

2011 FAMILY IMPACT SEMINAR



Supporting Georgia's Military Members and Families: Implications for State Policy



*Prepared for the Georgia General Assembly by the
University of Georgia Child & Family Policy Initiative*

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Important Definitions

Active Component – The active component includes all service members who serve in the military on a “full-time” basis. This includes members of the Reserve component serving on active duty status. It does not include full-time National Guard duty.

National Guard – A part of the Reserve component of the U.S. Armed Forces (Air Force or Army), National Guard units are combat-trained (not all are combat units, though) and can serve overseas or in their own communities. The National Guard serves state (primary) and federal (secondary) missions. The National Guard developed from the state and colonial militias before the Revolutionary War.

Reserve – The Reserve component augments the support of the full-time, active duty component. Military reservists typically train one weekend per month and two weeks during the summer to fulfill their military obligation. Reserve members may be activated to perform missions within the United States or outside the United States.

Supporting Georgia's Military Members and Families: Implications for State Policy

Executive Summary

Though military families often display high resilience and positive coping skills when a family member is deployed and reintegrated, they experience a number of issues as a result of deployment that may make them more vulnerable than the typical civilian family. Families and communities of these service members experience unique needs while their service member is deployed, as well as when they return. All branches of the U.S. military provide various types of assistance from the federal level, but state governments can also assist military families by implementing policies and programs that support service members and their families during deployment and reintegration.

Challenge: Military families move frequently. Associated challenges include:

- Military spouses with a state-specific education credential or license.
 - *Policy Implication:* States could work together to enhance licensing recognition across state lines
- Military family members enrolled at a higher education institution may not be eligible for in-state tuition because of a move in the middle of a term or they may not have lived in the state long enough to establish residency.
 - *Policy Implication:* States and the military could work together to offer in-state tuition at colleges and universities for military members, their spouses and other family members.

Challenge: Finances. As a result of frequent moves, a spouse being deployed, etc., military families are vulnerable to predatory lending practices.

- *Policy Implication:* Some states have passed legislation that eliminates individual rate impact on business unemployment insurance, which has allowed these states to cover military spouses under unemployment insurance. Other states have passed strong predatory lending legislation.

Challenge: Access to Health Services. This may be an issue when the family of a deployed service member does not live near a military facility.

- Often, those living in rural areas are unaware of available health care services.
 - *Policy Implication:* Improve outreach in rural areas so that military families know about the services available to them.
- When Guard or Reserve service members are deployed, often their health and leave-time policies in their civilian job are impacted—either they change, are put on hold, etc.
 - *Policy Implication:* Develop policies on the state level that ensure that military families are not penalized while a member is deployed.

Challenge: Families may feel disconnected or isolated from other affected military families.

- *Policy Implication:* A regional or statewide directory of families who have experience with deployments could be created and made available for families who are new to military service.

Challenge: Military families often rely on nonmilitary resources. State policymakers could seek ways to improve awareness of, and support or partner with, local and community resources for families.

- *Policy Implication:* Create an online directory of state and local service organizations, including religious and faith-based organizations, to help facilitate families' ability to access services that already exist.

Additional considerations for Georgia:

The federal Substance Abuse and Mental Health Services Administration Policy Academy has provided several states with the opportunity for training, networking with experts and with other states, and receipt of technical assistance to support the participating states in the development of strategic action plans for their states that would assist them in providing support to military service members and their families.

- *Policy Implication:* Georgia's *Paving the Way Home Initiative* has begun the development and implementation of a statewide action plan.

Supporting Georgia's Military Members and Families: Implications for State Policy

A Family Impact Seminar prepared for the Georgia General Assembly by the University of Georgia Child & Family Policy Initiative

Overview of Military Families

Though military families often display high resilience and positive coping skills when a family member is deployed and reintegrated, they experience a number of issues as a result of deployment that may make them more vulnerable than the typical civilian family. All branches of the U.S. military provide various types of assistance at the federal level, but state governments can also assist military families by implementing policies and programs that support the service member and his or her family during deployment and reintegration. **This brief report provides Georgia's state policymakers with an overview of the challenges that face many military service members and their families, along with information on what states around the country are doing to support our troops and their families.**

Across the Country

According to a 2010 study conducted by the National Academies (N.A.), as part of Operation Enduring Freedom (OEF) or Operation Iraqi Freedom¹ (OIF), more than 1.9 million United States military personnel have been deployed since the wars in Afghanistan and Iraq began in 2001. This deployment has added up to 3 million tours of duty lasting more than 30 days. The N.A. (2010) also reported that in comparison to Vietnam service members, OEF and OIF service members are older and more likely to be married; of Reserve officers, 74% are 35 years or older, as compared to 44% of active-duty officers. Of active-duty military, 43% have children (an average of two). Notably, about 5% of active duty members are single with children, and 3% are dual-military (meaning both parents are military) with children (N.A., 2010). Despite the many issues military families face as a result of deployment, military families still show active coping and resiliency strategies, and more families today are connected to services than in previous conflicts (Power, 2010).

Georgia-Specific Demographics²

Georgia has 13 military installations with 53,000 active-duty and 25,000 Guard and Reserve service members (DoD³, 2009). Of the more than 1.1 million active members stationed in the U.S., 56% are in six states. Six percent of all active service members are in Georgia (N.A., 2010). This is the fifth-largest total military service member population of any state. Georgia's Army service member population is second only to that of Texas. In 2000, Fort Benning alone had more than 100,000 active-duty military, family members, reserve component soldiers, and veteran military members.⁴ Due to Base Realignment and Closure (BRAC) plans, more than 30,000 additional service members, civilians and contractors, as well as their families, are beginning to relocate to the Fort Benning area (Fort Benning Regional Growth Management Plan, 2009). More than 25,000 service members based in Georgia were recently on deployment status (Morrell, 2010). Along with a large number of active military, Georgia also has the sixth largest reserve-component members, with 3.5% of the reserve residing in Georgia (N.A., 2010). As well, Georgia has the fifth largest number of women veterans. The U.S. Department of Veterans Affairs recently reported that Georgia had 76,745 women veterans (2010).

