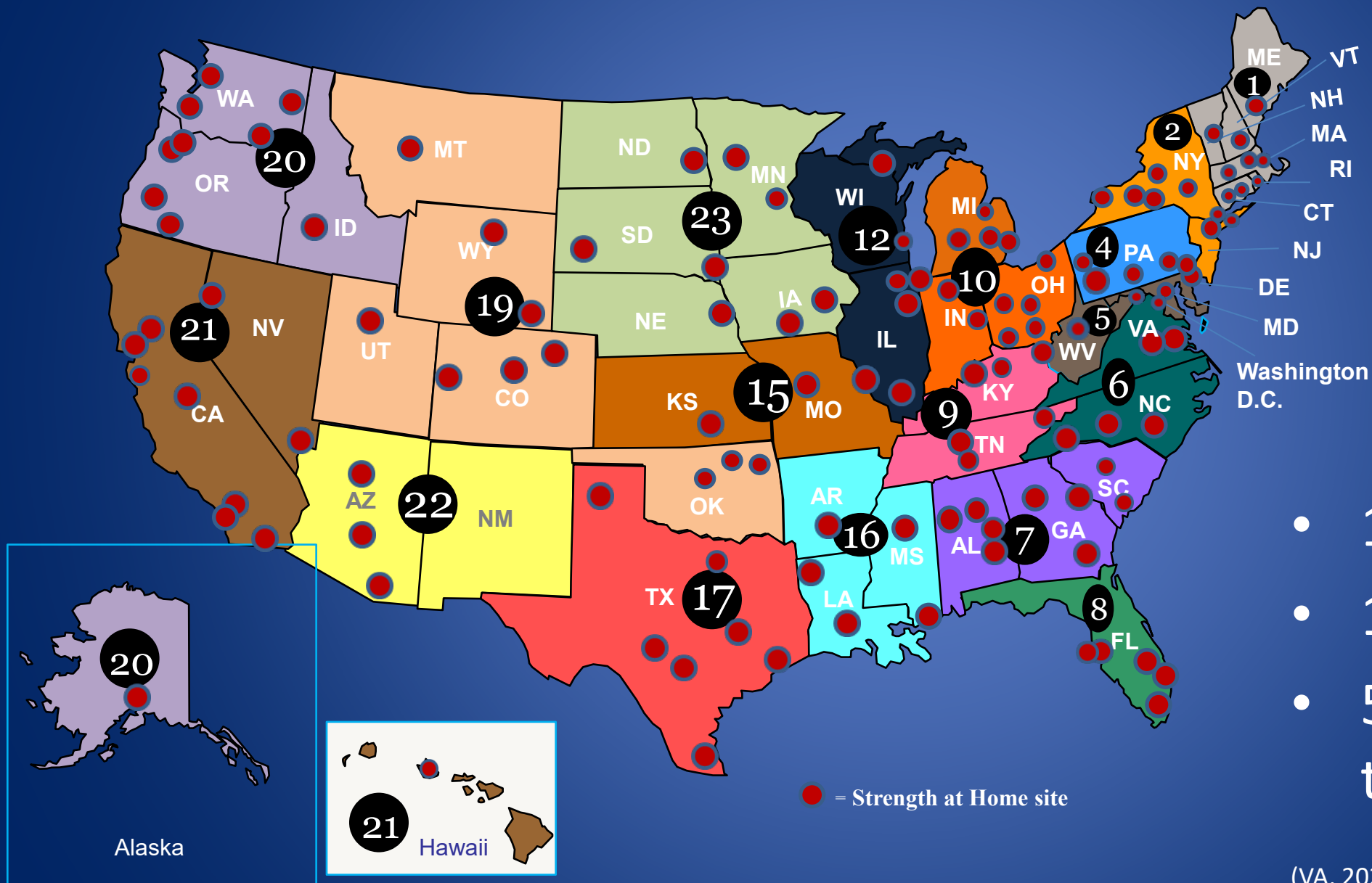
- 2/3 of veterans who undergo and complete first line treatments retain diagnosis of PTSD (Steenkamp, 2015).
- Residual symptoms after evidence-based practice (EBP) for PTSD are common (Larsen et al. 2019).
- Change in interpersonal functioning associated with change in PTSD symptoms is modest in nature (Swerdlow, 2023).
- **Addressing domains of interpersonal functioning could potentiate symptom reduction and enhance recovery.**



## *Current Resources for Parenting at VA:*

- Online parenting resources for Veterans and military:
  - <http://www.veterantraining.va.gov/parenting/>
- A parent's guide to talking to kids about PTSD:
  - [http://www.mirecc.va.gov/VISN16/docs/Talking\\_with\\_Kids\\_about\\_PTSD.pdf](http://www.mirecc.va.gov/VISN16/docs/Talking_with_Kids_about_PTSD.pdf)
- No nationally available program for veterans seeking clinician assistance for parenting difficulties within Veterans Administration Hospitals (VA).

