



Military and Veteran Families' Well-Being:

***What We Know and What We Need
To Know About Program
Effectiveness***

Prepared for:

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Organization of Presentation

- Selected Research Findings on Military & Veteran Families in the Post 9/11 Era
- Program Best Practices for Supporting Military & Veteran Families



Selected Research Findings on Military and Veteran Families

Military, Veteran and Family (MVF) Research



- Research on the MVF community has expanded greatly since 9/11 and the wars in Iraq and Afghanistan
- DoD, all the Service branches, VA, and non-profits have sponsored studies and analysis on topics such as:
 - The impact of deployments on service member and veteran mental health, career intentions, TBI/PTSD
 - Reintegration and readjustment
 - Family resilience/adaptation
 - Knowledge and use of support programs and services
 - Substance abuse, suicide, other negative coping behaviors
 - Stigma, willingness to seek help
 - Post-service outcomes



Select ICF Research: 2003 to present

- Assessment of Family Readiness in the Army National Guard (ARNG) (2003)
- Army Deployment Study (2004)
- Assessment of Navy Child and Youth Programs (2004)
- What We Know about Army Families (2007)
- Air Force Community Assessment (2006,2008, 2010)
- * Evaluation of the Minnesota ARNG Reintegration Program (2008)*
- Marine Corps Exceptional Family Member Study (with the National Council on Disability) (2008)
- * DoD Recovering Warrior Task Force (2009-2013)*
- DoD Health Related Behaviors Survey (2011)
- VA Vocational Rehabilitation and Employment (VR&E) Service Study of Factors Affecting the Return to Work of Individuals with Severe Injuries (2009)



Types of Military/Veteran Families

- **The definition of military families is broader than ‘dependents’**
 - Spouse and dependent children of married service members
 - Parents of single service members
 - Siblings, members of the extended family (grandparents)
 - Persons with whom the service member may cohabit or share a committed relationship, and non-dependent children.
 - Those outside the ‘dependent-centered’ definition face more challenges accessing support and information

- **Programs need to recognize these diverse family types**

- **Families also experience differences in experiences and access to resources, based on the service member’s component or status:**
 - Families of Active Duty personnel (base-centric services)
 - Families of Guard and Reserve personnel (geographically dispersed)
 - Families of Veterans (post-DD214)



Types of Military/Veteran Families

- **Military families are resilient and resourceful; most adapt well to the challenges of military life, including deployments**

- **Certain sub-groups of military families have unique needs and challenges, and require additional support**
 - Families of junior enlisted service members
 - Families of National Guard and Reserve personnel
 - Families of dual-military, single, or “cross-leveled” service members,



Problems most frequently reported by military spouses during deployment

Problem	Percent who report experiencing to a “large” or Very large” extent	
	Active Component Spouses	Reserve Component Spouses
Loneliness	47%	51%
Feelings of anxiety or depression	37%	46%
Difficulty sleeping	36%	46%
Household repairs, yard work or car maintenance	29%	48%
My job or education demands	26%	30%

Source: Defense Manpower Data Center (2009).

Selected Research Findings



- Counter to conventional wisdom and media reports, deployments have not caused an ‘epidemic’ of divorce in military families

Military divorce rate, by service branch

	2006	2007	2008	2009
Army	3.2%	3.2%	3.5%	3.6%
Air Force	3.3%	3.5%	3.5%	3.4%
Navy	3.4%	3.2%	3.0%	3.6%
USMC	3.1%	3.3%	3.7%	3.6%
Military rate	3.3%	3.3%	3.4%	3.6%
Civilian rate	3.7%	3.6%	3.5%	3.4%

Sources: Office of the Secretary of Defense (2010; 2009); Center for Disease Control (2010).

Findings from ICF's evaluation of Minnesota ARNG's Pilot Reintegration Program



THE MN ARNG PILOT REINTEGRATION PROGRAM: The MN ARNG Pilot Reintegration Program comprised four post-deployment training events:

- Initial Training Event (4 hour block at demobilization station)—Soldiers only.
- 30-Day Training Event (8 hour block in the community)—Soldiers and family members.
- 60-Day Training Event (8 hour block in the community)—Soldiers and family members.
- 90-Day training Event (IDT at drill site)—Soldiers only.