Supporting Georgia Service Members and their Families – In General

Support for our service members and their dependents deploying as a unit is important. However, the individual Guard or Reserve member from a rural county may be the only deployed service member from that area. Families and communities of these service members experience unique needs while their service members are deployed, as well as when they return. Military dependents grieve the absence of their spouse, parent, or child while they are deployed, and often experience major re-adjustment issues when that service member returns. Extended family

¹ The war in Iraq, previously referred to as OIF, was changed to Operation New Dawn (OND) in September 2010 by the Obama Administration to symbolize the change of mission of U.S. troops in Iraq. The memo written by Defense Secretary Robert Gates to General David Petraeus requesting the name change can be retrieved at the following website: <http://a.abcnews.go.com/images/Politics/08144-09.pdf>. For the purpose of this report, OIF will be used because the data were collected during the time at which the conflict was referred to as OIF.

² For relatively up-to-date information on military demographics, see: <http://siadapp.dmdc.osd.mil/personnel/Pubs.htm>

³ Department of Defense is abbreviated as DoD.

⁴ This is likely an underestimate. This number comes from totaling 22,284 military personnel + 7,781 civilians + 52,298 family members of soldiers (Wilkins, 1999) + 24,935 Veterans (U.S. Bureau of the Census, 2000).

members often become temporary caregivers for military children. Many service members return to find their job options severely limited. Some of them experience combat trauma and mental health issues, including depression, suicidal thoughts, post-traumatic stress disorder (PTSD), and traumatic brain injury (TBI). Many others experience physical injuries that dramatically change their ability to support their families, and may require long-term care giving. The current conflict in the Middle East marks the first time that the U.S. has maintained such a large fighting force for such an extended period using a volunteer force (Huebner et al., 2009). The military is aware of these challenges and is working to engage systems and resources at the state and local levels to address them.

Distinctions of OEF and OIF Deployments

About 40% of military service members have been deployed at least once. There are fewer troops in the active component of the military than during times of previous conflicts, which requires service members to deploy multiple times. As noted by the National Academies (2010):

The repeat deployments have created more frequent transitions for the service members and their families to navigate, which in turn can create additional stress and possible gaps in care—the stresses may not be the same for all service members, and there appear to be differences between members of the active component and members of the Reserve component (pp. 25-26).

Specific concerns include:

- Repeat deployments, possibly causing greater financial and employment-related challenges and burdens;
- Availability of improved medical care and better “body armor” than in previous conflicts resulting in more soldiers surviving combat. These soldiers are returning home with severe injuries and often require long-term care.

Another study reported that service members deployed to Iraq and Afghanistan have seen dead bodies (95%), were shot at or received fire from small-arms (93%), were attacked or ambushed (89%), observed injured or dead Americans (65%), and took responsibility for the death of an enemy soldier (48%) (Bowling & Sherman, 2008). Many of these soldiers are not only bringing home external wounds, but are daily battling internal wounds as well.

Resilience of Military Families

United States military families are “models of both strength and vulnerability” (Wadsworth, 2010, p. 545). Some researchers report that military families from both the active duty and Reserve components are quick to identify many positive deployment outcomes when given the opportunity (Wadsworth, 2010). Hardiness, “which involves a perceived control over one’s life and viewing change or stress as a challenge and opportunity for growth” has been identified by some as a factor that contributes to service members’ positive outcomes (Palmer, 2008, p. 209). These positive outcomes include opportunities for personal growth of both the service members and family members, a chance for service members to move ahead in their careers, and the opportunity to earn a higher income to benefit their family (Wadsworth, 2010). According to Wadsworth (2010), families that tend to be more resilient are thought to:

- Share core family values and beliefs among members that influence their unified response when faced with hostile or challenging events.
- Have a positive outlook on their ability to deal with difficulties that they are facing and anticipate positive outcomes.
- Possess characteristics that encourage effective problem solving, such as good communication, “effective behavior management, and clear but flexible allocations of responsibility,” (p. 550).
- Use external support proficiently.
- Are consistent in maintaining patterns, schedules, etc., including making time to spend together, keeping family rituals, routines, etc.

Among children, resilience is thought to primarily be due to the following two characteristics:

- 1) good cognitive ability, which allows them to “recognize, understand, assess, learn from, and react to their experiences,” (MacDermid, Samper, Schwarz, Nishida, & Nyaronga, 2008, p. 6); and
- 2) having temperaments that “facilitate good social relationships” which may make it easier for a child to reach out to others for comfort or support and maintain healthy relationships (MacDermid et al., 2008).

Resilience is not only the result of personal characteristics or traits, however. In fact, resilience can be enhanced when individuals and families are supported by positive environments and family and environmental vulnerabilities are minimized (Huebner & Mancini, 2010; MacDermid et al., 2008). This is important to note when considering the development of policies and programs to support military families.

Challenges Faced by Military Families

Depending upon the social and political climate of the country, military children and families are often portrayed as stereotyped groups, rather than the complex and heterogeneous populations that they are (Cozza, Chun, & Polo, 2005, p. 372).

