



DEFENSE CENTERS OF EXCELLENCE
For Psychological Health & Traumatic Brain Injury

Military Families and Transitional Stress: What Critical Information is Missing?

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Agenda

- Provide overview of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE)
- Highlight strategies to address psychological health needs of military families
- Identify strategies to increase research knowledge
- Identify innovative ways to transfer research knowledge on military families nationally and globally

DCoE Mission, Vision and Values

Mission

To improve the lives of our nation's service members, families and veterans by advancing excellence in PH and TBI prevention and care

Vision

To be DoD's trusted source and advocate for PH/TBI knowledge and standards, and profoundly improve the system of care

Values

Excellence

Integrity

Teamwork

DCoE Centers

DEFENSE AND VETERANS BRAIN INJURY CENTER

Mission: To serve active duty military, their beneficiaries and veterans with traumatic brain injuries through state-of-the-art clinical care, innovative clinical research and educational programs



DEPLOYMENT HEALTH CLINICAL CENTER

Mission: To improve deployment-related healthcare at the Military Treatment Facility and Military Health System levels through health systems research, program evaluation and program implementation support



NATIONAL CENTER FOR TELEHEALTH AND TECHNOLOGY

Mission: To lead the innovation of health technology solutions; to deliver tested, valued solutions that improve the lives of our nation's warriors, veterans and their families



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Strategies to Address the Psychological Health Needs of Military Families



National Data ^{1, 2}

- Since September 11, 2001, more than 2 million service members have deployed
- Currently, there are over 1.3 million service members and nearly 2 million dependents
- Total US Army Force (FY 2011)
 - Active Duty: 561,437
 - Reserve: 204,803
 - Guard: 361,561
 - Family Members: 899,465

Stressors and Demands of Military Life

- High OPTEMPO, recurrent/prolonged separations are challenges across the deployment cycle ^{6,7,8,9,10}
 - **Pre-deployment:**
Anticipated separation, readiness concerns
 - **Deployment:**
Ambiguous loss, increased roles/responsibility
 - **Post-deployment:**
Lack of supports, changes in household roles and boundaries, care for physical and invisible wounds
 - **Reintegration:**
Dual preparation for mission/transition, limited time for transition to civilian life

Total Force Readiness

- The Army Family Covenant formalized the Army's commitment to provide families a strong, supportive environment
- US Army has enlisted strategies to improve force readiness, save lives and advance health
- Army Campaigns
 - Health Promotion policy to maximize readiness, warfighting ability and work performance to enhance well-being ³
 - Ready and Resilient Campaign in place as an enduring cultural change for soldier and family fitness ⁴
 - Army Medical Department (AMEDD) 2020 Campaign as a road map to advance medicine to strengthen capacity of soldier and family resilience ⁵

Comprehensive Soldier and Family Fitness

- Secretary of the US Army issued Army Directive 2013-07 (March 25, 2013), Comprehensive Soldier and Family Fitness Program
- “CSF2 is a key component to the Army’s Ready and Resilient Campaign” (Army Directive 2013-07, March 25, 2013)
 - CSF2 mission is to improve the physical and psychological health and resilience of Soldiers, their families and Department of Army civilians, and enhance performance
 - Provides self-assessment and training capabilities aligned with five key functional areas, known as “Five Dimensions of Strength” -- Physical, Emotional, Social, Spiritual, Family



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Strategies to Increase Research Knowledge



21st Century Wars are Different ^{11,12,13}

- **Sustained conflicts pose unparalleled challenges**
 - Difficulty identifying identify enemy combatants
 - Use of guerilla and terrorist tactics
 - Growing number of invisible wounds

- **Changing demographic of the force**
 - Increased reliance on Guard and Reserve
 - Frequent deployments in larger number
 - Lifted ban on women serving in combat

- **Different military operational environment**
 - Nonstate adversaries faced by Armed Forces
 - Stringent rules of engagement
 - Coordination of joint operations
 - Increased flow/ambiguity of information and tasks
 - Responsibility at unit levels