# *Strength at Home Veterans and Couples at VA*



- 1,252 clinicians
- 139 sites
- 52 regional trainers

(VA, 2022)

# STRENGTH AT HOME PARENTS

- *SAHP* from SAH-Veterans and SAH-Couples
- *Strength at Home Parents (SAHP)*
  - Developed to fill the significant unmet need for accessible treatments that specifically address the influence of trauma and PTSD on parenting and parent-child functioning in military and veteran populations while also attending to overall family functioning and conflict (Creech et al., 2022).



# Treatment Adaptation

- Structure, content and format retained
- PTSD symptom education, communication skills training, and identifying, understanding and expressing emotions, IPV education and time-outs to prevent escalation of arguments to physical violence – retained
- Other elements heavily adapted
- New content to address key aspects of parenting that are impacted by PTSD symptoms added
- Content suggested by VA providers added: education on child development, communication skills and emotion regulation

# STRENGTH HOME PARENTS

- Eight session trauma-informed group treatment
- Intentionally accessible
  - To Veterans (only one parent attends, wide target age range) and delivered via tele-health
  - To Clinicians (widespread familiarity with basic treatment elements)
- Basic content level (not the kitchen sink)
- Groups are separate by gender
- Veterans with PTSD symptoms + parenting problems
- Easily scalable at VA as clinicians familiar with structure, underpinnings, concepts
- Can also scale up and down in future for child age
- Two studies:
  - Pilot trial for veteran feedback + expert review of treatment
  - Open trial for evidence of effectiveness



# Strength at Home – Parents

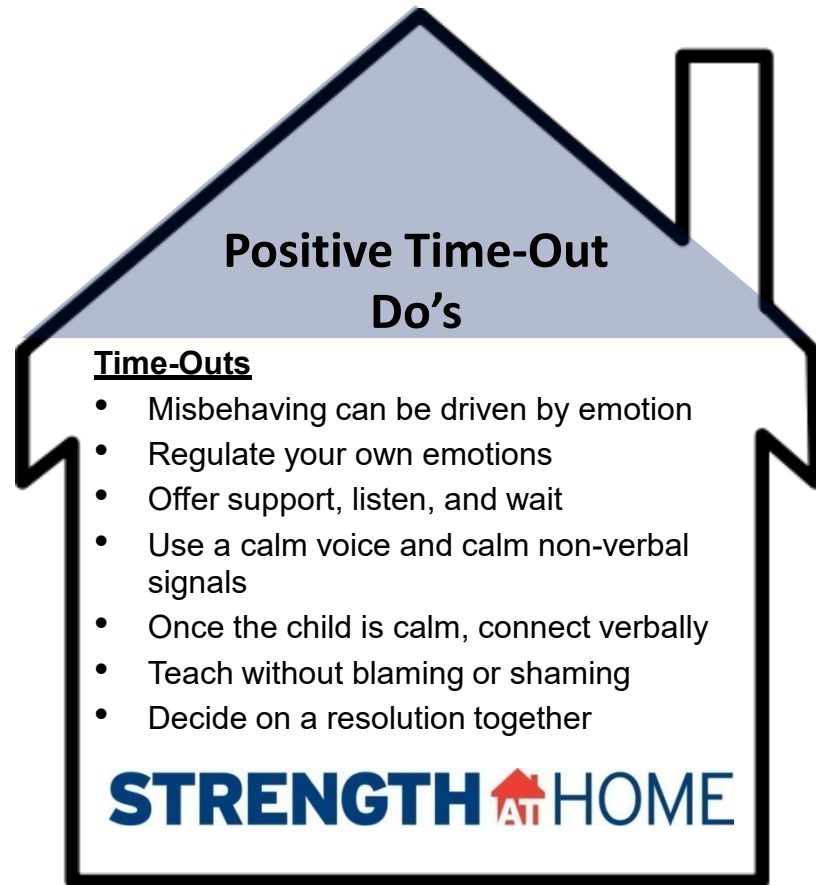
## Session Topics

<u>Sessions</u>	
<u>Session 1:</u> Introduction, Overview of Child Development and Attachment	<u>Session 5:</u> <b>Positive Family Communication Skills</b>
<u>Session 2:</u> <b>Common Reactions to Stress</b> and Trauma and Noticing and Praising Desirable Behavior	<u>Session 6:</u> Screen Time and Safety
<u>Session 3:</u> <b>Identifying, Understanding, and Regulating Emotions</b>	<u>Session 7:</u> <b>Managing Family Stressors and Family Safety</b>
<u>Session 4:</u> Consistent Discipline and Parental Monitoring	<u>Session 8:</u> <b>Reviewing Treatment Gains and Planning for the Future</b>

