**PennState**

**CLEARINGHOUSE**
FOR MILITARY FAMILY READINESS

**thrive**

# The Mental Health Challenges of Military-Connected Children
# (and How the Adults in Their Lives Can Help)

April 3, 2023

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Licensed Clinical Psychologist

# The Thrive Initiative



| Thrive Initiative Program Areas | | | |
|---|---|---|---|
| **Universal Parenting Programs** | | | |
| **Take Root** | **Sprout** | **Grow** | **Branch Out** |
| Infants (0 to 6 months) | Preschool (3 to 5 years) | Grades K-5 (5 to 10 years) | Grades 6-12 (10 to 18 years) |
| Infants (6 to 12 months) | | | |
| Infants and Toddlers (1 to 3 years) | | | |
| **Parenting Programs for High-Needs Populations** | | | |
| **Take Root Home Visitation** | | **Grow Safe and Secure** | |
| Infants and Toddlers (0 to 3 years) | | Grades K-5 (5 to 10 years) | |

# Clearinghouse for Military Family Readiness at Penn State University

## https://militaryfamilies.psu.edu







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Thrive Portfolio Manager

# Today's Presenter



Celina Grassmyer, Ph.D.

# Learning Objectives

At the end of this presentation, the learner will be able to:

1. Describe characteristics of military-connected (MC) families and children.

2. List some of the unique challenges that MC children face.

3. Recognize signs that a child may be struggling with mental health or emotional and behavioral problems.

4. Identify resources to support MC children experiencing mental health or behavioral problems, both specific for MC children and for any child.

# Overview

1. Getting to know MC families
2. Unique strengths of and challenges facing MC children
3. Signs that a child is struggling
4. What adults can do to help

# **Getting to Know Military-Connected Families**

# MC Children are Everywhere

- In the US, there are approximately 900,000 school-age children with a military-connected parent (DoD, 2022)
  - Vast majority of these children attend public schools (DODEA, 2015)
  - 70% of MC families do not to live on base (Clever & Segal, 2013)

- Thus, awareness of military culture, strengths, and challenges is important for all providers and school personnel

Department of Defense. (2022). 2021 Demographics: Profile of the Military Community
https://download.militaryonesource.mil/12038/MOS/Reports/2021-demographics-report.pdf

# MC Families are Many

- Of 2.3 million Active Duty (1.3 mil) or Selected Reserve (1.0 mil) personnel, 37.1% have at least one child (DoD, 2022)
  - 472,410 (35.4%) of Active Duty members
  - 321,480 (40.2%) of Selected Reserve members

# Example of a Typical MC Family



- Father is enlisted in the army, mother is civilian

- Parents were in their mid-20s when they had their first child

- Family has 2 children, likely school aged or younger

(DoD, 2022)