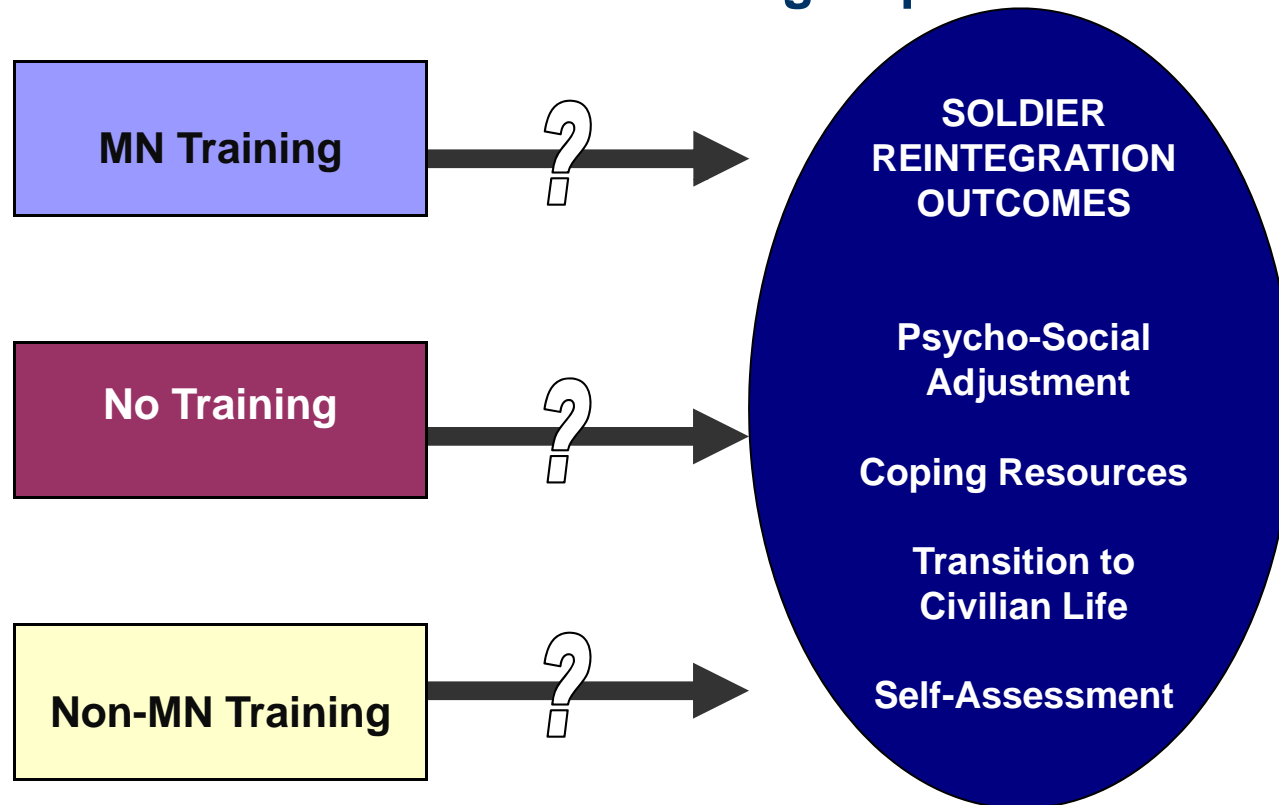


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REINTEGRATION SURVEYS



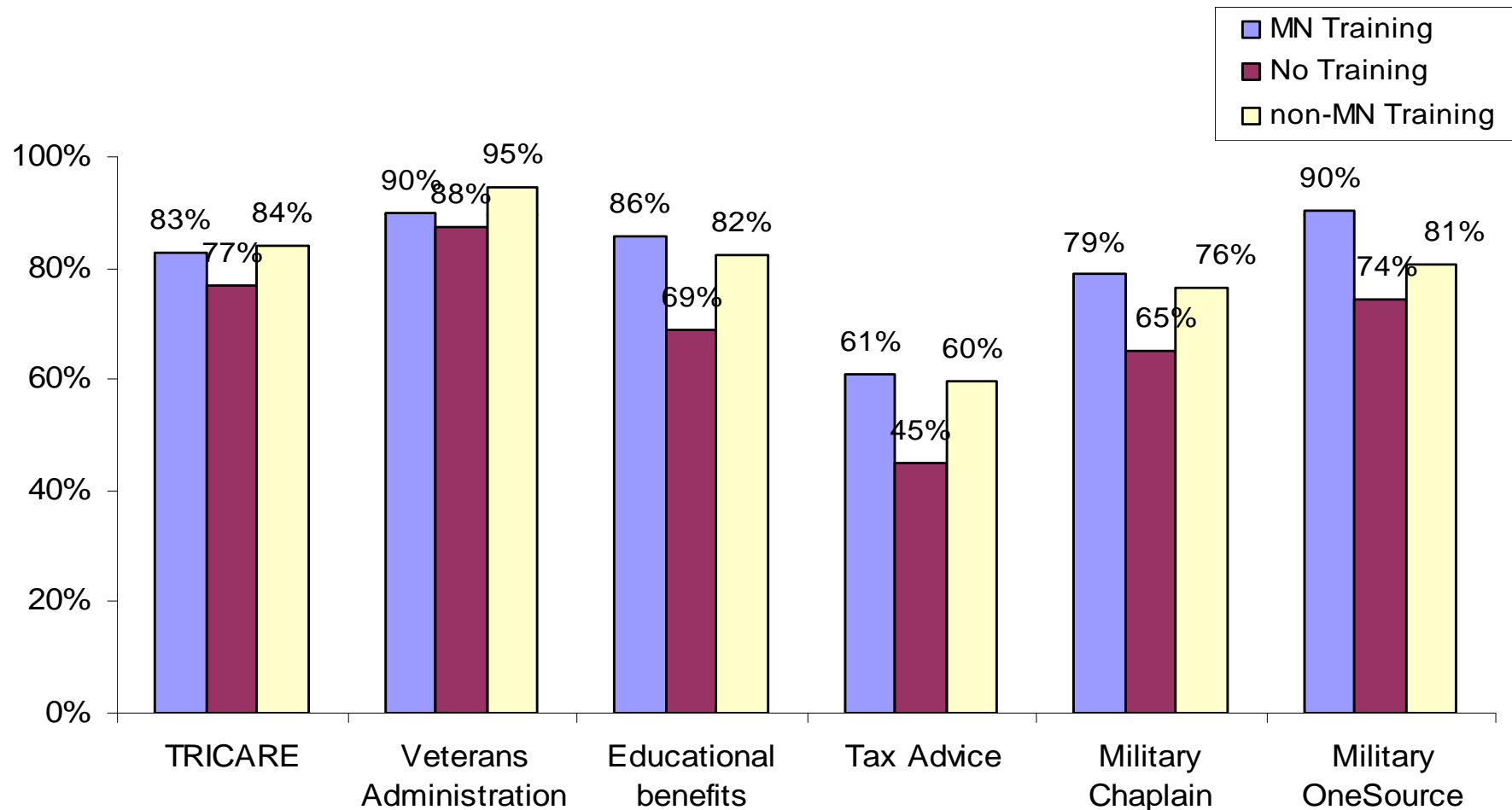
Findings from ICF's evaluation of Minnesota ARNG's Pilot Reintegration Program

