



DEFENSE CENTERS
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For Psychological Health
& Traumatic Brain Injury

Psychological Health and Resilience of Children in Military Families

April 24, 2014, 1-2:30 p.m. (EDT)

Moderator

Capt. Mark Stephens, MC
U.S. Navy

Professor and Chair, Department of
Family Medicine
Uniformed Services University of the
Health Sciences
Bethesda, Md.

Presenter

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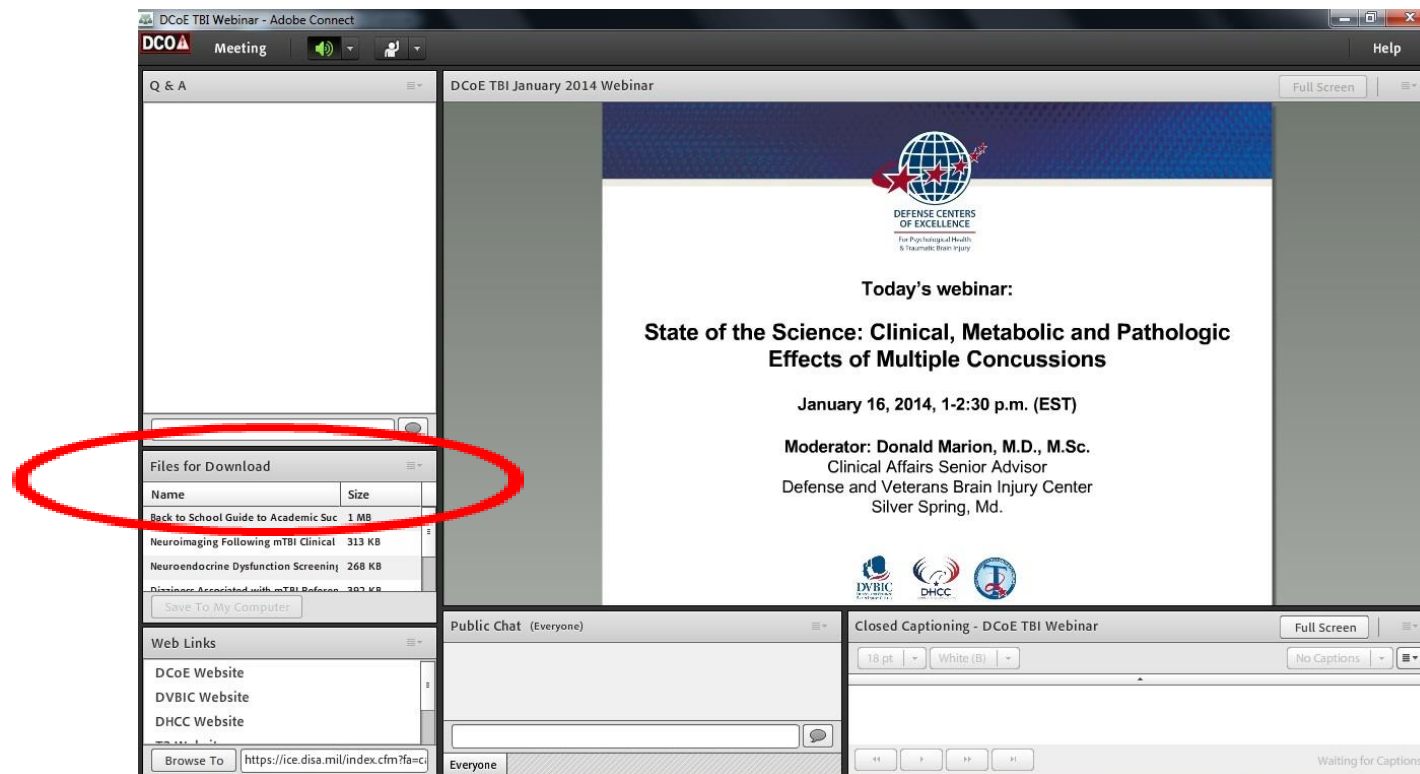


Webinar Details

- Live closed captioning is available through Federal Relay Conference Captioning (see the “Closed Captioning” box)
- Webinar audio is **not** provided through Adobe Connect or Defense Connect Online
 - Dial: CONUS **888-877-0398**; International **210-234-5878**
 - Use participant pass code: **3938468**
- Question-and-answer (Q&A) session
 - Submit questions via the Q&A box

Resources Available for Download

Today's presentation and resources are available for download in the "Files" box on the screen, or visit www.dcoe.mil/Training/Monthly_Webinars.aspxonline-education



The screenshot displays the Adobe Connect interface for a webinar. The main content area shows the webinar title and details. On the left side, there is a 'Files for Download' panel, which is circled in red. This panel contains a table of files available for download. Below the table are buttons for 'Save To My Computer' and 'Web Links'. The 'Web Links' section lists the DCoE, DVBC, and DHCC websites. At the bottom of the interface, there is a 'Public Chat' area and a 'Closed Captioning' panel.

Files for Download

Name	Size
Back to School Guide to Academic Suc	1 MB
Neuroimaging Following mTBI Clinical	313 KB
Neuroendocrine Dysfunction Screenin	268 KB
Diagnosis Associated with mTBI Referen	303 KB

Today's webinar:
State of the Science: Clinical, Metabolic and Pathologic Effects of Multiple Concussions
January 16, 2014, 1-2:30 p.m. (EST)
Moderator: Donald Marion, M.D., M.Sc.
Clinical Affairs Senior Advisor
Defense and Veterans Brain Injury Center
Silver Spring, Md.

Web Links

- DCoE Website
- DVBC Website
- DHCC Website

Browse To: <https://ice.disa.mil/index.cfm?f=c>

Continuing Education Details

- DCoE's awarding of continuing education (CE) credit is limited in scope to health care providers who actively provide psychological health and traumatic brain injury care to active-duty U.S. service members, reservists, National Guardsmen, military veterans and/or their families.
- The authority for training of contractors is at the discretion of the chief contracting official.
 - Currently, only those contractors with scope of work or with commensurate contract language are permitted in this training.
- All who registered **prior** to the deadline on **Thursday, April 24, 2014**, at 3 p.m. (EDT) and meet eligibility requirements stated above, are eligible to receive a certificate of attendance or CE credit.