# MC Parents Likely to Be Young, Male, and Married

- MC parents marry and have children younger than civilian counterparts (Huebner et al, 2019)
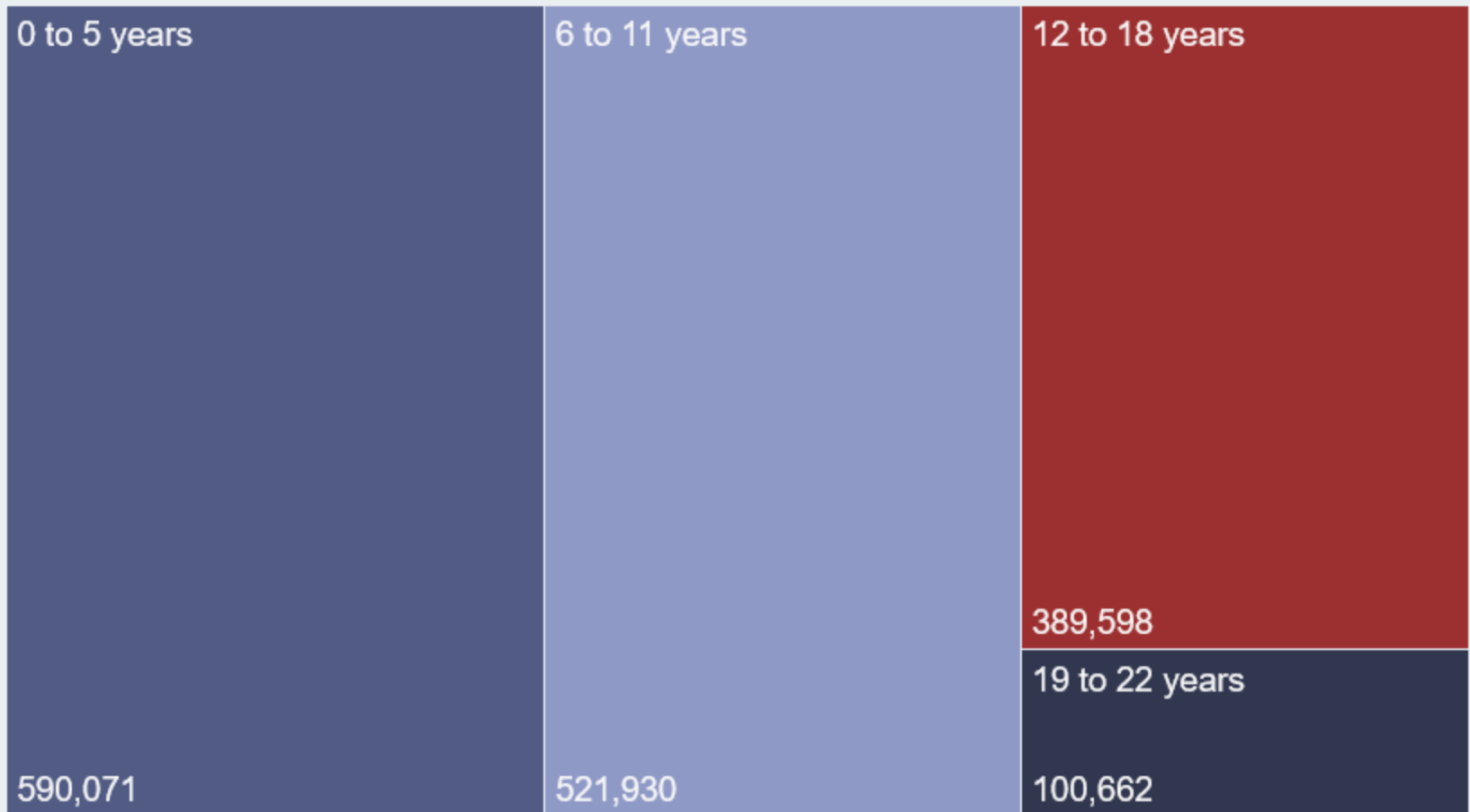
- 82-86% of military parents are male

## Marital Status of MC Parents

| Married to Civilian, with Children | Single, with Children |
|---|---|
| | 119,186 |
| | Dual Military, with Children |
| 626,369 | 44,856 |

(DoD, 2022)

# MC Children are Likely to Be Young



**Age of DoD Force Children (N=1,602,261)**

| 0 to 5 years | 6 to 11 years | 12 to 18 years |
| --- | --- | --- |
| | | 389,598 |
| | | 19 to 22 years |
| 590,071 | 521,930 | 100,662 |

(DoD, 2022)

