Cultural Competence and Military & Veteran Families

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What is the Military Family Research Institute?

• A research and outreach organization at Purdue University, the public land grant institution in Indiana

• Created in 2000 with funding from the Office of Military Community and Family Policy; now funded by a variety of sources
Military Family Research Institute at Purdue University

MAKING A DIFFERENCE FOR FAMILIES WHO SERVE

1. Supporting the military infrastructures that support military families.
2. Strengthening the motivation and capacity of civilian communities to support military families.
3. Generating important new knowledge about military families.
4. Influencing policies, programs, and practices supporting military families.
5. Creating and sustaining a vibrant learning organization.
Joining Community Forces Indiana (JCFI) is the collaboration of communities and organizations around the state who strive to strengthen the support of service members, military families and veterans.

WHAT IS JOINING COMMUNITY FORCES INDIANA?
JCFI is a National Guard initiative that expands upon the national Joining Forces effort to provide resources and services to service members, veterans and their families as they transition back into their civilian lives. Lead by an executive committee, JCFI brings together civilian and military resources to strengthen local communities and maximize the services available to military members, veterans and families.

WHY IS JCFI NECESSARY?
As the drawdown continues, thousands of service members will transition from active duty to civilian life. Across the state of Indiana, communities, government agencies and others have been working to provide generous and valuable resources to serve this population during what can be a challenging time. JCFI was developed to better coordinate these services and to educate veterans and their families about options available to them. JCFI also serves as a platform for communities and other organizations to work together to address and problem solve veteran issues in the state, as well as further their own education in the latest practical knowledge about the space.
How to Help Military Families
Serving Military Families in the 21st Century

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POPULATION CHARACTERISTICS
Veteran Population

2013 2014 2015
Ohio

**Service Member Population**

- Active Duty Total
- Reserve Total
- National Guard Total

**Selected Reserve and Active Duty Dependents**

- Selected Reserve Spouse
- Selected Reserve Children
- Active Duty Spouse
- Active Duty Children
In the state of Ohio 118,534 veterans received compensation for disabilities in 2014, 32,668 or 28% were from 70% to 100% disabled.
MEASURING COMMUNITIES
Mapping Progress for Military & Veteran Families
MILITARY CULTURE
Military Culture

• Military service is different now than it was for most living veterans
  – Voluntary (since 1973)
  – Robust programs and policies directed toward families
  – Fully integrated ethnic minorities
  – Larger proportion of women in more military occupations
Families are Prominent in Military Culture

• For married service members, spouses and children are frequently described as critical to service member functioning
  – E.g., Army Family Covenant and family action planning, Air Force Year of the Family,

• Definitions of family are expanding, such as in Yellow Ribbon Reintegration program
  – May include spouse, children, parents, grandparents, or sibling as recognized by DEERS (DoDI 1342.28, March 30, 2011)
Risk and Protective Factors Associated with Military Service

- Robust benefits for individuals with high school educations – health care, housing, education
- Subsidized child care – all accredited
- Extensive programs for youth and children with special needs
- Frequent family separations
- Frequent relocations, especially overseas
- Underemployment for spouses
- Chronic work demands
- Hazardous duty (e.g., natural disasters, peacekeeping, combat)
MEN ARE MORE LIKELY TO BE MARRIED

Source: 2012 Demographic Profile
**WOMEN’S MARRIAGES ARE MUCH MORE LIKELY TO BE DUAL-MILITARY**

![Graph showing dual-military marriages by service](chart.png)

Source: 2012 Demographic Profile;  
Note: Army Reserve Component data exclude the Army National Guard, which does not report dual-military marriages

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**U.S. Marine Corps Cpl. Brandy Bates, a team member with Female Engagement Team 8, supports soldiers from the Afghan National Army’s 215th Corps and Marines from Lima Company, 3rd Battalion, 7th Marine Regiment, during a recent foot patrol through the village of Tughay, Sangin district, Helmand province, Afghanistan, Dec. 6, 2011. Bates supports the battalion by engaging with local women and performing contraband searches for women when necessary. (U.S. Marine Corps photo by Cpl. Meredith Brown/Released)**
WOMEN ARE MORE LIKELY TO DIVORCE