Concerns for the Individual

Access to health care. During active duty, troops and their dependents are entitled to free health care through the military health system (provided for by the DoD). Some retirees and dependents are also allowed access to health care through this service. TRICARE (the triple option benefit health plan available for military families) is the supplementary health system; however, access to it is limited after the service members have separated from the military. Sometimes finding health-care providers in the community who accept TRICARE can prove challenging in communities that are not near military institutions. Veterans who served at least 24 months (i.e., continual active-duty, no dishonorable discharge) can receive care from the Veterans Affairs (VA). OEF and OIF veterans must enroll in VA health services within five years after their military separation.

Multiple informal services provided by organizations and charities receive federal, state and private funding that specifically serve veterans. Organizations like the Wounded Warrior Project⁵ provide employment support, which helps OEF and OIF veterans explore employment options (N.A., 2010, p. 34).

Mental health issues. Repeat deployments contribute to mental health problems of service members. The National Academies (2010) reported that almost 27% of those who have been deployed three or four times have been diagnosed with cases of depression, anxiety or acute stress. Of those deployed only once, only 12% receive such a diagnosis. This is significant since so many OEF and OIF service members have deployed multiple times.

Suicide. Since the beginning of the OEF and OIF conflicts, there has been a stark increase in the number of suicides among service members. According to the National Academies (2010):

- Until recently, the suicide rate has historically been lower among military members than of civilians (matched by age and sex).
- The estimated suicide rate in the U.S. military in 2003 was (depending on military branch) 10-13 per 100,000 troops. Of civilians, the estimate was 13.5 per 100,000 aged 20-44 years and 20.6 per 100,000 civilian men aged 20-34. (This is a comparable demographic to U.S. soldiers in Iraq.)
- Recently, however, National Violent Death Reporting data indicate that “male veterans 18-29 years old had a suicide rate of 45.0 per 100,000 in 2005 compared with 20.4 in males in that group in the general population” (p. 30).
- Relatively new data indicate that women veterans are nearly three times as likely to commit suicide as non-veteran women (McFarland, Kaplan, & Huguet, 2010).
- The National Institute of Mental Health has recently sponsored a study to examine soldier suicide risk factors.

The Army’s recently released report, *Health Promotion Risk Reduction Suicide Prevention*, reported that in Fiscal Year 2009, the Army had 160 active duty deaths due to suicide, and including the Reserve component, a total of 239 suicide deaths. During the same period, there were 1,713 suicide attempts in the Army alone (DoD, 2010). Due to differences in reporting timelines, procedures, protocols, etc., it is difficult to directly compare military suicide rates to the general U.S. population (DoD, 2010). However, the recent Army report noted that the Army suicide rate has steadily increased through fiscal year 2009, while the civilian rate has remained relatively stable through 2007 (DoD, 2010).⁶

Improved technology means more are living with injuries. Because of the advancement in medical technology, better medical response in the battlefield, and improved aeromedical evacuation, OEF and OIF soldiers have an increased chance of survival compared to soldiers from previous wars (N.A., 2010). However, those who have served in OEF and OIF conflicts “appear to have more complex and emotional trauma than has been seen in past wars” (N.A., 2010, p. 62). These types of injuries, such as emotional trauma, though less visible, still have the potential to impact family life. One impact may be the family’s need to relocate so the soldier can receive proper treatment. Injuries, both mental and physical, can cause long-term changes in behavior and abilities, challenging

⁵ Information on Georgia’s Wounded Warrior Care Project, located in Augusta, can be found at: <http://www.projectaugusta.org/index.htm>

⁶ No data yet available after 2007.

“...marriages, thrusting the spouse into a caregiving role, increasing the risk of depression and other psychological problems, and increasing the likelihood of divorce,” (N.A., 2010, p. 62).

Stigma. One of the major findings from the National Academies (2010) was that despite the programs that have been developed seeking to promote mental health care, the stigma of seeking mental health treatment has been and remains an issue. Military personnel reported that seeking professional help for such an issue is “a stripe killer” (p. 135).

Drugs and Alcohol. The National Academies (2010) reported an increase in diagnoses of alcoholism and alcohol abuse among OEF and OIF military personnel and veterans, increasing from 6.1 per 1,000 soldiers in 2003 to 11.4 (estimated) in March 2009. However, because of different sources and methods of data collection, it is difficult to tell whether alcohol problems vary between the military and civilian population (N.A., 2010).

- According to the National Institutes of Health, the prevalence of alcohol intake and alcohol-related issues are rising in the general U.S. population, with about 15% of people being reported as problem drinkers (5%-10% of male drinkers, 3%-5% of female drinkers).
- In one study, binge drinking was reported among 43% of active duty members (N.A., 2010).
- Rates of binge drinking in the general population were 41.8% among ages 18-25 and 35.1% among ages 26 to 34 in 2007 (Substance Abuse and Mental Health Services Administration, 2008).
- Addiction to prescription medicines has also been an issue that many of today’s military members are struggling with, one that has not been as much of an issue in previous conflicts (N.A., 2010, p. 30).

Domestic violence. According to studies cited in the National Academies report (2010), the domestic violence rate is higher among military couples than among civilian couples. In one study, “...wives of Army servicemen reported significantly higher rates of husband-to-wife violence than demographically matched civilian wives,” (p. 31). Though some reports say domestic violence has been declining, another study reported that it still affects 20% of military couples when the service member has had a six-month or longer deployment (N.A., 2010). However, Rentz et al. (2006) conducted a review of the literature on family violence in the military. Their findings revealed that physical abuse is the most common form of substantiated spouse abuse in military families. They also found a lack of research comparing rates of family violence in the military to the civilian population. Of the studies they reviewed that compared military with civilian families, Rentz et al. (2006) reported mixed results. Some studies they examined reported higher rates of abuse in military families, while others reported lower rates. They also found:

- No data existed that gave an overall picture of family violence in the military (across branches), “because each branch is responsible for its own data collection and analyses,” (p. 105);
- A limited number of studies exist that compare the military population to civilian population;
- A lack of standardized methods used between military units and the civilian population to report and track cases of abuse. Within the civilian population, states vary in how they track and report data, and even “definitions of abuse and neglect differ between populations,” (p. 106).