# MC Families Are in Every Service Branch

## Distribution of Active Duty Parents by Service Branch



Air Force, 120,618 , 26%

Army, 193,151 , 41%

Marine Corps, 43,170 , 9%

Navy, 114,846 , 24%
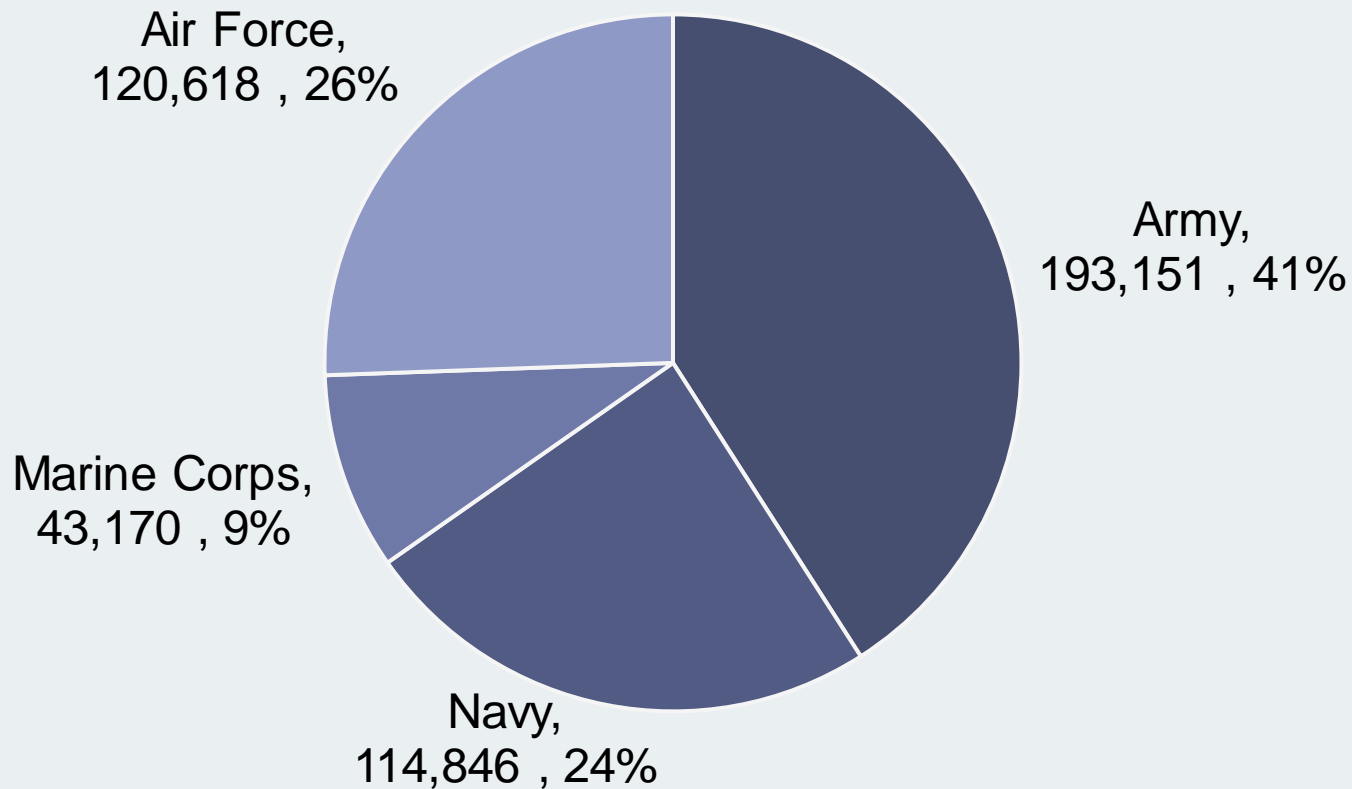
(DoD, 2022)

