When Parents Deploy: Understanding the Experiences of Military Children and Spouses

Summary and Recommendations
Military Families are Facing Unprecedented Challenges

The National Military Family Association has been at the forefront of advocacy for military families for the last forty years. In 2011, the Nation faces challenges that are unparalleled in its history.

As American military forces continue their engagement in two wars that are now in their ninth and tenth years, the consequences of multiple deployments are enormous. They impact the children and spouses of service members, their siblings, parents, other caregivers, and the military itself. Research commissioned by the Association conducted by the RAND Corporation and later studies by other researchers found that while many parents and children are coping effectively with the challenges of military life, deployments are threatening the stability of too many families.

Recent research shows military spouses and children have anxiety levels that are higher than their civilian peers and their stress builds as the cumulative months of deployments add up. Even after a service member returns home, the challenges continue.

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Military families do not shy away from sacrifice or service to the country, but their individual and collective well-being is unmistakably impacted by the duration of conflicts, frequency, and length of deployments.

The well-being of military families is a national concern, but also a measure of military readiness. In fact, family issues are some of the major reasons war fighters’ deployments are curtailed. As the President’s Fiscal Year 2011 budget stated, “The strength of our troops relies on the strength and the stability of the families that support them...”

SOME KEY NUMBERS

- Bearing the burden of war: the military community makes up 1% of the American population.
- Military families live throughout our American community: 70% of families live in civilian communities—not on military installations.
- More than 2 million children have a parent in the military.
Convening a Blue Ribbon Panel and Military Family Summit

Given the need to identify and execute effective policies and programs to strengthen family well-being and mental health, the National Military Family Association organized a Blue Ribbon Panel of leading experts in the fields of military family support, childhood development, women’s issues, and behavioral health and advocates to develop a set of recommended actions. Lengthy interviews were conducted with the 40 panel experts to get the latest insights on successful existing programs and to determine where significant gaps in services for military families exist. The panel provided innovative and pragmatic ideas that could be undertaken by government, communities, and individuals to make positive differences in the lives of military families.

These ideas were discussed by the panel and other stakeholders at a two-day summit, “When Parents Deploy: Understanding the Experiences of Military Children and Spouses.” First Lady Michelle Obama delivered the summit’s keynote address, issuing a challenge to government and the private sector to develop a more coordinated approach to supporting military families.

The recommendations formulated at the Summit are summarized in this document to guide leaders in military, government, academic, business, and nonprofit communities to make needed policy decisions and coordinate work across their sectors.

Perspectives on the Nature of the Challenges

The following are key perspectives shared by Summit participants on the nature of the challenges facing military families.

It is difficult, but critical to identify the families most in need. Given that most families are living in civilian communities and may have few interactions with the service member’s installation or unit, it is difficult to determine which families are most vulnerable.

Military culture and mental health stigma are factors preventing more families from seeking support. The “pull yourselves up by your bootstraps” mentality of the military, in addition to a societal stigma attached to seeking mental health care, makes many families reluctant to come forward to seek help ranging from simply helping a child with an academic problem to managing anxiety.

The shortage of mental health professionals in the military and civilian communities throughout the country is particularly problematic. The extended lengths of the current wars and the resulting repetitive deployments have strained the existing capacity of both the military and civilian mental health systems. The Department of Defense (DoD) and the Service branches have a growing and previously unrecognized need for service members themselves, in addition to their family members, to have access to mental health professionals.

In addition, too many of the professionals offering care do not have an understanding of the military experience and the issues faced by service members and their families.

The government and the public have the will to help military families dealing with the stresses of deployment. American public, philanthropic, and business communities
are eager to support the troops and their families, but need clear guidance on how to channel their goodwill into contributions of time, money, and expertise.

Military families value civilian community engagement and recognition of their service. Even those families who are managing would appreciate greater acknowledgment from their neighbors and communities for their service and sacrifice. Many military families find members of the civilian community disengaged from the wars and the impacts they have on the daily lives and long-term development of almost three million children and spouses.