These findings stress the importance of using caution when drawing conclusions about the rates of violence that exist within the military family population, and when comparing the military population to civilians. As well, the findings also stress the complexity of family life.

Impact of the Deployment Cycle on Children, Families and their Relationships

Although many military families respond well to the effects of the war, “there is also mounting evidence...that the wars are taking their toll,” (Wadsworth, 2010, p. 545). Since Sept. 11, 2001, more than 700,000 children have experienced one or more parental deployments (Lester et al., 2010), **indicating that deployment is a family experience.** At least 1.2 million school-aged children have one or both parents serving actively in the armed forces (Fitzsimons & Krause-Parello, 2009; Lester et al., 2010). Ambler (2008) reports that children “as a whole are thought to be quite resilient when facing the deployment of a parent,” (p. 60). Because children have limited life-experience and are still in the process of development, they are at “heightened risk for emotional distress” when a parent is deployed (NC National Guard Family Readiness Program, n.d., p. 5). The traditional aspects to the deployment cycle⁷ include three phases: pre-deployment, deployment, and post-deployment and reintegration (Huebner & Mancini, 2010). Each phase impacts the family in varying ways.

⁷ There are different ways to describe the deployment cycle. As noted by Huebner & Mancini (2010), due to the recent increase in deployment frequency and duration, the “differentiation between phases is becoming blurred” (p. 4). For the purpose of this report, the more general *traditional cycle of deployment* was used: pre-deployment, deployment, and post-deployment.

Pre-Deployment. Pre-deployment, or mobilization, is when service members begin preparing to deploy for war. “Mobilization begins the process of family separation and the associated stressors,” such as financial concerns, childcare, living arrangements, moving, changing schools, etc., (Huebner & Mancini, 2010, p. 4). The family begins wrestling with these types of issues before the service member deploys.

Deployment. When a service member is first deployed, the family usually receives support from other family members, the community, and the military unit. As they leave, service members are honored—something that may make the child proud of his or her parent. However, the North Carolina Guard Family Readiness Program (NC-GFRP) notes that as time passes, the emotional impact of separation due to parental deployment continues, while the “involvement of the community and those less affected by the event fades” (n.d., p. 6), leaving children and families to deal with feelings of loss and grief on their own. As well, the remaining parent or guardians of the children (grandparents, aunts and uncles, family friends, etc.) “struggle with new and increased roles and responsibilities” which also may cause new conflicts (n.d., p. 6). The NC-GFRP also notes that:

During this phase, children and families of deployed military members reach different levels of adjustment. Some have developed or improved coping skills and are ready to resume their lives with renewed resiliency and hope. Some struggle with past problems and new conflicts. Others may continue to suffer from feelings of depression. (NC-GFRP, n.d., p. 6).

One of the first practical responses families must undergo is a reorganization of their usual routines so they can carry on in the absence of the deployed family member (Huebner et al., 2007).

Children. Military children are impacted by a parent’s deployment on multiple levels. First, separation due to parental deployment may occur multiple times throughout the course of military service. The time apart may result in a substantial portion of a child’s life spent separated from one or both parents (Fitzsimons & Krause-Parello, 2009; Lester et al., 2010).

A child’s adjustment to his or her parent’s deployment is often directly related to the health and well-being of the at-home parent (Ambler, 2008; Huebner et al., 2007; Palmer, 2008). The NC-GFRP suggests:

Actively reaching out to children and families who are experiencing deployment difficulties during this phase can be helpful, especially if support includes the teaching of new coping skills in relation to specific problems. The majority of families reach a “new normal” in daily life activities without the deployed spouse or parent,” (n.d., p. 6).

In one study, researchers found that mental and behavioral health visits increased by 11% while a parent was deployed (Gorman, Eide, & Hisle-Gorman, 2010). An increase of behavioral disorders and stress disorders of children also took place, by 19% and 18% respectively. Interestingly, there was a decrease in visits for more general categories of health care visits (e.g., infections, skin, musculoskeletal, etc.) by military children during deployment. This study included 642,397 children aged 3-8 and 442,722 military parents, and records of parent deployment were linked with child health records to determine if the rate of outpatient visits for mental and behavioral health disorders were impacted by deployment.

Though many military children do adapt well, the cumulative length of deployment of a parent during a child’s lifetime in one study was found to be associated with higher risk for the child’s depression and externalized child behavior, (Lester et al., 2010). This is important to note, since OIF/OEF campaigns have been deploying service members for multiple tours, unlike previous wars. The same study also reported that

...as the number of deployments increases along with the total amount of time a parent is absent, there is a greater likelihood for active-duty combat operational stress, changes in parenting styles, emotional estrangement, or even heightened fear between family members, (Lester et al., 2010, p. 317).

Parents. Developmental literature consistently reports that the distress of children is linked to their parents’ distress (Lester et al., 2010), and that a resilient response to stress from children is thought to be linked to the response of their parents (Palmer, 2010; Wadsworth, 2010). Parents can model effective coping and problem solving skills, and can increase the likelihood of a resilient response to stress in their child by being responsive and consistent (Wadsworth, 2010). Ambler (2008) suggests that continuing routines helps in providing children with stability, and that keeping connected to the deployed parent is also important for the child, which has been made much easier through new available technology.

