Military Children & Families

“Let us strive on to finish the work we are in, to bind up the nation’s wounds, to care for him who shall have borne the battle and for his widow and his orphan”

-President Abraham Lincoln
2nd Inaugural Address

Military Culture

- Military requires commitment, loyalty, time, and energy.
- Without a doubt, role commitments will impact family life.
- It is estimated that children of active-duty parents will move more than 20 times over the course of their childhood.

America’s Military Population, Segal and Segal, 2004
Military Spouses

- Military spouses have more difficulty finding jobs.
- When they do have jobs, wages tend to be lower despite same demographics.

National Guard and Army Reserves

- After 9/11 50,000 were called up immediately for federal and state missions.
- Nearly half of the National Guard force has combat experience.
- Overseas mobilizations since 9/11 – 780,000.

National Guard Fast Facts

- The wars in Iraq and Afghanistan have challenged community partners to better understand the implications for active military and veterans of war trauma in the 21st century.
- The signature physical and emotional injuries, of these wars, the heavy involvement of both Reservists and National Guard (approximately 600,000 have served since 9/11) in multiple deployments, and the consequences for children and families have created significant challenges for health and behavioral health care professionals.
Military Families

- 55.3% of Active Duty Members are married.
- Servicemen and women tend to enlist and marry young.
- One percent of civilians under 20 are married, while 14% of military members in the same age group are married (Fiore, 2005).

Military Families

- Families require education about the problems encountered by their significant other.
- 86% of veterans living with PTSD experienced family stress as a result of their illness, and 80% want their family members to be involved in their care.
- Families are not likely to receive the education and support that they require.

Issues for Families

- Families need the support to understand they are not alone.
- In 2007, 700,000 children in America had at least one parent deployed.
  - Few events are more stressful for a child.
- 40% of US service members have children.
- 24,000 military children have been affected by serious combat-related injury of a parent.
Issues for Families

• Families of service members killed in combat are likely to include children (44%+).
• One-third are under the age of 5.

Issues for Families

• High stress on families in the deployment cycle.
  – Separation, loss, illness of spouse, pregnancy, marital adjustment, maintaining home and car, total responsibility for family life, single parenting, and readjustment.
• Younger spouses have a more difficult time in adjustment.
Issues for Families

• Ft. Bragg in 2002, domestic violence fatalities brought attention to the issue of family maltreatment and domestic violence.
• Understanding family stressors and providing support to struggling families.
• FAP – Army Family Advocacy Program
• Rural settings have different issues.

• Military families are very similar to civilian families.
• They have the same concerns, values, and have the same issues that arise across all families.
  – Parenting, finances, education, divorce, and stress

• 57.7% of military homes have children who live with soldiers
• 5.8% are single parents.
• The majority of children of deployed soldiers are under the age of 6.
• 90,000 babies are born to active duty service members each year.
Military Families

- Resilience is important.
- Families often “rise to the occasion.”
- Family readiness is a key factor.
- Discussing issues in advance and knowing what the plan will be is a protective factor.

When everything is working...

- Spouses create positive meanings for the situation
- They can access and receive community support
- Adopt a military life style
- Maintain attitudes that are optimistic and self-reliant
- Are flexible in their gender roles

- When families have adequate resources stress management improves.
  - Good coping skills (adaptability)
  - Social
  - Family
  - Financial
When things are not working....

- Adoption of rigid coping styles
- Family dysfunction
  - Substance abuse
  - Domestic violence
- Relocation stress (mostly normal).

When things are ok, but challenging:

- Families with young children
- Foreign born spouse
- When there is no unit affiliation
- Pregnancy
- Dual career/single parents

Borden, Impact of Deployment...

- Stage 1: Predeployment
  - Anticipation of loss v. denial
  - Train up; long hours away
  - Getting affairs in order
  - Mental and physical distance
  - Arguments
• Stage 2: Deployment
  – Mixed emotions/relief
  – Disoriented/overwhelmed
  – Numb, sad, alone
  – Sleep difficulty
  – Security issues

• Stage 3: Sustainment
  – New routines established
  – New sources of support
  – Feeling more in control
  – Independence
  – Confidence (I can do this!)