2010 Survey of Army Families VI ¹⁴

■ **Pre-deployment:**

- Concerns about service member redeployment and possibility of being in combat
- Experienced emotional/nervous (from 15.3% in 2004/05 to 19.2% in 2010) or marital problems (from 10.7% in 2004/05 to 13.8% in 2010) in the last 6 months
- Dissatisfaction with deployments/amount of time the service member is away from home, limited knowledgeable about Army systems

■ **Deployment:**

- Lack knowledge on emergency assistance, dealing with Army agencies or SM entitlements/important documentation
- Concerns about lengthy separations and issues of ambiguous loss for children
- Spouses reported challenges on the job, managing roles/own health and time to volunteer; children worried if deployed parent will come home

2010 Survey of Army Families VI ¹⁴

- **Post-deployment:**

- 5 or more weeks needed to adjust to being together again
- Changes in SM personality/moods; difficulties with communication, reestablishing household and parenting roles and discipline/handling children

- **Reintegration:**

- Older children had more challenges fitting the returning parent back into their family and worried about next deployment
- Total months deployed associated with child problems (Chandra et al 2010; Chandra et al, 2011)

Other Study Findings

- **Army Study to Assess Risk and Resilience in Servicemembers (STARRS):** Explores protective mental health factors and factors that put mental health risk
- **Military Life Project:** Found improved communication between deployed SM and families, identified supports for families to minimize the impact of deployments on the homefront and enhanced support through Military OneSource
- **Millennium Cohort Study:** Found a more mentally/physically healthy population than comparisons
- **Blue Star Families Survey:** Found that despite high OPTEMPO, military families are resilient; decreases in marital disharmony demonstrated

Missing Information in Family Research 20,21,22

- Knowledge gaps about the antecedents, correlates and consequences of family readiness across the deployment cycle
- Absence of a common definition, constructs and measures of family resilience
- Understanding of specific stressors that impact single parents in uniform
- Challenges of the caregiver and the information, resources and services they need to cope and function as loved one recovers, rehabilitates or reintegrates into the community
- Evidence that family-based interventions for civilian families are adaptive to military and veteran families
- Best practices to prevent the breakdown of marital quality and family relationships

Missing Information in Community Research

12,21

- Quantification of the effects of deployment on the service member, veterans and families
- Geographic identifiers for the location of where military personnel reside before and after deployment and at separation
- Identification of best practices to support transition from military service to a civilian lifestyle
- Longitudinal analysis of military personnel returning from overseas deployment to assess risks factors for homelessness and associations to incarceration

Challenge Insight and Research Agendas

- What themes have been found in past research on the impact of different characteristics of deployment?
- How does the impact of the deployment cycle differ for different types of families?
- What are the benefits to deployment for families?
- What evidence-based practices have been explored to mitigate the breakdown of military family relationships?
- What knowledge can be translated to address gaps in practice for caregivers to increase coping skills and reduce stress, anxiety and uncertainty of the military family experience?



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Strategies to Transfer Research Knowledge Nationally and Globally



Strategies to Transfer Research Knowledge

- Establish theory-driven models to explain difference between individuals and families ^{11,16,23}
- Military Demand Resource Model: a framework to promote psychological fitness
 - Accounts for interaction across demands and resources
 - Potential to identify and develop psychological fitness similar to physical fitness
 - Relevant integration with military system, operations and outcomes

Expand Research Knowledge of Population Health Issues ^{11,12,21}

- **Multidisciplinary**

Sociologists, demographers, economists, psychologists, methodologists, and other stakeholders involved in military research

- **Collaborative**

Federal and independent research centers and agencies working toward a common goal and adequate comparison of civilian population

- **Longitudinal in scale**

Include the community of the data sample and the community post-service, social networks, active and reserve components and nature of military service from accession to separation from service

Strategies to Transfer Research Knowledge

▪ **Local and State**

- Participate in State Policy Academies (PA) lead by HHS/SAMHSA in collaboration with DCoE, Veterans Affairs and Department of Labor
- PA is for states, territories and tribes to strengthen their statewide behavioral health systems of care
- Provide technical consultation to attendees on evidence-based and best practices to enhance systems of care at the state and local levels

