

The impact of military family stressors,
particularly parental deployment, on military
children is a national public health concern.

Active Component

- 39% married with children
- 5.4% single parents

National Guard / Reserves

- 34% married with children
- 9.3% single parents

1. Department of Defense. Demographics 2010: Profile of the Military Community. 2010.

Military life challenges:

- Frequent family relocations
- Deployment of a family member to a combat theater
- Fears that this family member will be injured or killed

Military children move, on average, six to nine times during
their school career

1. IOM. Returning home from Iraq and Afghanistan: preliminary assessment of readjustment needs of veterans, service members, and their families. 2010.
2. www.militaryk12partners.dodea.edu

The wars in Iraq and Afghanistan have
significantly impacted military families.

Over 2.1 million troops deployed to OEF/OIF/OND

- Roughly 44% are parents

Roughly 2 million children have been impacted by a parent deploying to OEF/OIF/OND

1. Department of Defense. Report on the Impact of Deployment of Members of the Armed Forces on Their Dependent Children. October 2010.
2. www.militaryk12partners.dodea.edu

Unique features of these conflicts

- Multiple, prolonged deployments
- All-volunteer military
- Heavy reliance on National Guard and Reserves
- Higher proportion of female troops
- Higher survival rate among injured troops
- Continuous family communication during deployment

1. IOM. Returning home from Iraq and Afghanistan: preliminary assessment of readjustment needs of veterans, service members, and their families. 2010.
2. Department of Defense. Report on the Impact of Deployment of Members of the Armed Forces on Their Dependent Children. October 2010.

Deployment to OEF/OIF/OND is associated with elevated rates of behavioral problems and emotional distress among the service members, non-deployed spouses, and their children.

Parent deployment is associated with:

- Increased rates of mental health care visits among military children
- Increase number of mental illness diagnoses among military children
- Dose-response relationship between length of parent deployment and mental health diagnosis among children
- Elevated child depression and externalizing behaviors

1. De Pedro KMT, et al. The Children of Military Service Members: Challenges, Supports, and Future Educational Research. Review of Educational Research. December 2011;81(4):566-618.
2. Gorman GH, et al. Wartime military deployment and increased pediatric mental and behavioral health complaints. Pediatrics. Dec 2010;126(6):1058-1066.
3. Mansfield AJ, et al. Deployment and mental health diagnoses among children of US Army personnel. Arch Pediatr Adolesc Med. Nov 2011;165(11):999-1005.
4. Lester P, et al. The long war and parental combat deployment: effects on military children and at-home spouses. J Am Acad Child Adolesc Psychiatry. Apr 2010;49(4):310-320.

Families must be involved in any effort to significantly ameliorate the adverse effects of military-associated stressors on children.

During deployment, social, academic, and emotional outcomes in military children are significantly impacted by the emotional and behavioral health of the non-deployed parent.

1. Chandra A, et al. Children on the homefront: the experience of children from military families. *Pediatrics*. Jan 2010;125(1):16-25.
2. Chandra A, et al. The impact of parental deployment on child social and emotional functioning: perspectives of school staff. *J Adolesc Health*. Mar 2010;46(3):218-223.
3. Mmari KN, et al. When a Parent Goes Off to War: Exploring the Issues Faced by Adolescents and Their Families. *Youth & Society*. 2009;40(4):455-475.
4. Richardson A, et al. *Effects of Soldiers' Deployment on Children's Academic Performance and Behavioral Health*. Santa Monica, CA: RAND; 2011.
5. Flake EM, et al. The psychosocial effects of deployment on military children. *J Dev Behav Pediatr*. Aug 2009;30(4):271-278

Non-deployed caregiver status:

- His/her psychological distress is associated with child internalizing and externalizing symptoms
- His/her depression is associated with child depression symptoms

Active duty parent status:

- His/her posttraumatic stress symptoms are associated with child depression and internalizing and externalizing behaviors
- His/her depression and anxiety symptoms are associated with child internalizing behaviors

1. Lester P, et al. The long war and parental combat deployment: effects on military children and at-home spouses. *J Am Acad Child Adolesc Psychiatry*. Apr 2010;49(4):310-320.



Rapid response to a public health crisis.