Continuing Education Details (continued)

- If you pre-registered for this webinar and want to obtain CE certificate or a certificate of attendance, you must complete the online CE evaluation and post-test.
- After the webinar, please visit <http://continuingeducation.dcri.duke.edu/> to complete the online CE evaluation and post-test and download your CE certificate/certificate of attendance.
- The Duke Medicine website online CE evaluation and post-test will be open through **Thursday, May 1, 2014**, until 11:59 p.m. (EDT).

Continuing Education Details (continued)

- Credit Designation – The Duke University School of Medicine designates this live webinar for:
 - 1.5 AMA PRA Category 1 Credit(s)
- Additional Credit Designation includes:
 - 1.5 ANCC nursing contact hours
 - 0.15 IACET continuing education credit
 - 1.5 NBCC contact hours credit commensurate to the length of the program
 - 1.5 contact hours from the North Carolina Psychology Board
 - 1.5 NASW contact hours commensurate to the length of the program for those who attend 100% of the program

Continuing Education Details (continued)

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Continuing Education Details (continued)

- **NBCC:** Southern Regional Area Health Education Center (AHEC) is a **National Board for Certified Counselors and Affiliates, Inc.(NBCC)**-Approved Continuing Education Provider (ACEP™) and a cosponsor of this event/program. Southern Regional AHEC may award NBCC-approved clock hours for events or programs that meet NBCC requirements. The ACEP maintains responsibility for the content of this event. Contact hours credit commensurate to the length of the program will be awarded to participants who attend 100% of the program.
- **Psychology:** This activity complies with all of the Continuing Education Criteria identified through the **North Carolina Psychology Board's Continuing Education Requirements** (21 NCAC 54.2104). Learners may take the certificate to their respective State Boards to determine credit eligibility for contact hours.
- **NASW: National Association of Social Workers (NASW), North Carolina Chapter:** Southern Regional AHEC will award contact hours commensurate to the length of the program to participants who attend 100% of the program.



Questions and Chat

Throughout the webinar, you are welcome to submit technical or content-related questions via the Q&A pod located on the screen. **Please do not submit technical or content-related questions via the chat pod.**

The Q&A pod is monitored during the webinar, and questions will be forwarded to our presenter for response during the question-and-answer session of the webinar.

Participants may also chat amongst each other during the webinar using the chat pod.

We will keep the chat function open 10 minutes after the conclusion of the webinar.

Webinar Overview

Children in military families often face a unique set of stressors such as repeated family separations and exposure to trauma, injury and death. Current literature notes that three out of every five service members who deploy leave families at home. During this post-war transition time, it is important to recognize and understand the risks and challenges ahead for families of military-connected children. This webinar will explore theoretical insights in current research related to children and military families and examine two major constructs: the importance of developmental timing of events and how multiple interdependent systems influence development and well-being. Discussion will include examples of lessons learned from research studies and applicability to current clinical practices.

During this webinar, participants will learn to:

- Describe factors from research data which indicate the well-being and functioning of young military children
- Examine stressors of young military children exposed to parental deployment
- Evaluate connections between parental psychological symptoms and children's development and well-being

Shelley M. MacDermid Wadsworth, Ph.D., M.S., M.B.A.

Dr. MacDermid Wadsworth is a professor, Director of the Center for Families, and Director of the Military Family Research Institute, Purdue University, Indiana

- Faculty fellow member to the Boston College Work-Family Roundtable
- Serves on the editorial boards of several academic journals and authored numerous articles and book chapters
- Holds Ph.D., M.S. and M.B.A degrees from Pennsylvania State University
- Primary research interests include the relationship between work conditions and family life
- Research supported by the Alfred P. Sloan Foundation, the Henry A. Murray Center, the Department of Defense, the state of Indiana, and the Lilly Endowment
- Received awards from the Groves Conference, Gamma Sigma Delta and the Work Life Legacy Award from the Families and Work Institute

Psychological Health and Resilience of Children in Military Families

Briefing for
**Defense Centers of Excellence
for Psychological Health and Traumatic Injury**
April 24, 2014

Shelley MacDermid Wadsworth, M.B.A., Ph.D.



Photo Courtesy: Purdue University



Disclosure

The views expressed in this presentation are my own and do not reflect the official policy of the Defense Department, U.S. Government or Purdue University.

I have no relevant financial relationships to disclose.

I do not intend to discuss the off-label or investigative (unapproved) use of commercial products or devices.

The MILITARY

Family

RESEARCH INSTITUTE

at Purdue University

Making a difference for families who serve.

Strategic Goals

MFRI has five strategic goals:

- **Support** the military infrastructure that supports families.
- **Strengthen** the motivation and capacity of civilian communities to support military and veteran families.
- **Generate** important new knowledge about military and veteran families.
- **Influence** policies, programs and practices supporting military and veteran families.
- **Sustain** a vibrant learning organization.



