



War and Military Families: Translating Family Prevention Science into Practice A National Public Health Response

**Coordinating Council on Juvenile Justice and Delinquency Prevention
U.S. Department of Justice**

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Challenges of Military Children and Families

- ❑ Extended and repeated separations from a primary caregiver in the context of danger
- ❑ Altered family roles and responsibilities
- ❑ School and community transitions
- ❑ Increased stress on caretaking parent
- ❑ Community level stress/ loss
- ❑ Media and communication exposure
- ❑ Impact of combat exposure on returning parent
- ❑ Possible parental mental health problems, physical injury, or loss



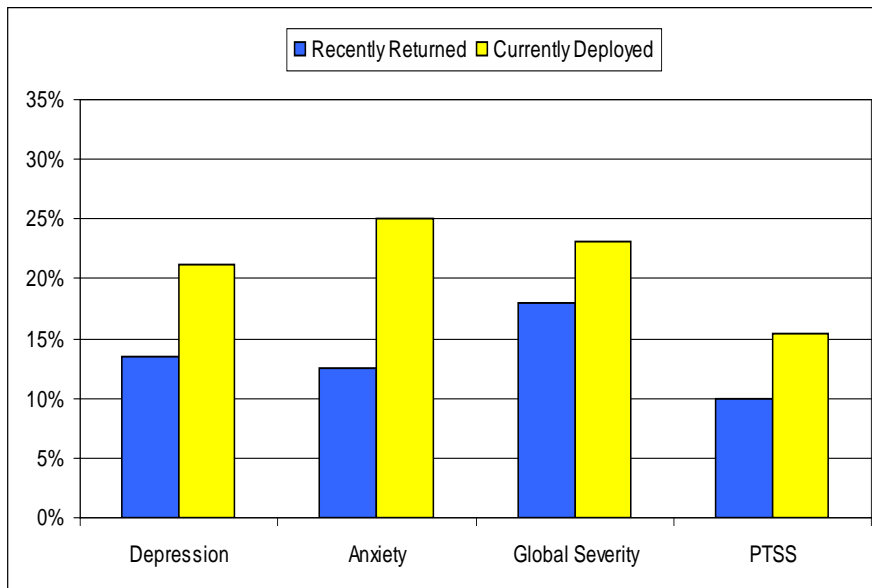
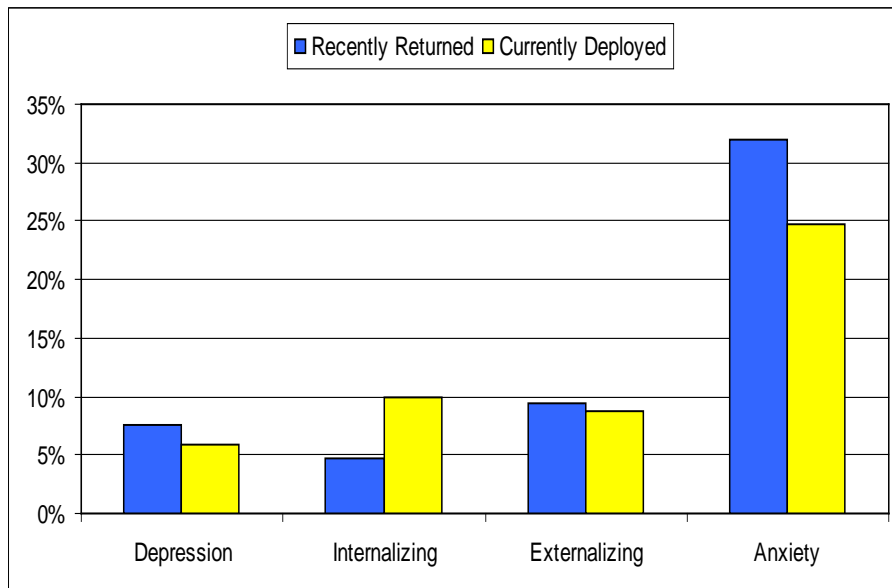
Research on Parental Wartime Deployments on Children