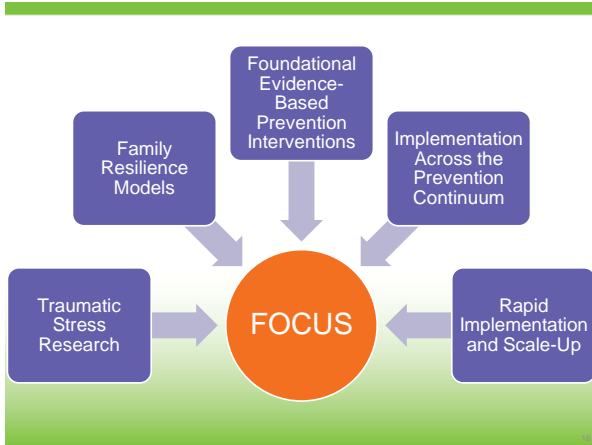
2004: UCLA partners with USMC, Naval Medical Center, Madigan Army Medical Center

2008: Project FOCUS implementation by BUMED for USMC/USN initiated

2008: NMFA and UCLA partner to develop FOCUS Curriculum

2009: DOD Office of Military Community and Family Policy funds pilot for Army/Air Force families

2009: Collaboration with Military Family Research Institute: FOCUS-Couples



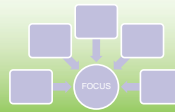
Traumatic Stress Research

Sequelae of Trauma Include:

- Reexperiencing
- Avoidance
- Hyperarousal
- Inaccurate assimilation
- Inaccurate over-accommodation

Trauma-Informed Interventions:

- Education about effects of trauma
- Management of trauma reminders
- Discourage avoidance
- Management of anxiety
- Address cognitive distortions



Family Resilience Models

**What is family resilience?
Coping with and overcoming adversity through:**

- Open and effective communication
- Collaboration and problem solving
- Development of a shared sense of meaning
- Effective mobilization of support

Family Resilience Models

- Strengths-Based, Family-Centered
- Reduces stigma around care-seeking



Foundational Evidence-Based Prevention Interventions

Children with a depressed parent

- Beardslee, WR, et al. (2003). A family-based approach to the prevention of depressive symptoms in children at risk: Evidence of parental and child change. *Pediatrics*, 112: e119-e131.

Children with medically ill parent

- Rotheram-Borus, MJ, et al. (2004). Six year intervention outcomes for adolescent children of parents with HIV. *Archives of Pediatrics & Adolescent Medicine*, 158, 742-748.
- Lester, P, et al. (2008). TALK: Teens and adults learning to communicate. In C.W. LeCroy (Ed.), *Evidence-based treatment manuals for children and adolescents*. (pp. 170-285). New York, NY: Oxford University Press.

Children affected by war

- Layne, CM, et al. (2008). Effectiveness of a school-based group psychotherapy program for war-exposed adolescents: a randomized controlled trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47, 1048-1062.





FOCUS Core Components

Family real time check-up

Family level education

Family deployment timeline

Family level resiliency skills

- Family real time check-up: Customizes services to family needs
- Family level education: Combat Operational Stress Continuum, developmental guidance

- Family level resiliency skills
 - Emotional regulation
 - Problem solving
 - Communication
 - Establishing Readiness and Goal setting
 - Managing deployment/trauma/loss reminders

- Family deployment timeline
 - Link skills to family (and child) experience
 - Develop shared family meaning
 - Bridge estrangements
 - Encourage co-parenting – foundation for family leadership
 - Appreciate children's experiences
 - Clarify confusion and misunderstandings
 - Maintain the parent-child relationship

Implementation Across the Prevention Continuum

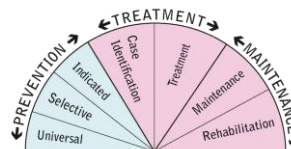
IOM Prevention Continuum

- Universal
- Selective
- Indicated

Marine Corps COSC Model



IOM Prevention Taxonomy



Three Target Populations for Prevention Interventions

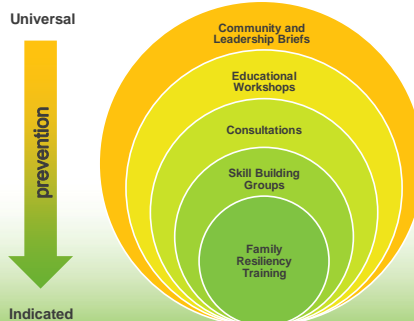
UNIVERSAL	SELECTIVE	INDICATED
Everyone in a population	Subgroups of the population at heightened risk	Individuals suffering subclinical distress or impairment

1. IOM. Reducing risks for mental disorders : frontiers for preventive intervention research.1994.
2. Slide adapted from presentation given by Dr. William Nash, Marine Corps COSC Program

