The Military Family Research Institute (MFRI) at Purdue University established the *Excellence in Research on Military and Veteran Families Award* in 2015.

The goals of the award are to:

» bring visibility to issues of military and veteran families generally, and to outstanding new research specifically;

» increase the impact of rigorous scientific evidence on programs, policies and practices affecting military and veteran families;

» strengthen connections between researchers and practitioners interested in military and veteran families; and

» raise awareness of research about military and veteran families across many disciplines.

The winning paper is selected through a rigorous process. No nominations or applications are accepted, and authors have no idea their work is being considered. Instead, a panel of accomplished scholars examines every relevant article published during the eligible year. Multiple rounds of review include standardized quantitative assessments. In this way, the panel arrives at the final selection.

In 2019, MFRI named the Excellence in Research on Military and Family Veteran Award after Barbara Thompson, who has served military and veteran families for more than 30 years.

MFRI thanks Military REACH for supporting this award, and joining us in our mission to advance important research about and for military and veteran families.
About Barbara Thompson
Barbara Thompson assumed the duties of director for the Office of Military Family Readiness Policy, Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy in 2006 and retired in 2017. She was responsible for programs and policies that promote military families’ well-being, readiness and quality of life. In this capacity, she had oversight for Department of Defense child development and youth programs, serving 700,000 children daily at more than 300 locations worldwide.

Thompson had purview over military family readiness programs, including spouse career advancement, military family life cycle and transition support, community capacity building supporting geographically dispersed military members and their families, the Family Advocacy Program, and Exceptional Family Member Program. She also coordinated programs for the severely injured and supported the rebuilding of the Ministry of Education in Iraq.

Thompson is continuing her leadership in the military community by advising multiple national organizations, including MFRI.

About MFRI
The Military Family Research Institute (MFRI) at Purdue University conducts research on issues that affect military and veteran families and works to shape policies, programs and practices that improve their well-being.

Founded in 2000, MFRI envisions a diverse support community that understands the most pressing needs of military and veteran families. To achieve this, MFRI collaborates to create meaningful solutions for them. This internationally-recognized organization is located at Purdue University’s College of Health and Human Sciences, in the Department of Human Development and Family Sciences.

About Military REACH
The purpose of Military REACH, a partnership between Auburn University and the DoD-USDA Partnership for Military Families, is to bridge the gap between military family research and practice. To facilitate the DoD’s provision of high-quality support to military families, our objective is to make research practical and accessible. We do this by producing research summaries with action-oriented implications for our target audiences: families, helping professionals, and those who work on behalf of military families. Our team critically evaluates and synthesizes military family research related to issues of family support, resilience, and readiness. We identify meaningful trends and practical applications of that research, and then, we deliver research summaries and action-oriented implications to our target audiences.
Study takeaways

» Post-traumatic stress disorder is often linked to increased risk for intimate partner violence (IPV). Many studies of PTSD focus on symptoms like anger/irritability, difficulty concentrating, sleep disturbance, which are common among other mental health conditions. These symptoms aren’t exclusive to PTSD.

» Previous studies have lumped in symptoms unique to PTSD with these more frequently-occurring symptoms. In contrast, we separated these more common symptoms – anger, concentration, disturbed sleep, etc. which are grouped under “negative affect” – from symptoms that are specific to PTSD. We found that negative affect was the unique predictor of IPV, not the PTSD-specific symptoms.

» Women are understudied as potential perpetrators of IPV. We found that men and women were similarly prone to negative affect, indicating a similar potential for IPV. Future research should continue to evaluate gender differences in factors such as trauma exposure and stress symptoms.

