

# ***MILITARY & VETERAN FAMILIES***

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# I'll be talking about...

- Relevance of systemic approaches to families
- Examining existing literature
- Theoretical approaches to family systems
- Gaps in existing systems of care
- Promising family focused services and care
- Recommendations for future directions

# ***What is the Military Family Research Institute?***

- A research and outreach organization at Purdue University, the public land grant institution in Indiana
- Created in 2000 with funding from the Office of Military Community and Family Policy; now funded by a variety of sources

# ***Military Family Research Institute at Purdue University***

## ***Strategic Goals***

- Support military communities in their efforts to support military families
- Strengthen the motivation and capacity of civilian communities to support military families
- Generate important new knowledge about military families
- Influence programs, policies and practices that affect military families
- Grow and sustain a vibrant learning organization

# Key Elements of a Systems Approach

History

Equifinality

Feedback loops

Homeostasis

First and second order change

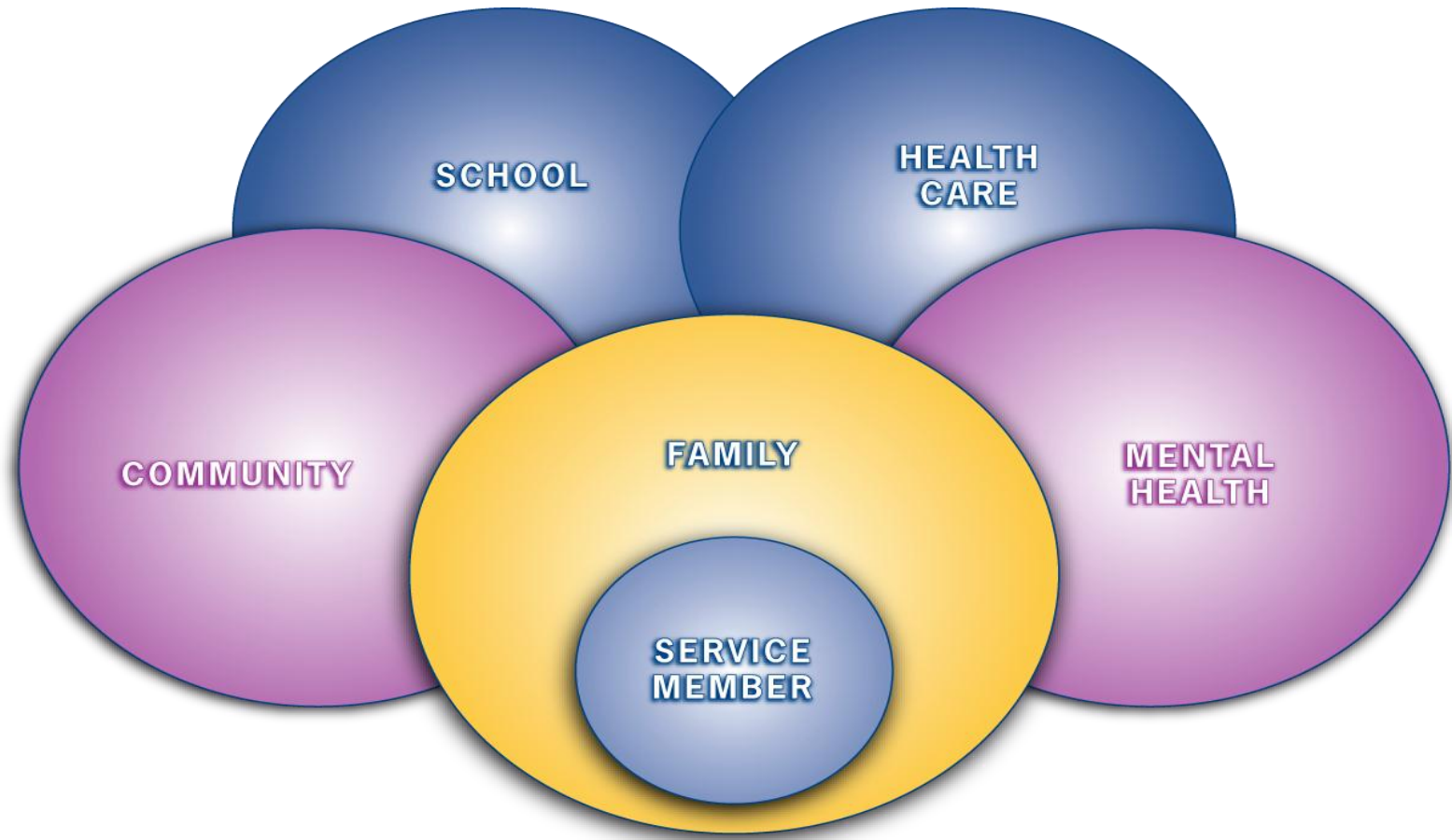
Limitations

# Relevance of Systemic Approaches to Military and Veteran Families

- Considerable evidence that military duties have implications for not only service members and veterans but also their spouses and children
- Military service also very likely affects parents, siblings, and other family members of service members, but little is known about their experiences.
- Service Members/Veterans are embedded with family as primary system support, which embedded in multiple care systems.



# Service Member/Veteran and Families are Embedded Within Interlocking Systems



# Relevance of Family Focused Systemic Approaches

There is also considerable evidence that the experiences of family members, in both civilian and military families, are interdependent, as well as predictive of child outcomes

- Parental employment and children's developmental outcomes (Parcel & Menaghan, 1994)
- Spouses' employment and marital satisfaction (Westman et al., 2004)
- Child development, parenting and resilience (Rutter 1985; Luthar, 2006)
- Traumatic stress, families and children (Pynoos et al 1995; Galvoski and Lyons, 2004; Dekel & Goldblatt (2008):



# Families are Prominent in Military Culture

- For married service members, spouses and children are frequently described as critical to service member functioning
  - E.g., Army Family Covenant and family action planning, Air Force Year of the Family,
- Definitions of family are expanding, such as in Yellow Ribbon Reintegration program
  - May include spouse, children, parents, grandparents, or sibling as recognized by DEERS (DoDI 1342.28, March 30, 2011)