- ❑ Limited but expanding research base
- ❑ Indices of resilience identified.
- ❑ Developmental/gender differences in reactions: emotional/behavioral, service utilization, academic, risk behaviors (Lester 2010; Chandra 2010; Chartrand et al, 2008; Reed et al 2011)
- ❑ Rise in child maltreatment during deployments and related to separation/reunion (Gibbs et al 2007)
- ❑ Rising mental health utilization in military children including both outpatient and inpatient visits since OEF/OIF (Gorman 2010; Mansfield et al, 2011)
- ❑ Focused on during deployment risk, limited child self report, primarily assessments with caregiver parent only, convenience samples, cross sectional or retrospective data.

Limited

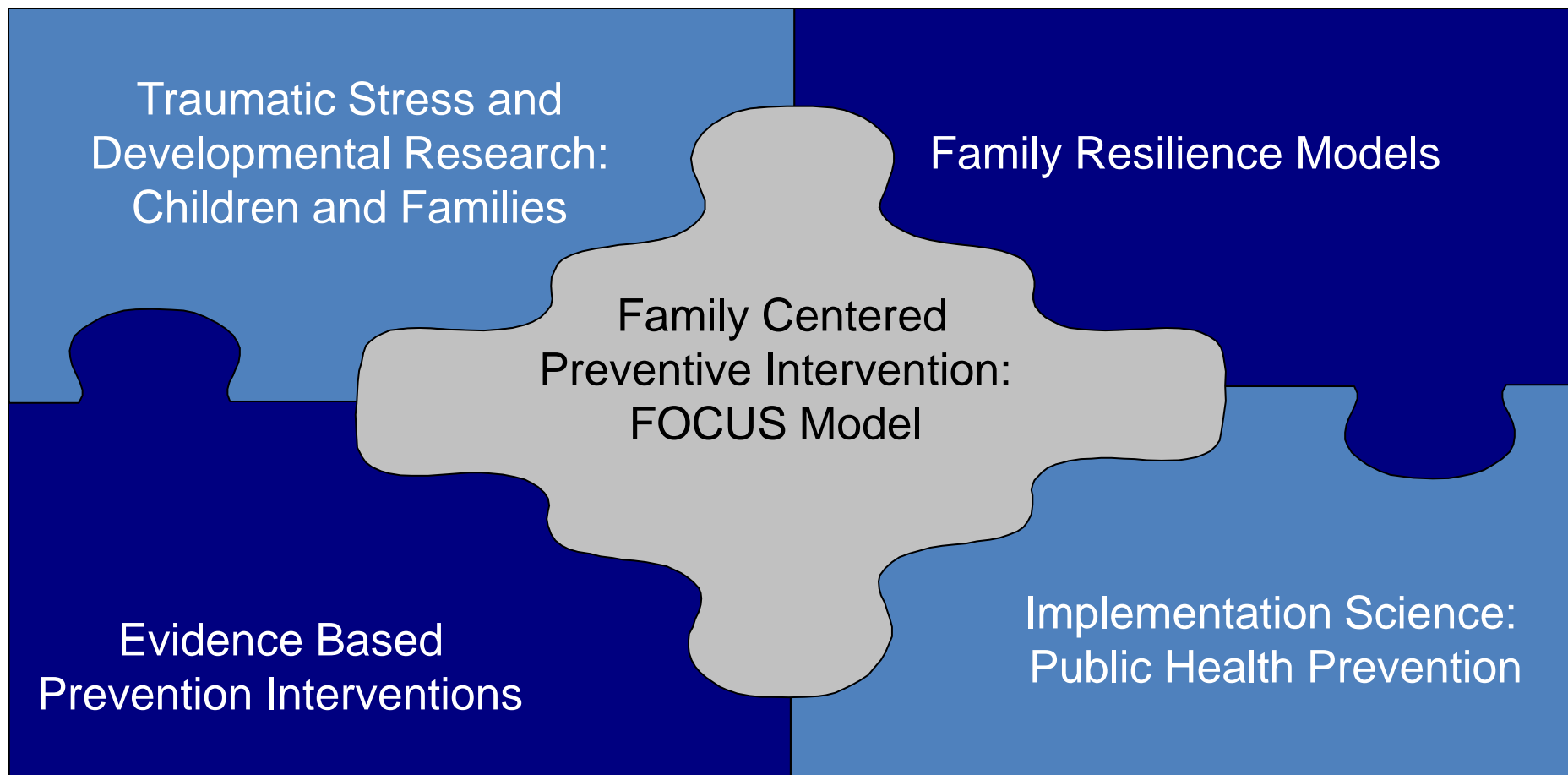
Prevalence of Clinically Significant Symptoms in Children and Spouses by Deployment Status

