From Diapers to Diplomas: Exploring Resilience in Military Children

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- Serves as the Director of Training and Intervention Development for the Nathanson Family Resilience Center
- Director of the Family Development Project and the Co-Director of the Child and Family Trauma Service
- Recent research focuses on developing effective interventions for children and families in high-stress environments
Objectives

• Describe unique challenges for children in military and veteran families

• Identify resilience and protective factors

• Understand importance of a family-level approach to promote positive marital, co-parenting, and parent-child relationships

• Share strategies to adapt current practice to meet the needs of military and veteran families
Child Impact: Hidden in Plain Sight

Sara
Age 9, Continues as a good student, polite, appears sad and distracted at times

Jorge
Age 3, New fears at bedtime—insisting on sleeping with mom; tearful at daycare drop off

Thomas
Age 13, Defiant to teachers, fighting with peers, frequent suspensions, cannot concentrate, failing all classes
Military Culture

- More than 70% of Military Families live in civilian communities
- States with the highest density include CA, TX, VA, NC, GA, WA, FL, HI, KY, and CO
- Families serve too!
- Multiple deployments, trainings, trips, missions
- Relocations
Military Culture

- Spouse employment challenges- most want or need to work
- Childcare challenges
- School transitions
- Financial challenges
- Important differences between Active, Guard, and Reserve Components
Military Values

Honor
Loyalty
Excellence
Commitment
Integrity
Courage
Duty
Respect
Service
Military Families: A National Resource

- 44% military members have children
- Military children are our nation’s children, a national resource
- Military children are our future

![Pie chart showing 58% Family Members (n=3,130,808) and 42% Service Members (n=2,259,359).]
US Military Children by Age

- **0 to 5 Years (n=730,320)**: 37.5%
- **6 to 11 Years (n=591,755)**: 30.4%
- **12 to 18 Years (n=485,151)**: 24.9%
- **19 to 22 Years (n=139,230)**: 7.2%

Note: Children ages 21 to 22 must be enrolled as full-time students in order to qualify as dependents.
Note: Percentages may not total to 100 due to rounding.

*DMDC Active Duty Military Family File (September 2012); DMDC Reserve Components Family File (September 2012)*
1.9 Million Military Children

• 68% are younger than 11

• 19,000 have had a parent injured

• 2,200 have lost a parent

• 225,000 have a parent currently deployed
Developmental Child Reactions During Deployment and Reintegration
Infants and Toddlers

- Infants may cry, fuss, pull away from returning parent, cling to caregiver
- Toddlers may act shy, clingy, not recognize the returning parent, cry, have temper tantrums, return to behaviors they have outgrown
- Poor Regulation: eating, sleep, interactions
Children Ages 3 to 5

- Confusion, surprise, guilt
- Disruptive behaviors/ tantrums
- Regressive behaviors
- Change is stressful
- Take cues from parents
School Age Children

- Sadness, anger, separation anxiety, guilt, loneliness
- Confusion over roles/relationships
- Feeling responsible
- Behavior problems
- Somatic complaints
- Attention seeking
Adolescents

- Feeling of rejection, anger, denial
- Growing older = Growing awareness of danger
- Taking on “parental roles”
- “I don’t care”
- Risky behaviors
- Focus on peers
- Concerns about emerging adulthood/identity/college/work etc.
What are the challenges faced by military families you interact with?
Challenges of Military and Veteran Families

- Extended and repeated separations from a primary caregiver in the context of danger
- Altered family roles and responsibilities
- Increased stress on caretaking parent
- Media and communication exposure
- Community level stress/loss
- Impact of combat exposure on returning parent
- Possible parent mental health problems, physical injury, or loss
Deployment and Reintegration Stress in At Home Spouses

- Caretaking burden for spouse
- Increased loneliness and isolation
- Limited social support and resources
- Limited co-parenting
- Concerns about danger
- Anxiety and depression
- Relational dissatisfaction, conflict, reduced trust and intimacy

