
FORUM ON HEALTH AND NATIONAL SECURITY

MILITARY FAMILIES IN TRANSITION: STRESS, RESILIENCE, AND WELL-BEING

EXECUTIVE SUMMARY AND RECOMMENDATIONS

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Center for the Study of Traumatic Stress
Department of Psychiatry
Uniformed Services University of the Health Sciences



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FORUM ON HEALTH AND NATIONAL SECURITY

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STRESS, RESILIENCE, AND WELL-BEING

Editor's Note: This transcript has been edited, however, as in most transcripts some errors may have been missed. The editors are responsible for any errors of content or editing that remain.

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First Edition

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PREFACE

The health and well-being of military families is a key part of sustaining the health and readiness of our military forces. The Forum on Health and National Security, sponsored by the Center for the Study of Traumatic Stress, addressed interventions to mitigate the effects of stressors confronted by military families and strategies to enhance the resilience and well-being of these families, as wartime transitions to peace, garrison, and small group deployments. Participants represented military and civilian leaders, and health care and family services educators, researchers, planners, and providers. The goal of the Forum was to share knowledge across disciplinary boundaries, and to develop new perspectives and vantage points, in order to better understand the needs of military families.

Participants considered the challenges as well as potential solutions at different levels, from the individual to the family to the larger systems in which soldiers and families are embedded, including both military and civilian communities. In the coming years, additional transitions, and new challenges, will confront military families. Fewer resources will be available to mitigate the effects of the challenges, requiring even greater consideration of cost-effective solutions. To facilitate difficult decisions by leadership in a challenging transitional time, the group developed a set of recommendations addressing: (1) leadership; (2) training and education; (3) programs and interventions; and (4) research.

The health and well-being of military families is a key part of sustaining the health and readiness of our military forces.



EXECUTIVE SUMMARY AND RECOMMENDATIONS

Our nation's recent conflicts have brought unparalleled challenges for military families. The high operational tempo of a decade of conflict has required frequent deployments, with limited recovery, reset, and restoration time for service members and their families. Many returning service members and veterans suffer the effects of invisible wounds such as posttraumatic stress and concussions with resulting mild to moderate traumatic brain injury. These wartime wounds can greatly impact families: injured soldier, injured family. Further, the recent conflict has relied heavily on Guard and Reserve troops, for whom the unpredictability of military service imposes additional and unique challenges. Amplifying the effects of these circumstances, the recent period of conflict has overlapped substantially with a significant economic downturn. Against this backdrop, military families face new challenges going forward, as the force adapts to the changing circumstances.

The military is committed to ensuring the well-being of the soldier and the soldier's family, and members of the force depend on this commitment. How individuals transition into, within, and out of service, and more broadly, how they feel about their military experience, impacts the future of the force. A service member's evaluation of their service experience, and that of her or his family, affects the likelihood of reenlistment and even how the military is conveyed to the next generation. To sustain a promise and to promote national security, the military maintains a sharp focus on the families of its members. In the coming years, fewer resources will be available to mitigate the effects of challenges faced by these families, requiring leaders to identify cost-effective interventions.

To facilitate difficult decisions in a challenging transitional time, the Center for the Study of Traumatic Stress (CSTS) of the Department of Psychiatry at the Uniformed Services University convened a two-day forum, *Military Families in Transition: Stress, Resilience, and Well-being*. Participants in the forum, the most recent in a series on health and national security sponsored by the CSTS, included nationally recognized military and civilian leaders, educators, researchers, and health care planners and providers. In confronting challenges that will be faced by military families in the coming decades, the forum addressed Strategic Goal 2 in the FY 2012-2016 Strategic Plan: *To strengthen individual and mission readiness and family support, and promote well-being.*

The discussion identified a broad spectrum of challenges faced by military

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families, including deployment-related burdens on spouses and children, economic concerns, finding services for family members wounded in service, inadequacies in the dissemination of information necessary to navigate existing services, and unpredictability. These challenges may be exacerbated as the force changes.

These stresses and challenges notwithstanding, most military families are coping well and even thriving. The families are resilient and, like all families, are capable of becoming more resilient as they face future challenges. Sustaining and enhancing this capacity for resilience is a priority, and is accomplished by reducing specific stress and exposure to risk when possible, providing access to positive assets, and harnessing the power of human adaptive systems, including the family and the military and civilian community. Capitalizing on existing interventions with demonstrated efficacy, the effects of which are often cascading, can facilitate cost-effective and sustainable solutions.

The forum developed four areas of recommendations that serve these overarching goals. These recommendations relate to: (1) leadership considerations to facilitate the well-being of the soldiers and their families; (2) training and education; (3) design, implementation, and evaluation of cost-effective programs and interventions to address the challenges facing military families; and (4) research to provide action-oriented knowledge on stress and resilience in military families to aid decision-making by the leadership.