- Retained **many aspects of SAH** + incorporated evidence from extensive literature review regarding PTSD and parenting
- Expert Panel review &
- Individual interviews with N = 16 VA Clinicians who were experts in parenting/family psychology

(Creech et al., 2019)


# Sample SAHP Group Materials

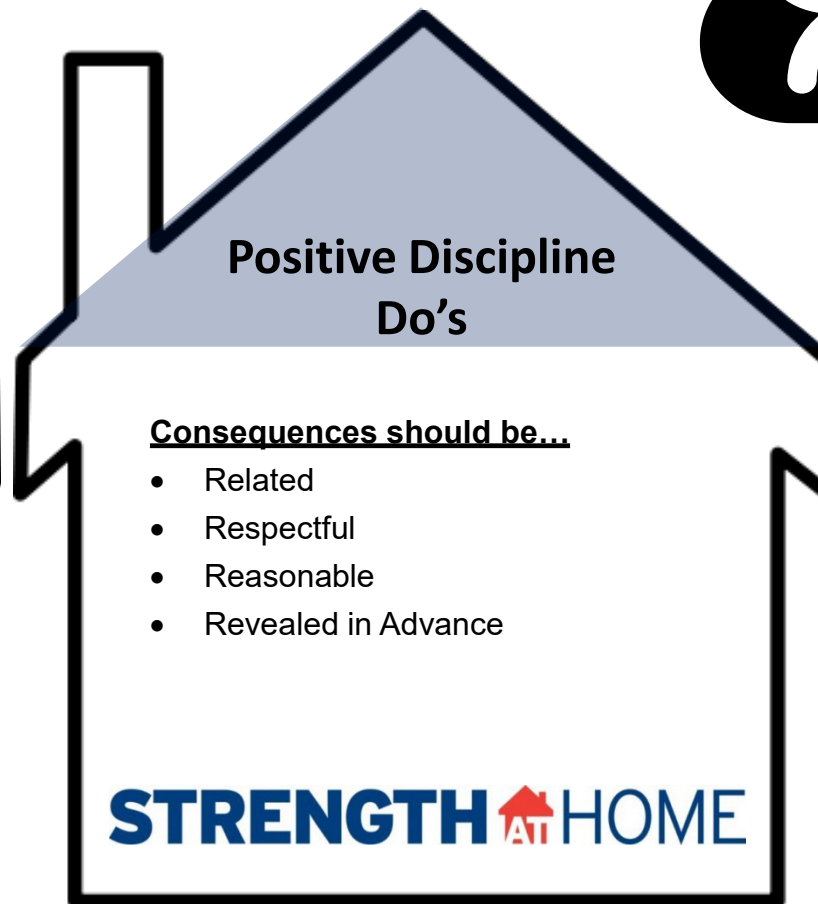


**Positive Time-Out Do's**

Time-Outs

- Misbehaving can be driven by emotion
- Regulate your own emotions
- Offer support, listen, and wait
- Use a calm voice and calm non-verbal signals
- Once the child is calm, connect verbally
- Teach without blaming or shaming
- Decide on a resolution together