Military spouses may lack awareness and clarity about existing support options. Despite—or because of—the myriad of programs, services, and web sites offered by DoD, the Service branches, and the nonprofit community, many military families are overwhelmed by the choices and do not have the tools to determine what resources will best meet their needs.

**Helping families manage the stresses of military life early on can prevent some of the destructive outcomes that carry a far heavier price tag.**

Given the lack of available mental health providers, both nationally and within the military community, it is essential to teach family members how to build the skills that will enable them to better cope with traumatic events and to offer services and programs that can help promote their physical and emotional well-being (e.g. physical exercise, social connections, community). A small investment in strengthening the ability of spouses and children to manage through the many stresses they will encounter as military families can prevent outcomes that carry a heavier price tag in human and financial terms.

Teaching “resiliency” skills, which enable a person to adapt after exposure to adverse or traumatic experiences, is being built into the Army’s Comprehensive Soldier Fitness Training and is embraced by other Service branches as a key part of training military service members to perform effectively.

Ensuring that service members’ spouses and children are also given the tools to build their own coping skills is a primary way to help military families manage through the extraordinary stress of multiple deployments as well as the basic challenges of military life. It is critical to focus on identifying and meeting the needs of vulnerable families. Screening for problems, while broadly facilitating resiliency development for all, should be a key priority of DoD, the Service branches, and the civilian community.

**Implementation Requires Broad Engagement from a Variety of Stakeholders**

**Engage Civilian Communities**

Most members of the military population are immersed in civilian communities—living in neighborhoods, with their children attending public schools and their spouses
working in local businesses and institutions. Their friends, neighbors, co-workers, and community members are well positioned to provide the additional support needed for managing the stresses of deployment and reintegration. Within the civilian community, there are two types of people who can be particularly helpful:

- **Family-Serving Professionals and Volunteers Inside and Outside the Military** – people who regularly interact with families—like teachers, clergy, doctors, and coaches—can play a significant role in supporting military spouses and children with some directed outreach, training, and coordination.

- **Friends** – people who want to support spouses and children, but who don’t know how to help, can play an important role. By building a system to connect these volunteers with military families’ needs, more assistance can be delivered.

### Mental Health and Medical Communities Can Bridge Gaps

Key players in supporting the well-being and mental health of families are the doctors, nurses, counselors, and mental health specialists who interact with spouses and children. The health community must come together to help address the critical issues of provider shortages, cultural barriers, and stigma that are currently creating barriers to care.

### Opportunities for the Department of Defense and the Service Branches

The Department of Defense (DoD) and the Service branches clearly recognize that the well-being of families is a crucial part of military readiness. They have a broad set of opportunities to influence family well-being in their unique role as employer, health care provider, and deliverer of family services. They have an enormous ability to shape the thinking and actions of military members and their families and to implement policies and programs that will help.

There is a need, however, for increased cross-Service leadership and collaboration in building and implementing strategies to meet family needs. The current support infrastructure within DoD and the Services can create barriers to developing and implementing a holistic family support strategy as well as clear and effective communications to families.

### Engage Civilian Communities

Given that more than 70 percent of military families around the country currently live “outside the gate” of military installations, providing support and services to military families in their neighborhoods is critical.

When the professionals and volunteers have the necessary understanding of military culture, the needs of military families, and information about available services, they can help screen to identify possible issues affecting a child or spouse and then help refer those family members to resources that can support them. Taking an approach in which all stakeholders in a community become part of a military family-friendly community ensures that military families can knock on “no wrong door.”
Create Public Awareness among Civilians about the Lives of Military Families

Many military families perceive that the civilian world cannot relate to their lives. Through a public outreach campaign enabling the military community to share more about its lifestyle, culture, and needs, more civilians will learn how to offer acknowledgment and support to their friends and community members in the military.

Share Resources to Help Family-Serving Professionals and Volunteers

National organizations that serve families should work together to review and modify their existing training and background materials and identify what kind of additional curricula and outreach resources are needed. These organizations should develop a process to widely disseminate these tools to local professionals and volunteers at schools and in local service and faith-based organizations that will help these individuals:

• Train their constituents/members in how to build coping skills.
• Learn how to screen the populations they work with for problems.
• Have the knowledge of what exists and how to access it in order to refer military families to local and national services and programs.