Leadership

- Recognize the changing characteristics of military (and civilian) families. For the military of 2025, it is important to utilize a flexible definition of the family. Whereas families are diverse and evolving, the functions families serve are relatively constant. However, how those functions are implemented may change over time. Defining the family in a flexible way facilitates efforts to apply a wide range of knowledge about families as well as those to harness the adaptive power of families.
- During the downsizing, maximize predictability for service members and their families. Knowing what is up ahead is extremely valuable to families, reducing their stress level and increasing their capacity for resilience.
- Identifying family risk and resilience factors can inform policy and direct research, training, education, and programs to prepare for unknown future engagements.
- As is well known, and remains critical to future planning, identifying and implementing the optimal frequency and duration of deployments and dwell time substantially impacts service member and family function. To the extent that the nature and character of deployments change, the issues of frequency, length, and recovery time need to be reconsidered.
- Implement programs by first integrating existing capabilities, as this is cost-effective and associated with greater sustainability. Partnering with civilian communities to provide services to Reserve as well as Active components may provide additional advantages.
- When allocating resources, determine the most important problems, and how resources can be used to impact the greatest number of people.

- Consider cascading effects in cost-benefit analyses. Longer-term outcomes and cost-benefit considerations are often lost in the need to address downsizing and cost efficiency, but failure to take these into account can actually increase costs in the out years.
- Now, and as a part of sustained operations in the future, invest in program evaluation at the outset to more successfully identify cost-effective programs.
- Support the development of historical reviews and leadership lessons learned in order to capture the lessons on family support, family stressors, family resilience, and program operations. Manuals for family programs based on the experience of the past ten years can facilitate the ramp-up to responding in the next conflict. Consideration of where and how to house these lessons learned and how to sustain them is important to future engagements.
- Include the Guard and Reserve when planning for transitions facing military families, as they face unique challenges such as relative isolation and greater unpredictability regarding their service.

Identifying family risk and resilience factors can inform policy and direct research, training, education, and programs to prepare for unknown future engagements.

Training and Education

- Maintain/enhance a leadership education group specifically at the Command and General Staff College and at the War College, that teaches lessons learned from the recent and past conflicts on the soldier-family interrelationship to sustain the fighting force. Development of this curriculum should include specific leadership questions and tools for solutions in future conflict times.
- Enhance methods and materials for communicating the issues of downsizing with military families, in order to promote trust and manage expectations of the service member and their family.
- Train and maintain the core competency to deal with soldier and family issues in order to be prepared and to sustain the force. In particular, train interventionists to deal with posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), family violence, and child neglect, which are an ongoing part of service life and which will be an important part of future wars.
- For family service providers, review and consider training in the following intervention skills, which are now part of many family and individual interventions for stress-related exposures: emotion-regulation skills; problem-solving skills; risk, safety, and motivational communication skills; goal-setting skills; management of trauma and loss reminders; deployment separation reminders management; collaborative parenting; and financial readiness/planning.
- Train providers to: (1) recognize the effects of service member posttraumatic stress (PTS), PTSD, and other combat stress reactions on families; and (2) educate families to recognize, monitor, and manage these stress responses as a team.
- Consider, where applicable, calling service providers *trainers* or *coaches*, in order to reflect their role as strength builders, and thereby reduce stigma associated with care.
- Sustain and further develop bridging education programs for civilian community leaders, school personnel, health care providers, and others in the civilian com-

Programs must target multiple levels, focusing on three engines of resilience: (1) reduce the level of stress and exposure to risk; (2) boost access to positive assets (e.g., good healthcare, money for food, and safe communities); and (3) harness the power of human adaptive systems, including families and the systems in which they reside.

munity, about military culture, PTSD, and TBI. The present knowledge base is higher than in the past, but not historically high, considering World War II. This knowledge and sensitivity will decay over time. Continuing an active outreach to civilian communities will relieve soldiers and family members of being the primary educators of their communities and maximize the ability of military families to engage with communities. This is particularly true around smaller installations and with Guard and Reserve service member units.

- When allocating limited resources, consider that cuts in training dollars are associated with increased risks for lack of necessary skills in future times of rapid mobilization/response, as was true in the present conflict.
- Develop fellowships to enhance the skills and knowledge of military providers and researchers in actionable research, program evaluation, and implementation science.