Lester P, Peterson K, Reeves J, et al, April 2010



- Service member parent PTSD symptoms predicted Child depressive symptoms, Externalizing and Internalizing Behaviors in Reintegration group ($p < .05$)
- Civilian At Home Parent Psychological symptoms predicted Child Depression, Externalizing and Internalizing Symptoms for both Deployed and Reintegration group ($p < .05$)
- Cumulative months of deployments predicated Child and Spouse Distress ($p < .05$)

Translating Prevention Science into Practice: Integrating Convergent Research



Implementation Process: Alignment of Family Prevention with Military Goals and Systems of Care



- ❑ Adaptation of Family Centered Prevention Interventions for Military and Families (Beardslee et al 2003, 2007, Rotheram-Borus et al 2001, 2006, Layne et al, 2001)
- ❑ Public Health Prevention Model (NRCIOM, 1994, 2009)
- ❑ Technology enhanced system for screening, customization, and evaluation
- ❑ Partnered approach with military leadership, care systems, private and academic
- ❑ Destigmatizing framework for promoting psychological health within community
- ❑ Supporting readiness, recovery, and reintegration

FOCUS: Individual Family Resiliency Training

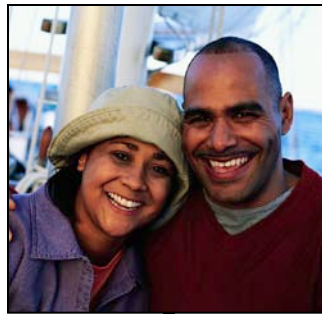
Parents only



Children only



Parents only



Family Sessions



Sessions 1 & 2

Sessions 3 & 4

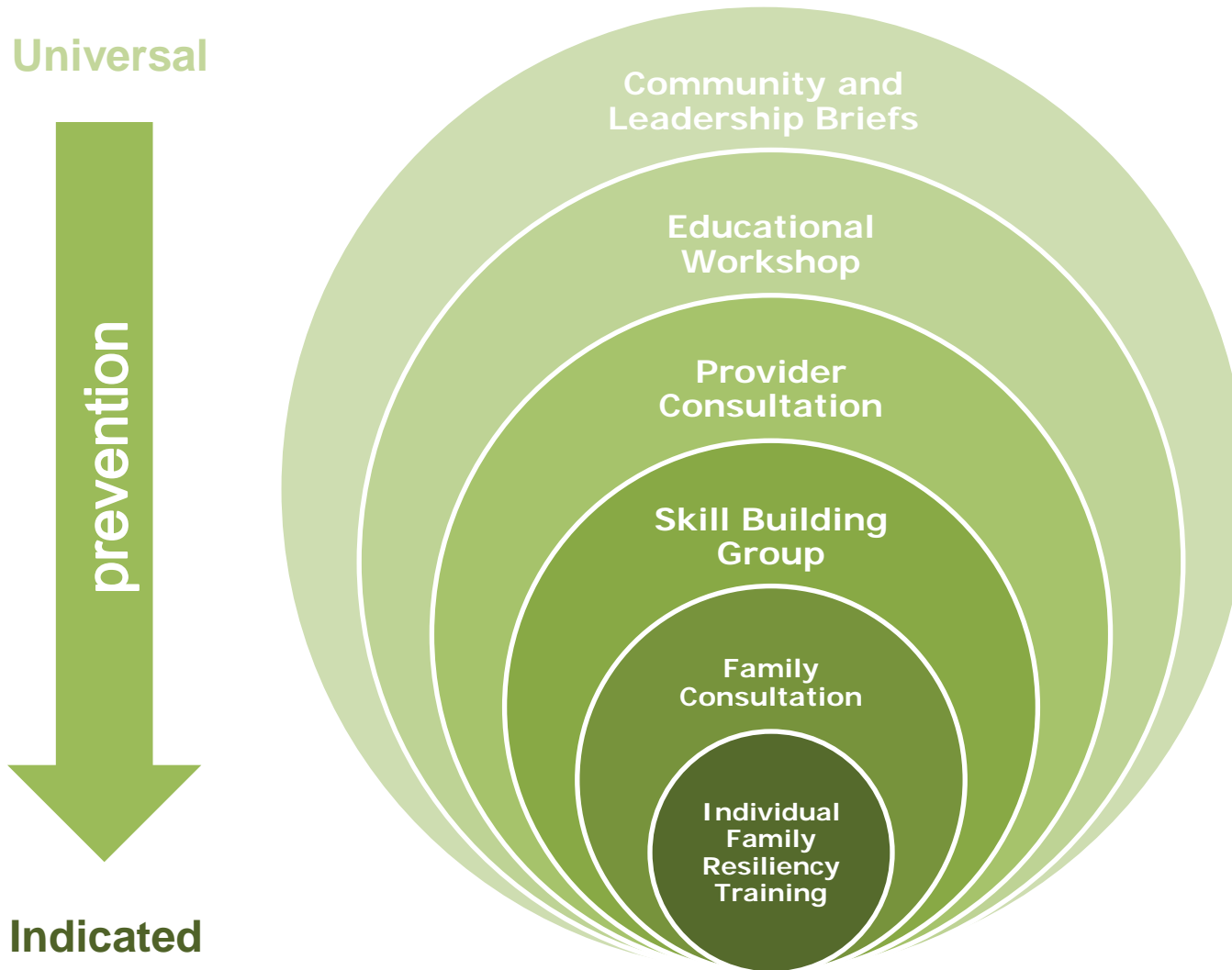
Session 5

Sessions 6 – 8

Public Health Strategy for Implementation

FOCUS Suite of Services:

Beardslee, Lester, Klosinski et al; Prevention Science, 2011



Families OverComing Under Stress Project for Military Families

US Navy Bureau of Medicine and Surgery

US Marine Corps Combat Operational Stress Control Program

Office of Military Community and Family Policy (OSD)