# A New Social Compact

(DoD, 2002)

The notion of a Social Compact or the idea that “we’re all in this together,” is paramount to a successful military defense. The Social Compact recognizes the fundamental three-way exchange that exists between the Service Member, the family and the Department of Defense. Since the early 1980’s the Department of Defense has increasingly expanded program support to military families. Although these services were never formally called a “social compact,” service members and their families have grown to appreciate that family and quality of life issues will be addressed by a military leadership that cares. Today, with an all-volunteer force, shrinking infrastructure of bases, increasing reliance on Reserves, and changing mission demands, the Department envisions a new Social Compact between the military and its members and their families. **The new Social Compact explicitly recognizes that military service is a reciprocal partnership between the Department of Defense, service members and their families.** Of primary importance to military families is the assurance that the Department is prepared to underwrite family support.

# Family Level-Stress & Interactions in Military Families: Examining the Literature



# *Interdependence between Service Member and “At-Home” Family Member Experiences*



## ***Pathway: Relationship of Service Members/Veterans Experience to Spouses***

- Parents with a deployed spouse demonstrate higher levels of depressive symptoms and stressors, after controls for predeployment levels of depression (Jensen, Martin, & Watanabe, 1996).
- At home parenting spouses experienced increased depressive and anxiety symptoms during combat deployment compared to a spouses with recently returned service member (Lester et al, 2010)
- Combat deployments associated with increased distress and mental health care utilization in at home spouses (Chandra 2010; Mansfield 2011; Gorman 2011)



# ***Interdependence between Service Member and “At-Home” Family Member Experiences***

## ***Pathway: Relationship of Service Members/Veterans Experience to Spouses***

- Service member PTSD symptoms mediate link between own negative emotionality and relationship quality with partner (Meis, Erbes, Polusny, & Compton, 2010).
- Trauma symptoms (e.g., numbing, sleep problems, dissociation) negatively associated with marital and relationship satisfaction for both soldiers and their wives (Galvosky and Lyons, 2004; Nelson Goff, Crow, Reisbig, Allison, & Hamilton, 2007).
- Qualitative research highlighting mechanisms through which trauma influences dyadic functioning: boundary issues, intimacy problems, relationship roles, trauma and loss reminders, and coping mechanisms (Henry et al., 2011).