• Stage 4: Late Deployment
  – Anticipation of homecoming
  – Excitement
  – Apprehension
  – Burst of energy/"nesting"
  – Difficulty making decisions
• Stage 5: Postdeployment
  – Honeymoon period
  – Loss of independence
  – Need for “own” space
  – Renegotiating routines
  – Reintegrating into family

Seven Characteristics of Family Resiliency
1. A strong commitment to the family, a close bond, and stable relationship with at least one person.
2. Family organization with shared parental leadership and clear role boundaries.
3. Belief in the family and its ability to succeed.
4. Implementation strategies to manage the demands created by stressors.
5. Willingness to work to resolve issues.
7. A coherent and positive understandings of stressors consistent with the family’s shared world view.

Reserve and National Guard
• “Citizen soldiers” live in the community.
• Their children attend school in the community.
• These families may lack access to specific military support systems of care.
• Children and families become instantly “military families” when a parent is deployed.
• These children may be the only child in their school with a deployed parent.
• Community personnel may notice issues, but not understand the underlying activating events.
• They do not have the same resources.

Signs to Watch For:

• Internalizing behaviors
• Externalizing behaviors
• Somatic signs and symptoms
• Changes in academic performance

• Internalizing
  – Emotions turned inward
    • Depressed
    • Withdrawn
    • Lonely
    • Anxious
• Externalizing
  • Aggressive
  • Impulsive
  • Defiant
Somatic Signs
- “Stomach ache”
- Bad dreams
- Sleep problems
- Headache
- Loss of appetite

Military Family Challenges
- Frequent moves
  - Schools change
  - Friends left behind

Military Family Opportunities
- Broader perspective on the world
- Opportunities to create positive change
- Ability to learn to engage with others quickly
Military Family Resilience

- The majority of military families are doing very well.
- The military has worked hard to help families feel connected, even among Guard and Reserve Units.

Development Stage Response

- Preschoolers (3-5 or 6) may regress.
  - Loss of toilet training.
  - Change in language use
  - Thumb sucking
  - Sleep problems
  - Increased neediness
  - Consistency is needed

- School-age Children
  - Increase in “whining” and complaining.
  - Somatic complaints
  - Aggression of “acting out”
  - Sleep disturbance
  - Change in appetite
  - Feelings of sadness
  - Academic problems
• Adolescents (13-18)
  – Irritability or rebelliousness
  – Arguing, attention getting behavior
  – Anger mixed with pride
  – Opportunity for growth and independence
  – Higher risk of promiscuity or substance abuse

What is Needed

• Increased knowledge for community providers.
• Knowledge of PTSD and other combat-related stress disorders.
• Knowledge of VA resources.
• Follow up and case management services.

Children and Families of Combat-injured service members

• Many soldiers exhibit:
  – Psychological injuries
  – Bodily injuries
  – PTSD
  – Adjustment problems
  – Cognitive effects of traumatic brain injury (TBI)
• This can disrupt family relationships over the course of time (months and years).
Continued...

• “Importantly, parental injury can alter the child’s view of the wounded parent, and undermine the child’s view of his or her own physical integrity.”
• “Combat injury also affects existing patterns of parenting, as both injured and uninjured parents experience their own emotional responses and face the complicated reality of medical treatment and rehabilitation over time.”

Principles of Caring

• Principles of psychological first aid (PFA) are primary to supporting Injured Families.
• Medical care for the combat injured must be family focused.
• Service providers should anticipate a range of responses to combat injury.
• Injury communication is an essential component of injured family care.

Continued...

• Injured Family programs must be developmentally sensitive and age appropriate
• Injured Family care is longitudinal, extending beyond immediate hospitalization.
• Effective Injured Family care requires an interconnected community of care.
Continued...

• Care must be culturally competent
• Communities of care should address any barriers to service.
• Families, communities and service providers must be knowledgeable.

What is Needed

• Unrestricted access to high-quality mental health care should be available to every service member (active or inactive), and his or her family members.
• A responsiveness to diverse populations that is based on the individual’s situation and background

Family Support

• Family members need formal education and information about what to expect in the deployment cycle.
What is Needed

- Increased research on MH issues and their impact on families as it relates to deployment.
- Understanding the barriers to care and addressing and removing obstacles.
- A continuity of care within the community.
- Family members’ access to high quality MH services.
- Integrate MH services into primary care settings.

What is Needed

- Develop outreach programs that ensure that MH needs are met in non-military communities.
- Training of MH professionals in all disciplines including social work.
- Support MH professionals in rural areas with training to ensure standards of competency.

What is Needed

- Focus on the well-being of families by ensuring that services are available and accessible to all family members.