**STRENGTH  HOME**

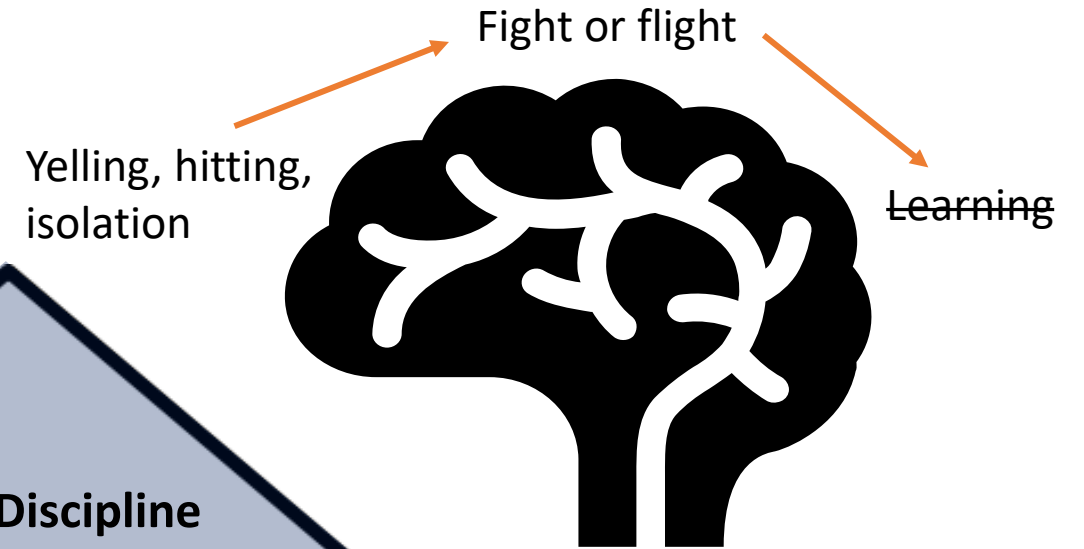


**Positive Discipline Do's**

Consequences should be...

- Related
- Respectful
- Reasonable
- Revealed in Advance

**STRENGTH  HOME**



(SAHP, n.d.)



# Tip Card



(SAHP, n.d.)

## Gun Safety Tips

If you are a gun owner, you it is important that you keep guns and any other weapons away from your children.

Here are some tips:

- Always keep guns locked and out of reach of children.
- Consider using a gun lock (we will provide you with these) or gun safe.
- Store ammunition in a place different from the guns.
- Stores keys to gun safes and gun locks in separate places where kids cannot reach them.
- Never leave a gun out and unattended.
- Have a discussion with your children about gun safety (e.g., touching or playing with guns or gun parts)—in your house or anyone else's.

The American Academy of Pediatrics suggests parents get serious about making sure guns are locked up by the time kids are ready to crawl -- around 6 months. Later, when kids go to friends' or relatives' homes for play dates, ask if there are guns in the house and if they're stored safely.

Kids rely on adults to teach them about the world and can often confuse guns with toys. It is important to have conversations with them about what to do if they come in contact with a gun in your home or someone else's.

Here is a useful strategy to teach to keep them safe:

- Stop what you're doing.
- Don't touch the gun.
- Leave the area where the gun is.
- Tell an adult right away.

## *Pilot trial (N = 21)*

- Veterans with child ages 3-12, PTSD and parent-child functioning difficulties.
- Feasibility of study methods, intervention acceptability, credibility and satisfaction.
- Significant improvements in family functioning, significant decreases in the use of dysfunctional parenting practices, and significant increases in positive parenting practices and a trend towards a reduction in parenting stress.
- Some adaptations to content and format.

## *Open Trial (N=58)*

- Parent mean age was  $M (SD) = 36.5 (4.7)$ ; 52% female.
- $M = 6.8$  years AD and 1.48 deployments.
- 24% Latino; 41% White; 30% Black; 20% multi-racial; 9% other.
- Mean age for the index child parents were reporting on was  $M (SD) = 7.1 (2.7)$ ; range 3-12; 57% female.
- Sample was recruited within 16 months ( $M = 3.35, SD = 1.93$ )
- Post-treatments assessments were completed by 47 (89%) participants and 40 (75.5%) participants attended at least 5 treatment sessions.
- Overall, retention rates exceeded the study goal of 70%.



# Open Trial Outcomes

- Significant improvements in all primary outcomes (Creech et al., 2023)

Pre to post-treatment means from open trial of SAHP			
Measure	Pretreatment (M/SD)	Posttreatment (M/SD)	
Family Functioning (FAD)	26 (6.09)	22.84 (6.62)	
Child Stress (PSI-Child subscale)	132.57 (24.83)	114.78 (22.85)	
Parenting Stress (PSI Adult subscale)	172.71 (32.38)	146.96 (29.84)	
Parenting Stress Total (PSI total)	305.28 (51.43)	263.18 (46.82)	
Dysfunctional Parenting Behaviors (PS)	101.25 (23.98)	87.38 (20.79)	
PTSD (PCL5)	46.36 (17.04)	38.2 (17.96)	
Depression (BDI-II)	29.12 (12.64)	22.38 (12.6)	
Child Internalizing and externalizing (PSC)	21.97 (9.63)	17.45 (8.23)	
FAD = Family Assessment Device; PSI = Parenting Stress Index; PS = Parenting Scale; PCL5: PTSD Checklist for DSM 5; BDI-II = Beck Depression Inventory II; PSC= Pediatric Symptom Checklist			

# Summary of Results

- Directly targeting parent-child and family functioning domains through brief trauma-informed, group intervention providing psychoeducation, skills training, and cognitive behavioral approaches to improving parenting appears to be effective.
- Carryover effects on mental health outcomes
  - Avenue for further study: whether adjunctive family focused treatments such as *SAHP* might help someone cross into remission.