Military Public Mental Health Framework for Combat Operational Stress

READY	REACTING	INJURED	ILL
<ul style="list-style-type: none"> •Confident and competent •Getting the job done •In control of emotions •Sense of humor •Sleeping enough •Eating well •Working out, staying fit •Playing well •Active socially •Coping well •Functioning well in school, at work and home •Relating well with Marine 	<ul style="list-style-type: none"> •Anxious, irritable, short tempered •Fighting, tantrums, opposition •Unusual sadness or crying •Trouble sleeping •Aches and pains •Eating too much or too little •Loss of interest •Keeping to self, not socializing •Negative, pessimistic •Loss of confidence •Developmental regression •Problems with school or work performance •Communication breakdown 	<ul style="list-style-type: none"> •Persistent sadness or irritability •Can't fall or stay asleep •Persistent loss of appetite •Social avoidance or isolation •Inability to enjoy activities •Severe misbehavior •Persistent aches and pains •Severe deterioration of school or work performance •Misuse of alcohol or drugs, or other addictive behavior •Other significant symptoms of depression, anxiety, or misconduct 	<ul style="list-style-type: none"> •Stress injury symptoms that persist •Symptoms that get worse over time instead of better •Symptoms that get better for awhile but then come back worse •Suicidal or homicidal behavior
Responds to Self Help			Needs Professional Help

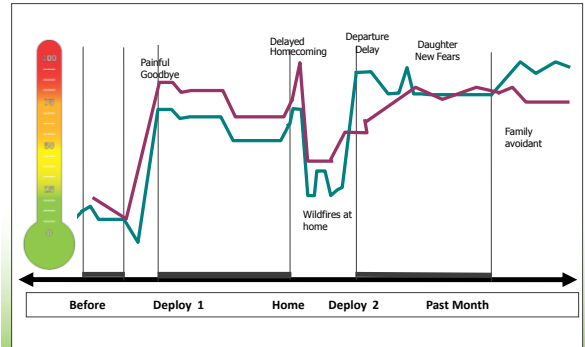
FOCUS Suite of Services



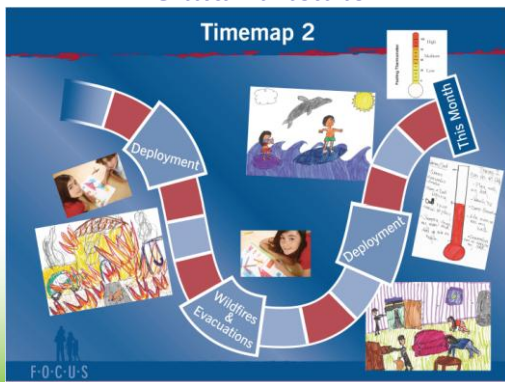
FOCUS: Individual Family Training



Parent Timeline



Child Timeline



Rapid Implementation and Scale-Up

Centrally implemented from UCLA, in partnership with military branches

Defined implementation stages

Grew from 8 initial sites in 2008 to over 20 installations by 2011.

Placement of a local team on each installation

Identification of a FOCUS Point-of-Contact for each installation

Outcomes-based management



Cloud computing system

Project FOCUS Sites

- ❑ **California**
 - ❑ MCB Camp Pendleton
 - ❑ MCAGCC Twentynine Palms
 - ❑ Naval Base Ventura County
 - ❑ Naval Base San Diego
 - ❑ NSW/EOD West
- ❑ **Hawaii**
 - ❑ MCB Hawaii
 - ❑ Joint Base Pearl Harbor-Hickam
 - ❑ Schofield Barracks
 - ❑ Wheeler Army Airfield
- ❑ **Japan**
 - ❑ MCB Okinawa
 - ❑ Kadena AB
 - ❑ Torii Station
- ❑ **Mississippi**
 - ❑ Naval CBC Gulfport
 - ❑ Keesler Air Force Base
 - ❑ Camp Shelby
- ❑ **North Carolina**
 - ❑ MCB Camp Lejeune
- ❑ **Virginia**
 - ❑ MCB Quantico
 - ❑ NAVSTA Norfolk
 - ❑ NSW/EOD East
- ❑ **Washington**
 - ❑ NAS Whidbey Island
 - ❑ Joint Base Lewis-McChord

FOCUS Evaluation

Pre-Post Evaluations from Project FOCUS

On-going RCT

Implementation Evaluations



Project FOCUS Evaluation Plan

- ❑ Program evaluation via real-time family assessments
 - ❑ Entry, exit, and follow-up
 - ❑ Family member satisfaction
 - ❑ Perception of change
 - ❑ SDQ, PCL, BSI, Kid Cope, FAD, GAF
 - ❑ Multiple reporters
 - ❑ Impact over time
 - ❑ Flagging system for suicide risk
 - ❑ Interventions tailored to assessment results



FOCUS Impact on Family Psychological Health

- ❑ 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**) ($p < .0001$).