Researcher biography

Valerie Stander, Ph.D., has worked as a research psychologist at the Naval Health Research Center (NHRC) for over 20 years studying the health and wellbeing of military personnel and their families. Within the NHRC Military Population Health Directorate, Stander is currently the principal investigator of the Millennium Cohort Family Study, a 21-year longitudinal program documenting the impact of military life stress on family relationships. Stander is also co-principal investigator in a research collaboration with Abt Associates evaluating the efficacy of a HealthySteps pilot for intervention initiated by the Department of Defense Office of Military Community and Family Policy. Stander focuses on risk factors for interpersonal aggression, including patterns of family violence, sexual aggression perpetration and victimization among military personnel.

Study takeaways

» When civilian parents reported a stressful family reintegration, adolescents often perceived poorer parenting quality by their civilian parent. In turn, these adolescents displayed more depressive symptoms on average.

» When active duty parents reported stressful family reintegration, adolescents often observed more conflict between the parents, which was then associated with greater anxiety and depressive symptoms.

» Reintegration experiences for parents appeared to have little effect on adolescents’ reports of family cohesion, but family cohesion remained important for those adolescents in many ways. Adolescents who reported higher family cohesion typically experienced fewer depressive symptoms, greater self-efficacy and more personal well-being.

Researcher biographies

Catherine Walker O’Neal, Ph.D., is an assistant professor of Human Development and Family Science at the University of Georgia. Her research focuses on the interplay of risk and resilience among families facing acute or chronic stressors, particularly military families, to inform evidence-based outreach efforts promoting well-being. O’Neal directs the evaluation of the Department of the Air Force’s Personal Financial Readiness program, and she is a co-investigator of Military REACH, a partnership project synthesizing military family research to make it accessible and relevant for military families, helping professionals, and policymakers.

Jay A. Mancini, Ph.D., is professor emeritus of Human Development and Family Science at Virginia Tech, and formerly Haltiwanger Distinguished Professor of Human Development and Family Science at the University of Georgia. Over his career, his research and theorizing have been related to the intersections of vulnerability and resilience, and focused on families in later life, military members and their families, and on communities and family well-being. He is the author, with Pauline Boss and Chalandra Bryant, of Family stress management: A contextual approach (third edition).

**Study takeaways**

» Military service members and spouses frequently feel that they lack appropriate channels for expressing mental health concerns due to current reporting practices within the military. They may also fear that such discussions will aggravate mental health issues.

» Military service members and their spouses desire alternatives to what is currently in place for mental health services. While many participants do not believe they personally need such services, they often feel that others would benefit. Service members and their spouses overwhelmingly support mandatory mental health service programs for military families, especially during reintegration, and would prefer mental health care to be common among military families.

» Stigma can create a barrier during post-deployment/reintegration periods. Service members and their spouses often feel that reintegration should be a time of celebration, but beyond the initial homecoming period, reintegration may pose significant challenges as they renegotiate roles and work through stress experienced during deployment. Military families desire more integrated support opportunities beyond current offerings.

**Researcher biographies**

Brittnie S. Peck, Ph.D., is an assistant professor of communication in the Communicating Arts Department at the University of Wisconsin - Superior. Her doctorate is in communication studies from the University of Wisconsin - Milwaukee. Brittnie’s research focuses on the intersection of family and health communication, and she teaches in areas of health communication and close relationships. Peck comes from a family in which military and civil service is a tradition, and is motivated to research mental health concerns in military families and to expand access to care and support within the context of military culture.

Erin Sahlstein Parcell, Ph.D., is a professor of communication at University of Wisconsin-Milwaukee where she is also chair of the Department of Communication and co-chair of the Institutional Review Board for Human Subjects. She primarily studies communication within and about family relationships and in particular military families. She co-edited *A Communication Perspective on the Military: Interactions, Messages, and Discourses* (2015, Peter Lang). Her research has earned grants and awards including the 2019 Waterhouse Family Institute Research Grant and the 2021 Article of the Year Award for the Journal of Family Communication.

**Study takeaways**

» Many lesbian, gay, bisexual and transgender (LGBT) service members felt that their families were accepted by their unit and leadership, and were safe at their current duty location. But a sizable minority described experiences of exclusion, including nearly one-third that expressed reservations about their unit’s willingness to accept their partner. There may also be pressure for LGBT military couples to “legitimize” relationships through marriage.