## ***Interdependence between Service Member and “At-Home” Family Member Experiences***



### ***Pathway Relationship of At Home Family Members to Service Members***

-Support in intimate relationships facilitates service member use of individual mental health services in the context of PTSD (Meis, Barry, Kehle, Erbes, & Polusny, 2010).

-Concern of family and life disruption at *pre-deployment* predicted service member PTSD symptoms *post-deployment* (Readiness and Resilience in National Guard Soldiers Project, Erbes & Polusny).

-Qualitative research illustrates the link between “at-home” family stress and stress of the service member during a mission, “We all have home situations which need attention. It is hard to fully devote my time, and having my mind somewhere else might cause a situation...I know many others feel this way” (McNulty, 2005, p. 5).

# ***Interdependence between “At-Home” and Service Member Parental Experiences and Children***

- Emotional and behavioral distress, risky behaviors and academic impact both during and following combat related deployments (Flake et al 2009; Lester 2010; Chandra 2010; Chartrand 2008; Reed et al 2011)
- Increased utilization of child mental health services (Mansfield, 2011; Gorman et al 2010)
- Rise in child maltreatment during deployments and related to separation/reunion (Gibbs et al 2007; Rentz et al 2006)



## ***Interdependence between “At-Home” and Service Member Parental Experiences and Children***

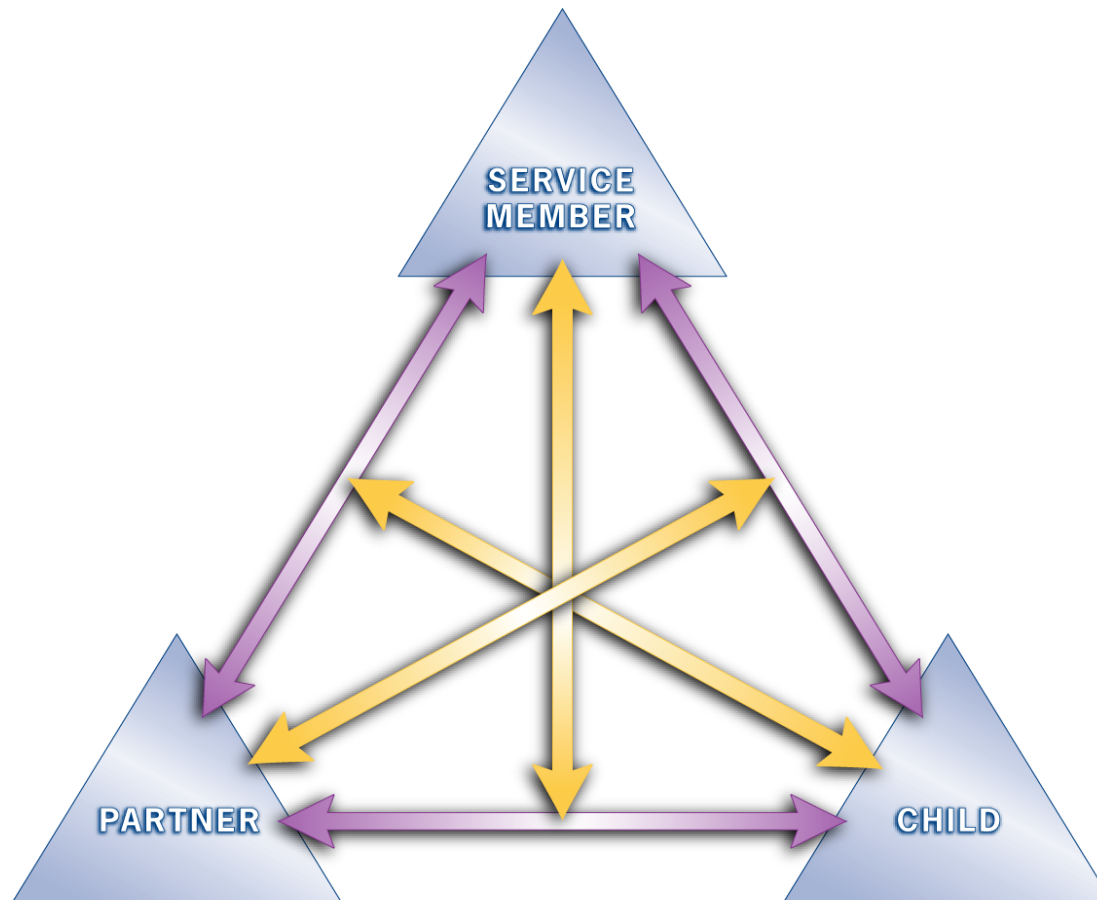
- Relationship of cumulative months combat deployments, parent and child distress (Chandra 2009; 2010; Lester 2010; Hoge et al, 2007)
- Risk for parental psychological distress and mental health problems (At home parent and Veteran/Service Member Parent) to child internalizing/externalizing symptoms (Chandra 2009; Dekel 2008; Lester 2010)
- Indications of family relational processes that influence child outcomes: communication, parenting (Chandra et al 2010; Gerwitz 2010; DeVoe & Ross 2012)



