



**Military Family Research Institute  
Purdue University**

# MFRI RESEARCH BRIEF

## MILITARY ONE SOURCE COUNSELING: FIRST ARMORED DIVISION PILOT COUNSELING PROGRAM

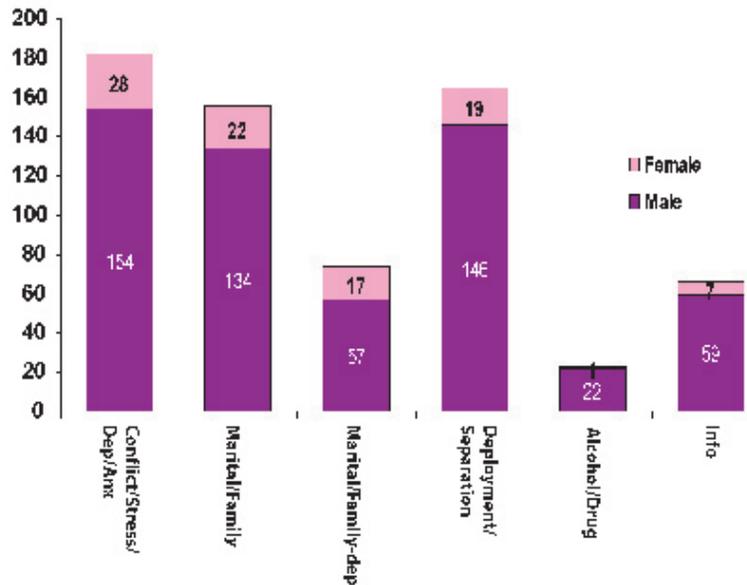
### Background

In response to challenges experienced by the first Armored Division, a pilot program was created to provide new counseling resources for military family members at multiple military installations in Germany and one installation in Italy. The need for additional resources was occasioned by the stresses of the war in Iraq, extended deployments, and subsequent reunions.

A senior official in the MHN network of mental health providers initially recruited 20 counselors to provide services at the installations for a 30-day period. Counselors have continued to cycle through the installations on 30-day rotations. Counselors were expected to look for gaps in service and develop strategies to fill them.

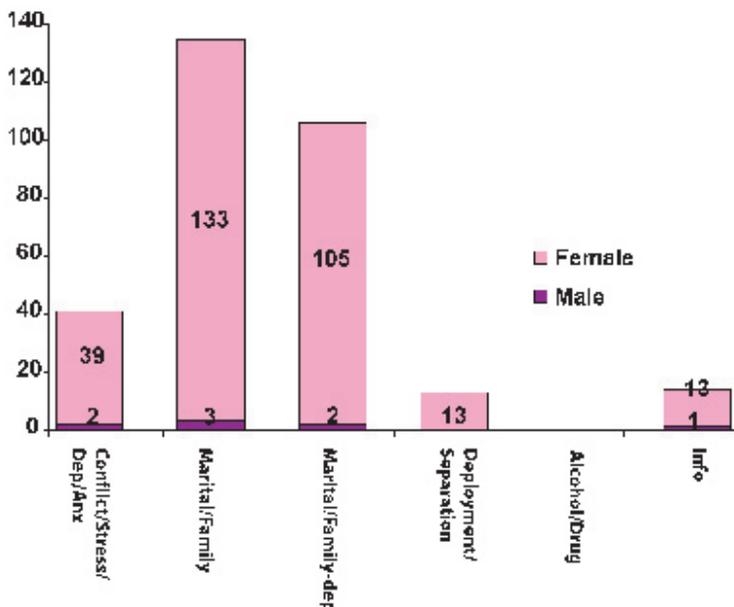
At the conclusion of each counseling session or encounter, the counselors filled out a contact sheet, which was then sent to the Military Family Research Institute (MFRI). Contact sheets

**Military Member's Issues by Gender (number)**



from June 2, 2004, through December 6, 2004, were coded for this report. Data came from 45 counselors regarding 1,800 contacts.

**Spouses' Issues by Gender (number)**



### Findings

Based on analysis of just over six months of case notes and interviews with counselors and ACS staff, researchers found:

- About one-half of the clients were military members (mostly men) and about one-fifth of the clients were spouses (mostly women).
- Reporting counselors did not believe there were risk issues in about 80 percent of contacts. Highest risk categories were adult violence and abuse, severe mental health, and PTSD. Only one of these categories reached even 6.7 percent.
- Nearly half (46%) of all problems were coded as family issues. This percentage would be much higher if only spouses were considered (xx%). Two-thirds of all sessions were with individuals, even though almost half presented as family issues.



- About 28 percent of contacts centered on issues clearly related to deployment.
- Younger military members were more likely to present individual issues related to conflict/depression/anxiety/stress and to present with alcohol and drug problems.
- Older military members presented more often to get more knowledge.

## Conclusions

- Pilot project filled the need for non-medical face to face counseling services in ONUS for a non-clinical population. The majority needed short-term counseling, support or information rather than intensive mental health counseling.
- The counselors were well-trained, experienced and flexible enough to work with clients wherever needed – in schools, churches, hallways and even outdoors.
- The counselors provided service to existing staff, such as ACS staff (17% of contacts were with staff members).
- Finally, the counselors were seen as safe help because they were not linked to the military.

## Recommendations

- Need perspective of clients to draw more definitive conclusions about impact of services.
- The trade-offs of having outside, temporary counselors need to be addressed. Short-term may impact development of client-counselor relationship. Also, while counselors expressed that flexibility could be a benefit for the client, some found the military system confusing or frustrating.
- More preparation of counselors is needed about the military and the locale where they are working. ACS staff needs to know more about the counselors and how to publicize their services.
- Target the expertise of the counselors based on the needs of the clients:
  - o Given that a large percentage of cases related to family issues, recruit counselors who have knowledge of family dynamics and interventions that address family systems.
  - o All counselors should receive specific training and information on the issue of deployment.

Intensity of Intervention (percent)

