FAMILY TRANSITIONS
Military Families Learning Network

The Experience of Reintegration for Military Families & Implications for DoD

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Presenters

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Working with Service Members
Transitions to a Post-War Mission

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Objectives

• Summarize the current research related to reintegration
• Discuss new and emerging topics relevant to reintegrating service members and their families
• Provide updated information about existing reintegration topics
• Provide a DoD interpretation of how these finding will impact programs and policy
Introduction

• Unprecedented numbers of both Active Duty and Reserve Component personnel have deployed during this unique period in our Nation’s History

  2.6 million U.S. Military members deployed in support of OEF/OIF/OND (Institute of Medicine, 2012; 2014)

• Multiple deployments present new reintegration challenges

  40% Troops deployed more than once (Institute of Medicine, 2012; 2014)
Time to Chat

Why do you think Military families are so resilient?

What factors do you think help Military families avoid long-term integration issues?
Current State of Research

• More research has been conducted with Service members deployed in support of OEF/OIF, and their families, than any previous wars

• Most of this research is cross-sectional

• Several rigorous longitudinal studies are underway, giving us insights into Service member functioning over time
Resilience of our Service Members

Resilience is the ability to withstand, recover, and grow in the face of stressors and changing demands.

Resilience can be learned and sharpened with practice. Building flexible strength is a hallmark of Resilience and necessary for recovering peak performance after stressful events.

(Defense Centers of Excellence, 2014)
Six Domains of Functioning

1. Social Functioning
2. Relationship Functioning
3. Spiritual Functioning
4. Physical Health
5. Financial Well-Being
6. Mental Health
Current Knowledge: Social Functioning

- **25% - 50%** of veterans reported some to extreme difficulty in:
  - Social functioning
  - Productivity
  - Community involvement
  - Self-care domains

- **96%** of veterans expressed interest in services to help adjust to civilian life.

(Sayer, Noorbaloocchi, Frazier, Carlson, Gravely, & Murdoch, 2010)
Current Knowledge: Social Functioning

• Almost 1/2 of respondents to a VA survey reported difficulty with:
  • Participating in community activities
  • Belonging in civilian society
  • Enjoying free time

• Some Service members are at higher risk for such difficulties, including those who experienced combat and those with PTSD
Future Projections: Social Functioning

• Social functioning after deployment has not been a primary focus of past research

• The consequences of Service members feeling they are not understood or accepted by their communities remain to be seen
Current Knowledge: Relationship Functioning

• Surveys show many veterans with shared difficulties in relating to others, including:
  • 56% having difficulty sharing personal thoughts and feelings
  • 44% struggling to make new friends
  • 45% having difficulty keeping up with nonmilitary friendships
  • 42% struggling with getting along with spouse/partner
  • 35% reporting a divorce or separation since homecoming

• 54% OEF/OIF/OND veterans reporting “at least a little difficulty readjusting back into civilian life.”

(Sayer et al., 2010)
(Sayer et al., 2014)
Current Knowledge: Relationship Functioning

• Research with soldiers who had returned from combat four months previously found that 37% reported marital problems (Foran, Wright, & Wood, 2013)

• Rates of interpersonal conflict were higher among those with PTSD, depression, and physical health problems (Gibbs, Clinton-Sherrod, & Johnson, 2012)
Future Projections
Relationship Functioning

• Associations between relationship functioning and other variables is often bidirectional

• Relationship functioning can influence well-being, as well as vice versa

• This is an unexplored area in need of dedicated longitudinal research
Current Knowledge: Spiritual Functioning

- Multiple factors unique to Service member deployment have potential to spark difficult spiritual challenges among deployed personnel.

- Up to 42% of OEF/OIF veterans reported that they lost touch with their spirituality or religious life during deployment (Sayer et al., 2010).
Future Projections: Spiritual Functioning

- Anticipating the trajectories of spiritual wellness and its correlates is very difficult due to the paucity of literature in this area.