# Summarizing Emerging Data on Wartime Deployments and Military Families

- Stress reverberates across the family– both spouse and service member psychological health outcomes are related to child stress: Family context may be protective or increase risk.
- Stress accumulates: Families who have experienced greater amounts of stress including multiple separations, combat stress, psychological and physical injuries are at greater risk both individually and as a whole.
- Increasingly findings provide support to the role of family centered approaches– across systems of communities care for service members, spouses and children.

# Systemic Model to Inform Services and Care for Military/Veteran Families



# Systems Perspectives about Families

- Attachment Theory  
(e.g., Vormbrock, 1993; Riggs & Riggs, 2011)
- Family Resilience  
(e.g., Walsh, 2003; Masten & Reed, 2002; Saltzman et al., 2011)
- Bioecological Systems Theory  
(Bronfenbrenner)
- Life Course Perspectives  
(Elder and others)

# Fundamental Premises

- Families are systems.
- Individuals and families are diverse, and react to similar stressors in widely varying ways.
- Human development includes both continuous and discontinuous change, and continues throughout the entire life span.
- Individuals and families construct meaning from their experiences, which powerfully affect their responses.
- ‘Pile-up’ of stressors increases the likelihood of individual or family maladjustment at an accelerating rate.
- The course of human development is affected by historical, social, and other contexts within which development occurs.

# Families in Context

- Systems BEYOND families introduce effects that reverberate within:
  - Military
  - Civilian employers
  - Schools
  - Communities

# Microsystems are Connected by Mesosystems

- The stronger, more positive and more diverse the links between settings, the more powerful and beneficial the resulting MESOSYSTEM will be as an influence on ... development.
- Strongly positive: many connections and mutual support,
- Weak and negative: conflicts of values, style, and interest.

