Risk and Resilience in Military Children and Families

Workshop on the Scientific Study of Military Children
November 2011

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Associate Director, Center for the Study of Traumatic Stress
Child and Family Programs

Professor of Psychiatry
Uniformed Services University of the Health Sciences
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Standard Form 298 (Rev. 8-98)  
Prescribed by ANSI Std Z39-18
Military Family Challenges

**Deployment**
- transient stress
- modify family roles/function
- temporary accommodation
- reunion adjustment
- military commun maintained
- probable sense of growth and accomplishment

**Injury**
- trans or perm stress
- modify family roles/function
- temp or perm accommodation
- injury adjustment
- military commun jeopardized
- change must be integrated before growth

**Psych Illness**
- trans or perm stress
- modify family roles/function
- temp or perm accommodation
- illness adjustment
- military commun jeopardized
- change must be integrated before growth

**Death**
- perm stress
- modify family roles/function
- permanent accommodation
- grief adjustment
- military commun jeopardized or lost
- death must be grieved before growth

Multiple Deployments?

Complicated Deployment

STRESS LEVEL

Center for the Study of Traumatic Stress
Dimensions of Trauma/Stress Response

Time of trauma

Dimensions of Trauma/Stress Response

functioning

- subject 1
- subject 2
- subject 3
- subject 4

functional illness

Time of trauma
Engaging a Community at Risk

Healthy

At Risk

Disequilibrium

Illness

Preventive efforts
Community Based Actions
Support services
Parent guidance
Self-help services

Clinical Intervention
Clinical Treatment
Psychoeducation
Skill Building
Communication

Support toward Resilience
Avoid complicating factors

Center for the Study of Traumatic Stress
Children of Deployed Parents

• Chartrand, et al. 2008
  – 3 to 5 yo children show elevated behavioral symptoms

• Flake, et al. 2009
  – “high risk” stress in children and parents
  – parent stress predicted child morbidity

• Chandra, et al. 2010
  – higher emotional difficulties than national samples
  – greater deployment length and poor non-deployed parental function related to greater challenges

• Lester, et al. 2010
  – parent distress and cumulative length of deployment predicted depression and behavioral symptoms
  – children evidenced elevated anxiety in deployment and recently returned parent groups

• Reed, et al. 2011
  – quality of life, depression, suicidal thoughts
Child Maltreatment and Deployment

  - Time series analysis of Texas child maltreatment data in military and nonmilitary families from 2000-2003

  - Descriptive case series of 1771 Army families with substantiated child maltreatment

  - Tabulation of Army Central Registry 1990 – 2004
  - Elevated rates of child maltreatment during combat deployment periods
  - Greatest rise in maltreatment appears to be attributed to child neglect
  - Rates of child neglect appear highest in junior enlisted population
Rates of Army Child Maltreatment

(McCarroll et al., 2008)
Unique Challenges in Theatre
Impact of Combat Exposure on Service Members

• high level of traumatic combat exposures (witnessing injury or death, exposure to dead bodies, hand-to-hand combat, blast injuries) Hoge et al. 2004

Effects of PTSD on Families

- Vietnam veteran families with PTSD severe problems in marital and family adjustment, (Jordan et al. 1992, MacDonald et al. 1999)
- Relationship/intimacy problems (Riggs et al. 1998)
- Mediated by emotional numbing, avoidance, and anger
Overview of Combat Injury

• Over 38,000 service members have been injured in Iraq and Afghanistan
• Over 30,000 children have been affected by combat injury
• Range of combat injured family experience varies (time, type/severity of injury, family composition, developmental ages, preexisting challenges)
• Effects on families likely to be variable, complex and changing over time
Impact of Parental Injury on Children
Injury Recovery Trajectory

Not an event, but a process

- fear of loss of parent
- separation from non-injured parent
- hospital visits
- change in parenting ability
- move from community

TIME (months)

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Center for the Study of Traumatic Stress
Impact of the Injury on the Parenting Process

- Need for mourning related to body change and/or functional loss
- Self concept of “idealized parent image” is challenged
- Must develop an integrated sense of “new self”
- Parental attention must be drawn to child’s developmental needs
- Explore new mutually directed activities and play (transitional space) that allows parent and child to “try on” new ways of relating
Invisible Injuries – PTSD/TBI

• Unique challenges to children
  – Lack of understanding – no observable answers
  – Cognitive distortions (e.g. ego centric explanations)
  – Parental irritability and reactivity
  – Change in parental personality/avoidance/withdrawal

• Importance of effective injury communication
  – Reality based understanding of the injury/consequences

• Address family distress

• Support sense of family success

• Safety planning
Courage to Care
Courage to Talk

About War Injuries
— Are you talking about the injury?
— What have you told your children?
— Do you know what questions to ask healthcare providers?

