



Military Child and Adolescent Center of Excellence

Understanding Army Children and Families

Child and Adolescent Psychiatry Consultant for the Army Surgeon General

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Military Youth Culture

- Military youth live the concept of service and sacrifice every bit as much as their military parent
- However, the military youth's service and sacrifice is often experienced very differently from the way it is experienced by their military family member
- The military youth's service and sacrifice is a compulsory condition of a voluntary decision made by their military family member
- The Army has developed an Army Family Covenant

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Army Medicine Strategy Map

Mission - Promote, Sustain and Enhance Soldier Health
- Train, Develop and Equip a Medical Force that Supports Full Spectrum Operations
- Deliver Leading Edge Health Services to Our Warriors and Military Family to Optimize Outcomes

Vision America's Premier Medical Team Saving Lives and Fostering Healthy and Resilient People
Army Medicine...Army Strong

Strategic Themes

Maximize Value in Health Services	Provide Global Operational Forces	Build the Team	Balance Innovation with Standardization	Optimize Communication and Knowledge Management
SUBSTAIN	PREPARE	PROTECT	TRANSFORM	

ENDS (Performance)

- CS 1.0 Improved Healthy and Protected Families, Servicemembers and Army Civilians
- CS 2.0 Optimized Care and Transition of Wounded, Ill, and Injured Warriors
- CS 3.0 Improved Healthy and Protected Medical Force
- CS 4.0 Resilient Medical Force
- CS 5.0 Improved Patient and Customer Satisfaction
- CS 6.0 Inspire Trust in Army Medicine

WAYS (Internal Process)

- IP 10.0 Optimize Medical Readiness
- IP 11.0 Improve Information Systems
- IP 12.0 Implement Best Practices
- IP 7.0 Maximize Physical and Psychological Health Promotion and Prevention
- IP 8.0 Improve Quality, Outcome, Focused Care and Services
- IP 9.0 Improve Access and Continuity of Care
- IP 13.0 Build Relationships and Enhance Partnerships
- IP 14.0 Improve Internal and External Communication
- IP 15.0 Leverage Research, Development and Acquisition
- IP 16.0 Support Army Medicine to Support Army Stationing & S&C

MEANS (Resources)

- LG 17.0 Improve Recruiting and Retention of AMCC Personnel
- LG 18.0 Improve Training and Development
- LG 19.0 Promote and Foster a Culture of Innovation
- LG 20.0 Improve Knowledge Management
- R 21.0 Optimize Resources and Talent
- R 22.0 Optimize Lifecycle Management of Facilities and Infrastructure
- R 23.0 Maximize Human Capital

In Support of The Army Family Covenant

Feedback Adjusts Resourcing Decisions

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Military Child/Adolescent Culture

- Will more likely face a frequently changing environment- moves, deployments and parental absence
- Expected to take on more advanced family roles when family members are away as a teenager and as a preschool and school aged child will face the anxiety related to a changing environment
- May live in environment where parent is absent
- Faces the uncertainty related to the AD servicemember facing danger, possible death or injury, either physical or mental injury

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Military Family Challenges

<p>Deployment</p> <p><i>transient stress now with multiple years chronic</i></p> <p><i>modify family roles/function-</i></p> <p><i>temporary to now chronic accommodation</i></p> <p><i>reunion adjustment repeatedly</i></p> <p><i>military community maintained initially probable sense of growth and accomplishment but overwhelmed over time</i></p>	<p>Injury</p> <p><i>trans or perm stress</i></p> <p><i>modify family roles/function</i></p> <p><i>temp or permanent accommodation</i></p> <p><i>injury adjustment</i></p> <p><i>military community jeopardized</i></p> <p><i>change must be integrated before growth</i></p>	<p>Psych Illness</p> <p><i>trans or perm anent stress</i></p> <p><i>modify family roles/function</i></p> <p><i>temp or perm anent accommodation</i></p> <p><i>illness adjustment</i></p> <p><i>military community jeopardized</i></p> <p><i>change must be integrated before growth</i></p>	<p>Death</p> <p><i>perm anent stress</i></p> <p><i>modify family roles/function</i></p> <p><i>permanent accommodation</i></p> <p><i>grief adjustment</i></p> <p><i>military community jeopardized or lost</i></p> <p><i>death must be grieved before growth</i></p>
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STRESS LEVEL →