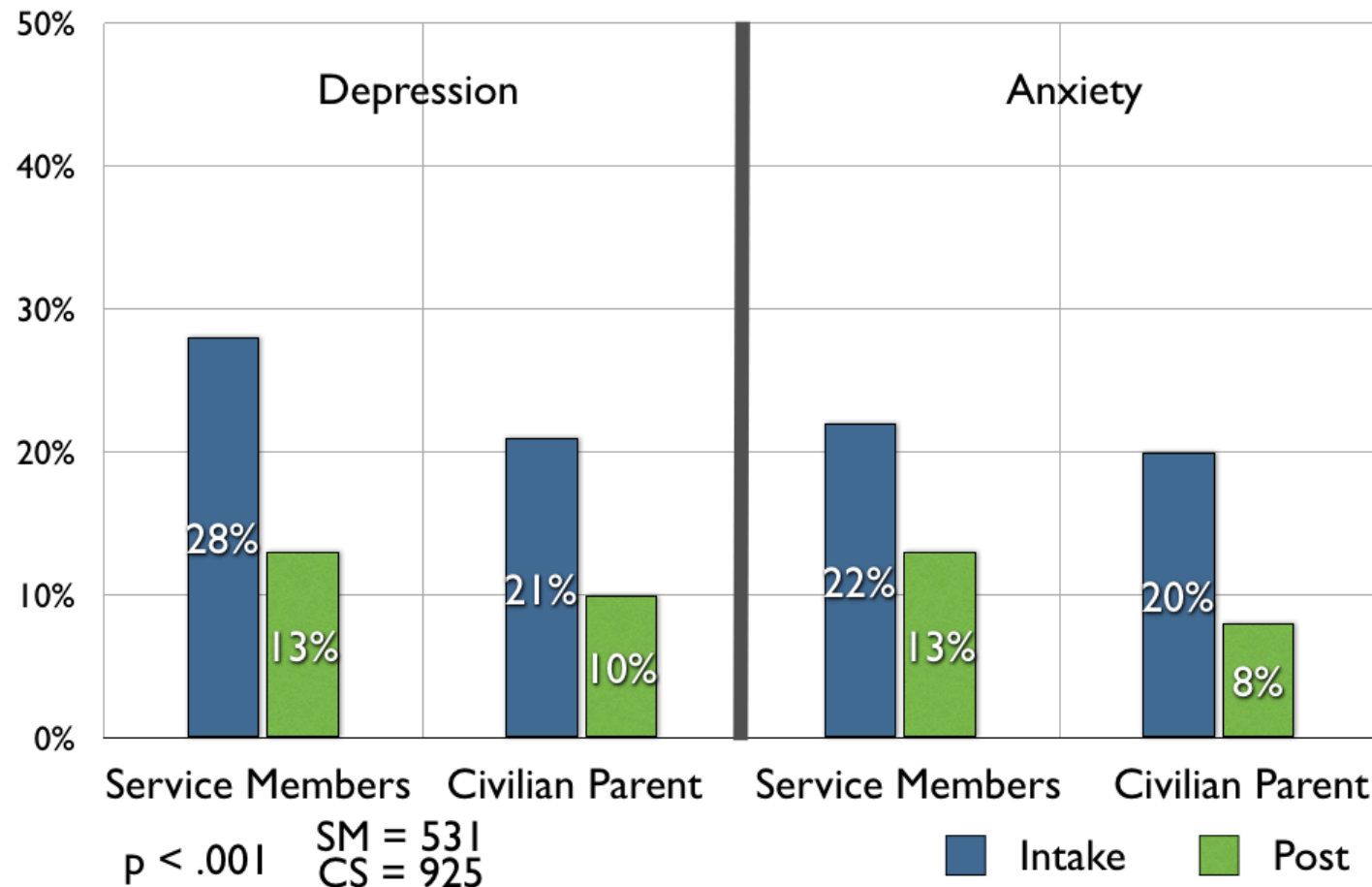
FOCUS Resiliency Training for Military Families Services from 2008-2010

Community Outreach and Education	Events	Enrollment
Community/ Group Briefings	3025	183,804
FOCUS Workshops	717	16,845
FOCUS Consultations	790	2,469
FOCUS Skill Building Groups	1174	10,244
FOCUS Individual Family Resilience Training	Multi Session Training	2196 Adults 2281 Children