Visit CourageToTalk.org for information, resources and support.

www.couragetotalk.org

Center for the Study of Traumatic Stress
Combat-Injured Service Members and Their Families: The Relationship of Child Distress and Spouse-Perceived Family Distress and Disruption

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Method and Sample

- Clinical record review
- Cases: 41 families of combat injured soldiers seen at WRAMC (n = 29) or BAMC (n = 12)
- Measure: PGA–CI (Cozza, Chun, & Miller, in press)
  - semi-structured clinical interview conducted with spouses 1-12 weeks post-injury
- Demographics:
  - All service members were male, young parent age
  - Number of children M = 2.1, SD = 0.9
  - 75% of families had at least one child under the age of 3 years.
- Military Status: almost entirely active duty injured in Iraq

Cozza, et al 2010
Results

• Families with high pre-injury deployment-related family distress were 8.11 times more likely to report high child distress post-injury.

• After controlling for pre-injury deployment-related family distress, families with high family disruption post-injury were 21.25 times more likely to report high child distress.

• Injury severity was not significantly related to child distress.

Cozza, et al 2010
Study of Combat Injured Families
National Military Family Association Operation Purple Camp

- Qualitative (focus group) and quantitative (parent and child self-report measures)
- 32 families attending NMFA Operation Purple Healing Adventures Camps
- Most families more than one year out from injury
- PTSD and TBI highly represented
- Ongoing family distress and relationship problems
NMFA Family Themes

- High emotional reactivity and distress - “Everything has to be perfect...he is the sergeant, do everything in order, my way or no way.”

- Injury based challenges to individual and family functioning/interpersonal relationships - “my wife feels like she has no friends; all her time is taken up with taking care of me”

- Emphasis on quality service delivery and care - “Every American soldier should be taken care of...we need to take care of our soldiers.”

- Need for family centered care - “What we need is for someone to talk to us as a family. Talk to kids one on one.”
NMFA Family Themes

- Need for developmental input - “Help us understand the impact of injury on children in terms of their age and level of development.”

- Need for assistance with injury communication - “I tried to explain but it’s really hard…don’t know how to put in simple words…how do you explain TBI to a kid?”

- Psychoeducation about the family recovery trajectory - “What we need is help in understanding what happens from acute hospitalization to the development of a new family identity.”

- Recognizing/reminding of family strengths - “When asked what keeps them positive, answers ranged from commitment to love as well as wanting to do the best for the children”
NMFA Family Data
(Cozza, Holmes, Schmidt et al. 2011)

- Young, educated combat injured families (n = 27), mean time since injury 4 years
- Half of sample TBI, majority PTSD
- Elevated distress in SMs > spouses
- Type and number of injuries/PCL score not assoc with child or family functioning
- Spouses positive parenting and SM’s positive family problem solving assoc with child prosocial behaviors
- Some distinction in SM/spouse parenting on child function
Combat Injury Assessment and FOCUS-CI

Congressionally Directed Medical Research Funded Studies
*Multisite including WRNMMC, BAMC, VA Site*
*Collaborators at UCLA, Harvard University, University of Washington*

Longitudinal Design

FOCUS-CI Seven Core Components
- Family focused care management (e.g. ensuring instrumental support/attention to complications)
- Emotion regulation skill training
- Psychoeducation
- Injury Communication
- Problem Solving
- Goal Setting
- Integration of new competent family identity
Combat Death
DoD Casualties
All Service Branches

US Active Duty Deaths 2001-2010: 15,519

OIF/OEF/ND 39% (5,859)
Line-of-Duty 61% (9,660)

Center for the Study of Traumatic Stress
Circumstances of DoD Active Duty Death 2001-2010

Accident 34%
Combat/Hostile Action 29%
Illness 15%
Self-Inflicted Injury 13%
Homicide 3%
Undetermined 1%
Pending 1%
Terrorist Attack .003%
Active Duty Suicide Deaths (CY 2003-2009)

- Overall AD Count
- Active Duty
- Civilian

Figure 72 – Active Duty Suicide Deaths (CY 2003-2009)

- Preliminary civilian rate NOT CDC Official
- Initial Armed Forces Medical Examiner rate NOT DoD Official
- ASPTF Estimated Rate NOT Army Official
Combat Death Bereavement

• Impact of sudden, violent traumatic death (Kaltman & Bonanno 2001)

• No empirical studies of the impact of combat death on U.S. military families
  • parental bereavement (Rubin 1990, 1992)
  • child bereavement (Kaffman and Elizur 1983; Bachar et al. 1997)

• Young SM deaths– families of origin/families of procreation (sibling death)
Unique Characteristics of Military Combat Death

- Sudden, violent, but not entirely unanticipated
- Notification and information sharing
- Condition and transfer of bodily remains
- Rites and rituals
- Military combat deaths are public events
- Military community support
- Meaning making
- Family cohesion and conflict
# Military and Civilian Bereavement

(Cozza, Ortiz, Fullerton et al. 2011)

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Caregiver Outcomes by Circumstance of Death

Caregiver Outcomes - Circumstances

- Caregiver Depression
- Caregiver Complicated Grief

Comparing outcomes across different circumstances:
- Combat
- Sudden Illness
- Illness
- Suicide
- Accident
- Homicide
Child Outcomes by Circumstances of Death

Child Outcomes - Circumstances

Child Grief

Child Emotional Problems

- Combat
- Sudden Illness
- Illness
- Suicide
- Accident
- Homicide

Center for the Study of Traumatic Stress
National Military Family Bereavement Study

www.militarysurvivorstudy.org
Center for the Study of Traumatic Stress
www.cstsonline.org
scozza@usuhs.mil