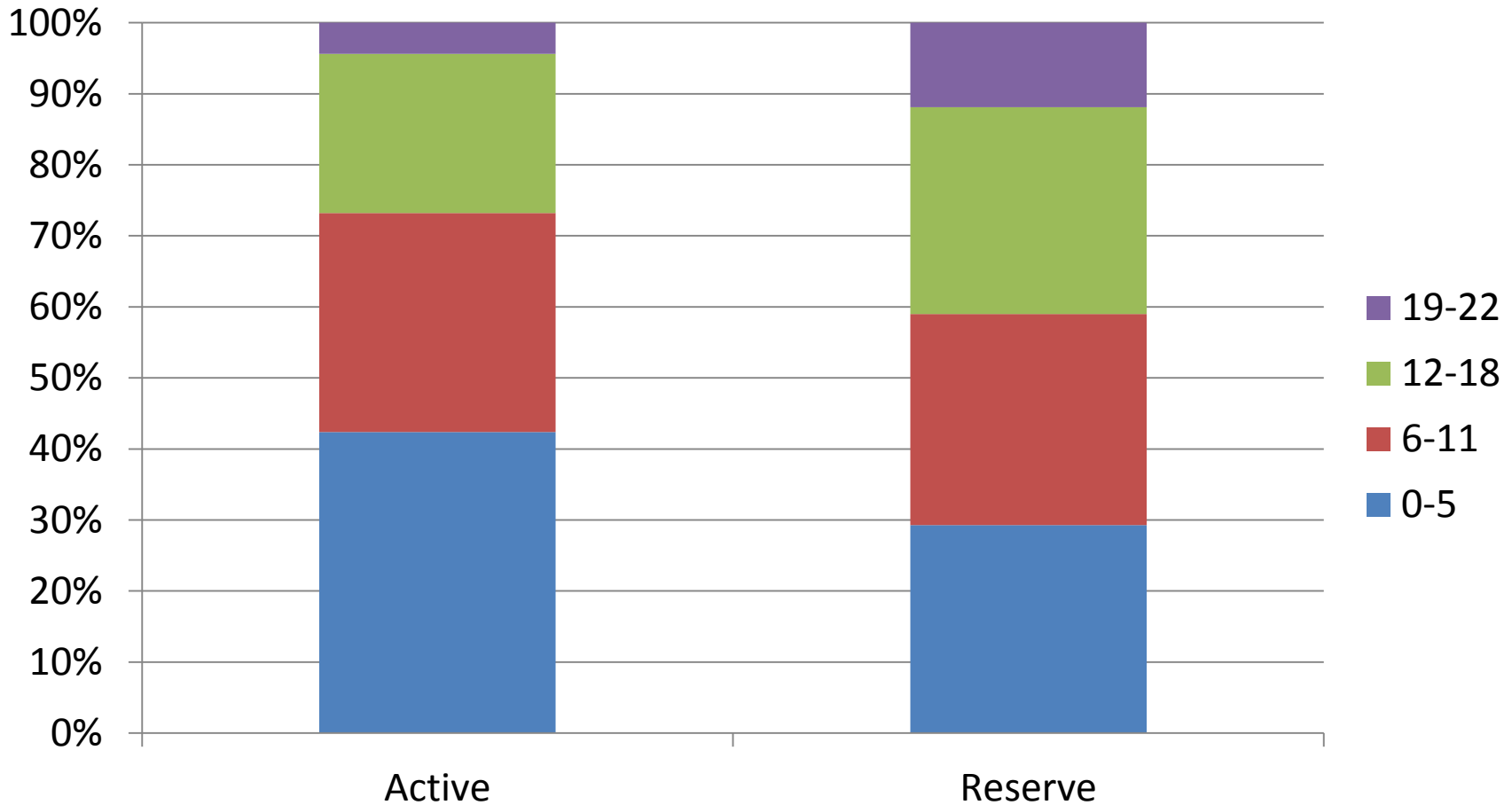
Michaela Coplen

Numbers and Ages of Military Children

- As of September 2012, 43.6% military personnel had children 20 or younger, or dependents 22 or younger.
- 1.2 million active component children;
- 731,000 reserve component children

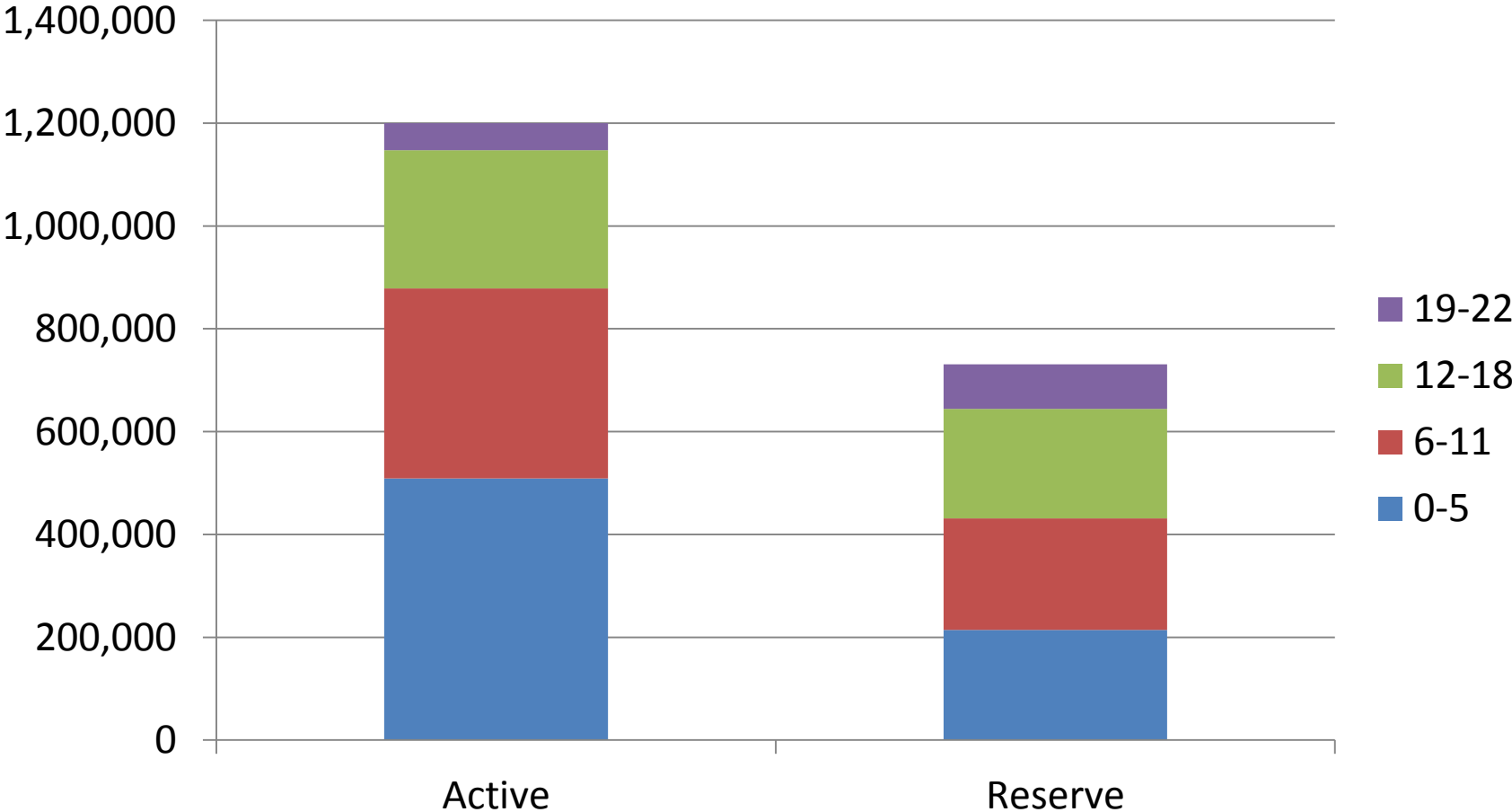
Numbers and Ages of Children

Percentage Distribution



Numbers and Ages of Children

Numeric Distribution



Source: 2012 Demographic Profile of the Military Community

Embeddedness in Civilian Communities

- **Residence** – where do children live?
- **Education** – where do children go to school?
- **Health care** – where do children receive medical care?
- **Employment** – where do children's parents work?
- **Peers** – who are children's friends?