As reported by Kathryn Power (2010), director of the Center for Substance Abuse Prevention, as of Oct. 20, 2010, there have been more than 40,000 injuries of U.S. personnel between the Iraq and Afghanistan conflicts. Many of those injured were parents. Cozza, Chun, and Polo (2005) note that a military parent or military parent spouse struggles with knowing how to share appropriate information with their children. They note, "...the meaning of an injury may keep a parent from sharing appropriate amounts of information related to the injury with a child," (p. 374), resulting in parents sharing either too much or too little with their children. These authors point out, "The nature of the information that parents share with children may or may not be developmentally appropriate and may be based more on the anxieties of parents, rather than the needs of the children," (p. 374). Sharing too much or doing so in an insensitive way can lead to unnecessary anxiety on the part of the children. At the same time, another study reported that injury severity was not associated with child distress; rather, that family distress both pre- and post-injury was what impacted the child's distress, (Cozza et al., 2010).

Families. In 2008, the RAND Corporation issued a report on the deployment experiences for Guard and Reserve families. They reported several problems that these families face. The most commonly mentioned issues included (p. xix):

- Emotional or mental issues—mentioned by 39% of spouses and 26% of service members. (The severity of such issues ranged widely.)
- Household responsibilities—childcare difficulties, household chores (e.g., the spouse is now responsible for both his/her responsibilities and his/her deployed spouse), etc.

Post-Deployment and Reintegration. The National Academies (2010) reported that "...the longer a parent is absent, the greater the risk of family dysfunction after deployment, and the risk is greater when the deployed parent is the mother," (p. 31). Although the majority of service members returning home reportedly adjust well, the integration back into the family can be stressful both for the service member and his or her family, (Bowling & Sherman, 2008). After reviewing several studies, Fitzsimons and Krause-Parello (2009) reported that the research indicated military children experience "an increase in emotional discord including a change in family roles and daily routines," (p. 41). In a study conducted by Sayers, Farrow, Ross, and Oslin (2009) to see if psychiatric symptoms in recently returned military veterans are associated with family reintegration issues, the researchers found that three-fourths of married or cohabitating veteran participants had some type of family problem within the week prior to the data collection. Issues ranged from veterans being unsure of their family role (37%), to conflicts that involved "shouting, pushing or shoving," (54%). The NC-GFRP also discussed some of the complications that families face post-deployment as the soldier is reintegrating into the family. Though reintegration is a joyful time,

...hidden beneath the surface are normal issues that must be re-addressed and resolved as the family works to re-incorporate the returned family member. The joyous return from the family's perspective may bring challenges to the new equilibrium established while the service member was gone, (n.d., p. 7).

For example, families will need to negotiate and reestablish roles and responsibilities that had to be adjusted while the one spouse was deployed; this negotiation takes time, (NC-GFRP, n.d.; Ambler, 2008). Perhaps spouses and children are reluctant to give up the independence they had while the soldier was deployed, (NC-GFRP, n.d., p. 7).

Bowling and Sherman discussed the many adjustment reactions families experience after being separated due to a member's deployment. They note that service members often report difficulty connecting to others upon their return home. In particular, intimate relationships "appear to be especially strained by deployment," (2008, pp. 451-452).

The RAND study concluded, "While efforts should be undertaken to avoid or mitigate problems, the family problems stemming from Guard and Reserve deployments are nuanced, and the solutions are not simple...different families, especially those in different life stages, had varying problems," (p. 248). Though there are many new challenges present with the family member's return, there are also many new opportunities to develop stronger and enhanced family relationships, (NC-GFRP, n.d. p. 7). Some of the overall recommendations of the RAND study that could be supported by state-level policies include:

- Connecting families to one another, which could be facilitated by state-level policies; and
- Developing ways in which the local and community resources can support, partner and improve awareness of non-military resources that could benefit military families. One specific example suggested by the RAND report was "creating a family-friendly version of...[an] organization registry," (p. 252) to promote community resources (for current program examples see Huebner et al., 2009).

The military lifestyle, in general, is one of transition. In K-12 school, military children often experience frequent moves. On average, military children experience six moves between kindergarten and graduation from high school (National Governors Association, 2005). Ambler (2008) reported that a military child moves, on average, every 2.9 years. Inconsistent curriculum or sequencing of courses between schools, requirements that vary from state-to-state, conflicting enrollment dates, and record transfers, are a few of the issues a child may have to deal with due to multiple moves. One significant source of stress for military families can be failure in school; school performance can be negatively impacted by frequent school changes (Fitzsimons & Krause-Parello, 2009).

Some Unique Challenges for Guard/Reserve Members and Families

The Report of the DoD 2007 Mental Health Taskforce (Defense Health Board, 2007) indicates why state involvement in veteran support at the community level is particularly important. Active duty service members are usually well served by the resources available on their unit and command installations. In contrast, services to the Guard and Reserves are more challenging and complex. The status of such service members is variable. When drilling on the weekends or on annual training, they are in military status. For Reserve members, this means they are in a federal status. For Guard members, unless called up for duty by the President, they are in a state military status. The rest of the time, they are in civilian status.

Adding to this complexity, civilian status does not always mean that the individual is technically considered a veteran. A Guard or Reserve member who has served more than 180 days on active duty in a non-training status is a veteran according to the VA. If this criterion is not met, the member is not eligible for VA veteran services. This is the case for many Georgia National Guard members, for example, who have completed only basic training but never served directly on active duty. This creates a gap in service for the Guard and Reserve that needs to be met outside the VA system.