Comparison of Soldier Reintegration Outcomes for 3 Subgroups



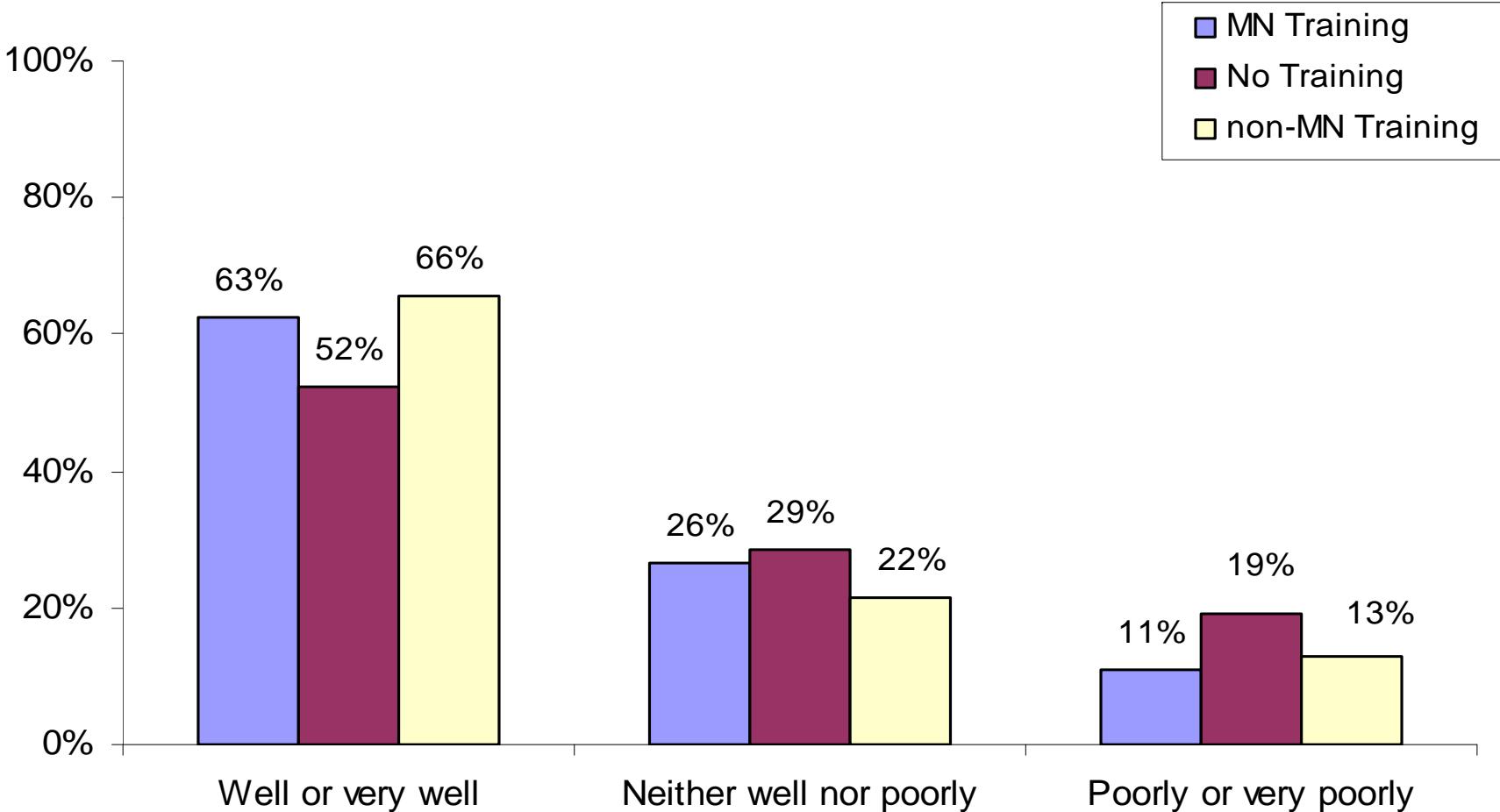
Findings from ICF's evaluation of MN ARNG's Reintegration Program: Awareness of Resources