Prevalence of Parental Distress Before and After FOCUS



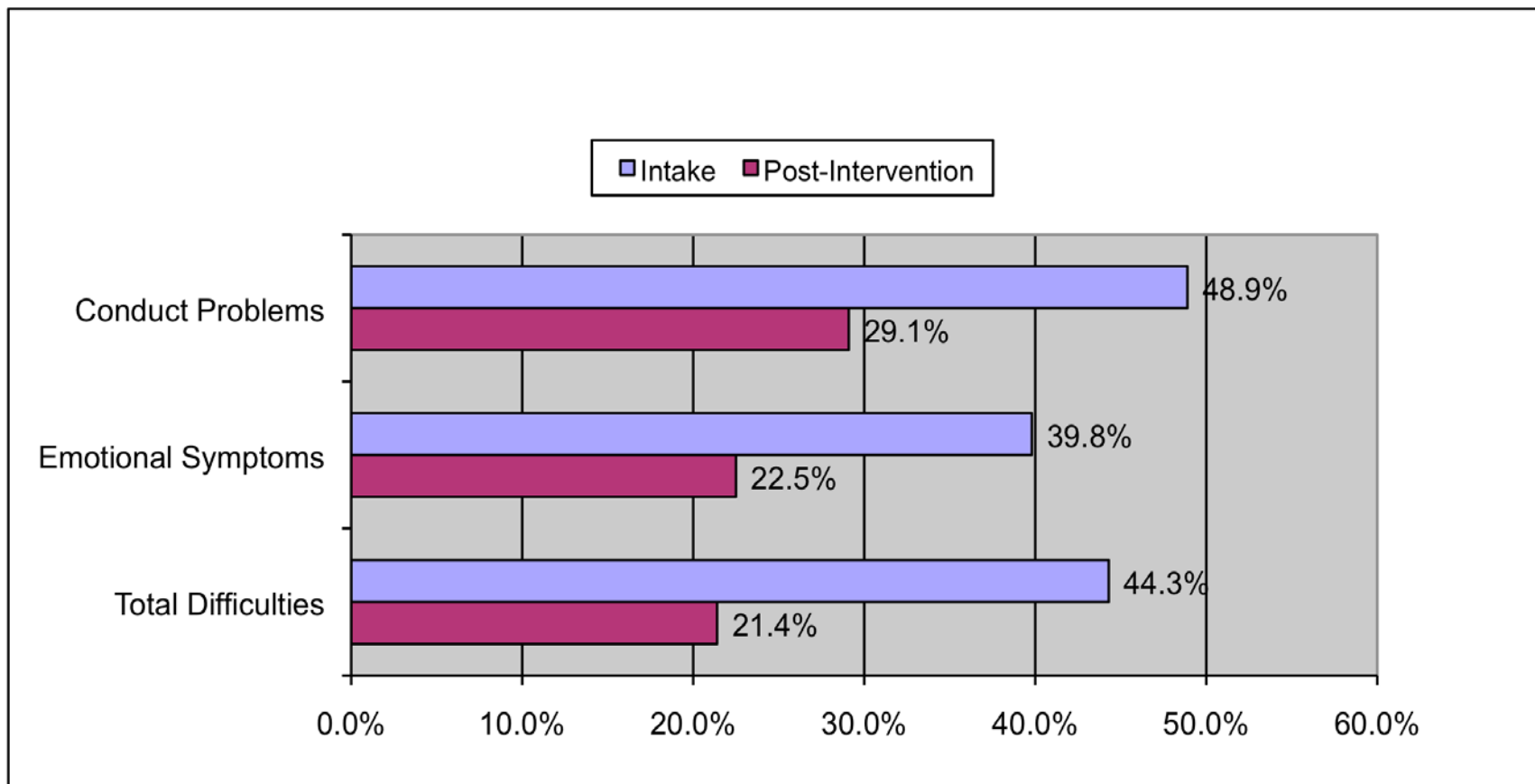
Prevalence of Clinically Significant Distress at Intake & Post Intervention