Source: Negrusa, Negrusa, & Hosek, 2014

U. S. Marines, members of the I Marine Expeditionary Force Female Engagement Team perform combat marksmanship training with their M4 Carbine assault rifles at range 407 Camp Pendleton, CA, Oct. 26, 2011. The training is designed to develop, sustain and improve individual defensive combat shooting skills in preparation for their upcoming deployment to Afghanistan. (Official U. S. Marine Corps photo by Cpl. Jennifer Pirante/Released)
WOMEN ARE MORE LIKELY TO BE SINGLE PARENTS

Source: 2012 Demographic Profile

U.S. Army Gen. Ann E. Dunwoody, left, commander of U.S. Army Materiel Command and the first female four-star general in Army history, presents a coin to Spc. Bryanna Nimene, a medic with 299th Brigade Support Battalion, 2nd Advise and Assist Brigade, 1st Infantry Division, United States Division Center at Camp Liberty, Iraq, Sept. 15, 2011. Dunwoody also recognized three Soldiers from 299th Brigade Support Battalion, for their outstanding efforts during their current deployment in support of Operation New Dawn prior to receiving the brief from Dagger Brigade leadership. (U.S. Army photo by Sgt. Daniel Stoutamire/Released)
WOMEN ARE MORE LIKELY TO LIVE IN STEPFAMILIES

U.S. Soldiers of the Female Engagement Team, 1st Infantry Division, talked with Afghan women, gathering information at Mullayan, Kandahar province, Afghanistan, Nov. 1, 2011. U.S. Soldiers of the Female Engagement Team provided basic medical care to the women and children during the visit to Mullayan village. (U.S. Army photo by Spc. Kristina Truluck/Released)
Misconceptions About The Military

• Military service is a last resort
• Military service is an alternative to higher education
• Military members feel ‘caught’ in service
• Military members are drawn to violence and war
• Military members are politically conservative
• Military members are poorly prepared for civilian workplaces
• Military members will be ‘high need’ students or employees
TBI AND THE MILITARY
U.S. Military Personnel
Traumatic Brain Injuries
2000-2014

Source: https://www.fas.org/sgp/crs/natsec/RS22452.pdf

Total 327,299
U.S. Military Personnel
Traumatic Brain Injuries
2000-2014

Source: https://www.fas.org/sgp/crs/natsec/RS22452.pdf
• Over 750k service members have been assessed via Automated Neuropsychological Assessment Metrics (ANAM) prior to deployment

• All service members are required to complete two post-deployment assessments within 180 days of return that screen for TBI and other conditions

• From 2006-2010 all service members exposed to a blast who experienced an alteration in mental status were screened and given rest; since 2010, screening and rest after blasts regardless of mental status
TBIs and Military Service

– Baseline is not zero – close to 10,000 per year, mostly mild
– During recent wars, substantial increases that have not yet subsided
– Many probably unrecognized

– Substantial comorbidities
  • Problems with memory, concentration, fatigue, anxiety, irritability – even for mTBI
  • Depression
  • Post-traumatic stress disorder
  • Impaired social functioning – employment,
Emerging Insights about TBI

• NOT significantly related to military suicides in a recent study of all suicides between 2001 and 2009, with a matched comparison group (http://www.afhsc.mil/viewMSMR?file=2012/v19_n02.pdf#Page=07)

• Research is underway in DoD and VA to determine clinical best practices by objectively assessing mTBI outcomes; for now, focus is on specific symptoms
TBI and Families

• Implications for patients
  – Polytraumatic injuries and comorbidities
  – Symptoms that interfere with expressions of care (such as for partners) and managing anger (such as with children)
  – Symptoms that require demanding caregiving – memory problems, nighttime wandering

• Implications for caregivers
  – 65% caregivers of veterans in general have high care demands
  – Study of 564 caregivers of OIF/OEF veterans with TBI – over one quarter received more than 40 hours of caregiving per week
  – Consequences for caregivers are psychological (including cognitive), physical, social, and economic