# Military Personnel are Racially Diverse

**Race of Total DoD Military Force
(N=2,129,656)**

Unknown

Other*

9.6%

3.2%

16.9%

70.5%

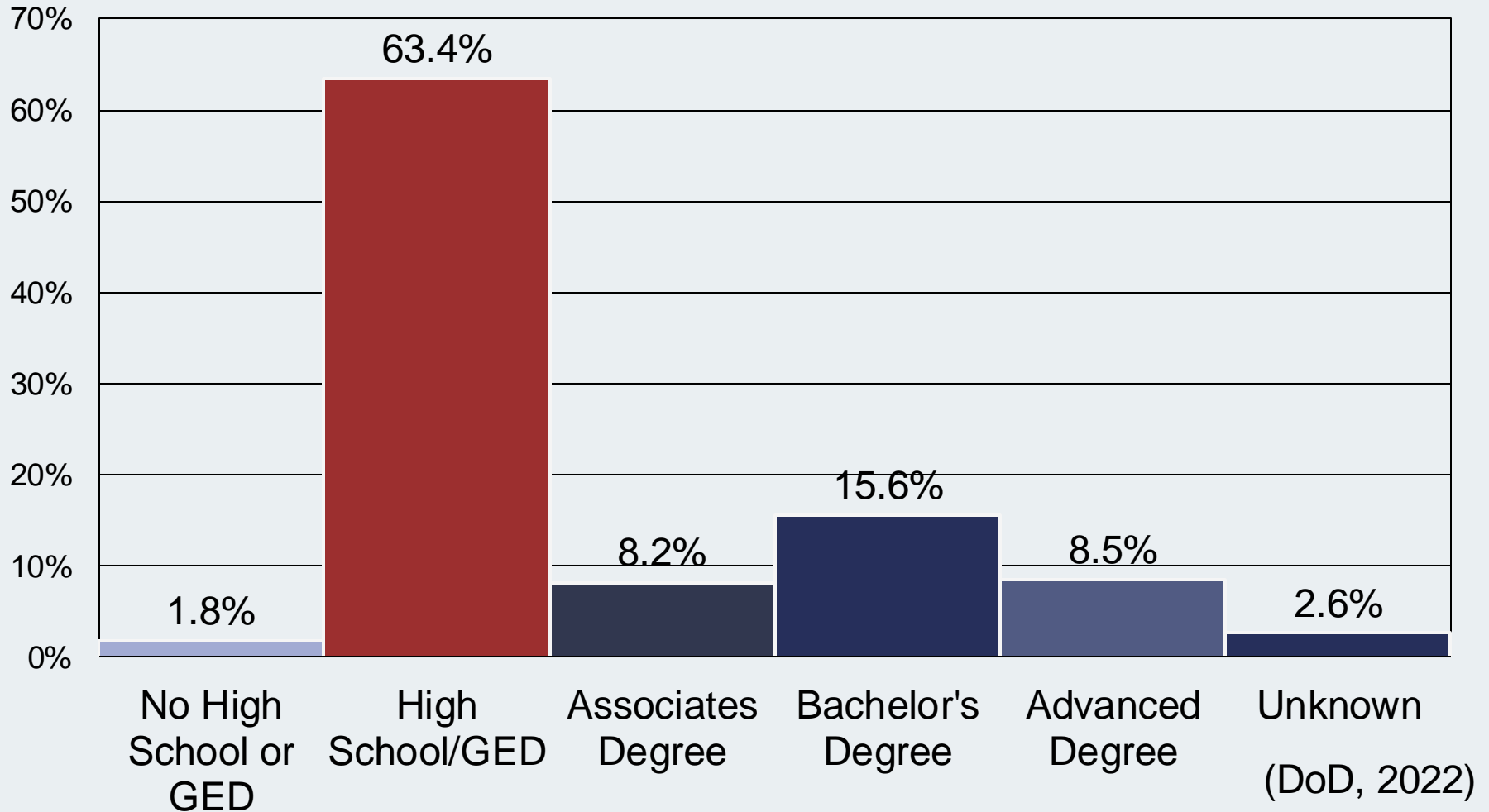Black or
African
American

White
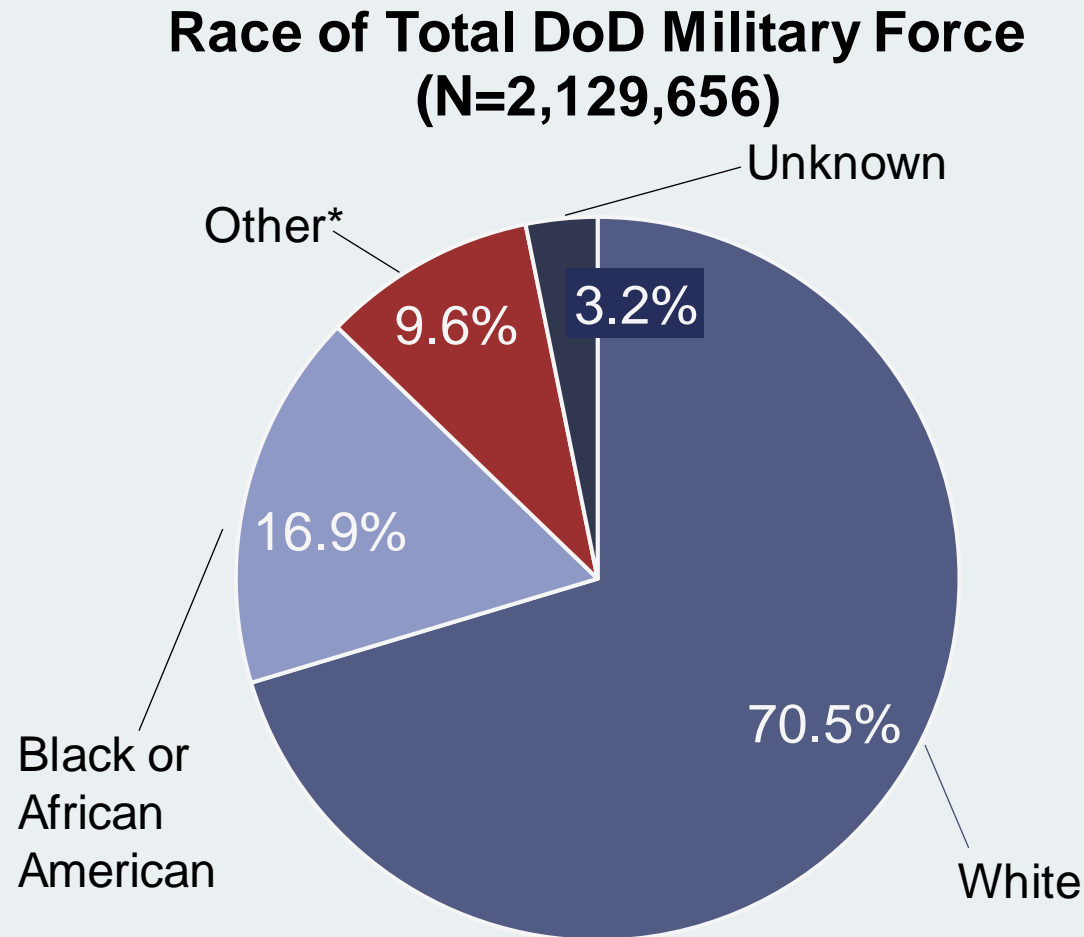
* = American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific
Islander, Multi-Racial (the Army and Army Reserve do not report "multi-racial")