An additional concern is that even when Guard and Reserve members are eligible for VA services, such members are often too far away from VA facilities to feasibly access them. Having competent providers for Georgia's Guard and Reserve in their home communities would enhance access to care. The National Guard's Psychological Health Program, funded by the National Guard Bureau in response to the 2007 DoD study, is one example of making such services more accessible.

Selected Current Georgia Policies and Programs Supporting Military Families⁸

Recent Relevant Enacted Georgia Legislation

Georgia Senate Bill 114 (signed by Gov. Sonny Perdue May 7, 2009) makes it easier for a child of a military parent to transfer into a new school and remain at the same level as he or she was at a previous school. The bill also allows for the waiver of certain course prerequisites, and allows a child who has had to move to live with another parent or guardian while the custodial parent is deployed to remain at his or her previous school, even if it is not in the district where he or she moved. Finally, this new law allows children with a parent who is deploying or returning home to obtain additional excused absences to be with that parent before the deployment or after the return home.

Georgia House Bill 484 allows dependent children of military personnel who are active duty and stationed in Georgia to be considered residents for the purposes of obtaining the HOPE scholarship and HOPE grants. The bill was signed into law on May 7, 2009.

Georgia's Paving the Way Home Initiative

In June 2009, 150 people gathered in Forsyth to begin a yearlong discussion of the question, *How do we pave the way home?* Collaborators included military and civilian service providers, service members and veterans, family members, and community stakeholders. The meeting was organized by the State of Georgia Division of Addictive Diseases in partnership with the Southeast Addiction Technology Transfer Center and sponsored by the Georgia Department of Behavioral Health and Developmental Disabilities. The overarching goal of the kick-off meeting was to begin designing a "seamless system of care and support for service members, veterans, and their families," (Addiction Technology Transfer Center, 2010, p. 11). Ultimately, the collaborative would begin to:

- *Build a coalition* of military and civilian stakeholders dedicated to developing collaborative ways to address the challenges facing returning and transitioning service members and veterans and their families across the state of Georgia.

⁸ For more information on selected programs in Georgia that support military families, please see the accompanying FIS inserts.

- Create a *State Action Plan* to support the veterans of OIF and OEF in their mental health and addictive disease-related needs.

Innovative Ideas from Other States: What Are Other States Considering?⁹

Reintegration

Oregon created the Task Force on Veterans' Reintegration to develop and design programs for veterans as they reintegrate into the community.

Connecticut requires that the Department of Mental Health and Addiction Services work with the state Veterans Affairs department and the Department of Children and Families to provide transitional behavioral health services for members of any reserve component of the U.S. armed forces and their dependents who are called to Afghanistan or Iraq.

Economic Assistance

Emergency Funds. Several states have allocated relief funds to assist military families who may be under financial distress due to deployment. States are funding these grants with different methods, including private donations, lottery funds, federal funding, etc. Some states that have created these types of grants include: **Alabama, Colorado, Delaware, Florida, Iowa, Kentucky, Kansas, Maryland, Michigan, Missouri, Nevada, New Hampshire, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Texas, Washington, and Wyoming.**

State Income Tax. At least four states, including **Georgia**, exempt military pay from state income tax for soldiers and their families while the soldier is deployed. **New York, Indiana** and **Oklahoma** also offer this type of tax exemption.

Housing and Utility Security. In **Ohio**, while a service member is deployed, his or her family member is protected from eviction, provided the service member is included on the lease. As well, utility companies are not allowed to disconnect the residence of a family member who is financially dependent on a service member while the service member is deployed.

Strengthening Relationships and Family Support

Strengthening Relationships. In **Arkansas**, the state has put an emphasis on service programs that help prevent divorce among returning soldiers and their spouse. Some states offer support programs, including workshops to help with family relationships and marriage enrichment. **California, Delaware, Minnesota** and **Texas** all offer free marriage enrichment programs. **Washington State** offers veterans and their family counseling for PTSD and information on how to live with someone suffering from it.

Family Leave. Through **Indiana's** Military Family Leave law, family members of Guardsmen who are active duty may take up to 10 days of unpaid leave from work to visit the Guardsmen during his or her activation.

Schools and Education

Washington State offers teachers free counseling focused on how to help children whose parents have been deployed and may be suffering from some effects from the war (wounds, PTSD, etc.).

⁹ Sources: the National Conference of State Legislators, <http://www.ncsl.org/>, and the National Governors Association Center for Best Practices, <http://www.nga.org/portal/site/nga/menuitem.50aee5ff70b817ae8ebb856a11010a0/>

Other states offer scholarship opportunities for soldiers or their immediate family. For example, **Maryland** offers a scholarship to obtain higher education for service members or their children. The service member must have been injured and now disabled, or killed in the line of duty. The **Washington State** legislature passed a law that waived tuition and fees for spouses and children of service members who are killed or disabled (POW/MIAs).

Specifically for Children

New Hampshire offers a “Reunion and Reentry from Combat Program” for all National Guard members and Reservists returning from war. Included in this program is age- appropriate counseling and support for children.

In **Texas**, the Military Forces State Family Program offers services for families with a deployed member that includes free preschool for children of Texas soldiers and airmen who are activated.

States with Unique Programs

The following state programs (California and Tennessee) have recently been featured by The Defense Centers of Excellence. Minnesota was highlighted by the National Governors Association in 2007.