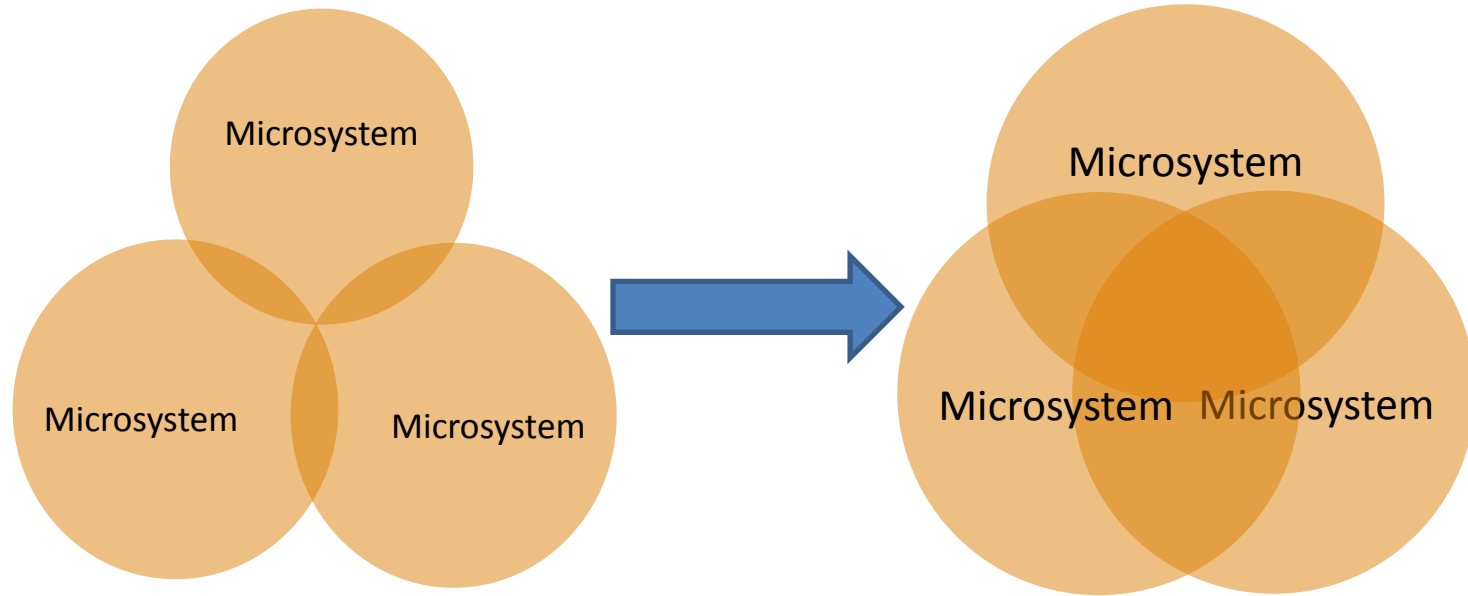
(Garbarino, 1992, p. 45)

# Consequences of Weak Mesosystems and Other Challenges

- Cumulative disadvantage
- Cascades of risk
- Mutual exacerbation – accelerating negative trajectories

(Brenner, Vanderploeg, & Terrio, 2009)