The Long War and Parental Deployment

Effects on Military Children and At-Home Spouses

- 272 School age children, ages 6-12
- 163 At-Home civilian parents; active duty parents
- Mean number of deployments 2/17 months
- Currently deployed and recently returned status
- Both parent and child report
- Two service branches at highly deployed installations; Army and USMC families/children
- Detailed information about family context, including psychological health of both parents
- Examine risk/protective factors (parental distress, deployment, gender, age)
- Limitations: Cross sectional, convenience sample
Prevalence of Clinically Significant Symptoms for At-Home Civilian Parent by Spouse Deployment Status
Prevalence of Clinically Significant Symptoms in Children by Parental Deployment Status
Interdependence between “At-Home” and Service Member Parental Experiences and Children

- Emotional and behavioral distress, risky behaviors and academic impact both during and following combat related deployments (Flake et al 2009; Lester 2010; Chandra 2010; Chartrand 2008; Reed et al 2011)

- Increased utilization of child mental health services (Mansfield, 2011; Gorman et al 2010)

- Rise in child maltreatment during deployments and related to separation/reunion (Gibbs et al 2007; Rentz et al 2006)
Interdependence between “At-Home” and Service Member Parental Experiences and Children

- Relationship of cumulative months combat deployments to parent and child distress (Chandra 2009; 2010; Lester 2010), family functioning and marital instability (Lester, 2016)

- Risk for parental psychological distress and mental health problems to child internalizing/externalizing symptoms (Chandra 2009; Dekel 2008; Lester 2010)

- Indications of family relational processes that influence child outcomes: communication, parenting, parental sensitivity (Chandra et al 2010; Gerwitz 2010; DeVoe & Ross 2012)
Relevance of Family Centered Prevention & Care for Military and Veteran Behavioral Health

• Well-being of children and teens and their families are inextricably linked

• Family members can play a significant role in enhancing or impeding the recovery of youth affected by trauma or adversity

• Families represent an opportune point of entry for prevention and intervention efforts

• Families prefer family approaches over individual approaches for mental health care
Families Reside within Interlocking Systems

School

Healthcare

FAMILY

Community

Individual

Mental Health
Systemic Model to Inform Services and Care for Military & Veteran Families

MacDermid-Wadsworth and Lester, et al, in press
Reminders of Loss

26-year-old Soldier father, 7 months post-reunion. One of his buddies died in his arms during a fire fight

“...if my daughter falls asleep when I hold her, and suddenly her head falls, I can’t describe what it does to me... I immediately wake her up... I am convinced at that moment that she is dead...”
Reminders of Separation

28 yr old Marine mother,
1 month post-reunion after 2 deployments in 2 years

“..It’s the craziest thing.. For the first few weeks after I came back, every morning, my 5-year-old would stop me at the door and hang onto my leg and wouldn’t let me leave. I had to change out of my uniform and get into civilian clothes before she would let me leave the house. Even now, I have to sneak out of the house with my uniform in a paper bag and change on the way to the Base.”
Reminders of Change

10-year-old son of a Sailor recently returned from his 3rd deployment:

“...sometimes my Dad gets so touchy, like we were getting ready to go to the beach and we were putting stuff in the car, and then he just got so bossy and mean... he yelled at me and I yelled at him because it wasn't fair and then we ended up not going. But usually he's really nice...”
Impact of Parental Traumatic Stress on Family Resilience

- Emotional Numbing/Detachment
- Mood Irritability/Aggression
- Over-Protective, Inflexible Parenting Style

- Reduced Communication and “Tracking”
- Unable to Tolerate Normal Activities
- Increase in Conflict
- Parent “takes himself out”

- Reduced Family Closeness, Support & Resilience
Risk and Resilience

TRAUMA
Objective & Subjective

ACUTE STRESS RESPONSE

CHRONIC STRESS RESPONSE

RISK & RESILIENCE FACTORS
Mechanisms of Risk for Families

- Incomplete understanding of the impact of the stressor condition (e.g., trauma, death, illness, injury) and inaccurate developmental expectations
- Impaired family communication
- Impaired parenting practices
- Impaired family organization
- Lack of guiding belief systems
Resilience & Protective Factors