FOCUS Child Adjustment

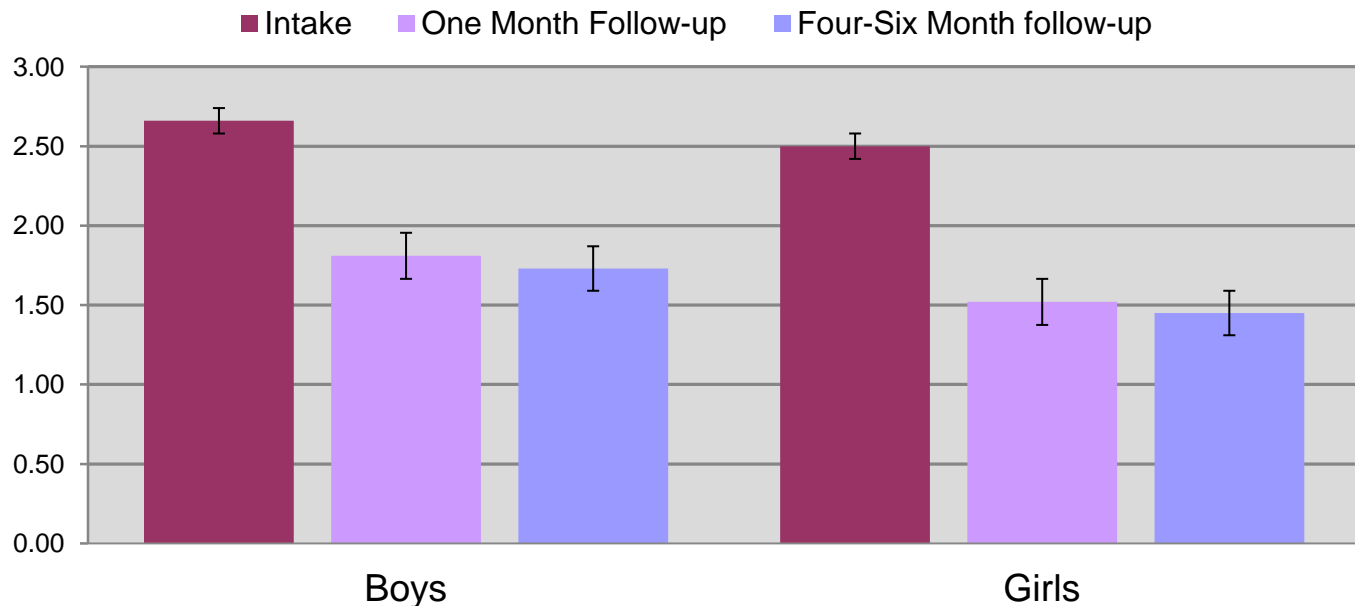


Prevalence of Children with Significant Difficulties Before and After FOCUS (n=1547)



*Based on Parent Report of Total Difficulties on the Strengths and Difficulties Questionnaire and U.S. cut-offs for high difficulties. *** $p < .001$

