Military Service, War, and Families: Considerations for Child Development, Prevention and Intervention, and Public Health Policy—Part 2

Patricia Lester · Blair Paley · William Saltzman ·
Lee E. Klosinski

Published online: 29 October 2013
© Springer Science+Business Media New York 2013

As the longest war in US history winds down, military families are preparing for a new phase of dealing with its impact: the enduring consequences of deployment separations, physical and psychological injuries, and loss. The urgency and uniqueness of two simultaneous wars of long duration fought by an all-volunteer military have propelled the rapid evolution of research and practice regarding the impact of war on military families. Consistent with existing developmental and prevention science research, data emerging from the study of military and veteran families suggest that both stress and resilience reverberate across the family system. There is growing evidence that the impact of war and its sequelae are experienced by not only the service member or veteran, but also their children, partners, and other family members. Recognizing that the implications of these experiences do not end with active duty service, but may cascade for decades underscores the need for ongoing research focused not only on the impact of wartime military service on children and families, but also on shaping a science-informed approach to cost-effective, and scalable behavioral health preventive interventions and treatment for military and veteran families.

The scale and tempo of this war has left our country with a large social, psychological, and medical footprint that now must be addressed by our systems of care; an undertaking that may well require unprecedented levels of support and coordination across military, veteran and public health institutions for years to come. Both Parts 1 and 2 of this special issue are designed to contribute to the current national dialogue on how best to plan for and provide services for our military families. Part 1

(September 2013) provided a developmentally informed and ecological framework for integrating current research on military and veteran families into the broader field of developmental science (Paley et al. 2013; Milburn and Lightfoot 2013; Astor et al. 2013; Masten 2013), and advanced several theoretical models for informing prevention and intervention practices for military families across multiple contexts, including parental injury and loss (Saltzman et al. 2013; Lieberman and Van Horn 2013; Cozza et al. 2013; Kaplow et al. 2013; Beardslee 2013). In Part 2 of a special issue of *Clinical Child and Family Psychology Review*, “Military Service, War, and Families: Considerations for Child Development, Prevention and Intervention, and Public Health Policy,” an interdisciplinary set of contributions extend this scientific and clinical dialogue to address key public health considerations for military and veteran families. Building upon emerging science, these articles help to clarify current limitations in our institutional and community capacities to meet the long-term needs of military families across the active duty and veteran continuum of care, and sharpen our focus on the relevance of innovative approaches to intervention development, research, implementation, and dissemination.

Across these two parts, several key areas of focus emerge:

1. A continuum of behavioral health services should extend from active duty through veteran status and include not only the service member, but also family-centered services coordinated across military, veteran, and civilian systems of care.

Consistent with Part 1, contributions in Part 2 identify growing scientific support for the relevance of family-centered approaches to engagement, prevention, treatment, and recovery for military members, veterans, and their

P. Lester (✉) · B. Paley · W. Saltzman · L. E. Klosinski
Los Angeles, CA, USA
e-mail: plester@mednet.ucla.edu

families that are embedded in various systems of care, including medical and mental health services, schools, child care settings, and other community contexts. Several contributors provide a review of existing care systems for military-connected families, including the Veterans Administration, veteran serving community-based organizations, and civilian systems, revealing limitations in the availability, quality, access, and coverage for both individual and family psychological health care—gaps that are particularly acute for Reserve Component families (Murphy and Fairbank 2013; Glynn 2013; Beardslee et al. 2013; MacDermid Wadsworth 2013; Link and Palinkas 2013). Mapping the literature on combat-related mental health problems to the long-term trajectory of behavioral health needs of veterans, Link and Palinkas (2013) provide a comprehensive review of multiple gaps in our current reimbursement systems and care access; they propose opportunities to address these gaps through the integration of culturally informed, family-centered prevention and interventions across multiple levels of care.

These articles also challenge us to reconsider the underlying mechanisms of psychological stress injuries for service members and families. Identifying the limitations of a fear conditioning paradigm for combat-related post-traumatic stress disorder (PTSD), Nash and Litz (2013) detail a conceptual model for considering the impact of moral injury on returning warriors and highlight the need for research and intervention models that address the unique characteristics of combat-related injuries. Extending this framework for understanding the reverberations of “secondary traumatization” for the military-connected family members affected by wartime service, the authors underscore the potentially injurious role of systemic failures for families [e.g., policies that result in a “loss of trust in previously deeply held beliefs about one’s own or others’ ability to keep our shared moral covenant” (Nash and Litz 2013)].