California

California’s state program, *Operation Welcome Home*, has hired 300 veterans at the regional collaborative level to contact returning veterans at the 30-, 60-, and 90-day points after their return home. They determine what needs members or members’ families may have, and work to link them to services that offer support. Besides the 300 veterans who work through the Employment Development Department, CalVet Corps are AmeriCorps and community volunteers who also work through this program to reach out to veterans. As well, through County Veterans Services Officers, each county is working to coordinate veterans’ services at the county level (social service needs, mental health counseling, employment, etc.), (Mayberg, 2010).

Minnesota

As part of Minnesota’s “Beyond the Yellow Ribbon” program, families are provided with information about the reintegration process and resources they can access. As well, after being home for 30 days, the soldier and family are given a workshop that includes relationship building, parenting, and access to services. At 60 days back, there is a post deployment re-assessment as well as anger management training, and information on substance abuse and gambling counseling. The state police are also involved; they present an overview of how laws have changed while the service member was deployed. At the 90-day mark, another post-deployment health reassessment is given. Community reintegration training is offered for community leaders so that they can be informed of the challenges that come with reintegration and what they can do in the community to help. Free marriage enrichment workshops are also offered (National Governors Association, 2007).

Tennessee

One unique program developed in the state of Tennessee is *Operation Immersion*. As the title indicates, it is an immersion program targeted to mental and behavioral health professionals with a goal of allowing them to experience “a day in the life” of a service member. The purpose is to expose these professionals to aspects of military culture so they can better understand and relate to their clients. The program was developed after realizing that most service providers knew little about military culture, which made it hard to meet their needs. This provided an opportunity to improve service quality and enhance cultural competency. Participants actually stay in barracks, go through physical training, eat a “meal ready to eat,” tour aircraft and facilities, learn about Guard missions, etc. They also are able to hear from service members some of their pre- and post-deployment stories (i.e., what was a typical day like, a not so typical day, etc.). *Operation Immersion* also focuses on special topics such as traumatic brain injury, homelessness, sexual trauma in combat, physical injuries, crisis services, substance abuse resources, suicide prevention, PTSD, etc., (Emery, 2010).

Federal Programs with State-Level Funding

Recent Federal Legislation

The Caregivers and Veterans Omnibus Health Services Act of 2010 (S. 1963) provides everything from caregiver support, to specialized health services for women veterans, to rural health improvements, to mental health care counseling and services, and other provisions. In particular, the Act

- Provides VA caregivers with training, counseling, support services and a living stipend to improve care to wounded veterans, and provides the family caregivers of wounded veterans with health care;
- Abolishes copayment requirements for veterans who have been significantly disabled;
- Helps defray traveling costs for veterans receiving treatment at a VA facility or at service organizations contracted with the VA in the rural areas;
- Mandates specific training of VA mental health providers on military sexual trauma;
- Specific to children and families, it authorizes the VA to provide healthcare to a newborn of qualifying woman veterans (up to 7 days after the child's birth), and requires that the VA implement pilot programs that would provide childcare while a woman veteran is receiving medical care;
- Increases eligibility for receipt of readjustment counseling of OEF/OIF service members;
- Requires a study on veterans suicides be conducted by the VA;
- Provides enhanced services to homeless veterans.

The Act also authorizes six different construction projects in the states of California, Kentucky, Texas, Missouri, Colorado, and Florida, (U.S. Senate Committee on Veterans Affairs, 2010).

Substance Abuse and Mental Health Services Administration's (SAMHSA) Policy Academy

SAMHSA, in partnership with the Department of Veterans Affairs, Department of Defense, National Guard Bureau, National Association of State Mental Health Program Directors, and National Association of State Alcohol and Drug Abuse Directors, hosted the second Policy Academy in June 2010 on returning service members, veterans, and their families for nine states and Puerto Rico. The Policy Academy provided representatives from Alabama, Arizona, California, Maine, New Jersey, North Carolina, Ohio, Tennessee, Washington, and Puerto Rico with access to technical assistance from national experts in the following areas: peer support for military families and veterans; trauma-informed mental health treatment; financing programs; suicide prevention; homelessness; substance use, prevention, and treatment; training for community providers, etc. The goal was that through ongoing cooperation at state and local levels, states would be able to strengthen their behavioral health care systems and the services they provide for returning service members, veterans, and their families. One outcome of the Policy Academy was that during the Academy, participants would develop sustainable strategic action plans. These action plans would be put into effect upon the participants' return home, (SAMHSA Bulletin, June 4, 2010).

Yellow Ribbon Reintegration Program¹⁰

The Yellow Ribbon Reintegration Program was legislatively mandated at the federal level to provide services, information, referrals, and outreach to National Guard and Reserve service members and their families throughout the deployment cycle. In particular, the program helps service members and families access the DoD, VA, and state systems to guarantee they receive all of their earned benefits (such as TRICARE, marriage enrichment, counseling services, etc.). The program strives to reach out to service members and their families pre-deployment, during deployment, and at the 30-, 60-, and 90-day mark after they have returned.

¹⁰ For more information about the Yellow Ribbon program, the national website can be accessed at: <http://www.jointservicessupport.org/YRRP/Default.aspx>. To access Georgia Yellow Ribbon staff, see: <http://www.georgiaguardfamilyprogram.org/common/content.asp?PAGE=385>.

Implications for Policy: What Can Legislators do at the State Level?

The National Governors Association Center for Best Practices (NGA Center) and the U.S. Department of Defense (DoD) held a joint workshop in 2005 to discuss and share information and best practices between policy officials in state government, states' adjutant generals, and DoD officials. Out of this workshop came an issue brief covering challenges military families face along with policy suggestions and recommendations for state-level policies that support military families.¹¹ In light of continued military involvement since the 2005 report, every state could benefit from a comprehensive review of its policies supporting service members and their families. Below, some of the challenges with implications for Georgia policies are summarized.