# Strengthening Connections Depends Upon Development of Mesosystem

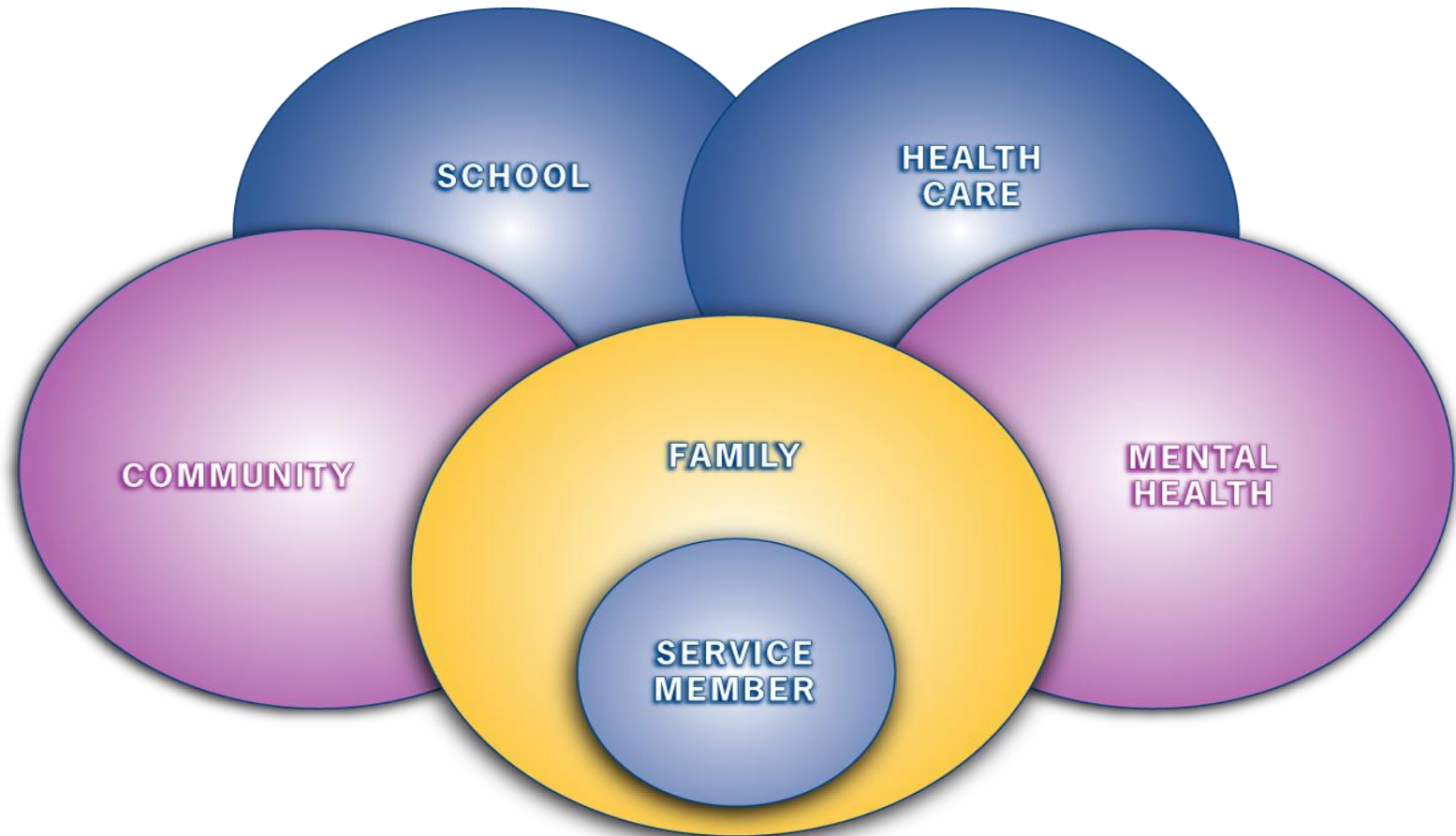




# What Stands in the Way?

- Systemic approaches have merit because stress reverberates— but then we design research and programs and policies like they don't.
- Family centered prevention and care has merit because they work in improving a broad range of outcomes for individuals and families— one that last over time.
- Family centered approaches will be more effective if they can be reinforcing to existing systems of care.

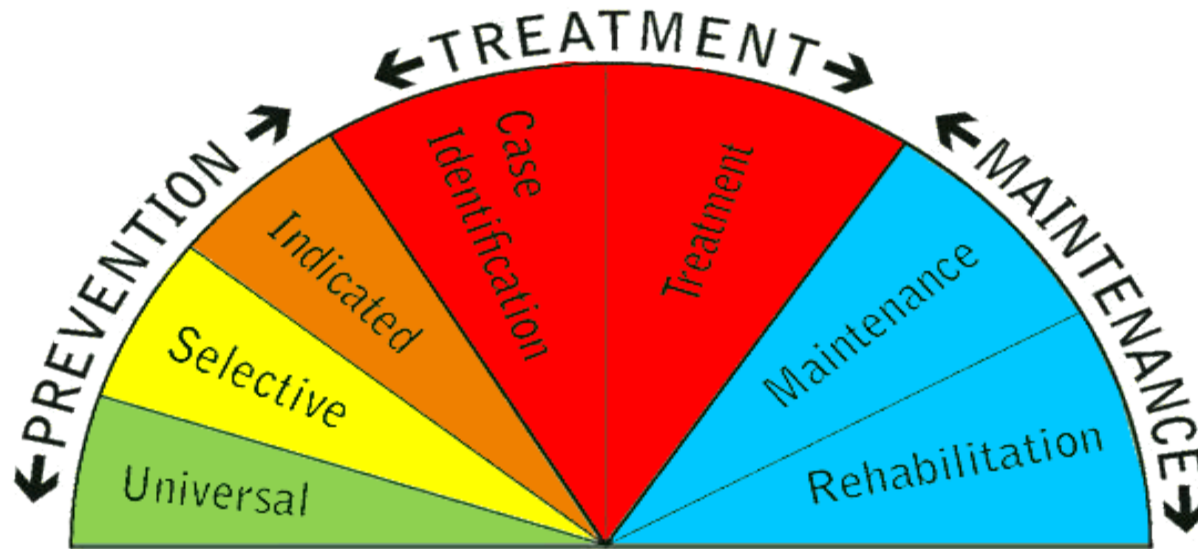
# Leveraging Systemic Family Approach Across Military & Civilian Systems