- Children with at least one secure attachment figure
- Supportive relationships with parents and adults
- Spending time together as a family
- Routines and rituals that promote closeness during hardships
- Participation in extracurricular and other activities
- Helpful beliefs and making positive meaning
- Network of support: family, friends, school, community
Family Interventions to Build Resilience

• Educate families about trauma reactions and build ability to manage the reminders

• Highlight family strengths

• Provide developmental guidance and parent leadership training

• Sharing of individual narratives and the creation of a family narrative to enhance perspective-taking

• Development of shared goals and support of co-parenting
Family Interventions to Build Resilience

• Increase affect identification and regulation across the family

• Enhance family communications about periods of increased reactions and progress in the course of recovery

• Build family structure and closeness

• Develop a family coping plan

• Create meaning out of adversity
Resilience and Hope

“The good life is a process, not a state of being. It is a direction not a destination.”

~Carl Rogers, 1961
FOCUS Family Resilience Training

- Parents Only
- Children Only
- Parents Only
- Family Sessions

Modules 1&2
Modules 3 & 4
Module 5
Modules 6 – 8
FOCUS Family Resilience Training

Core Components

• Family Real Time Check Up
  -Customizes services to family needs

• Family Level Education
  -Combat Operational Stress Continuum
  -Developmental guidance

• Family Deployment Timeline
  -Link skills to family (and child) experience
  -Develop shared family meaning
  -Bridge estrangements
  -Co-parenting

Lester et al, 2011
FOCUS Family Resilience Training
Core Components

- Family level resiliency skills across the deployment cycle
  - Emotional regulation
  - Problem solving
  - Communication
  - Goal setting
  - Managing deployment reminders

Lester et al, 2011
“If a community values its children, it must cherish their parents.”

~ Bowlby, 1951
Lessons learned from large scale implementation of FOCUS

• Consider the range of need (IOM taxonomy)

• Utilize a public health approach to target intervention to various levels of need

• Understand and adapt to the system/culture

• Know the landscape

• Bring a collaborative spirit to partner with programs across the continuum of care
Institute of Medicine (IOM) Taxonomy for Preventive Interventions

**PREVENTION**
Targets those who are well or whose symptoms are subclinical

**TREATMENT**
Targets those who have diagnosable mental disorders

Three Target Populations for Prevention Interventions

<table>
<thead>
<tr>
<th>UNIVERSAL</th>
<th>SELECTIVE</th>
<th>INDICATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everyone in a population</td>
<td>Subgroups of the population at heightened risk</td>
<td>Individuals suffering subclinical distress or impairment</td>
</tr>
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</table>
Project FOCUS Suite of Services
Public Health Strategy for Implementation

# Family Combat/Operational Stress Continuum

<table>
<thead>
<tr>
<th>Ready</th>
<th>Reacting</th>
<th>Injured</th>
<th>Ill</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Good to Go</strong></td>
<td><strong>Mild and Transient</strong></td>
<td><strong>More Persistent</strong></td>
<td><strong>Persistent Distress</strong></td>
</tr>
<tr>
<td>• Children well-adjusted and secure</td>
<td>• Children acting out, insecure</td>
<td>• Significant behavior issues</td>
<td>• Behaviors are highly problematic</td>
</tr>
<tr>
<td>• Regular routines</td>
<td>• Disrupted routines</td>
<td>• Feeling of chaos</td>
<td>• Communication is negative or nonexistent</td>
</tr>
<tr>
<td>• Good communication</td>
<td>• Difficult communication</td>
<td>• Roles/routines unclear</td>
<td>• Lots of fear and worry</td>
</tr>
<tr>
<td>• Parent and child roles are clear</td>
<td>• Increased worry</td>
<td>• Constant fighting</td>
<td>• Stress injury that don’t heal</td>
</tr>
<tr>
<td>• Has fun together</td>
<td>• Reduced intimacy</td>
<td>• No communication</td>
<td>• Symptoms persist for more that 60 days</td>
</tr>
<tr>
<td>• Able to solve problems</td>
<td>• Solving problems is challenging but possible</td>
<td>• Loss of intimacy</td>
<td></td>
</tr>
<tr>
<td>• Family skills are effective</td>
<td>• Family skills are helpful most of the time</td>
<td>• Verbal or physical abuse</td>
<td></td>
</tr>
<tr>
<td>• Future looks bright</td>
<td>• May be able to get to green</td>
<td>• Solving problems feel impossible</td>
<td></td>
</tr>
</tbody>
</table>