2. Implementation science is an essential framework for rapidly developing and disseminating effective family-centered behavioral health programs.

Opportunities to embed family-centered approaches to prevention, treatment, and rehabilitation along the Institute of Medicine (IOM) behavioral health continuum are relevant in the context of the science of stress and resilience, but also important to effective implementation. Additionally, articles in this volume highlight contributions to a larger scientific dialogue about the need for a systematic approach to implementation of public health interventions. In particular, implementation science provides a conceptual framework with principles that can help to guide the development of rapid, innovative, and effective responses to the unanticipated and critical needs created by war. As noted by MacDermid Wadsworth (2013), these challenges

have “propelled scientific innovations that would have been unlikely in more traditional intervention models.” Furthermore, Murphy and Fairbank outline the need for applying implementation science methodology to advance evidence informed care for civilian dwelling, military-connected families, carefully articulating principles and practices currently available, and highlighting the importance of community engagement, training, and sustainability (2013).

3. Disruptive innovations are a potential pathway to rapid responses to the changing needs of military families.

Over a decade of war has created a conspicuous opportunity to utilize or adapt evidence-based interventions and to develop and implement new ones to address the unique behavioral health needs created by twenty-first century warfare. However, military families, providers, and policy makers wishing to employ adaptations or new interventions have faced an unfortunate scientific roadblock: using traditional biomedical validation models for public health interventions would have meant an impossible delay in their implementation. Currently, the field of behavioral intervention science lacks “efficient strategies for adapting or updating established evidence-based interventions (EBIs) for new contexts or with new populations” (Rotheram-Borus et al. 2012). The public health reach of existing EBIs has been limited across multiple settings. They are rarely widely utilized due to a range of factors—not only difficulties with adaptation and testing cycles, but also with barriers to dissemination including challenges in delivery and sustainment (Spath et al. 2013).

Beardslee et al. (2013) highlight opportunities to contribute to the evolving science of implementation by articulating the core elements underlying one family-centered EBI and describing innovative processes, which enabled the flexible adaption and adoption of the program for military families (Beardslee 2013; Duan and Rotheram-Borus 1999). The large-scale implementation of this family behavioral health prevention program exemplifies additional key factors identified as central to disruptive innovations: (1) experimentation with delivery formats including real-time psychological health screening with customized feedback, mobile applications, web-based gaming delivery platforms, video and interactive educational tools, and in-home video conferencing; (2) utilization of marketing strategies/consumer feedback in outreach, design, and customization of program dissemination; and (3) development of a data monitoring platform adopted from business systems, which provides embedded program customization and implementation monitoring (Rotheram-Borus et al. 2012).

Advancements in research and public health initiatives highlighted within these two volumes underscore an

agenda for the future, but also the challenge of sustainability. There has been a groundswell of national interest in expanding military and veteran family services with innovations in expanded provider training, and enhanced health, school, and community-based care within civilian communities. As the war fades from our nation's collective consciousness, a level of instrumental support for these initiatives may diminish as well, which is particularly concerning since the full psychological health toll of these wars may unfold for decades. Although much of the leadership around these issues has been initiated with philanthropic and research dollars, those resources cannot sustain a long-term, strategic response. Glynn (2013) elucidates the emerging mandate for a larger national response—one that requires partnerships outside of traditional Veterans Health Care systems as well as economic commitments beyond short-term funding.

Reflecting on the future trajectory of needs, this special issue challenges the field to engage in data-driven approaches to clinical practice, research, and policy development on behalf of military and veteran families. MacDermid Wadsworth (2013) helps us to place these contributions along a maturing trajectory of research and practice and urges us to reevaluate existing assumptions about military families based on a growing body of research. We hope that this special issue encourages us to do just this—helping to frame our national public health priorities for military and veteran families.