▪ **Nation**

- Partner in the Integrated Mental Health Strategy, a DoD and VA partnership to provide ready access to high quality mental health services to beneficiaries
- Launched 28 strategic actions to promote early identification of mental health conditions, deliver effective treatments, implement prevention services and provide outreach

Strategies to Transfer Research Knowledge

■ Nation (continued)

- Engaged in knowledge exchange forums with DoD stakeholders and academic institutions to foster collaboration and integration
- US Army Material Research and Medical Command (MRMC) to enhance scientific knowledge, improve application to the military and discuss challenges, success and future direction
- Office of the Secretary of Defense, Office of Family Policy, Military Community and Family Policy as technical consultant to guide policy, program planning and decision making
- RAND Corporation, National Defense Research Institute to further and promote scientific and long-range analytic needs of DoD research
- Military Family Research Institute at Purdue to expand opportunities for cutting-edge research on military families
- Other key stakeholders including the Services, community based organizations and the faith community

DCoE/RAND Studies

- **Deployment Life Study** ²⁴

- A longitudinal study of readiness within Army, Air Force, Navy and Marine families across nine different stages of deployment and post-deployment.
- Outcomes assessed include emotional and physical health of family members, family relationship quality and longevity, financial well-being, role performance and school performance and social development of children

- **Family Resilience in the Military** ^{25,26}

- Identifying and evaluating existing programs, models and policies related to family resilience in the military and the impact on psychological health and TBI-related family functioning
- Developing a common definition of military family resilience and identifying outcomes that measure family resilience

References

1. DMDC Data (June 30, 2013). Retrieved from <https://www.dmdc.osd.mil/appj/dwp/reports.do?category=reports&subCat=milActDutReg>
2. Survey of Army Families VI (January 2011). Final total summary briefing. Retrieved from <http://mwrbrandcentral.com/HOMEPAGE/safvi.html>.
3. Allen, E.S., Rhoades, G. L., Stanley, S.M., & Markman, H.J. (2010) Hitting home: Relationships between deployment, posttraumatic stress symptoms, and marital functioning for Army couples. *Journal of Family Psychology*, 24(3), 280-288.
4. Chandra, A., Lara-Cinisomo, S., Jaycox, L. H., Tanielian, T., Burns, R.M., Ruder, T., & Han, B. (2010). Children on the homefront: the experience of children from military families. *Pediatrics*, 125(16), 16-25.
5. Chandra, A., Lara-Cinisomo, S., Jaycox, L. H., Tanielian, T., Burns, R.M., & Ruder, T. (2011). Views from the homefront. Retrieved from http://www.rand.org/content/dam/rand/pubs/research_briefs/2011/RAND_RB9568.pdf.
6. Hosek, J. How Is Deployment to Iraq and Afghanistan Affecting U.S. Service Members and Their Families? An Overview of early RAND research on the topic. Santa Monica, CA: RAND Corporation, 2011. Retrieved from http://www.rand.org/pubs/occasional_papers/OP316.
<http://www.rand.org/pubs/ocers/OP316>
7. Meredith, L.S., Sherbourne, C.D., Gaillot S., Hansell, L., Ritschard, H.V., Parker, a.M., & Wrenn, G. (2011). Promoting Psychological Resilience in the U.S. Military. Santa Monica, CA: RAND Corporation.

References

8. The Army Covenant (2007). Retrieved from http://www.goarmy.com/content/dam/goarmy/downloaded_assets/pdfs/Army%20Family%20Covenant.pdf.
9. Army Regulation 600-63 (January 2010). Rapid Action Revision. Retrieved from http://armypubs.army.mil/epubs/pdf/r600_63.pdf.
10. Ready and Resilient Campaign (March 2013). Ready and resilient campaign plan. Retrieved from <http://usarmy.vo.llnwd.net/e2/c/downloads/285588.pdf>
11. Army Medicine 2020 Campaign 43rd Surgeon General, United States Army(March 2013). Internal communication. Retrieved from <http://www.armymedicine.army.mil/>.
12. Secretary of the Army. (2013, March 25). Comprehensive Soldier and Family Fitness Program. (Army Directive 2013-07). Washington, DC: Author. Retrieved September 9, 2013 from http://csf2.army.mil/supportdocs/CompSoldierFamFit_ArmyDir2013-07.pdf.
13. Bates, M., Bowles, S., Hammermeister, J, Stokes, C, Pinder, E, Moore, M. Fritts, M., Vythilingam, M., Yosick, T., Rhodes, J., Myatt, C., Westphal, R., Fautua, D., Hammer, P., & Burbelo, G. (2010). Psychological fitness: A military demand-resource model. *Military Medicine*, 175 (8) 21.
14. Segal, D. and Kleykamp, M. (2011). Long-term consequences of modern military service. Retrieved from http://www.nsf.gov/sbe/sbe_2020/2020_pdfs/Segal_David_184.pdf.
15. Wadsworth, S.M. (2010). Family Risk and Resilience in the Context of War and Terrorism. *Journal of Marriage and Family*, 72(3), 537-556.