Do you know how to access the following services?



Findings from ICF's evaluation of MN ARNG's Reintegration Program: Self-Assessment

Overall, how well do you think readjustment is going for you?



Findings from ICF's evaluation of Minnesota ARNG's Pilot Reintegration Program



- Soldiers who participated in reintegration training demonstrated more favorable outcomes than Soldiers who participated in no training
- Overall, no meaningful outcome differences between MN vs. non-MN reintegration trainees.



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REINTEGRATION SURVEYS



Research Findings from the DoD Recovering Warriors Task Force



- **Recovering Warriors (RWs) and their families experience significant personal challenges and resource deficits post-transition**
 - RWs/families experience discontinuity in the key resources that were available to them while on Active Duty
 - They lose a community of friends and comrades as well as a familiar network of base-centric medical and non-medical services.
 - At the VA, they experience reduced access to health care, with long waits for medical appointments, particularly specialty appointments, and less frequent behavioral health therapy.
 - Because Reservists often lose their Active Duty status very shortly after redeploying, they may experience a more profound loss of resources than do their Active Component counterparts.

Program Best Practices for Supporting Military & Veteran Families





Program Best Practices for Supporting Military & Veteran Families

- **An outpouring of support: Programs to support veterans and families with reintegration and readjustment have proliferated since 9/11**
 - DoD/Service Programs
 - VA programs
 - Other federal agencies (e.g., HHS, DoL)
 - State and local governments
 - Non-profits, faith-based and community-based programs

- **Despite the number and scope of programs, there is comparatively little scientific data on effectiveness**
 - Most programs have not undergone evaluation to determine if they are working
 - We owe it to our Service members, Veterans and Family Members to conduct evaluation to measure results and determine what's working



Program Best Practices for Supporting Military & Veteran Families

- Recognize that one size doesn't fit all – the MVF community is diverse and has different support needs. Offer choices and opportunity for customization in:
 - *Training amount*
 - *Training content*
 - *Training format*
- Limit redundancy in information and content provided
- Emphasize mental health, and collaboratively search for creative solutions for de-stigmatizing mental health concerns
 - For example, professionally facilitated peer-group sessions are an optimal way to employ the group discussion format



Program Best Practices for Supporting Military & Veteran Families

- Learn and share best practices with and from other programs/states.
- *Market* programs strategically.
 - Starts with reliable contact information
 - Learn and use the channels/media your target population uses
 - Aim for 100% outreach
- Disseminate clear, accurate, comprehensive information
 - Succinct (do not bombard them)
 - Informative (provide enough detail for them to envision what the experience will be like, how they will benefit)
 - Correct (inaccurate or conflicting details cause frustration and discourage interest).