# Translation to Practice: Systemic Approaches to Promote Psychological Health for Military/Veteran Families

- Family Centered Care
  - Pediatric care systems
  - Civilian injury systems
  - Military and Veteran health care: Injury Care
- Family Prevention Science
  - Parenting interventions
  - Family focused interventions

# Institute of Medicine (IOM) Psychological Health Continuum Model



## Three Target Populations for Prevention Interventions

UNIVERSAL	SELECTIVE	INDICATED
Everyone in a population	Subgroups of the population at heightened risk	Individuals suffering subclinical distress or impairment

# Family Centered Care Principles

Linked to principles of patient centered care (IOM, 2001)

- Care as collaboration with patients and families
- Families central to patients' health and well-being— particularly for those patients with chronic conditions
- Families members are often primary system of support and care
- Families are essential members of the care continuum and caregiving team.

# Family Centered Care Models

## *Pediatric Health Care Settings*

- Emphasized provider-parent relationship in care of special needs/chronic illness care (Ryan et al 2010)
- Applied more broadly with integration of family science: emphasis on biopsychosocial models; parenting/family environment; emphasis on resilient family characteristics; “new morbidities”
- Integration of family prevention science: Parenting and family interventions positive health and psychological benefit in setting of chronic illness.

# Family Centered Care Models: *Child Mental Health Systems*

Systems of Care: Family focused comprehensive care/wraparound care for children with chronic mental health problems

- Children exist in larger ecological contexts particularly the family system (Bronfenbrenner, 2005; Cook and Kilmer 2010; US Department of Health and Human Services 1999)
- Family members are among the most powerful and significant influences on child development and adjustment. (Cairns et al. 1993; Farmer and Farmer 2001)
- Growing research that family support and interventions can positively impact children's social, emotional and cognitive development, as well as family empowerment and economic self-sufficiency (Layzer et al. 2001; Spoth 2001).
- Potential for preventive impact on the other family members who are at significant risk (Farmer and Farmer 2001; Tolan and Dodge 2005).

# Advances in integration of family focused care within military and veteran settings:

*Learning from positive examples*





***Talk, Listen, Connect:***  
**Helping Military Children**  
**Through Challenging Transitions**

[www.sesamestreet.org/tlc](http://www.sesamestreet.org/tlc)



**David Cohen**

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# What is Talk, Listen, Connect?

- *Talk, Listen, Connect (TLC)*, a bilingual (English/Spanish) outreach initiative providing multimedia tools to build resilience in military families with young children coping with challenging transitions.
- Content areas:

Deployments &  
Homecomings

Changes:  
Coping with Injuries

Grief:  
The Death of a Parent



# Deployments, Homecomings, Changes What Have We Learned?

- Ways to tell children about changes
- Include children in the various steps to a new normal
- Provide guidance and hope for the future



# *Passport toward Success: Family Focused Military Community Program*

- ▶ Program developed by the Military Family Research Institute at Purdue University in collaboration with the Indiana National Guard
  
- ▶ Developed in recognition that:
  - 1000's of Indiana National Guard soldiers have been deployed to Iraq and other conflicts in recent years, many soldiers deployed multiple times
  
  - Deployment impacts not only the service member, but the entire family (including children and adolescents – at all phases of the deployment cycle)

## Objectives

## Outcomes

- Increase capacity to share and respond to feelings, foster closer ties to family, friends and community.