Programs and Interventions

- Programs must target multiple levels, focusing on three engines of resilience: (1) reduce the level of stress and exposure to risk; (2) boost access to positive assets (e.g., good healthcare, money for food, and safe communities); and (3) harness the power of human adaptive systems, including families and the systems in which they reside. A focus on these engines of resilience — reducing risk, boosting assets, and harnessing human systems (RBH) — will promote sustainable change.
- Aim to reduce risk factors and increase protective factors versus focusing solely on reducing negative outcomes. It is important to proactively assess and address family risk and protective factors as well as risk and protective factors of individuals.
- Assess programs in order to determine if efforts to reduce risk and enhance protective factors are effective. Assessment requires more than process measures. Measure both positive and negative outcomes of programs.
- Develop programs that impact multiple outcomes, thus providing programs that may be more cost-effective. Evaluate programs using multi-level analysis, to assess their effects at various levels (i.e., community, family, and individual).
- The strength of the community (both an installation and the surrounding community) can sustain families and service members. Interventions that build community strength and bridge to civilian communities are an important part of a programmatic approach.
- Include a self-help strategy in programs, in order to empower families and build their sense of efficacy. This approach helps families and individuals sustain their own recovery.
- Consider *gateways, pathways, and configurations*: (1) Incorporate gateway managers, considering what the gateways are and how entrée is managed. This is central to engaging individuals and families, in order to reduce attrition, as the system in which military families live is large and complex. Provide user-friendly access, and recognize that multiple points of contact are crucial, especially for those that feel isolated or depressed. (2) Evaluate the pathways between pro-

grams. (3) Consider the configuration of programs across the system, across career time, and across new and emerging types of military families, in order to determine the matrix of programs that best serves the diverse elements of the population at various and critical points in their careers. This matrix is a *ramp up* — ready to fight — tool for future engagements.

- Modularized programs have the advantage that they can be adapted for emerging needs: (1) Identify core elements of interventions that might be universally effective and adaptable to different situations. (2) Construct programs focusing on these core components, incorporating degrees of freedom so that programs can be adjusted while remaining faithful to the core components. (3) Design programs that are adaptable up front, allowing families to see an early win and engage. (4) Build a resilience component into programs, to promote problem solving. (5) Assess continuously and adjust programs as needed, to meet the needs of different families and situations.
- Where possible adapt existing (civilian as well as military) evidence-based programs to serve military families.
- During implementation, focus sharply on *reach*: impact is a function of effect size and reach. A small effect that reaches a large group (i.e., has substantial reach) has a large impact.
- Implementing new interventions in interdisciplinary teams that include representatives of policy, front-line family work, and intervention science can expedite program development, evaluation, and adaptation.
- For expanded reach to active duty service members and families, as well as Guard and Reserve, leverage existing: (1) mentoring relationships of spouses and service members within the Army community across active duty, Guard, and Reserve families; (2) trusted community supports of each family (e.g. church, school); and (3) technological systems, especially to support geographically dispersed soldiers and their families.

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Research

- Leverage existing opportunities: (1) Develop cross-linked historical and current administrative health and behavior databases on military families and soldiers, in order to facilitate analyses using new large data-intensive approaches of critical real-time and historic family-soldier health and career outcome questions (e.g., Army STARRS historical data analyses). (2) Develop similar databases on civilian families, which share risk and protective factors in common with military families, for comparison where possible. (3) Increase the use of existing mobile and real-time technology (e.g., use mobile devices and cloud computing technology to collect and evaluate process and outcome data). (4) Identify and reduce unnecessary barriers to research and the use of existing data, to facilitate efforts of researchers to contribute to problem solutions.
- Examine family functioning in studies of deployment and recovery, as it is a critical variable in soldier recovery and reset. Studies to identify the effects of length and frequency of deployment, characteristics of deployment, and dwell time on family function can greatly assist in developing interventions to sustain resilience and promote rapid recovery of deployed service members.

Balance the informative power of long-term research and the immediate need to assist families, utilizing designs that also facilitate ongoing knowledge (e.g., multifactorial, rollout designs).

- The leadership must be educated in the use of tools to recognize the effects of cumulative stress on families and service members and in intervention strategies to deal with those effects: Stress is cumulative, and high cumulative risk can overload the capacity of any system.
- Identify risk and protective factors, the most effective times to apply interventions, and opportunities to impact a range of negative outcomes for families and individuals. Negative family outcomes for potential intervention include: family violence, soldier and family legal problems, child school problems, soldier and family mental health problems, family breakup, as well as others. The grouping of these outcomes can provide additional power to identify risk times and groups and interventions which may work across negative outcomes. Such an approach can strengthen actionable research that can be used by leadership in a cost-effective manner.
- Encourage a life-course and career perspective in research: Following individuals and families over time enables an understanding of change and outcomes over time. Using current statistical techniques, one can model patterns of change, in order to identify time points of risk, groups at risk, and times at which interventions may have maximal impact and, therefore, are most cost-effective.
- Balance the informative power of long-term research and the immediate need to assist families, utilizing designs that also facilitate ongoing knowledge (e.g., multifactorial, rollout designs). Incorporate multiple outcomes into study designs as a cost-effective way to evaluate effects of interventions on more than one problem or system. Given the increasing number of women in service and as heads of households, including an evaluation of gender differences in studies of active-duty and veteran populations will be of continuing importance.
- Program evaluation is an ongoing need for research going forward and a critical component of planning for the next conflict time.