Challenge 1: Military families move frequently. Challenges associated with the frequent moves of military families can include:

- Military spouses having a career with an education credential or license that is specific to a certain state and is not recognized in the new state. Spouses with jobs as teachers, nurses, counselors, real estate agents, etc., are just some of those who are impacted.
 - ▶ *Policy Implication:* States could work together to “enhance licensing recognition” across state lines (p. 3). One example provided was a teacher certification program that several states recognize, which allows teachers to begin working right away in states where this program has been adopted. The program also benefits states where a teacher shortage is an issue.
- Military family members enrolled in a higher education institution may not be eligible for in-state tuition because of a family move in the middle of a term or they may not have lived in the state long enough to have established residency.
 - ▶ *Policy Implication:* States and the military could work together to offer in-state tuition at colleges and universities for military members, their spouses, and other family members. The recommendation by the NGA Center expands it to include “allowing in-state tuition for military families in both their state of legal residence and state of assignment, as well as permitting dependents to continue to receive in-state tuition even if the family moves,” (2005, p. 4).

Challenge 2: Finances. As a result of frequent moves, a spouse being deployed, etc., military families are “vulnerable to predatory lending practices,” (NGA Center, 2005, p. 1). The NGA Center also reports, “...many states do not recognize military moves as involuntary and therefore do not offer unemployment insurance to military spouses who had to quit their jobs,” (p. 4).

- ▶ *Policy Implication:* Some states have passed legislation that “eliminates individual rate impact on business unemployment insurance,” (p. 4) which has allowed these states to cover military spouses under unemployment insurance.
- ▶ *Policy Implication:* States could pass legislation that prohibits predatory lending, but they also must enforce these laws if they are going to truly protect potential borrowers.

Challenge 3: Access to Health Services. As noted, access to health care can be an issue, particularly when the family of a deployed service member does not live near a base.

- Often, those living in rural areas are unaware of available health-care services.
 - ▶ *Policy Implication:* Improve outreach in rural areas so that military families know about the services available to them.
- When service members are deployed, often their health and leave time policies are impacted—either they change, are put on hold, etc.
 - ▶ *Policy Implication:* Develop policies on the state level that ensure that military families are not penalized while a member is deployed.

The RAND report (2008) also made several policy recommendations, some of which are applicable to Georgia. These are summarized as additional challenges for Georgia's policymakers to consider.

¹¹ This issue brief recommending state policy options has not been updated since 2005, though the NGA Center did review state programs in 2007 (as cited earlier in this report).

Challenge 4: Families may feel disconnected or isolated from other affected military families. In particular, many Guard and Reserve families may not be near a military institution and could benefit from social support from other military families.

- The RAND report (2008) noted that military spouses mentioned support from other military spouses was very important during the deployment of their service member.
 - ▶ *Policy Implication:* A regional or statewide directory of families who have experience with deployments and are willing to mentor younger military families could be created and made available for families who are new to military service.¹²

Challenge 5: Military families often rely on nonmilitary resources.

- The RAND report (2008) recommended the DoD and policymakers “seek ways to improve awareness of, and support or partner with, local and community resources for families,” (p. 252).
 - ▶ *Policy Implication:* Create an online directory of state and local service organizations, including religious and faith-based organizations, to help facilitate families’ ability to access services that already exist.
- The RAND report (2008) also noted that in some communities, nonprofit and religious organizations might not have the volunteer capacity to support military families at the level of support they need, particularly those families who have experienced multiple deployments.
 - ▶ *Policy Implication:* Greater understanding of the capacity of local communities to provide support to military families is needed. Conduct a community capacity study to identify community needs regarding funding needs and opportunities, training needs, and opportunities for expanded services.
 - ▶ *Policy Implication:* “Explore both the effectiveness and efficiency of solutions intended to improve families’ ability to cope during repeat deployments and to help them emerge from deployments with few negative consequences,” (RAND, 2008, p. 256).

Additional considerations for Georgia:

- The SAMHSA Policy Academy has provided several states with the opportunity for training, networking with experts and with other states, and receipt of technical assistance to support the participating states in the development of strategic action plans for their states that would assist them in providing support to military service members and their families.
 - ▶ *Policy Implication:* Georgia’s *Paving the Way Home Initiative* has begun the development and implementation of a statewide action plan. Perhaps state policymakers could initiate the creation of a task force or study committee that would research federal funding opportunities for Georgia that could provide greater support for this initiative.

¹² More information about support for Georgia National Guard members and families is available at the Georgia Department of Defense website: <http://gadod.net>

Conclusion

The current conflict in the Middle East is more protracted, involves more volunteer active-duty troops and more Guard/Reserve troops for more and longer deployments than nearly any other U.S. combat experience. All branches of the military are recognizing the unprecedented strains that this places on soldiers themselves, their friends and families, and their communities. Support systems for these troops and their families *beyond* the military itself, including state governments, agencies, and local organizations, are required to ensure a continuing strong national defense. Many state governments are creating innovative and effective policies to promote this support. New uses of technology are providing better communication. More collaboration among support systems is yielding more efficient services.

Most state and local government agencies are facing unprecedented budget challenges. Despite the need, it may be unrealistic to expect massive new funding for military family support programs. Fortunately, many of the policy innovations noted here and elsewhere do not require significant new funding. Instead, they require recognition of the real challenges facing service members and their families today and new ways of allocating existing agency resources to overcome these challenges. Creative thinking and leadership among public-private partnerships, volunteer-led initiatives, and new collaborations are resulting in improved support for military families, but a systematic statewide approach to assessing and implementing such support would help ensure the best use of resources. We would all benefit from such support.

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