Create Military Family-Friendly Communities

Some communities are striving to provide support structures by engaging schools, volunteers, youth-serving organizations, religious groups, health care providers, and the business sector. However, these structures for military families vary by location. Leadership is needed at the local level in many areas to start efforts (or embrace those that are underway) that are focused on making a community “military family-friendly.” Many military family and community service advocates are working to organize and disseminate community assessment tools and resources via the web to help local leaders take stock of what is available to military families in their own communities and launch local initiatives to improve support for service members, families, and veterans. In the meantime, community leaders and organizations can start to ask themselves how they identify and support the military families they encounter or already serve as they make supporting military families a community priority.

Support Family-Friendly Work Arrangements

Business leaders and organizations at the national and local level can encourage all employers to adopt flexible work arrangements for employees, and identify and model best practices. In addition, employers can structure opportunities and promote the idea of their employees volunteering in support of military families.

Engage and Network with State and Local Governments

Organizations representing mayors, county officials, governors, and other state and local leaders can organize a forum and ongoing network to share ideas and information on creating military family-friendly communities. This leadership group should establish and share best practices—perhaps by awarding recognition to communities that are effectively supporting military families. This process will provide model community programs that other communities can replicate.
Ask Foundations and Philanthropists to Coordinate Funding and Foster Broader Community Solutions

Many of the support efforts that communities undertake or would like to initiate require funding, but budget deficits are limiting government’s ability to deliver or expand services.

A major foundation or group of foundations should build a “funding table” of philanthropists—individuals, corporations, and foundations to develop financial support for organizations focused on building “no wrong doors” strategies in targeted communities. This funding would underwrite training, stakeholder outreach, and the necessary coordination among local groups and community leaders.

Connect Volunteers to Tasks that Support Military Families

In communities with large concentrations of military families, there is often a vacuum in volunteer posts such as scout leaders and coaches when service members deploy. Many Americans would like to help assist military families by volunteering their time, but there is no national system and few local systems to connect military family needs to community provided solutions.

Summit participants made the following recommendations:

- Coordinate with national nonprofit organizations. Ask fraternal organizations and veterans’ service organizations to play an active role at the national and local level in promoting volunteerism and plugging their members into volunteer opportunities.
- Identify a national organization with local infrastructure, like the United Way, that funds local community support service programs to help identify the needs of military families across the 50 states.
- Ask the Service community to develop templates and tools for connecting volunteers with needs. Develop a template that can be used by local communities who are interested in connecting volunteers to existing needs. The template would guide communities in how to catalog needs that exist for military families that could be addressed by volunteers. It would also explain how to build an infrastructure for recruiting and assigning volunteers to organizations and individuals who would like support.
- Determine which organization(s) could build and maintain websites able to identify needs and link volunteers at the state and local level.
- Create a process for DoD and Service branches to engage volunteers. Ask DoD to assign a community service liaison to work with national organizations developing strategies for community service efforts focused on military families and veterans.
- Ask all Services to appoint installation coordinators who will work with local community volunteer organizations and link individuals and groups to the needs that have been identified by military families or family-serving professionals and volunteers on the installation.

“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
Mental Health and Medical Communities Can Bridge Gaps

It is generally agreed that the mental health benefit package provided by TRICARE, the military’s health insurance program, is among the most comprehensive in the Nation. The problem is that the increased needs of service members themselves for mental health support is reducing access to what is already an insufficient pool of mental health providers. In addition, military leaders and mental health experts have pointed to the lack of understanding of military culture as a factor that may be limiting existing providers’ ability to effectively assist military families. Ongoing stigma is also an issue that must be addressed.

DoD should conduct a comprehensive inventory of existing mental health services in order to better understand where the gaps are and to better communicate about these existing options. The Department of Defense should develop an ongoing database that identifies the Service and component offering resources, the providers who deliver services by specialty and geography, and the population they are intended to serve.

DoD should determine how to recruit more mental health providers into the system. As a first step, this includes assessing whether and how the TRICARE reimbursement policy and administrative requirements contribute to provider shortages. There is ongoing debate about the level of influence that these factors have on whether mental health professionals decide to become a part of the TRICARE network. It would be useful to know the answers in order to respond effectively. Adding new provider resources is an urgent priority.