- Responds to Self Help
- Needs Professional Help
TOOLS: Communication with Children about Wartime Deployments

- Plan for routine and role changes BEFORE the deployment to help ensure consistency for the child
- Provide developmentally appropriate information about where the parent is and what he/she will be doing
- Provide the child with an opportunity to share concerns and ask questions about the parent’s safety
- Make plans to maintain parenting and communication at a distance
- Develop a family plan for ensuring support and self care for non deployed parent
Maintaining connection at a distance

• Integrate the deployed parent into the child’s world on a regular basis
• Daily rituals to celebrate the deployed parent
• Set limits- be aware of how feelings can interfere with parenting
• Stabilize sleep routines
• Transfer roles ahead of time
Green stands for being worried. If I walk too quietly and surprise Dad, sometimes he jumps and starts yelling and acting scary.

Where my heart is pink, because I really love my mom and I hope she’ll be okay.

It’s red here because I feel mad in my belly sometimes. I just want things to go back to the way they used to be.

Green stands for being worried. If I walk too quietly and surprise Dad, sometimes he jumps and starts yelling and acting scary.

My eyes are blue for sadness, because sometimes I cry.
My feeling thermometer:

A feeling thermometer measures how kids feel. Color the feeling thermometer.
My feelings about Mommy or Daddy going far away:

When a mommy or daddy goes far away, kids can have lots of feelings. Talking about your feelings can help you feel better. Circle the feelings that you have about your mommy or daddy going far away.

happy  mad  excited  scared

proud  sad  silly  sleepy
Things that make me feel better:

It is okay to have lots of feelings when a mommy or daddy goes far away. There are many things that kids can do to feel better when they are feeling mad, sad, or scared.
Strategies for Getting to the Green Zone
TOOLS: Family Communication Skills

• Keep the lines of communication open
• Be honest and reassuring, while using developmentally appropriate language
• Use contexts that children understand and language that children can relate to
• Use concrete images to help children understand
• Use books, toys, art, and other methods to encourage kids
• Teach validation and active listening skills (child directed play)
Join the child in play and other activities
Problem Solving is a SNAP!

STEP 1: State the problem
STEP 2: Name the Goal
STEP 3: All possible solutions
STEP 4: Pick the best one and try it out
A Call to Action

• “As America asks more of these families, they have a right to expect more of us. This is our moral obligation.”
  – First Lady Michelle Obama, May 12, 2010 at the National Military Family Association Military Family Summit

• “What I’m asking of communities is to just open up your lenses, to include in your outreach, these [military] families.”
  – ADM Mike Mullen, Chairman, Joint Chiefs of Staff, comments during a town hall meeting, Chambersburg, PA
Dissemination of FOCUS using a tiered training model

- **Tier 1**: Military Culture, Families and Child Development
- **Tier 2**: Resilience Adult Skill Building Groups and Classroom Resilience Curriculum
- **Tier 3**: Clinician training in evidence-based intervention
Innovative collaboration to fill a gap

• UCLA-VAGLAHS Family Wellness Center

• Bringing family-centered care to the VA system

• Utilizing a wellness approach to engage families
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Please complete the evaluation and post-test if avail at: https://vte.co1.qualtrics.com/jfe/form/SV_3rbrjidDbLjWtql

Must pass post-test with an 80% or higher to receive certificate.
MFLN Family Development
Upcoming Event

The Buffer Zone: What Adverse Childhood Experiences (ACE) Study Teaches about Maximizing Health and Wellbeing

• Date: August 17
• Time: 11:00 am Eastern
• Location: https://learn.extension.org/events/3027

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