• Implications for children
TBI, Families, and Military Service

• Long-term sequelae
  – Excess cases expected of a variety of brain-related conditions, including dementia, blindness, and others
  – Long-term risks associated with caregiving
  – Long-term consequences for children
  – Long-term consequences for patients
  – Implication for community-based systems of care
Implications

- Preventing, diagnosing, and treating are very important...
- But in the interim, responding, coping, and managing are also very important
- The consequences for patients and their families are substantial
- Understanding how TBI symptoms and functioning unfold in the medium- to long term are important – ESPECIALLY when placed within their social context
DEPLOYMENTS AND THEIR CONSEQUENCES IN FAMILIES
Relevance of Systemic Approaches to Military and Veteran Families

- Considerable evidence that military duties have implications for not only service members and veterans but also their spouses and children – challenges AND opportunities

- Military service also very likely affects parents, siblings, and other family members of service members, but little is known about their experiences.

- Service Members/Veterans are embedded with family as primary system support, which embedded in multiple care systems.
Hierarchy of Risk for Negative Family Outcomes

• Uneventful ‘typical’ deployments
• Exposure to traumatic experiences (not necessarily combat)
• Wounds or injuries
• Death
Pathway: Relationship of Service Members/Veterans Experience to Spouses

• Parents with a deployed spouse demonstrate higher levels of depressive symptoms and stressors, after controls for predeployment levels of depression (Jensen, Martin, & Watanabe, 1996).

• At home parenting spouses experienced increased depressive and anxiety symptoms during combat deployment compared to a spouse with a recently returned service member (Lester et al, 2010).

• Combat deployments associated with increased distress and mental health care utilization in at home spouses (Chandra 2010; Mansfield 2011; Gorman 2011)
Interdependence between Experiences of Service Members and “At-Home” Family Members

Pathway: Relationship of Service Members/Veterans Experience to Spouses

• Service member PTSD symptoms mediate link between own negative emotionality and relationship quality with partner (Meis, Erbes, Polusny, & Compton, 2010).

• Trauma symptoms (e.g., numbing, sleep problems, dissociation) negatively associated with marital and relationship satisfaction for both soldiers and their wives (Galvosky and Lyons, 2004; Nelson Goff, Crow, Reisbig, Allison, & Hamilton, 2007).

• Qualitative research highlighting mechanisms through which trauma influences dyadic functioning: boundary issues, intimacy problems, relationship roles, trauma and loss reminders, and coping mechanisms (Henry et al., 2011).
Interdependence between Experiences of Service Members and “At-Home” Family Members

Pathway Relationship of At Home Family Members to Service Members

- Support in intimate relationships facilitates service member use of individual mental health services in the context of PTSD (Meis, Barry, Kehle, Erbes, & Polusny, 2010).

- Concern of family and life disruption at pre-deployment predicted service member PTSD symptoms post-deployment (Readiness and Resilience in National Guard Soldiers Project, Erbes & Polussny).

- Qualitative research illustrates the link between “at-home” family stress and stress of the service member during a mission, “We all have home situations which need attention. It is hard to fully devote my time, and having my mind somewhere else might cause a situation...I know many others feel this way” (McNulty, 2005, p. 5).
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, parent and child distress (Chandra 2009; 2010; Lester 2010; Hoge et al, 2007)

• Risk for parental psychological distress and mental health problems (At home parent and Veteran/Service Member Parent) to child internalizing/externalizing symptoms (Chandra 2009; Dekel 2008; Lester 2010)

• Indications of family relational processes that influence child outcomes: communication, parenting (Chandra et al 2010; Gerwitz 2010; DeVoe & Ross 2012)
Summarizing Emerging Data on Wartime Deployments and Military Families

• Stress reverberates across the family—both spouse and service member psychological health outcomes are related to child stress: Family context may be protective or increase risk.

• Stress accumulates: Families who have experienced greater amounts of stress including multiple separations, combat stress, psychological and physical injuries are at greater risk both individually and as a whole.