- “The Citizen Soldier Support Program ... has found that all but 12 counties in the United States were home to at least one of the 1.3 million Reserve members serving in 2012. Moreover, the approximately 650,000 Reserve members who have deployed in support of the wars in Iraq and Afghanistan live in all but 27 counties.” (Clever & Segal, 2013) .

The Ecological Niches of Military Children

Risk factors....

AND protective factors

The Ecological Niches of Military Children

- Possible protective factors:
 - strong sense of mission and purpose,
 - educated parent,
 - employed parent with excellent pay and benefits,
 - drug free parent,
 - housing,
 - health care,
 - child care

(Hosek & MacDermid Wadsworth, 2013; Institute of Medicine, 2013)

The Ecological Niches of Military Children

- Possible risk factors:
 - relocation,
 - separation,
 - component,
 - lack of privacy
 - parents' substance use,
 - parental underemployment,
 - financial difficulties,
 - child or spouse maltreatment,
 - parents' exposure to trauma,
 - instability in health care,
 - parentification

(Easterbrooks, Ginsburg & Lerner, 2013; Hosek & MacDermid Wadsworth, 2013; Institute of Medicine, 2013)

Example:

Relocation and Separation

- Active component military families move about 2.4 times as frequently as civilians, on average (Clever & Segal, 2013), and are 4 times more likely to move to international locations (Institute of Medicine, 2013).
- Over past decade, children 0 to 10 spent approximately 20% of their lives separated from at least one of their parents (MacDermid Wadsworth et al., 2013).

A KEY IDEA: CUMULATIVE RISK

Hierarchy of Risk

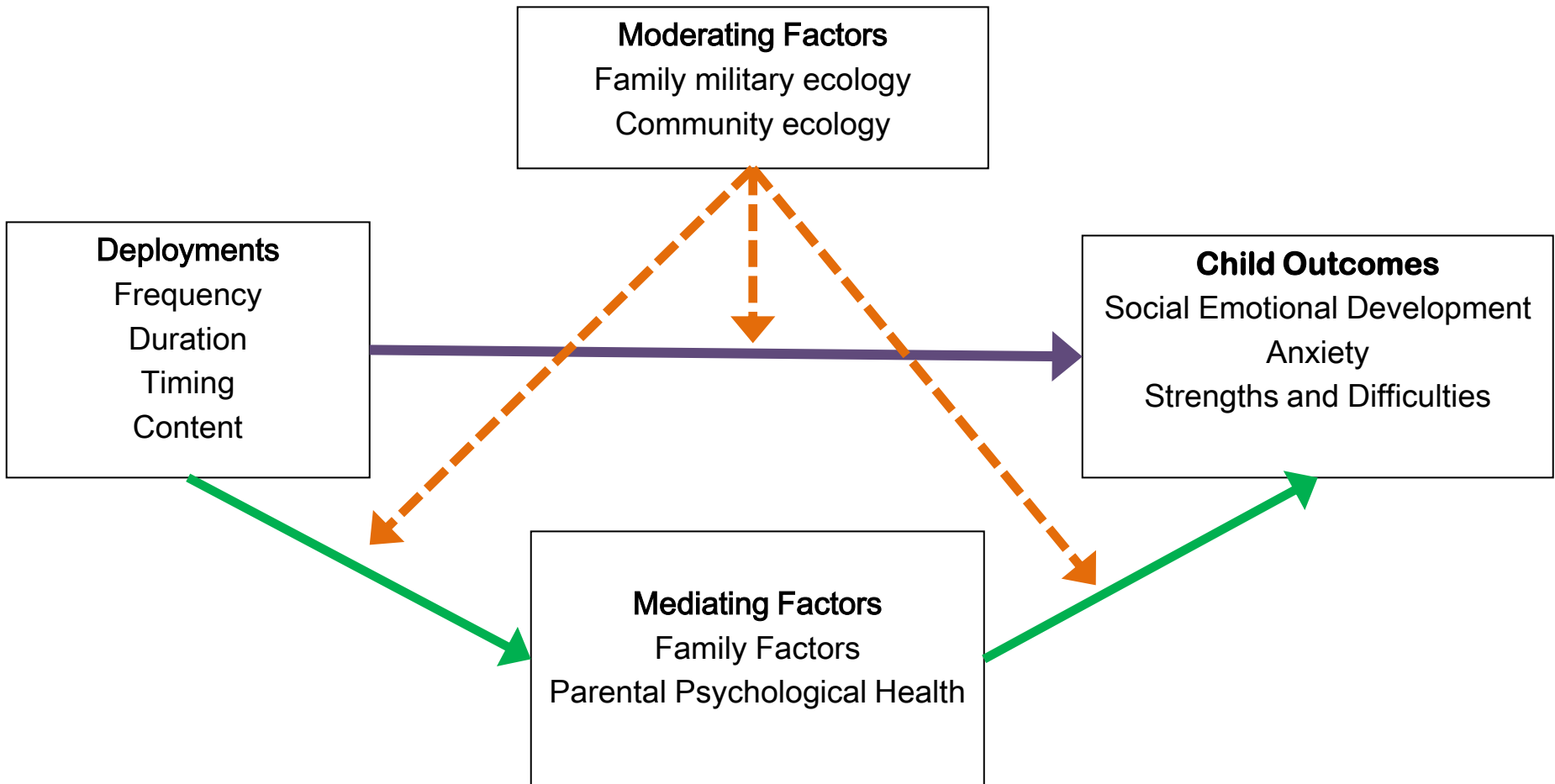
- Peacetime;
- Wartime;
- Deployment;
- Trauma;
- Wounds and injuries;
- Bereavement
- “positive, tolerable, toxic” levels of stress
(Easterbrooks, Ginsburg, Lerner, 2013)