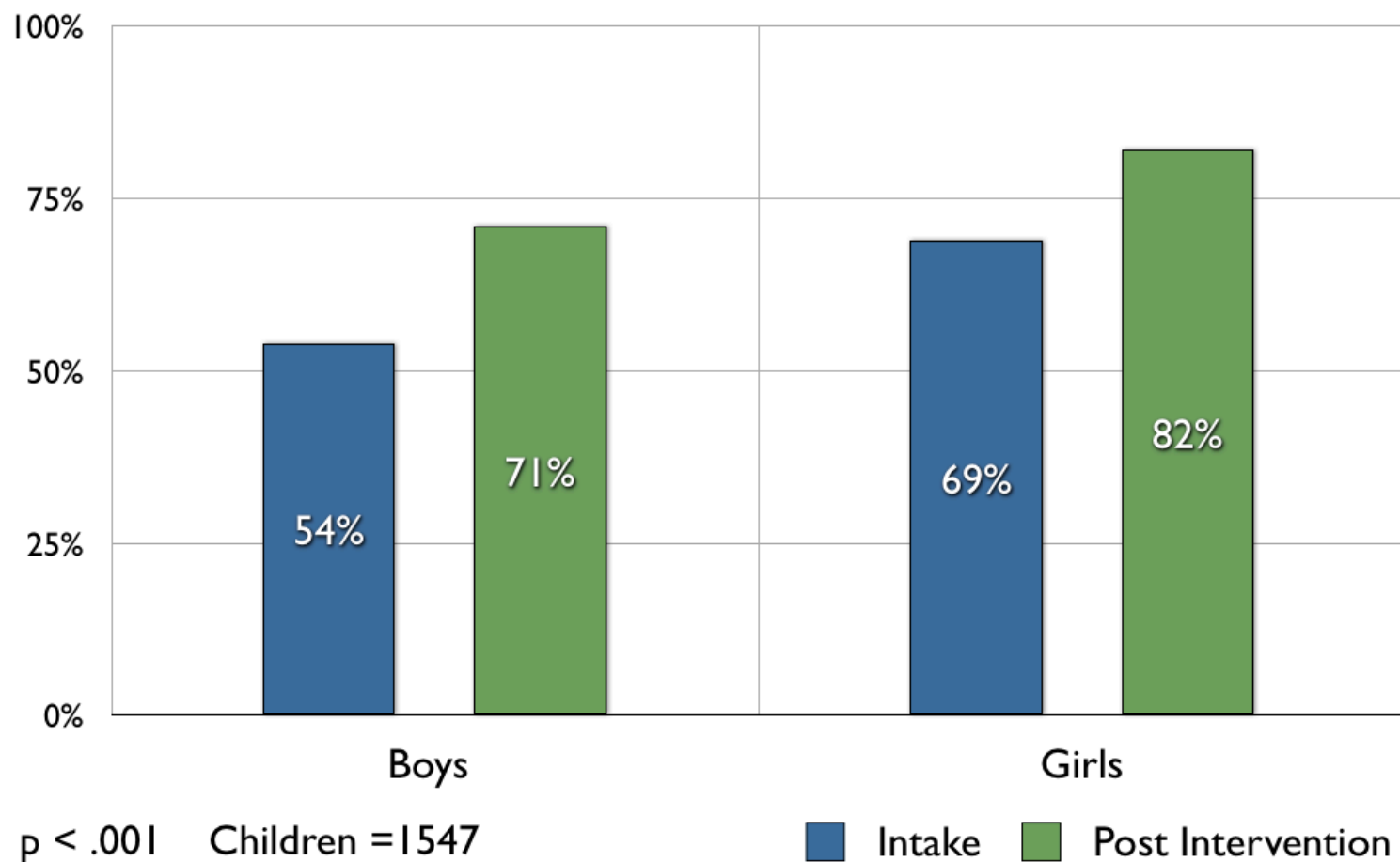
Strengths and Difficulties Questionnaire (SDQ) Child Conduct Problems Over Time (n=1527)



Both boys and girls showed a significant reduction in conduct problems on the SDQ from intake to post-FOCUS ($p < .001$) and maintained low symptoms at the follow-up assessment. Overall, boys showed a significantly greater number of conduct problems than girls ($p < .05$).

SDQ = Strengths and Difficulties Questionnaire

Prevalence of Pro-Social Behavior at Intake & Post Intervention



Lessons for Implementing Family Resilience Interventions at Scale

- ❑ Curriculum should be modular, portable, and scalable allowing for the customization of the curriculum to address all participant, population and community needs while maintaining the fidelity to the model.
- ❑ Systematic training, supervision and evaluation needed to ensure the quality of all services-.
- ❑ Challenges for scalability and sustainability include balancing rigorous implementation strategies with reach to address the needs of large and dispersed population
- ❑ Role for “indicated prevention” as a novel fit into continuum of both family support and health cares services.
- ❑ Opportunities for integrating technological approaches to deliver and augment in-person services.

UCLA Family Resilience Center Veteran and Military Families

- ❑ **“Welcome Back Veterans” UCLA Family Resilience Center** (McCormick Foundation/National Baseball League)- Partnership with Los Angeles Veteran Administration
- ❑ **Operation Mend-FOCUS Veteran and Family-Centered Services**, Training and Injury Care
- ❑ **Veteran’s Administration Intervention Research:** Long Beach VA, Greater Los Angeles VA.
- ❑ **FOCUS Combat Injury Trial** (USUHS)
- ❑ **Community FOCUS training:** USC Building Capacity in Military Connected Schools; Department of Mental Health-CA National Guard; NMFA Family Retreat Curriculum
- ❑ **DOD Military Children Reintegration Study** (Purdue-UCLA collaboration)



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