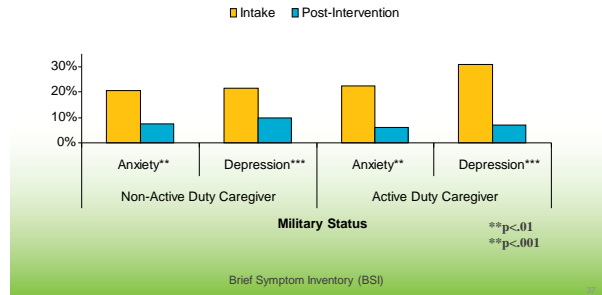
1. Lester P. et al. Evaluation of a family-centered prevention intervention for military children and families facing wartime deployments. Am J Public Health. Mar 2012;102 Suppl 1:S48-54.

Mean Parent Distress at Intake and Post-Intervention

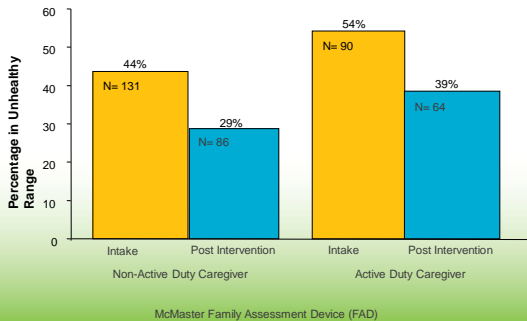
PARENT BSI	Non Active Duty Parent			Norm Female	Active Duty Parent			Norm Male
	Pre	Post ^a	Mean Change (t-value ^a)		Pre	Post ^a	Mean Change (t-value ^a)	
Global Severity Index	10.19 (10.15)	5.28 (5.89)	-4.84*** (-7.77)	8.00	8.50 (9.43)	4.04 (6.41)	-4.42*** (-4.72)	5.00
Anxiety	3.96 (3.99)	2.22 (2.55)	-1.74*** (-6.64)	2.50	3.19 (3.56)	1.90 (2.79)	-1.31** (-3.32)	3.00
Depression	4.09 (4.17)	1.94 (2.84)	-2.15*** (-8.12)	3.00	3.63 (4.03)	1.24 (2.11)	-2.39*** (-5.56)	3.00

^ap<.05 **p<.01 ***p<.001
BSI = Brief Symptom Inventory

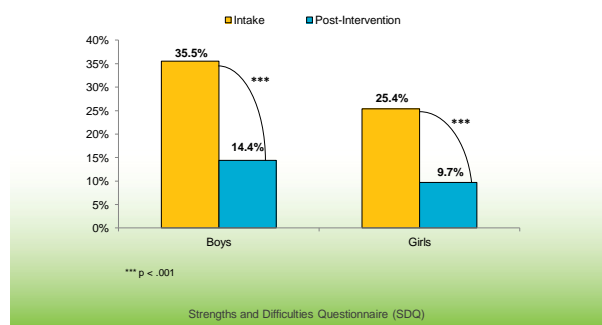
Prevalence of Clinically Significant Anxiety and Depression



Prevalence of Unhealthy Family Adjustment



Prevalence of Children with Significant Difficulties



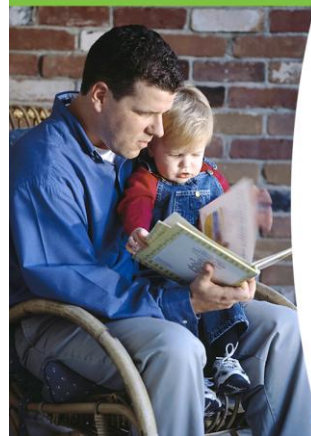
FOCUS Services: Family Satisfaction Ratings

Individual Family Resiliency Training

- ❑ Adults reported mean satisfaction scores between 6.5-6.7 on scale of 1-7 (1=lowest---7=highest)

Group Family Resiliency Skill Building

- ❑ Adults provided strongly positive feedback on the response items, with mean responses from 1.3 to 1.6 on a scale of 1-5 (1=strongly agree, 5=strongly disagree)



FOCUS Adaptations

Couples (MFRI)
 Early Childhood
 Wounded Warriors (USUHS)
 "Purple" Expansion (OSD)
 FOCUS World
 Veterans
 National Guard / Reserves



Veterans, National Guard, and Reserves

UCLA Welcome Back Veterans

- ❑ Randomized Controlled Trials:
 - ❑ Individual family resiliency training (IFRT) vs. waitlist
 - ❑ Couple Counseling for Combat Veterans (CCCV) vs. waitlist

Operation Mend / UCLA WBV

- ❑ Community Capacity Building

OPERATION MEND
 HEALING THE WOUNDS OF WAR

WELCOME BACK VETERANS
 .ORG

Veterans, National Guard, and Reserves

VA Long Beach HCS FOCUS Couples Pilot

VA FOCUS Parenting Pilot

LAUSD / LACDMH Pilot



FOCUS Proposals

FOCUS Home Visiting, Early Childhood Model

FOCUS School-Based Model



UCLA Nathanson Family Resilience Center
www.focusproject.org