# SAHP Qualitative Experience

“[It helped] talking as a group. Knowing I’m not alone in making mistakes as a parent.”

– Male veteran, group 1

“I feel better and more hopeful. This group meant a lot for me, and I met wonderful individuals” – Female veteran, group 3

“The framework the group provided has been immensely valuable to me as a parent....My relationship is stronger and healthier than it was because of what I learned here. My child is happier and healthier.” – Male veteran, group 4

“I am going to lead a totally different life. I even thought about having another child. For the first time I feel qualified to do it.”–

Female veteran, group 3

*“Ultimately, this program has not only improved my ability to be a mom, but it has also alleviated many of the symptoms of my PTSD that were exacerbated by being a mom....I can only say that this has alleviated my stress by teaching me effective methods to parent that garner the best results with the least amount of wasted energy and conflict.” – Excerpt from a letter written by a female veteran, group 3*



(U.S. Navy, 2010)

“This group meant so much to me; I have been in denial in the past, but this class has taught me a lot about self care to be able to help my children. I needed this class – it was profound. I am now starting my journey of self-recovery.” – Female veteran, group 3

# Positive Parenting Tips

- Develop a positive parent-child relationship:
  - Spend one-on-one time together
  - Participate in activities
  - Use active listening skills
  - Praise and notice good behavior (in the moment)
  - Use skills to manage strong emotions and model those to children
  - Be consistent with rules and consequences

# Positive Discipline Tips

- Consequences should be logical and connected to the behavior
- Avoid physical punishment
- Try to understand what the child is communicating with misbehavior
- Promote consistency
- Set limits
- Manage parental emotions
- Specific to PTSD: Fight or Flight

# Positive Discipline Tips

- With younger children:
  - Keep rules simple
  - Be consistent
- As children age
  - Involve them in setting rules and consequences
  - Give them a chance to make things right
- With teens:
  - Allow natural consequences





# Assessing Parenting

- Ask about challenges, communication, discipline, knowledge of child development, attachment.
- Free measures:
  - APQ: Alabama Parenting Questionnaire – Short Form
    - 1) Positive parenting, 2) Inconsistent discipline, 3) Poor supervision
    - Constructs association with child behavioral problems
  - KPS: Kansas Parental Satisfaction Scale
    - “how satisfied are you with yourself as a parent”
  - PSC: Pediatric Symptom Checklist
    - 35 item list of emotional and behavioral problems
    - parent’s perspectives on their child’s cognitive, behavioral and emotional functioning

(Elgar, Waschbusch, Dadds & Sigvaldason, 2007; James et al., 1985; Jellinek et al., 1988)



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# RANDOMIZED CLINICAL TRIAL (RCT) OF STRENGTH AT HOME PARENTS

**STRENGTH**  **HOME**  
**PARENTS**

This work is supported by the Office of the Assistant Secretary of Defense for Health Affairs and the Defense Health Agency J9, Research and Development Directorate, or the U.S. Army Medical Research Acquisition Activity at the U.S. Army Medical Research and Development Command, in the amount of \$3,444,151, through the Traumatic Brain Injury and Psychological Health Research Program under Award No. HT9425-23-1-0869.



# **RCT IN PROGRESS IN VA VISN 17**

- Target enrollment  $N = 190$  veterans (half women)
- Recruiting began in April 2024
- Enrollment = about 100 currently
- Funded by DOD Clinical Trial Award
- Collaboration between UT Austin, VA VISN 17 COE, Central Texas VA and Central Texas Veterans Research Foundation



# KEY TAKEAWAYS

- We are actively working to test this program and then bring it to more families if it is effective
- In the meantime:
- Clinicians can ask about parenting stress as part of health and well-being
- Consider referring to skills training resources to improve positive parenting and decrease inconsistent, harsh discipline.
  - Scream Free Parenting, Big Little Feelings, Mister Chaz, Dr. Becky
- Clinicians can help Veterans dealing with PTSD symptoms to consider how their symptoms impact parenting and family well-being as motivation to seek treatment.



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# THANK YOU!

- Results Expected in late 2026
- Reach out:
- [Suzannah.creech@austin.utexas.edu](mailto:Suzannah.creech@austin.utexas.edu)
- We are looking for potential partners and funding for future research on the program in reserve component and active-duty settings





# QUESTIONS?