» Most LGBT service members did not believe that military family support personnel were trained to meet their families’ needs. Community services like family readiness groups were often seen as unwelcoming. Many participants expressed concern about military health care services, with many services designed to function for heterosexual couples.

» LGBT service members who reported less acceptance of their partner were more likely to report that family support resources could not meet their needs, and were worried about family safety in their current duty location. These same service members were more likely to report both physical and mental health issues. These findings emphasize that exclusion compounds military stressors and may lead to adverse health outcomes.

**Researcher biographies**

*Kathrine Sullivan, Ph.D.*, is an assistant professor at the Silver School of Social Work at New York University. She received her doctoral degree from the University of Southern California’s Suzanne Dworak-Peck School of Social Work. Sullivan’s work employs quantitative and qualitative methods to explore the impact of stress, trauma, and other risk exposures on family process and mental health outcomes, primarily among the families of service members, veterans, and other vulnerable family systems.

*Jessica Dodge, Ph.D.*, is a health services research and development advanced fellow at the veterans Affairs Center for Clinical Management Research at the veterans Affairs Hospital in Ann Arbor, Michigan. Her work centers on providing equitable care to military families, including research into understanding the social determinants of health for military families, new therapy techniques, implementing evidence-based practices, and evaluating current family programs. Dr. Dodge also specializes in configurational comparative methods.

*Maj. Kathleen A. McNamara, Ph.D.*, serves as the flight commander and behavioral health consultant at the Nellis Air Force Base Family Medicine Residency Clinic in Las Vegas, Nevada. Her research focuses on health disparities of minoritized groups and delivery of behavioral health interventions in primary care.

*Rachael Gribble, Ph.D.*, is a lecturer in war and psychiatry at King’s College London. A mixed-methods researcher with a background in public health, the focus of her work is on military families, women’s health, and public attitudes toward the military, with a primary aim of understanding how occupation influences the well-being of families.

*Mary Keeling, Ph.D.*, is a research leader in the defence and security research group at RAND Europe. She received her doctorate from King's College London in 2014 for her mixed-methods research investigating the romantic relationships of UK military personnel and the impact of deployments to Iraq and Afghanistan. Her current research interests include military-to-civilian transition, veteran employment, military and veteran families, and the psychosocial well-being of physically injured veterans.

*Capt. Sean Taylor-Beirne* is a serving officer in the British Army, Royal Army Medical Corps, and a researcher working with the King's Centre for Military Health Research, King's College London. As a clinical academic, he has a wide-ranging interest across multiple areas of military health research, with a particular interest in the well-being of military families.

*Caroline Kale, MSW* is a senior research associate at the New York City Department for the Aging. She earned her master’s in Social Work at New York University. She received her bachelor of arts in psychology with special honors at the University of Texas at Austin. Her current research interests include aging, military veterans and families, posttraumatic stress disorder, homelessness, serious mental illness, and substance use disorder.
Jeremy T. Goldbach, Ph.D., is the Masters & Johnson Distinguished Professor in sexual health and education at the Washington University in St. Louis. His work is focused on measuring, understanding and intervening upon experiences of minority stress and discrimination among LGBTQ+ youth and adults. Goldbach’s work in the area has been continuously funded since 2012 by the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institute on Minority Health and Health Disparities (NIMHD), the National Institute of Child Health and Human Development (NICHD), the National Institute on Drug Abuse (NIDA), the Department of Defense (DoD) and through foundations.

Nicola T. Fear, BSc (Hons), MSc, DPhil (OXON), holds a chair in Epidemiology at the Academic Department of Military Mental Health and is director of the King’s Centre for Military Health Research at King’s College London. She has worked in the field of occupational health throughout her career, including within the UK Ministry of Defence as their consultant epidemiologist. Fear trained in epidemiology at the London School of Hygiene and Tropical Medicine and the University of Oxford.