- Veterans that lose their faith during combat use more mental health services over the course of their lives. (Fontana & Rosenheck, 2004)

- Soldiers highest in reports of spirituality have the lowest rates of depression, PTSD, and suicide attempts or contemplation. (Hourani et al., 2012)

- Further exploration of this facet of well-being will be useful to the spiritual functioning of our Service members.
Current Knowledge: Physical Health

The Millennium Cohort Study found those deployed, with combat experience, to be:

- At increased risks of coronary heart disease
- 1.3 times more likely to report hypertension
- At higher likelihood of a new-onset headache diagnosis
Future Projections: Physical Health

• Physical health problems have documented long-term negative effects on wellness and mortality

• Early intervention and treatment may minimize the course of some of these difficulties and potentially prevent them from becoming chronic, disabling conditions

• Educating service providers about these conditions will be important in ensuring protocols appropriately assess, monitor, and treat these domains
Current Knowledge: Financial Well-Being

• “Status of Forces Surveys of Active Duty Members” reports 71% of Active Duty Service members describe their financial condition as comfortable.

• However, research from all four service branches shows that:
  • 71% of Service members describe their financial condition as comfortable (2013-2014 Status of Forces Surveys of Active Duty Members)
  • 24% report that they occasionally have financial difficulty
  • 10% reported being uncomfortable with their financial situation (DoD 2013 Quick Compass Survey)
Future Projections: Financial Well-Being

OEF/OIF veterans show:
• High levels of service members relying on disability income
• Difficulty securing full-time employment
• Significant stressors associated with money management
Current Knowledge: Mental Health (Psychological)

Although attention to various psychiatric conditions as a result of deployments is important, it is imperative to note that most Service members who deploy and face operational stressors are resilient and do not develop lasting mental health problems. 

(Litz & Schlenger, 2009)

Approximately 7% of single deployers and about 5% of multiple deployers exhibited worsening chronic post-traumatic stress. (Bonanno et al., 2012 analyses based on data from the MCS)
Current Knowledge: Mental Health

• Relationships were found between parents’ deployment to combat and increased risk of depressed mood and suicidal thoughts among adolescents (Reed, Bell, & Edwards, 2011)

• Adolescents of deployed parents are more likely to report binge drinking (Reed, Bell, & Edwards, 2014)

• Child reaction and experience of reintegration differ depending on levels of maturity and development (DePedro, 2011)
Current Knowledge: Mental Health

Mental Health:
• Post-Traumatic Stress Disorder
• Depression and Grief
• Sleep Problems
• Suicide
• Alcohol Use

Additional Factors:
• Female Service Members
• Multiple Deployments
Current Knowledge: Post-Traumatic Stress Disorder

• Prevalence estimates of PTSD among returning Service members vary considerably, ranging from between 4% - 30% (IOM, 2014; Richardson, Frueh & Achierno, 2010; Tanielian & Jaycox, 2008)

• Prospective data from the Millennium Cohort Study found a threefold statistically significant increase in new onset self-reported symptoms or diagnosis of PTSD among recently deployed military personnel who report combat exposure (Smith et. Al., 2008)

• Parental PTSD has been associated with children’s anxiety and depression as well as increased physical aggression towards children (Leen-Feldner et al., 2011)

• Parents with PTSD have more parenting stress (Blow et al., 2013) and parenting difficulties (Gewirtz et al. 2010)
Current Knowledge: Depression and Grief

• Troops who experience combat deployment have been found to be at an increased risk for depression compared to nondeployed Service members (Shen, Arkes, & Williams, 2012; Wells et al., 2010)

• Estimates of the prevalence of major depression among Service members who have deployed to Iraq or Afghanistan vary, ranging from 5% - 37% (IOM, 2014)
Current Knowledge: Depression and Grief