• Increasingly findings provide support for the role of family centered approaches – across systems of communities care for service members, spouses and children.
Systemic Model to Inform Services and Care for Military/Veteran Families
Key Elements of a Systems Approach

- History
- Equifinality
- Feedback loops
- Homeostasis
- First and second order change
- Limitations
Risk & Resilience
Processes in Families

- Incomplete understanding
- Impaired family communication
- Impaired parenting
- Impaired family organization
- Lack of guiding belief systems

- Developing shared family narratives
- Enhancing family awareness and understanding
- Improving family empathy and communication
- Fostering confidence and hope
- Supporting open and effective communication
- Fostering skills for stress management, emotion regulation, goal setting, problem solving, managing traumatic reminders
- Supporting effective and coordinated parent leadership

(Saltzman, Lester, Beardslee, Layne, Woodward, & Nash, 2011)
Families in Context

• Systems BEYOND families introduce effects that reverberate within:
  – Military
  – Civilian employers
  – Schools
  – Communities
Service Members/Veterans and Families are Embedded Within Interlocking Systems
Microsystems are Connected by Mesosystems

- The stronger, more positive and more diverse the links between settings, the more powerful and beneficial the resulting MESOSYSTEM will be as an influence on ... development.

- Strongly positive: many connections and mutual support,

- Weak and negative: conflicts of values, style, and interest.

(Garbarino, 1992, p. 45)
Consequences of Weak Mesosystems and Other Challenges

• Cumulative disadvantage
• Cascades of risk
• Mutual exacerbation – accelerating negative trajectories

(Brenner, Vanderploeg, & Terrio, 2009)
Strengthening Connections Depends Upon Development of Mesosystem
Family Centered Care Principles

Linked to principles of patient centered care (IOM, 2001)

– Care as collaboration with patients and families
– Families central to patients’ health and well-being– particularly for those patients with chronic conditions
– Families members are often primary system of support and care
– Families are essential members of the care continuum and caregiving team.
What Stands in the Way?

• Systemic approaches have merit because stress reverberates— but then we design research and programs and policies like they don’t.

• Family centered prevention and care has merit because they work in improving a broad range of outcomes for individuals and families— one that last over time.

• Family centered approaches will be more effective if they can be reinforcing to existing systems of care.
Recommendations for Future Developments in Family Focused Care for Service Members and Veterans

Promote the development of:

– Evidence based family-centered education, skills, and treatments that enhance functioning (and reduce distress) on the individual, relational, and family-wide levels that can practically be delivered in multiple systems.

– Institutional transformation that moves beyond individual programs and reimbursement structures.

– Honor and strengthen role of families in support and care of children and individual members within natural community and caregiving systems (schools, community, health care, mental health).

– Increase awareness of needs of families of chronically ill or physically injured:
  • Society currently relies on family members to be medical caregivers (as patients are sent home from hospitals sooner and sicker), as well as financial providers (as economic resources are needed to keep up with the costs of healthcare etc.)
  • Children are not excluded from these caregiving roles, we need to question what is developmentally appropriate for children and whether we should be teaching children how to be caregivers as well
  • Develop physical spaces that afford privacy, respite, and safety for children while minimizing gratuitous additional stressors
Continue to:

– Develop research and services across multiple caregiving and community systems that advance principles and evidence established by family centered research.
  • Schools and universities
  • Community and military settings
  • Social Services
  • Health Care and Rehabilitation
  • Mental Health Care settings
  • Veteran Health Care and Community Services
– Conduct research on the implications of family dynamics in recovery from serious wounds and injuries, including psychological injuries
– Highlight convergent evidence based practices/rigorous support for family-centered approaches to service members/veterans and their families ranging from community/preventative programs, to tertiary care settings.
STAR BEHAVIORAL HEALTH PROVIDERS
Civilian Professionals. Military Sensitivity.
REACHING RURAL VETERANS
Engaging Faith Communities and Food Pantries in Serving Veterans in Rural Areas
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