A KEY IDEA: FAMILY SYSTEMS

Family Systems

- Deployment (and other aspects of military life) happen to family systems – each person may be affected both directly and indirectly, and dynamics may be established that reverberate within the family for extended periods (Lester & Flake, 2013; Paley, Lester & Mogil, 2013)

A KEY IDEA: CONTEXTUAL FACTORS

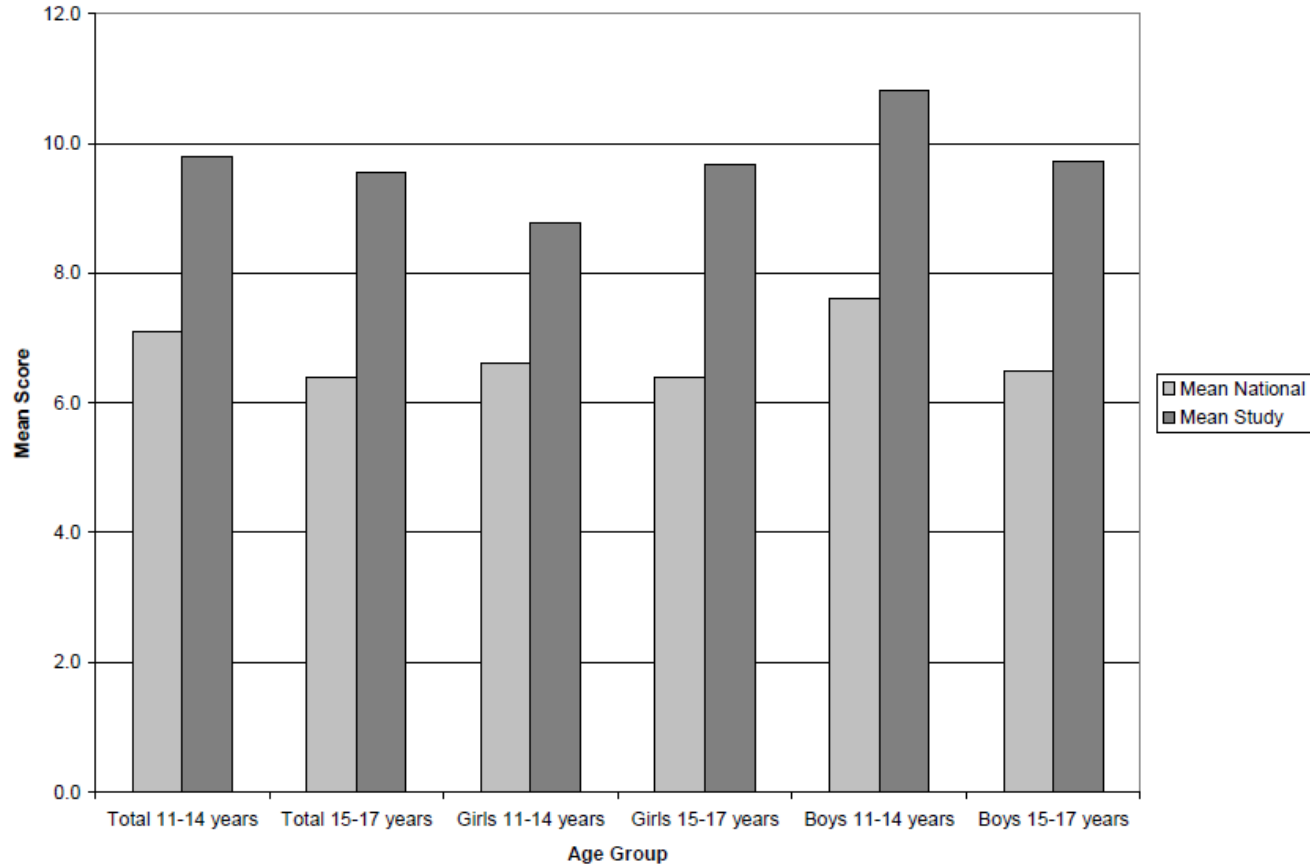


Well-Being of Military Children

- Information is still limited, but large studies are underway.
- RAND study of 1,507 children aged 11 to 17 who applied to Operation Purple camps:
 - Significantly higher scores on Strengths and Difficulties measure for all age and gender groups (Chandra, 2010).
 - Somewhat higher risk for anxiety disorder (Chandra, 2010) .

Well-being of Military Children

Figure 1: Emotional and Behavioral Difficulties-Comparison of Sample with Population Based Sample of Caregiver Report (Average Score of Difficulties) (n=1,495)^{a, b, c}