Improved sense of connection among family members



Increase understanding about benefits of appropriate communication

- Promote strategies to attend to physical, mental and emotional needs.



Increase use of coping skills among family members

- Increase capacity to share and respond to feelings.



Increased awareness of emotional needs



## Example of Program Impact:

- Children/adolescents who reported the highest level of negative experiences in terms of having their military parent deployed also were those most likely to say they learned new ideas from the PTS program.



# *Army Strong Bonds*

- A prevention program aimed at targeting relationship distress specifically intended for the OEF/OIF cohort
- A good example of a “spiritual system of care,” administered by Army chaplains
- Weekend retreat focused on building relationship enrichment and couple communication/intimacy
- Results from a large, randomized control trial study revealed that married Army couples who were assigned to receive PREP Strong Bonds psycho-educational couple education program rather than the control group (no intervention) were at a reduced risk (2.03% vs. 6.20%) of divorce one year later (Stanley et al., 2010).

# FOCUS Family Resiliency Training & FOCUS Suite of Services

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- ❑ Adaptation of Evidence Based Family Centered Prevention Interventions for Military and Families (Beardslee et al 2003, 2007, Rotheram-Borus et al 2001, 2006, Layne et al, 2001)
- ❑ Developed as a selective and indicated prevention service that builds resiliency and wellness within the military and veteran family in context of multiple deployments, psychological and physical injuries/TBI
- ❑ Provides a destigmatizing framework for family members to address current difficulties and develop skills for on-going stressors related to reintegration
- ❑ Provides enhanced access and continuity of care for military children and families in active duty military installations



# Public Health Strategy for Implementation

## FOCUS Suite of Services for Family Centered Care:

*Beardslee, Lester, Klosinski et al; Prevention Science, 2011*



# FOCUS Impact on Family Psychological Health and Family Functioning

*Lester et al., Am J of Public Health, 2012*

- ❑ Children reported increased use of **positive coping strategies** in dealing with stressful events, including significant increases in **problem solving** ( $p = .0001$ ) and **emotional regulation** ( $p = .005$ ).
- ❑ Parents reported reductions in child **conduct problems** ( $p < .0001$ ), Reductions in **emotional symptoms** ( $p = .001$ ), such as **anxiety** and **depressive symptoms**, and improvements in child **prosocial behaviors** ( $p = .01$ ).
- ❑ Parents reported decreased levels of their own **depression** ( $p < .01$ ) and **anxiety symptoms** ( $p = .002$ ).
- ❑ Family functioning improved (**problem solving, communication, roles, affective responsiveness, behavior control**) ( $p < .0001$ ).

# Recommendations for Future Developments in Family Focused Care for Service Members and Veterans

## *Promote the development of:*

- Evidence based Family-centered education, skills, and treatments that enhance functioning (and reduce distress) on the individual, relational, and family-wide levels that can practically be delivered in multiple systems.
- Institutional transformation that moves beyond individual programs and reimbursement structures.
- Honor and strengthen role of family in support and care of children and individual members within natural community and caregiving systems (schools, community, health care, mental health).
- Increase awareness of needs of families of chronically ill or physically injured:
  - Society currently relies on family members to be medical caregivers (as patients are sent home from hospitals sooner and sicker), as well as financial providers (as economic resources are needed to keep up with the costs of healthcare etc.)
  - Children are not excluded from these caregiving roles, we need to question what is developmentally appropriate for children and whether we should be teaching children how to be caregivers as well
  - Develop physical spaces that afford privacy, respite, and safety for children while minimizing gratuitous additional stressors

# Recommendations

## Continue to:

- Develop research and services across multiple caregiving and community systems that advance principles and evidence established by family centered research.
  - School and Universities
  - Community and Military Settings
  - Social Services
  - Health Care and Rehabilitation
  - Mental Health Care settings
  - Veteran Health Care and Community Services
  
- Conduct research on the implications of family dynamics in recovery from serious wounds and injuries, including psychological injuries
  
- Highlight convergent evidence based practices/rigorous support for family-centered approaches to service members/veterans and their families ranging from community/preventative programs , to tertiary care settings.

# Comments and Questions?