(DoD, 2022)[15]

# Military Personnel are Diverse

## Education Level of Military Personnel (N=2,129,656)



Bar chart values:
- No High School or GED: 1.8%
- High School/GED: 63.4%
- Associates Degree: 8.2%
- Bachelor's Degree: 15.6%
- Advanced Degree: 8.5%
- Unknown: 2.6%

(DoD, 2022)

# MC Families are Different From Civilian Counterparts

- Military personnel are more likely than their civilian counterparts to:
  - Marry and have children younger (Huebner et al, 2019)
  - Move frequently (Huebner et al, 2019)
  - Experience multiple simultaneous stressors (Huebner et al, 2019)
  - Have a spouse who is under- or unemployed (Meadows et al, 2015; DoD, 2022)
  - Homeschool their children (Blue Star Families, 2019)

# Unique strengths of and challenges facing MC children

# Distinctive Military Culture

- Strong values (Redmond et al, 2015)
  - Discipline
  - Self-sacrifice
  - Cohesiveness
  - Tradition

- Camaraderie and sense of identity (Huebner et al, 2019)
  - "When one serves, we all serve" (Rossiter et al, 2015)

- Culture reported as protective against accumulating stressors (Rossiter et al, 2015)

# Military Culture as Source of Strength

- In general, MC children thrive (Easterbrooks et al, 2013)
- Lower rates of mental health problems reported (Hinojosa et al, 2022)
    - Lower rates of drop out from treatment (Crockett et al, 2020)
- More support available (Bullock et al, 2022; Huebner et al, 2019)
    - Social support between MC families
    - Military-sponsored resources available

# Challenges Inherent to MC Life



- Frequent moves/relocation
- Parental deployment
- Parental injury

# Challenges Inherent to MC Life

- **<u>Frequent moves/relocation</u>**

- Parental deployment

- Parental injury

# Frequent Moves are Common

- MC families move 2.4x more often than civilian counterparts (Nelson et al, 2016)
  - Relocate every 2-4 years
  - Typical to have attended 6-9 different schools by graduation (Rossiter et al, 2015)

# Frequent Moves are Stressful

- Cause socioeconomic stress on families (Cozza et al, 2014)

- Interrupt continuity of health care and education (Huebner et al, 2019)

- Pose social challenges for children (Huebner et al, 2019)

# Recent Move Linked to Distress

- Having moved in past year linked to greater risk of
  - Poor adolescent adjustment (Perreault et al, 2020)
  - ER visits, psychiatric hospitalization (Millegan et al, 2014)
- Recency of move a better predictor than frequency (Perreault et al, 2020)
- High levels of parental stress may explain link (Perreault et al, 2020)

# Challenges Inherent to MC Life

- Frequent moves/relocation
- **<u>Parental deployment</u>**
- Parental injury

# Deployment Causes Disruption

- Parental deployment may require child to:
  - Move geographically (Huebner et al, 2019)
  - Adjust to new routine (Pincus et al, 2001)
  - Experience remaining parent's increased stress (Pincus et al, 2001)
  - Take on more responsibility (Huebner et al, 2019)
  - Worry about parent safety (Padden & Agazio, 2013)
- Risk for experiencing maltreatment increases during and after parent deployment (Saltzman et al, 2011)