References

16. Survey of Army Families VI (January 2011). Final total summary Briefing. Retrieved from <http://mwrbrandcentral.com/HOMEPAGE/safvi.html>
17. Army STARRS (April 2012). Retrieved from <http://www.armystarrs.org/home>.
18. 2011 Demographics Profile of the Military Community (November 2012) Retrieved from http://www.militaryonesource.mil/12038/MOS/Reports/2011_Demographics_Report.pdf
19. Smith, T.C., Zamorski, M., Smith, B., Riddle, J.R., Leardman, C.A., Wells, T.S., Engle, C.C., Hoge, C.W., Adkins, J., & Blaze, D. the physical and mental health of large military cohort: Baseline functional health status of the Millennium Cohort (2007). Retrieved from <http://www.biomedcentral.com/1471-2458/7/340>.
20. Blue Star Families, Department of Research and Policy. (2012). 2012 Military Family Lifestyles Survey: Findings and analysis. Retrieved from <http://bluestarfam.s3.amazonaws.com/42/65/a/1110/CompReport2012.pdf>
21. Blue Star Families, Department of Research and Policy. (2013). 2013 Military Family Lifestyles Survey: Findings and analysis. Retrieved from http://webiva-downton.s3.amazonaws.com/617/0b/0/1584/Comprehensive_Report2013.pdf
22. Tanielian, T.L., Karney, B.R., Chandra, A., Meadows, S.O. & Yuhas, K. The Deployment Life Study. DHCC/RAND internal communication, June 2013.
23. IOM Report (2013). Returning home from Iraq and Afghanistan: assessment of readjustment needs of veterans, service members and their families. Washington, DC: The National Academies Press.

References

24. Tanielian, T., Ramchand, R., Fisher, M.P., Sims, C.S., Harris, R., & Harrell, M.C. (2013). Military Caregivers: Cornerstones of support for our nation's wounded, ill, and injured veterans. Retrieved from http://www.rand.org/content/dam/rand/pubs/research_reports/RR200/RR244/RAND_RR244.pdf
25. Hobfoll, S.E., Vinokur, A.D., Pierce, P.F., & Lewandowski-Romps, L. (2012). The Combined Stress of Family Life, Work and War in Air Force Men and Women: A test of conservation of resources theory. *International Journal of Stress Management*, 19(3), 217-237
26. Meadows, S.O., Beckett, M.K., Bowling, K., Golinelli, D., Fisher, M.P., Martin, L.T., Meredith, K., & Osilla, K.C. (n.d.) Family Resilience in the military: Definitions, Models, and Policies. Draft report, non-published. Santa Monica, CA: RAND Corporation.
27. RAND Family Resilience in the Military project description year two (DCoE/RAND internal communication, August 2012).
28. Willerton, E., MacDermid Wadsworth, S., & Riggs, D. (2011). Introduction: Military Families under Stress: What We Know and What We Need to Know. In S. MacDermid Wadsworth and D. Riggs (eds.). *Risk and Resilience in U.S. Military Families*. Springer, New York.
29. Strategic Action 16 (August 2013). DoD/VA Summary Report on Integrated Mental Health Strategy #16: Promoting Effective Family Resilience Programs.
30. Strategic Action 17 (n.d.) DoD/VA Integrated Mental Health Strategy Strategic Action #17 Family Member Education and Roles. Draft report, non-published.

Questions?

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Questions?