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Impact of Parental Deployment on Children

- Overall resiliency is the norm in non-wartime and with single deployments
- Heightened distress including both internalizing & externalizing reactions, typically transient
- Developmental differences in reactions. Increased risk: male gender, younger age, prior mental health problems, and caretaker/family distress
- Rise in child maltreatment during deployments and related to separation/reunion
- Rise in mental health referrals for school age children during deployment and for adolescents during and following reunion
- Preschool children demonstrate more aggressive behavior during parental deployments

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Military Culture

Views of Family

- Difficulties with routine due to moves, deployments etc
- Life seen as a series of starting over from scratch with move to new assignments
- Seen as making sacrifices related to moves every 2,3 years as well as deployments

Challenges

- Constantly adapting to changes; PCS, deployments, new schools, friends and jobs
- Difficulty in negotiating new school expectations, new support for day care etc
- Often distant from extended family feeling isolated
- Jobs for spouses difficult with being uprooted

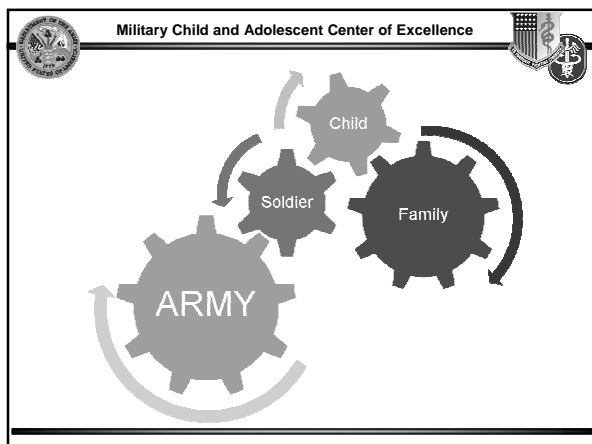
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Military Culture

Positives

- Family and Children have greater variety of exposure to the world
- Experience of being more knowledgeable and worldly due to exposure to different places
- Increased adaptability with Children learning how to make friends quickly, fit in, get along with others



- Military culture, traditions and support is seen as positive for the most part
- See selves as competent, strong and resilient
- Enjoys benefits of being in the military; health care coverage, commissary and post exchange
- Shared vision and goals




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Available Resources

- Army Community Services
- Army Substance Abuse Program
- Military Child and Adolescent Center of Excellence
- Military Family Life Consultants
- Madigan PCMs
- Social Work
- Family Advocacy
- Chaplain
- FAME
- Child Guidance Clinic Program
- Family Readiness Groups
- Military One Source
- TRICARE
- Teen Center
- On-Post Sports
- Stomp
- Gym


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Survey Data of Army Families

Top 5 most common problems during spouse's most recent deployment were:

- *Loneliness (90%)*
- *Safety of spouse during deployment (84%)*
- *Feelings of anxiety or depression (83%)*
- *Difficulty sleeping (79%)*
- *Household repairs, yard work, or car maintenance (75%)*

Top 5 most common additional expenses during spouse's most recent deployment were:

- *Increased phone bills due to more calls to family/friends and/or deployed spouse (56%)*
- *Child care (47%)*
- *Other (35%)*
- *Reduction in my earnings since I was unable to work as much (31%)*
- *Loss of my job (19%)*


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Family Survey Continued

45% indicated their spouse's most recent deployment had *no effect on their job*, and 22% reported a *negative effect*

Top 5 most common member's emotional/behavioral changes after deployment were:

- *Appreciated family and friends more (43%)*
- *Appreciated life more (38%)*
- *Got angry faster (29%)*
- *Had trouble sleeping (28%)*
- *Was more emotionally distant (25%)*

37% of spouses reported their readjustment was *easy following deployment*;
28% reported *difficult*