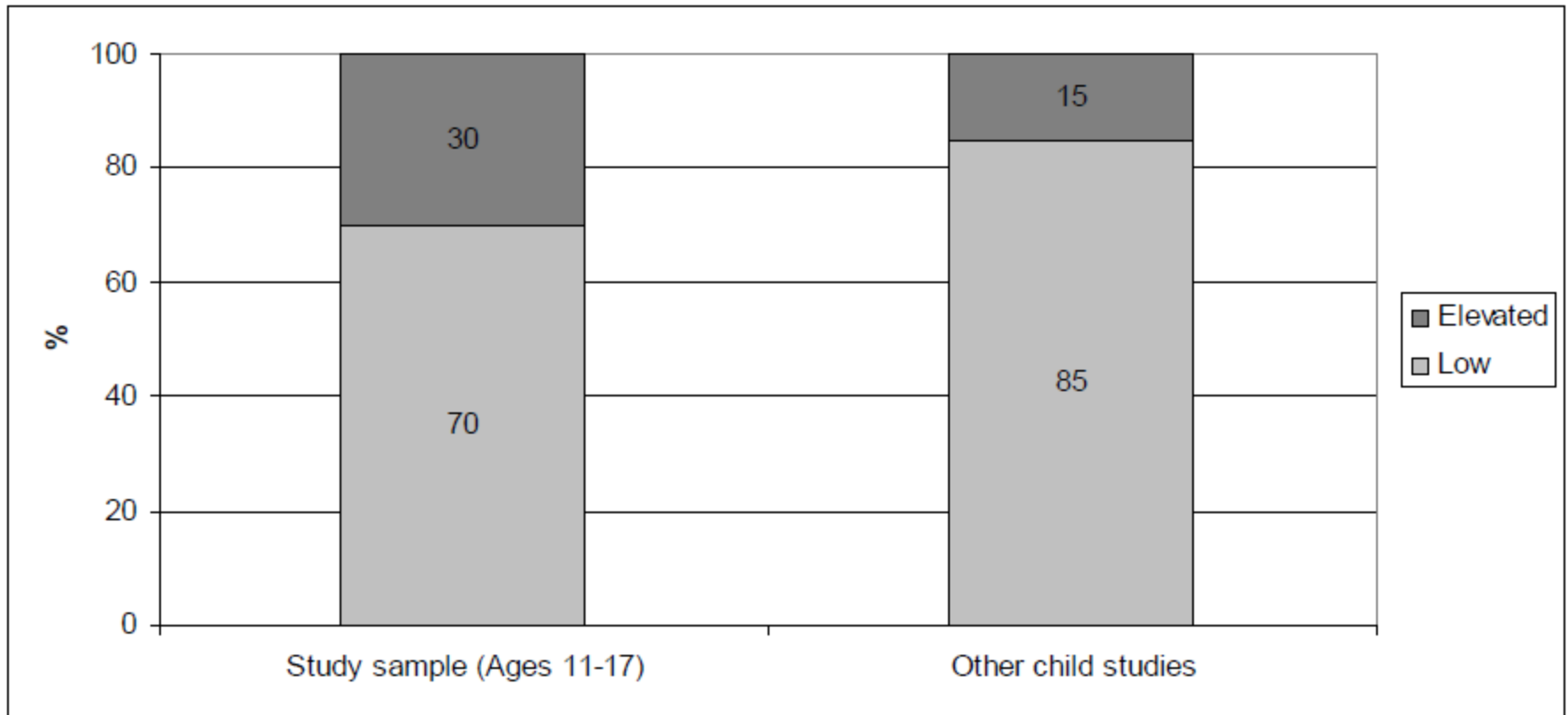
^a Analyses restricted to all families but Coast Guard.

^b Population based data from the National Health Interview Survey (2001)

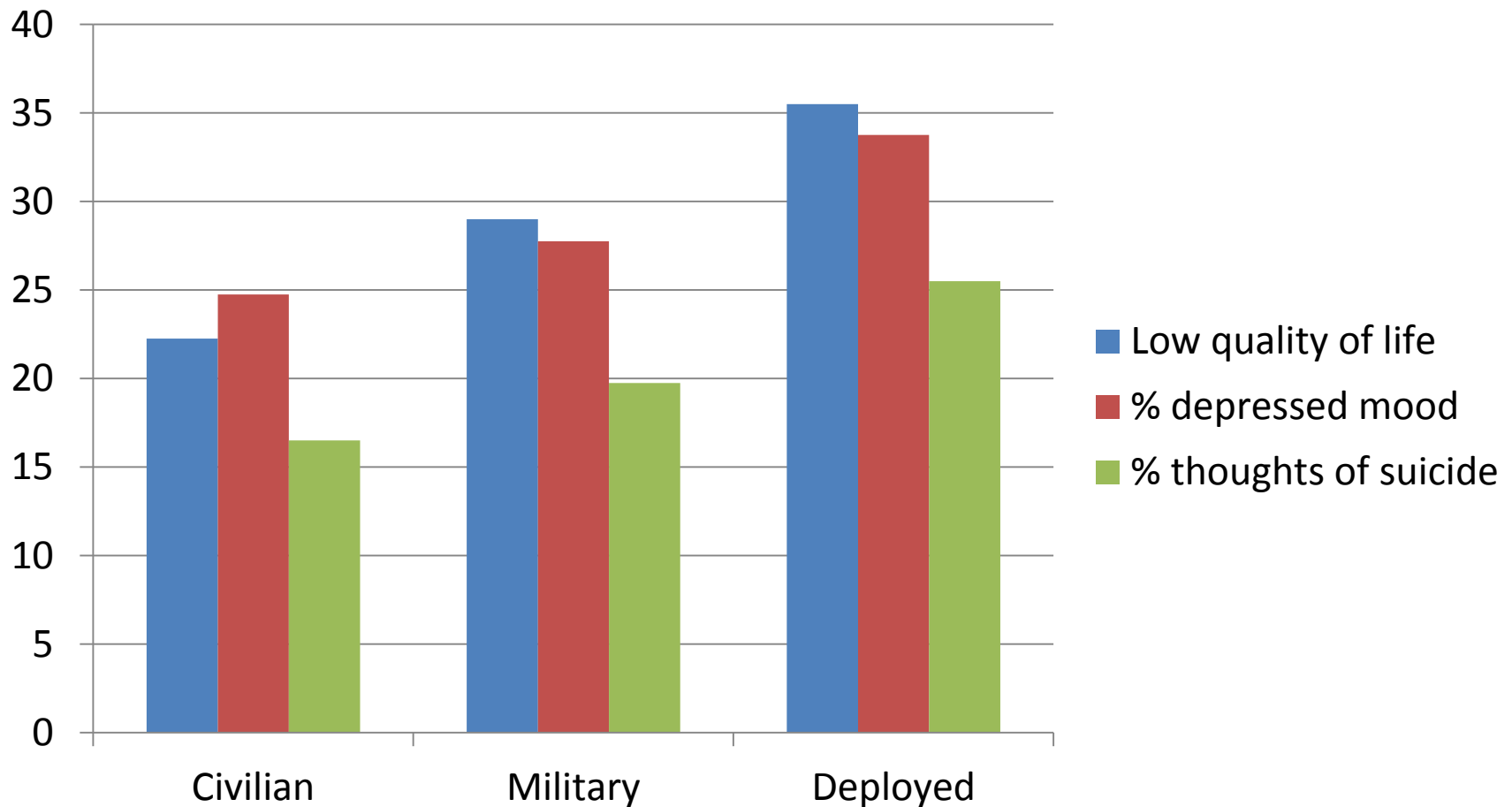
^c All differences between national and study scores are statistically significant at $p < .01$

Status of Military Children

Figure 2: Higher Percentage of Military Children Reported Elevated Anxiety Symptoms



Adolescents with Civilian, Military and Deployed Parents, Washington State, 2008



DEPLOYMENT

Key Features of Deployment

- Many reasons, always occurring
- Key structural elements that are common
- Many structural elements that differ across people and vary within people
- Most recent studies are about males, serving in the Army, with civilian spouses, experiencing combat deployments
- Many studies of children are about fathers with PTSD

“Parents’ deployment is consistently associated with children’s behavioral and academic problems, although the strength of this association is modest” (p. 128, Lester & Flake, 2013)

Table 2. Child Outcomes in Recent Studies on the Impact of Deployment on Children by Age Group.