The mental health community should build effective tools and training for doctors, nurses, and nurse practitioners to screen for mental health issues and refer to appropriate resources. Given that many mental health problems present themselves as medical problems (stomachaches, headaches, sleeplessness) the mental health professional associations should create a partnership with the primary care professional associations to embed behavioral health into primary care.

DoD should explore the idea of assigning mental health providers to visit patients in remote areas as “circuit riders” as a feasible way of starting treatment and once a relationship is established move to telehealth treatment. (Certain medical specialists are already following this model. It could be expanded to mental health professionals.)

DoD should expand the intensive outpatient treatment benefit under TRICARE to better meet the acute outpatient needs of family members requiring care.

DoD should continue to work with the civilian mental health community to offer training for mental health providers to better acquaint them with military culture and lifestyle.

The mental health professional organizations, the academic community, and DoD should work together to advocate for the creation of a scholarship program that would help build a cadre of new mental health providers. The scholarships should be offered to military spouses and veterans in exchange for serving the needs of the military community for a specific period of time.

Opportunities for the Department of Defense and the Service Branches

Build “Resiliency” Training Programs for Families

Resiliency training and activities should be provided to families in all Service branches.
Work with Civilian Experts to Create Resilience-Based Curricula for Spouses and Children

Child behavioral and mental health experts can assist the military in creating the training tools and resources so that resiliency can be taught effectively and consistently throughout the military and civilian infrastructure.

Create Life Cycle Training for Spouses

Life Cycle training classes should be developed or expanded so spouses could become acquainted with military life, begin building their resilience skills, and learn to better manage the stresses of deployment and reintegration beginning at the start of their entry into military life and continuing as their service member’s career and life circumstances evolve. These programs would also help screen for spouses who need more support.

Use Family-Serving Professionals and Volunteers to Conduct Training

DoD should ensure that a curriculum for teaching resiliency is developed and provided to family-serving professionals and volunteers on installations and in civilian communities. These individuals can then focus on incorporating resiliency skills into their existing programs or providing them as stand-alone programs. Military leaders should ensure the families in their command have been trained or have access to this training.

Determine if Resiliency Skills are Embedded into Mental Health Services

The Department of Defense should assess the services currently provided by military and civilian behavioral health professionals—social workers, Military Family Life Consultants, chaplains, pediatricians, psychologists—for components to build family resiliency. Once the services are reviewed, decisions can be made about whether and how to adapt or expand the services currently offered to include resiliency-building.

Train on the Importance of Family Well-Being and Mental Health

Given the need for buy-in at all levels of leadership to the idea that managing family well-being and mental health is critical to force readiness, the Services should include this topic in leadership training curricula. In addition, leaders should be encouraged to promote family well-being and mental health to the service members in their chain. Their role in promoting these ideas to service members (particularly junior enlisted) is critical to encouraging a family’s focus on preventive steps that promote well-being as well as the use of mental health services when problems arise.

Identify Vulnerable Families and Target Support to Them

Certain families are more vulnerable to falling into distress during deployment, due to a variety of factors such as income, education, and age. DoD and the Services should develop a screening process to identify families who might be at greater risk during deployment and reintegration. This screening process could be modeled on existing screening tools like those used in the new parent support programs. It could also be accomplished by adding new questions about a service member’s spouse and children to the mandatory health risk assessment that he or she completes pre- and post-deployment. In addition to adding a formal way of screening through a direct review of each service member’s circumstances, installation and unit commanders should be given tools and trained on how to screen for problems and refer their subordinates to available family services.
Map Existing Services and Create Core Program Standards

There are now numerous efforts underway by DoD and the Service branches to deliver support to families, but many of these overlap with existing initiatives and their effectiveness is largely unknown.

DoD should work with experts in the military and civilian community to develop core program standards for certain family services—taking into account the need for building resiliency skills. These standards should be shared with all family service providers. In addition, accountability measures should be developed for programs.