- Considerable numbers of OEF/OIF veterans entering the VA healthcare system are experiencing depression; up to $\frac{1}{5}$ of these veterans are diagnosed with depression (Seal, Metzler, Gima, Bertenthal, Maguen, & Marmar, 2009)

- In addition, 21% report difficulty coping with grief over the death of someone close to them (Toblin et al., 2012)
Current Knowledge: Sleep Problems

• The most recent Mental Health Assessment Team report reveals considerable numbers of troops having sleep problems during deployment

• Clear relationships between insufficient sleep and both mental health problems and having accidents on the job

• Sleep difficulties can continue upon homecoming, often exacerbating other reintegration difficulties
Current Knowledge: Suicide

• Between 2010-12, 85% of Service member suicide attempts and 19% suicide completions occurred among Service members stationed in the US versus overseas or in combat zones. (MSMR, 2014)

• Cederbaum et al. (2014) reported increase likelihood of suicidal ideation among youth (middle and high school students) who had either a parent or sibling serving in the military.
Current Knowledge: Alcohol Use

- Combat deployment may be related to an increased risk of alcohol problems upon homecoming, and considerable numbers of Service members may be experiencing substance use issues (Shen et al., 2012)

- In a community sample of OEF/OIF veterans, 30% of men and 16% of women screened positive for hazardous drinking (Scott, Pietrzak, Mattocks, Southwick, Brandt, & Haskell, 2013)
Additional Factors: Female Service Members

• Relatively little is known about the unique experiences of deployed women to OEF/OIF, but they face challenges above and beyond the actual or perceived dangers common to all Service members.

• Data shows that OEF/OIF women who experienced combat during deployment had almost two times greater risk of a mental health condition than nondeployed women (Seelig et al., 2012).
Additional Factors:
Multiple Deployments

• Mental Health Advisory Team reports have explicitly examined functioning related to multiple deployments, revealing increased prevalence of mental health problems among these Service members

• Reported mental health problems:
  • 12% of troops with one deployment
  • 19% of troops with two deployments
  • 27% of troops with three or four deployments

(MHAT 9, 2013)
Implications
Implications

• Family Readiness System
• Military Family Readiness
Do you see yourself as part of the Family Readiness System?

How do you connect military families to the Family Readiness System?

How can you use the Family Readiness System to assist military families reach a state of “Military Family Readiness”?
Implications

- Policy
- Program Development
- Resource Tools
- Military Families
How can you use the research and tools to inform polices, develop programs and assist military families?
Implications

To meet the diverse needs of the population, efforts will continue to span a range of modalities, including:

• Face-to-face services
• Online programs
• Mobile-phone applications
• Social networking
• Telephone-based coaching
Implications

These combined efforts must:

• Approach efforts from a strength-based perspective

• Be responsive to military culture

• Promote the wellness of our Service members and their families
## Resources

1. The University of Minnesota’s Military REACH: [www.reachmilitaryfamilies.umn.edu](http://www.reachmilitaryfamilies.umn.edu)

2. Penn State University’s Clearinghouse for Military Families: [www.militaryfamilies.psu.edu](http://www.militaryfamilies.psu.edu)

3. Purdue University’s Military Family Research Institute: [www.mfri.purdue.edu](http://www.mfri.purdue.edu)
Thank You!

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What is one significant thing you learned today?
Connect with MFLN Family Transitions Online!

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We invite MFLN Service Provider Partners to our private LinkedIn Group!

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Extension

https://www.linkedin.com/groups/8409844
Certificate of Completion

The Family Transitions Concentration Area offers a Certificate of Completion for today’s webinar.

To receive the certificate of completion, please complete the evaluation, and then after doing so, you will be prompted to the area to receive your Certificate of Completion.

https://vte.co1.qualtrics.com/SE/?SID=SV_3K9hqNAXFwM32YZ
We are planning upcoming webinars that will be announced soon.

To stay in touch or get more information go to:
http://blog.extension.org/militaryfamilies/life-cycle-transition-support
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