Child Outcome	Age		
	Preschool	Elementary School	Adolescents
Externalized behaviors (Aggression, behavioral problems at home or at school; defiant behaviors)	Chartrand et al. (2008) Orthner & Rose (2005) Barker & Berry (2009)	Chandra et al. (2010) Flake et al. (2009) Lester et al. (2010)	Chandra et al. (2010a) Chandra et al. (2010b) Heubner & Mancini (2005) Heubner et al. (2007) Lester et al. (2010)
Internalized behaviors (depressive symptoms, anxiety, withdrawal, sadness)	Barker & Berry (2009) Orthner & Rose (2005)	Chandra et al. (2010) 11-17yo Orthner & Rose (2005) Lincoln, et al. (2010)	Wong & Gerras(2010) Heubner & Mancini (2005) Chandra, et al. (2010a) Lester et al. (2010)
Academic performance		Lincoln et al. (2010) Flake et al. (2009)	Chandra et al. (2010a) Chandra et al. (2010b)
Peer relationships			Wong & Gerras (2010) Chandra et al. (2010a)

Note: Only published research studies examining data from OEF/OIF related deployments are included in this table.

Children's Well-being

- Cumulative duration appears to be more important than frequency; timing may also be important (Institute of Medicine, 2013)
- In a study of records of over 300,000 children aged 5 to 17, children of deployed parents had 'excess diagnoses' numbering between 19 and 50 cases per 1000 deployed personnel. Rates were higher for boys, older children, and children whose parents were deployed longer. Total of 6579 cases (Mansfield, Kaufman, Engel, & Gaynes, 2011)
- Developmental variations (Maholmes, 2012) :
 - Infants and preschoolers - e.g., Potential attachment disruptions
 - School-aged – e.g., Anxiety, academic performance
 - Adolescents – e.g., Parentification, stress, risky behavior
- Mixed results regarding age and gender

Individual Parent Functioning

- A substantial minority of service members experience significant elevations in symptoms, which can be problematic for spouses. PTSD is related to relationship problems. Spouses' attributions might matter.
- Levels of symptomology among spouses more similar to those of service members than expected
- Among wives of deployed partners, elevated diagnoses of depression, anxiety, acute stress reaction, adjustment disorders and sleep disorders
- Exposure to trauma appears to matter
- Several studies find differences between spouses of deployed and nondeployed partners in stress levels during pregnancy and following delivery, including 2.75 times greater risk of screening positive for postnatal depression – BUT deployment was a weaker influence than having other children at home already

Parental & Family Functioning

- Parent-child relationships
- Co-parenting
- Longer deployments may be worse (Institute of Medicine, 2013)
- Worries about family are a top concern for service members during deployment (Institute of Medicine, 2013)

Marital Functioning

- Logistical challenges can be significant
- Risk of later marital difficulties rises with deployment to combat zones and rises further with symptomology in the service member
- Over the course of the war, reports of dissatisfaction among deployed service members became more common; divorce rates rose
- Key dimensions:
 - ambiguity and uncertainty;
 - closeness vs. connection;
 - Communication
- Marital (re)adjustment is a marathon not a sprint

WHAT CAN BE DONE?

Mechanisms inside Families

“Mechanisms of Risk:

- Incomplete understanding
- Impaired family communication
- Impaired parenting
- Impaired family organization
- Lack of guiding belief systems

Mechanisms of Resilience Enhancement:

- Psychoeducation and developmental guidance
- Developing shared family narratives
- Enhancing family awareness and understanding
- Improving family empathy and communication
- Fostering confidence and hope”

Families with Wounds and Injuries

1. “Educate adults and children about the impact of injury and the expected recovery process
2. Reduce family distress and disorganization through Family Care Management and provision of practical support
3. Develop emotion regulation skills necessary for ongoing dialogue and collaboration
4. Developing a shared understanding using Injury Communication
5. Develop optimism and future hopefulness”

Community Mechanisms

- Every clinical program, educator, and employer should ask every client, student or employee whether they or someone close have served
- Military service or family status should be flagged in every medical and educational record
- All clinicians and community professionals should be taught about military culture and deployment mental health
- Every organization that does the above should register in the National Resource Directory

Talk, Listen, Connect

Military families, Sesame Street salutes you and supports you! *Talk, Listen, Connect*, offers you strategies and resources to help your children through difficult periods of transition and separation that can come with military service. And don't forget to check out *Military Families Near and Far*, a special website where your family can create, communicate, and stay connected!

SEE MORE TOPICS

talk,
listen,
connect



For Families: Deployment Story



-  For Families: Deployment Story
-  For Families: Homecoming Stories
-  For Families: Changes Story
-  For Families: Coming Home

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Resting

Ellen Devoe and Ruth Paris

Boston University

Strong Families Strong Forces

[FOR SERVICE MEMBERS](#) [HOME](#) [PROJECT OVERVIEW](#) [WHO WE ARE](#) [FOR FAMILY MEMBERS](#) [CONTACT US](#)

Strong Families Strong Forces

Strong Families Strong Forces aims to develop a family program to support the healthy reintegration of soldiers from Operation Enduring Freedom(OEF)/Operation Iraqi Freedom (OIF) into their families. The program will be designed for families with children ages birth to five years old and will recognize the particular needs and developmental challenges that arise when parenting young children. The goal of this home-based family program is to mitigate the impact of combat and separation-related stress on the parent-child and family relationships.

[Boston University School of Social Work](#) has received a four-year grant from the U.S. Department of Defense for this project.



[FOR SERVICE MEMBERS](#)

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Abi Gewirtz

University of Minnesota



About the Project

ADAPT Team

ADAPT Newsletters

Family Resources

Get Involved

Contact Us

ADAPT Home

Family Social Science

Welcome to the online home of ADAPT

ADAPT is a project that is being conducted at the University of Minnesota with the support of the Minnesota National Guard and Reserves. We strive to learn about family resilience and to develop tools to support resilience among military families as they cope with the stress of deployment and reintegration.