DoD has contracted with land grant universities to document and assess these programs. Once this review is done, DoD needs to develop a plan to communicate best practices and share information with military and civilian leaders about how to access these services.

Break Down Structural Silos to Integrate Policymaking and Service Delivery

DoD and the Service branches must update the way in which they structure their approach to families. There is a need for a more holistic view of family support spanning from early childhood development programs to teen centers and medical and behavioral health services. The Undersecretary for Personnel and Readiness should develop a structure and processes to address communication structure in an integrated way.

Improve Family Readiness Functions for All Service Branches

Deployments need to be handled with a process and protocols that will ensure the needs of families are being monitored and addressed effectively. Some Service branches are using paid staff, relying less on volunteers playing key outreach roles during deployments.

DoD should work with the Services to establish a system that will create accountability at the unit level for the management of family needs during deployment. Consideration should be given to ideas such as requiring a Unit Family Deployment Plan to be developed by each commander. The plan must outline the roles and expectations for personnel and volunteers who will play important parts in serving family needs. Commanders would need to use this proof of concept tool to demonstrate that individuals have the proper training, background, commitment, and time to function in key roles. The plan would also need to outline ways in which existing family support resources—chaplains, Military Family Life Consultants and others—would be leveraged throughout the deployment.

Break Down Stigma to Seeking Mental Health Care

While the social stigma of mental health care has diminished both in and out of the military in recent years, it still remains a significant obstacle to seeking care. Military families may be even more vulnerable to stigma than civilians, given the military culture built on strength. In order to address this, DoD should:
• Conduct baseline research on military families’ attitudes and beliefs regarding stigma, mental health illness, and care in order to build effective outreach to this community and ensure help is sought when needed.

• Develop an aggressive, comprehensive program to address stigma in collaboration with DoD’s Real Warrior campaign as well as with mental health and public relations experts experienced in debunking myths (e.g. Substance Abuse Mental Health Services Administration, National Alliance on Mental Illness).

• Given their potential influence on their subordinates’ behavior, encourage senior leaders (officers and senior enlisted service members) and their spouses to speak out to promote strong mental health and the importance of seeking care.

**Develop a Communications Plan to Raise Awareness of Existing Programs and Services**

There is a common view among spouses and a keen recognition by military leadership that families lack awareness of available services and how to access them. As the Department of Defense has determined, a strategic communications plan must be developed by the Service branches to improve information dissemination to spouses and the variety of stakeholders who support families.

Summit participants recommended that the communications plan include:

• Development of Consistent Program Names: A common language/brand for describing programs should be used among all Service branches and installations so that family members can more easily identify the services they are seeking.

• Creation of a Team and a Process Focused on Information Flow to Families: DoD and the Services should establish a Communications team that is squarely tasked with ensuring that family members receive critical information about national policies and local programs and services. Currently, it appears that individuals with expertise in communications are not being tasked with focusing on family members as their key audience. Professional communicators should be assigned to develop and execute plans for family audiences including a social media strategy that reaches family-serving professionals and families.

**Next Steps**

**The Need to Learn More: Conducting Additional Research**

There are still considerable questions about a variety of factors that go into creating the most effective policies and services that can support families during this unparalleled time—the impact of deployment and reintegration on various populations, best practice services to support families and behaviors and attitudes of families and children—to name a few.

The military family advocacy community and DoD should work together with the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE), military health experts, and academic and mental health professionals to catalog existing research, share information, and determine and prioritize outstanding research needs.

The National Military Family Association will share these recommendations with key government, military, nonprofit, and philanthropic leaders who can implement the ideas.

The Association will also convene follow-up conversations with the philanthropic and business communities to seek funding for some of the initiatives imperative to improved family support.
About the National Military Family Association

Military families serve our country with pride, honor, and quiet dedication. The National Military Family Association is the leading nonprofit organization committed to strengthening and protecting the families of the men and women currently serving, retired, wounded or fallen. We provide families of the Army, Navy, Marine Corps, Air Force, Coast Guard, and Commissioned Corps of the USPHS and NOAA with information, work to get them the benefits they deserve, and offer programs that improve their lives. To learn more, visit www.MilitaryFamily.org.

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