# Deployment Cycle (Pincus et al, 2001)

**Predeployment**

Several weeks to a year
Preparing for absence

**Deployment**

First month after departure
Adjusting to absence

**Sustainment**

Up to 2 years
Maintaining adaptations

**Redeployment**

Final month of deployment
Preparing for return

**Postdeployment**

3-6 months after return
Parent reintegrates into family
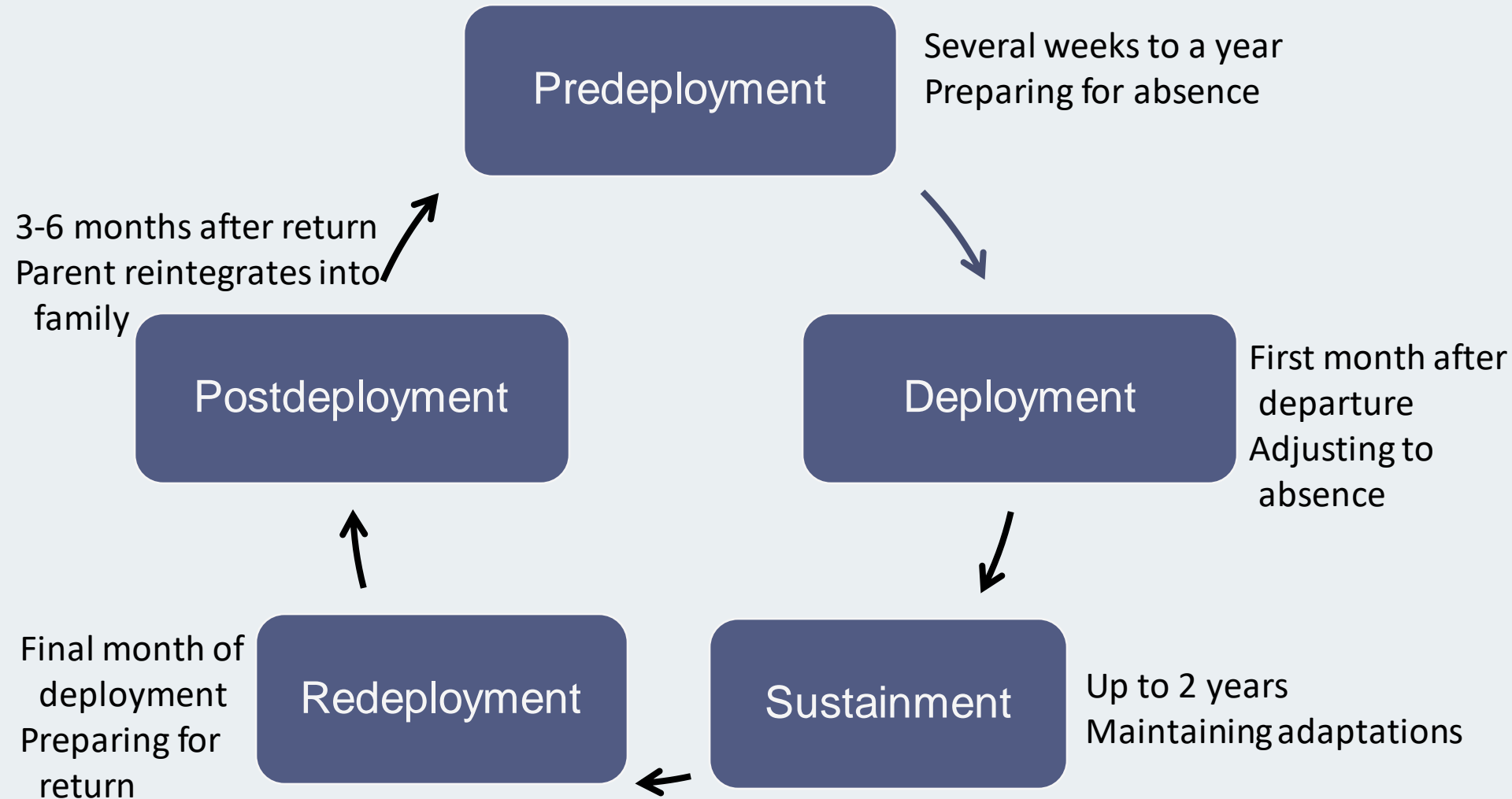
# Deployment Linked to Greater Distress

- Predeployment
  - Chronic fear or worry about potential deployment (Bullock et al, 2022)

- During deployment
  - Increases in emotional and behavioral problems, including anxiety, depression, disruptive behavior, ADHD, and peer problems (Aranda et al, 2011; Gorman et al, 2010; Mustillo et al, 2015)
  - Caused or exacerbated by parental mental health problems or stress (Huebner et al, 2019)
  - Risk of child maltreatment higher while spouse is deployed (Creech et al, 2014)

# Deployment Linked to Greater Distress

- Postdeployment
  - 3 of 4 families report first 3 months after return most stressful part of deployment (Pincus et al, 2001)
  - Emotional and behavioral problems linger, especially if deployment was 11+ months (Chandra & London, 2013)
  - Difficulty adjusting may be related to parental injury (Creech et al, 2014)

# Challenges Inherent to MC Life

- Frequent moves/relocation
- Parental deployment
- **Parental injury**

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# Parental Injury Disrupts Quality Care