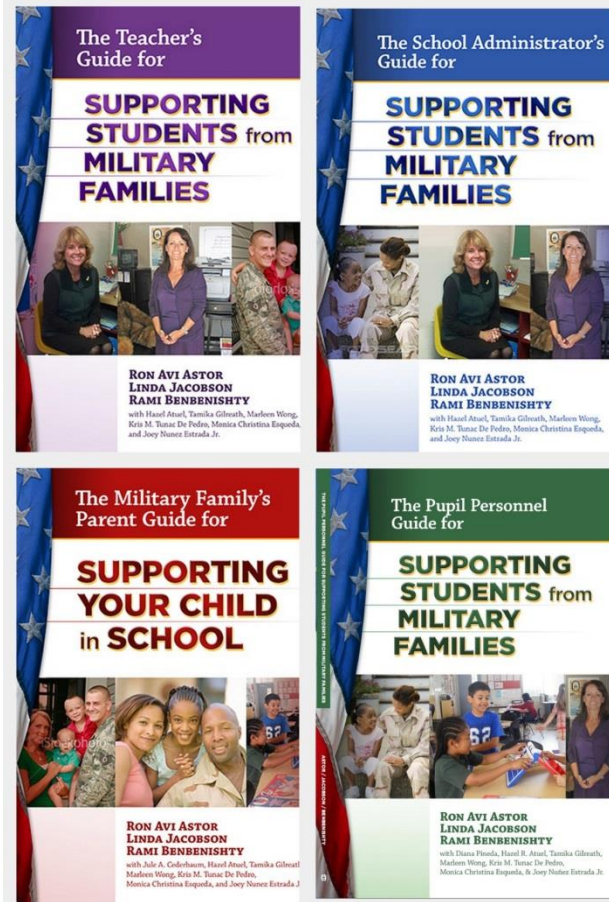
We have been meeting with National Guard and Reserve families from throughout Minnesota – in fact, we have met with thousands of individuals who have helped inform our work. We honor the families and military staff whom we have heard from so far and we would like to hear from you as well.

We have closed the recruitment phase of our current ADAPT study. Thank you to all military families for your interest, participation, and commitment. We are preparing for the next phase of ADAPT, so please continue to visit our website and Facebook page for details.

Ron Astor

University of Southern California

<http://buildingcapacity.usc.edu/>



Patricia Lester

University of California Los Angeles

FOCUS: Family Resiliency Training™ for Military Families

Strengthening the Home Base

FOCUS (Families OverComing Under Stress™) provides resiliency training to military children and families. It teaches practical skills to meet the challenges of deployment and reintegration, to communicate and solve problems effectively, and to successfully set goals together and create a shared family story.

[Learn more about Resiliency Training →](#)

Why Focus?

As a service initiated by the Bureau of Medicine and Surgery (BUMED), FOCUS Project addresses concerns related to parental combat operational stress injuries and combat-related physical injuries by providing state-of-the-art family resiliency services to military children and families at designated Navy and Marine Corps sites. Since 2009, FOCUS Family Resiliency Services have been made available to Army and Air Force families at designated installations through support from the Department of Defense Office of Family Policy.

[Read more about the program →](#)

The Deployment Spiral

Learn new skills to work through the unique challenges of each stage of deployment.

[Find out more →](#)

Top 5 Questions

Find out how FOCUS can help your family with its individual needs.

[View frequently asked questions →](#)

FOCUS on Site

Work with resiliency trainers at select military sites.

[Find out if FOCUS is available near you →](#)

Visit FOCUS World

Many of the benefits of in-person training are now available online.



FOCUS Quarterly: sign-up

Receive helpful tips for tackling common family challenges, learn about innovative resources for military families, and get simple suggestions for fun family activities, with our quarterly newsletter.



Parenting for Service Members and Veterans

www.veteranparenting.org

10/04/13





Project Team

Collaboratively developed by DoD and VA

- Web Services, VA Mental Health Services
- DoD National Center for Telehealth and Technology (T2)
- Broad planning committee including leading experts on Child and Family Mental Health





Overview of Course

Parenting for Service Members and Veterans is a free, anonymous, online program that provides tools and resources to improve parenting skills.

- Designed to be especially helpful for the “after deployment” adjustment period, but most content is applicable for all parents.
- The course covers issues relevant to children of all ages.





Web-Based Format

By placing this course on the web, we allow Service Members and Veterans greater accessibility and flexibility.

They can go to the course at the time and place of their choosing. Users can remain anonymous, thus protecting their privacy.





Course Content

The course is divided into 6 independent modules. Learners can take whichever modules they choose, in any order. The topics covered include:



MODULE 1 »

Back Into the Family



MODULE 2 »

Promoting Positive Parent-Child Communications



MODULE 3 »

Helping Your Child with Difficult Emotions & Behaviors



MODULE 4 »

Positive Approach to Discipline



MODULE 5 »

Managing Stress & Emotions as a Parent



MODULE 6 »

Parenting with Emotional & Physical Challenges



Course Content

Games and interactive exercises increase curiosity and engagement. Videos of 2 real families help users “connect” to the course and create a memorable learning experience



Edwin is a Sergeant Major in the Army who was deployed three times. He and his wife Cynthia have been married for 27 years and have three daughters.

Matt served in Afghanistan, and has been home for four years. He and his wife, Crystal, have been married fourteen years and have two daughters together and a son from a previous marriage.





Additional Resources

- Each module has tip sheets to help users practice the skills they've learned
- There are lists of websites and other resources for users who may wish to seek additional information or assistance
- Videos, throughout the course and in the Resources page, share additional insights and stories





Contact Information:

The course can be found at:

www.veteranparenting.org

For questions or additional
information :

Parenting@va.gov

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THE BIG MOVING ADVENTURE MOBILE APPLICATION

The Big Moving Adventure mobile application is part of Sesame Street's robust initiative for military families, which features FREE multimedia tools to help children and their families cope with the transitions that are part of military life.

Other resources in this initiative include:

- Talk, Listen, Connect: Deployments, Homecomings, and Changes
- Talk, Listen, Connect: When Families Grieve
- FamiliesNearAndFar.org
- Two other mobile apps: Feel Electric! and Sesame Street for Military Families



t2.health.mil/programs/military-families-near-and-far

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