Col. (ret) Carl A. Castro, Ph.D., is professor and director of the Military and Veteran Programs at the Suzanne Dworak-Peck School of Social Work at the University of Southern California. Castro is one of the leading military health theorists in the world today.

**Study takeaways**

» Prior research using the same data set found that post-traumatic stress disorder (PTSD) in service members was associated with depression in their spouses. This study extended previous findings by evaluating only those symptoms that were exclusive to PTSD, rather than a larger collection of mental health symptoms, to see if they predicted new instances of depression among the spouses of service members.

» Results demonstrated that the certain PTSD symptoms predicted new-onset depression in spouses, while others were marginally protective. Communication about the service member’s symptoms may play an important role in spousal depression, as certain symptoms indicate a greater likelihood of the service member re-experiencing trauma in their home life.

» Study findings support prior recommendations that treatment should not focus exclusively on the characteristic symptoms of PTSD, but also address the less obvious symptoms. Cognitive behavioral conjoint therapy and other couples-based trauma treatments may be well-suited to address a link between the service member’s avoidance of trauma and spousal depression.

**Researcher biographies**

*Kristen H. Walter, Ph.D.*, is a clinical research psychologist and Division Head of the Clinical Research Program at the Naval Health Research Center in San Diego, California. Her research focuses on the treatment of posttraumatic stress disorder (PTSD) and conditions that commonly co-occur with PTSD, such as major depressive disorder, among active duty service members and veterans. Her work includes randomized controlled trials to examine outcomes of evidence-based treatments for PTSD and comorbid conditions, as well as activity-based interventions. She also uses epidemiological data to explore PTSD and comorbid disorders, and how these disorders affect military and veteran families.

*Cynthia LeardMann, MPH,* is a senior epidemiologist with Leidos at the Deployment Health Research Department, Naval Health Research Center. She is the Psychological Program Lead for the Millennium Cohort Study and an investigator with the Millennium Cohort Family Study and Recruit Assessment Program. For over 17 years, she has conducted military-related health research with an emphasis on PTSD, depression, suicide, and sexual trauma. She has authored or co-authored over 70 peer-reviewed publications. LeardMann has been nationally recognized for her research contributions; she received the Charles E. Gibbs Leadership Prize and the Walter L. Wilkins Award for Excellence in Biomedical Research.

*Hope McMaster, Ph.D.*, serves as a civilian research psychologist at the Naval Health Research Center (NHRC) where she is the Principal Investigator of the Millennium Cohort Study of Adolescent Resilience (SOAR) and the Deputy Principal Investigator of the Millennium Cohort Family Study. Over the past two decades, she has published on the topics of racial bias, racial disparities in health, military marital relationships, survey methodology, and military spouse well-being. Guided by her life experiences as a military spouse and her research, McMaster serves on two interagency working groups initiated by the White House’s Joining Forces initiative.

*MAJ Carrie Donoho* is a behavioral epidemiologist and an active duty Army officer at Army Analytics Group at the Pentagon in Washington, D.C. She has conducted both basic and applied research to develop behavioral health interventions for service members and their families. She developed the Behavioral Health Pulse, a tool that Army senior leaders, command teams, and behavioral health officers use to assess behavioral health in their formations. She has conducted in-depth assessments of behavioral health globally and in special populations, including the Republic of Korea, Alaska, and the Air Defense community.

*Valerie Stander, Ph.D.*, is a researcher at the Naval Health Research Center studying the wellbeing of military families. She is the Principal Investigator of the Millennium Cohort Family Study, following two panels of military spouses over 21 years. Dr. Stander also leads an evaluation of a DoD pilot implementation of Healthy Steps (Zerrototwothree.org) supported by the Defense Health Agency and DoD Military Community and Family Policy. Her areas of study include interpersonal aggression, including family violence.