- Risk for child mental health problems increased following parental injury (e.g., TBI, PTSD; Hisle-Gorman et al, 2019)
  - Injury doubled ($x2$) the risk of adolescent suicidal ideation, mood and anxiety disorders (Hisle-Gorman & Susi, 2021)
  - Risk quadrupled ($x4$) for alcohol and substance abuse disorders (Hisle-Gorman & Susi, 2021)

# Parental Injury Disrupts Quality Care

- MC parents more likely to experience injuries than civilians, particularly PTSD and/or TBI (Hisle-Gorman et al, 2019)
  - Risks to child heightened following injury regardless of military connected status
- Injury may hurt parental functioning, increase family stress (Hisle-Gorman et al, 2019)

# Signs That A Child Is Struggling

# Expect A Child To Struggle

"It is **reasonable** to assume that a sudden negative change in a child's behavior or mood is a **predictable** response [to a significant stressor]."

Pincus et al, 2001

# Common Reactions to Significant Change

**Young children (1-6 years old)**

- Behavior is impacted more by primary caregiver's response to the change than the change itself (Aisenberg, 2001)

- May exhibit stronger emotional reactions (Mongillo et al, 2009)
  - Crying more often, extra clingy
  - Develop new fears; frequent nightmares; acting out fears in play or drawings

- Complain of increased stomachaches or headaches (Mongillo et al, 2009)

- Regress to earlier stages of development (e.g., bed wetting, thumb sucking; Mongillo et al, 2009)

# Common Reactions to Significant Change

**School-aged children (6-12 years old)**

• Difficulty regulating emotions (NCTSN, 2008b)

• Trouble at school – decreased academic performance, withdrawal from peers, school refusal (Schwartz & Proctor, 2000; Coohey et al, 2011)

• Ask questions about death, dying, or other difficult subjects related to change (NCTSN, 2008b)

• Complain of increased stomach aches or headaches (NCTSN, 2008b)

• Regressed behavior (NCTSN, 2008b)

# Common Reactions to Significant Change

**Adolescents (13-18 years old)**

- Increased anxiety about safety of self and others (NCTSN, 2008c)

- Withdrawal from social activities (NCTSN, 2008c)

- Increased irritability (Lansford et al, 2002)

- Angry outbursts and aggression (Lansford et al, 2002)

- Decrease in academic achievement (NCTSN, 2008c)

- Increase in rule-breaking: skipping school, taking risks, substance use or abuse (NCTSN, 2008c; Lansford et al, 2002)

- Feeling overwhelmed; brief thoughts of death or suicide (NCTSN, 2008c)

# Expect A Child To Struggle

"It is **reasonable** to assume that a sudden negative change in a child's behavior or mood is a **predictable** response [to a significant stressor]."

Pincus et al, 2001

So how do we know to intervene?

# Signs Additional Help is Needed

**The 3 D's:**

- Duration

- Distress

- Dysfunction

# Signs Additional Help is Needed

- Duration (Ollendick & Vasey, 1999)
  - Unwanted changes are persistent – more than a few weeks

# Signs Additional Help is Needed

- Distress (Goodman et al, 2000)
  - Emotions or behaviors are upsetting to the child or their family

# Signs Additional Help is Needed

- Dysfunction (Goodman et al, 2000)
  - Changes in behavior interfere with ability to meet developmentally appropriate expectations (e.g., at school, at home, with friends)

# Signs Additional Help is Needed

**The 3 D's:**

- Duration

- Distress

- Dysfunction

- Above and beyond what's normative developmental changes (Rathus & Miller, 2014)

  - intensity, frequency, and/or duration

# What Adults Can Do to Help

# Parents Provide Support by Being Warm

- Provide extra attention and one-on-one time (Bullock et al, 2022)

- Be affectionate (especially with younger children; Pincus et al, 2001)

- Show additional patience (Pincus et al, 2001)

# Parents Provide Support by Being Consistent

- Maintain routines and expectations (Huebner et al, 2019)

- Set limits (Pincus et al, 2001; Huebner et al, 2019)

# Parents Support by Being Open

- Communication within families is protective against cumulative stressors (Creech et al, 2014; Flores & Barroso, 2017)
  - Address risky behaviors (e.g., drug use; Pincus et al, 2001)
  - Talk about family changes (Creech et al, 2014)

# Parents Support by Being Open

- Recommendations for parent-child communication (Schaefer & DiGeronimo, 1999; Flores & Barroso, 2017)
  - Parents should initiate the conversation
    - Be explicit about concerns
  - Normalize behavior or problem
    - Avoid shame, which discourages child participation
    - Share own experience
    - Maintain a positive tone to encourage further discussion
  - Invite questions from child

