

## COMMUNITY SUPPORT FOR MILITARY CHILDREN AND FAMILIES THROUGHOUT THE DEPLOYMENT CYCLE

Military families are generally healthy and resilient. However, many families face unique challenges including combat deployment. Combat deployment is often associated with increased distress in family members, including children. Combat deployment is not a single event, but rather a cycle that extends across pre-deployment, deployment, and post-deployment periods. *Each of these periods is defined by specific characteristics and challenges that may impact the family environment.* Maintaining a stable family environment throughout the deployment cycle supports the well-being of both service members and their families. One approach to enhancing the stability of military families is to increase health and community service providers' understanding of the challenges faced by families throughout the deployment cycle so they are better prepared to help families mitigate the risks associated with deployment.

In recognition of April as the *Month of the Military Child*, our goal is to raise awareness among service providers of the challenges associated with each period of the deployment cycle and related risks for children and families. We also describe resources and recommendations for how service providers can help address the changing needs of military families and children across the deployment cycle.

This can be achieved by providing information about and ensuring access to basic needs, such as housing, education, health care, child care, and jobs throughout the deployment cycle. In addition, services that support family organization, communication, coping, and resilience should be promoted. Researchers recognize that military children's healthy response to stressful events, including deployment, is related to the health and well-being of their parents (Lester et al., 2010).

Because many of the disorders for which veterans are treated can be chronic (e.g., PTSD, substance use, depression, and TBI), particularly in the post-deployment phase, treatment and health maintenance programs that support veterans' functioning and minimize relapses or complications strengthens the health and well-being of

Providers can better help families by understanding the challenges faced at different times during the deployment cycle.

military and veteran families and their children. Within the community, treatments of service members and veterans that incorporate family-focused approaches should be identified as they are better suited to address the profound impact that diagnoses such as PTSD and TBI can have on families and children.

### Challenges and Risks across Deployment Periods

#### Pre-deployment Period

- Pre-deployment is a time of intense family preparation for the soon to occur deployment. Parents and children are likely to experience distress in anticipation of separation from the service member.
- Pre-deployment is also a time of intense military preparation, which may cause the service member to be less available to family members at a time when connection, communication, and planning is important.
- Although many service families have experienced prior deployments, service families that are unfamiliar with deployment challenges may experience greater distress.
- Young enlisted families may face greater risk due to their younger age, fewer financial resources, and separation from their extended family.

#### Deployment Period

- Deployment creates de facto single-parent families, where the absence of the service member parent requires the at-home spouse and children to shoulder more responsibilities.
- Family separation during deployment can increase the risk of distress, anxiety, and depression for military spouses and children.
- These combined stresses may impair the at-home parent's ability to meet their children's physical and emotional needs during the deployment period.
- Fewer adults within the home can decrease the at-home parents' ability to supervise their children as consistently as when their service member spouse is present.

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## **Post-Deployment Period**

- Although the post-deployment period includes joyful reunification of family members, reintegration of the service member into the family system following deployment is a challenge for many military families and has been associated with increased miscommunication and interpersonal conflict.
- Service members returning from combat are at risk for post-deployment mental health problems which may create additional barriers to communication and increases in family conflict.
- Family conflict and post-deployment mental health problems can increase risk for family violence during the post-deployment period.
- The increased prevalence of substance misuse in combat veterans may also increase risk for families in the post-deployment period.

## **Resources and Recommendations for Strengthening Military Child and Family Health**

### **Pre-Deployment Period**

- Help families identify deployment support assistance services, including financial planning, housekeeping, child care, housing assistance, and other respite services for non-deployed spouses.
- Assist in securing pediatric/primary care access within military treatment facilities or from TRICARE practitioners.
- Encourage families to participate in educational opportunities (classes, workshops, and seminars) offered by the Family Advocacy Program (FAP) and other military support organizations that focus on communication, stress management, conflict resolution, and parenting skills.
- Refer expecting couples and couples with infants to the FAP-administered New Parent Support Program, which combines education, support, and home visitation services in a strength-based model to support military families with young children.
- Refer high-risk families (e.g., those with mental health or substance use problems, medical or developmental disorders, or prior history of maltreatment or family violence) to mental health treatment and/or FAP-sponsored parent counseling to minimize harmful behaviors, manage anger, and develop positive and responsible parenting practices.

## **Deployment Period**

- Ensure awareness of support networks, such as accessible health services or mentor contacts, including extended family members, spouse's peers, or senior military spouses.
- To help families address short-term problems, provide information about non-medical counseling services, such as the DoD-funded *Military & Family Life Counseling (MFLC) program*. *Military OneSource* (<http://www.militaryonesource.mil>) is another option that is available in person, over the phone, online, and via secure video chat.

## **Post-Deployment Period**

- Encourage and refer service members to mental health providers for reported or suspected combat-related symptoms (i.e., PTSD, TBI, depression, or substance misuse) impacting spouse or parent relationships.
- Offer FAP or other community-based programs to address reunification challenges, including communication skills, stress management, conflict resolution strategies, anger management, and positive parenting techniques.
- Help families identify and work through barriers to help-seeking (such as stigma) for mental health or family difficulties.
- Encourage use of the *Families OverComing Under Stress (FOCUS)* prevention and family strengthening intervention and/or MFLC program. These programs target high needs individuals and families and can refer to traditional clinical resources when required.

Providers should consider the timing of a military family's service member's deployment when providing guidance to military parents. It is also helpful to stay up-to-date on military family support resources. Internal Behavioral Health personnel in Patient-Centered Medical Home clinics (e.g., social workers, psychologists, nurse case managers) can often assist providers and families in addressing deployment issues as well as accessing additional resources and services listed above.

## **Reference**

Cozza, S.J., Whaley, G.L., Fisher, J.E., Zhou, J., Ortiz, C.D., McCarroll, J.E., Fullerton, C. S. & Ursano, R.J (2018). Deployment Status and Child Neglect Types in the U.S. Army. *Child Maltreatment*, 23(1):25–33.