References

- Astor, R. A., De Pedro, K. T., Gilreath, T. D., Esqueda, M. C., & Benbenishty, R. (2013). The promotional role of school and community contexts for military students. *Clinical Child and Family Psychology Review*, 16(3), 233–244.
- Beardslee, W. R. (2013). Military and veteran family-centered preventive interventions and care: Making meaning of experiences over time. *Clinical Child and Family Psychology Review*, 16(3), 341–343.
- Beardslee, W. R., Klosinski, L. E., Saltzman, W., Mogil, C., Pangelinan, S., McKnight, C. P., et al. (2013). Dissemination of family-centered prevention for military and veteran families: Adaptations and adoption within community and military systems of care. *Clinical Child and Family Psychology Review*. doi:10.1007/s10567-013-0154-y.
- Cozza, S. J., Holmes, A. K., & Van Ost, S. L. (2013). Family-centered care for military and veteran families affected by combat injury. *Clinical Child and Family Psychology Review*, 16(3), 311–321.
- Duan, N., & Rotheram-Borus, M. J. (1999). Development and dissemination of successful behavioral prevention interventions: Safety, innovation, essential ingredients, robustness, and marketability. In Translating Prevention (Ed.), *Research into social work practice [Monograph]*. Seattle, WA: University of Washington, School of Social Work, Prevention Research Center.
- Glynn, S. (2013). Family-centered care to promote successful community reintegration after war: It takes a nation. *Clinical Child and Family Psychology Review*, 16. doi:10.1007/s10567-013-0153-z.
- Kaplow, J. B., Layne, C. M., Saltzman, W. R., Cozza, S. J., & Pynoos, R. S. (2013). Using multidimensional grief theory to explore the effects of deployment, reintegration, and death on military youth and families. *Clinical Child and Family Psychology Review*, 16(3), 322–340.
- Lieberman, A. F., & Van Horn, P. (2013). Infants and young children in military families: A conceptual model for intervention. *Clinical Child and Family Psychology Review*, 16(3), 282–293.
- Link, P. E., & Palinkas, L. A. (2013). Long-Term Trajectories and Service Needs for Military Families. *Clinical Child and Family Psychology Review*, 16. doi:10.1007/s10567-013-0145-z.
- MacDermid Wadsworth, S. (2013). Understanding and supporting the resilience of a new generation of combat-exposed military families and their children. *Clinical Child and Family Psychology Review*. doi:10.1007/s10567-013-0155-x.
- Masten, A. S. (2013). Competence, risk, and resilience in military families: Conceptual commentary. *Clinical Child and Family Psychology Review*, 16(3), 278–281.
- Milburn, N. G., & Lightfoot, M. (2013). Adolescents in wartime U.S. military families: A developmental perspective on challenges and resources. *Clinical Child and Family Psychology*, 16(3), 266–277.
- Murphy, R.A., & Fairbank, J.A. (2013). Implementation and dissemination of military informed and evidence-based interventions for community dwelling military families. *Clinical Child and Family Psychology Review*, 16. doi:10.1007/s10567-013-0149-8.
- Nash, W. P., & Litz, B. T. (2013). Moral injury: A mechanism for war-related psychological trauma in military family members. *Clinical Child and Family Psychology Review*, 16. doi:10.1007/s10567-013-0146-y.
- Paley, B., Lester, P., & Mogil, C. (2013). Family systems and ecological perspectives on the impact of deployment on military families. *Clinical Child and Family Psychology Review*, 16(3), 245–265. doi:10.1007/s10567-013-0138-y.
- Rotheram-Borus, M. J., Swendeman, D., & Chorpita, B. F. (2012). Disruptive innovations for designing and diffusing evidence-based interventions. *American Psychologist*, 67(6), 463–476.
- Saltzman, W. R., Pynoos, R. S., Lester, P., Layne, C. M., & Beardslee, W. R. (2013). Enhancing family resilience through family narrative co-construction. *Clinical Child and Family Psychology Review*, 16(3), 294–310.
- Spoth, R., Clair, S., & Trudeau, L. (2013). Universal family-focused intervention with young adolescents: Effects on health-risking sexual behaviors and STDs among young adults. *Prevention Science*. doi:10.1007/s11121-012-0321-2.