# Parents Support by Modeling Emotion Regulation Skills

- Stay calm (Black & Preble, 2016)
    - Modeling emotion regulation skills teaches these skills to children (Hajal & Paley, 2020)
    - Do what you need to do to stay calm (Black & Preble, 2016)

# Parents Provide Support by Practicing Self-Care

- Practice self-care (Hajal & Paley, 2020)
  - Taking care of one's self physically and emotionally (Miller et al, 2019)
    - Sleep hygiene
    - Exercise
    - Engaging in pleasurable activity
    - Social support
    - Getting help
    - Planning
    - Acceptance
    - Lowering Expectations
    - Emotion regulation

# Support from Civilian Providers

- Seek cultural competency (Creech et al, 2014; Huebner et al, 2019)

  - VA Community Provider Toolkit -

    https://www.mentalhealth.va.gov/communityproviders/index.asp

  - Online courses through Center for Deployment Psychology -

    https://deploymentpsych.org/

# Support from Civilian Providers

- Perform routine screeners:

  - Identify military connected status during intake (Chandra & London, 2013)

  - Assess for ongoing distress and emotional/behavioral problems before, during, and after deployment (Creech et al, 2014; Huebner et al, 2010)

  - Screen for maltreatment, adolescent substance use (Creech et al, 2014)

# Support from Civilian Providers

- Work with families to strengthen positive communication skills (Creech et al, 2014)

  - E.g. interventions: Project FOCUS; Strong Families, Strong Forces (Creech et al, 2014)

# Community Based Resources

- Families OverComing Under Stress (FOCUS; Lester et al, 2012) https://focusproject.org/focus-world

  - Promote resiliency among active duty MC families (parents and children, ages 3-17) who experienced a recent deployment

  - 8 sessions long, with parent-only, child-only, and family sessions

  - Positive outcomes found posttreatment and at 4-6 mo follow up (Lester et al, 2012; Lester et al, 2013)



*Screenshot captured 3/16/2023 from https://focusproject.org/focus-world*

# Community Based Resources

- After Deployment: Adaptive Parenting Tools (ADAPT; Gewirtz et al, 2018)

https://www.adaptparenting.org/

- Improve parents' strategies and understanding to manage children's behavior in the face of deployment stress
- 14-week group intervention for Guard and Reserve families with at least one deployment and one child (ages 5-12)
- Significantly improved parenting skills 1 year after treatment compared to TAU (Gewirtz et al, 2018)

*Screenshot captured 3/21/2023 from https://www.adaptparenting.org/*

# Community Based Resources

- Sesame Street for Military Families, including Sesame Workshop's Talk, Listen, Connect initiative (Cohen et al, 2014) https://sesamestreetformilitaryfamilies.org/

  - Sesame Street characters model age-appropriate conversations and coping strategies for MC children

  - Media Kits available on 14 topics ranging from birthdays to grief



*Screenshot captured 3/16/2023 from https://sesamestreetformilitaryfamilies.org/*

# DoD Resources

- Military OneSource
https://www.militaryonesource.mil/education-employment/for-children-youth/
  - Database of information, resources, and confidential help for service members and military families

# DoD Resources

- Military Kids Connect

https://militarykidsconnect.health.mil/

- Provide age-appropriate information to children experience any of the challenges of military life

- Videos, activities, and links to more resources for parents

# DoD Resources

- National Military Family Association's Operation Purple Camps
  https://www.militaryfamily.org/programs/operation-purple/operation-purple-camp/#

  - Free week-long camp for military connected children

  - Camps range in age range from 6-17 years old

# Your Questions

# Q & A

# New Online Mental Health Resource



https://thrive.psu.edu

# No-Cost, Online Resources



https://thrive.psu.edu

https://militaryfamilies.psu.edu/open-office-hours/

**Share Your Feedback!
We Value Your Response!**

**https://bit.ly/3mO3jyq**

**Evaluate Today's Presentation**

# Continuing Education Credits

**1 HOUR OF CEUS**

The Clearinghouse for Military Family Readiness at Penn State is approved by the American Psychological Association to sponsor one hour of continuing education for participation in today's training.

- Attendance has been tracked.
- Certificates of completion will be sent to those who indicated a desire to receive credits at registration.
- For more information, contact Kristi Brawley: kkb18@psu.edu.

**One Hour of Credit**

## Resiliency: Building a Snow Fence



May 10, 2023, at 12 pm EST
Daniel Perkins, Ph.D.

https://bit.ly/3Ie0PZH

**Presentation Three**

# Thank You

## Contact Us

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