I Serve 2: Meeting the Needs of Military-Connected Children

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Learning Objectives

• Describe military culture, military family life, the deployment cycle, and the impact on military children.

• Appraise factors affecting risk, resilience, and health-seeking behaviors in military children.

• Construct approaches for healthcare providers to use the I Serve 2 strategy to create a supportive environment for military families.

• Discuss the impact of policy and research on improving healthcare outcomes for military children.
Military Children by the Numbers

- 3.3 million deployments since 2001
- 1.3 million AD; 818,000 Reserve and National Guard members
  - 58% have family responsibilities
  - 40% have 2+ children
- 1.7 million military children < 18 y.o.
  - 78% of AD children are < 11 y.o.
  - 80% of Reserve component children are < 15 y.o.
- 2+ million veterans \(\Rightarrow\) 1.8 M kids of veterans
Military Children Serve Too

If anyone deserves recognition and appreciation for their selfless service, it is military children. Born in military hospitals around the globe, they will learn far too young goodbyes will be frequent and difficult. At some point in their toddler years, they inevitably will hug a camouflaged leg of someone other than their uniformed parent by mistake. They will move repeatedly, usually at the precise point in time when they feel most settled.

-April Military Officer magazine

Month of the Military Child
The Active Duty Military Family

- Unique and distinct culture
Aspects of AD Military Life

• Frequent moves
• Less prone to risky behaviors/substance abuse
• Financial stability
• Resources/Support system
• Healthcare coverage/Access
• “Military” family
• Family cohesiveness
The Reserve/National Guard Family
Aspects of the Reserve/NG Family

• Geographically stable
• Military-connected parents juggles responsibilities to 2 professions
• Lack access to services on military installations
• May live far distance from unit → travel for duty
• Lack of knowledge of role of the military
• Shift in financial status if parent called up
• Financial stability?
• Healthcare coverage/Access?
Resilience

GOOD NEWS!

Most Military Kids will be fine!
However, Risks Still Exist

- Abuse and neglect
- Substance use
- Suicide
- Stress and depression
- Anxiety
- Appetite
- Food insecurities
- Sleep disruption
- Somatic complaints
- \(\downarrow\) school performance

Military children endure a great deal of change as a result of a parents military career. The military family averages nine moves through a 20-year career. And in doing so, their children must say goodbye to friends, change schools, and start all over again.

Douglas Ide
Significance

- Military children
  - 2/3 receive care from civilian HCP
  - Most do not self-identify
  - Continuity of care

- Most civilian Providers feel under prepared to meet the need of military children
  - Physical
  - Psychological
  - Behavioral
Military children make tremendous sacrifices in support of a parent(s) military service. Over 2 million children have a parent who is serving or has served in the Armed Forces. While “resilient” is the word used to describe most military children, it is important that we recognize the stresses/stressors of military life—that military children serve too—in order to support and care for them.

I SERVE 2

Ask your patient's and their parents:
“Do you have a parent who has ever served in the military?”
If the patient answers ‘yes’ ask:
- Is the military member:
  o Active duty?
  o Reservist?
  o National Guard?
  o Veteran?
  o Has your parent deployed? Where? When?
  o Where are you in the deployment cycle?
  o What is your time for relocation (PCS)?

PREDEPLOYMENT [3 MONTHS BEFORE DEPARTURE]: DENIAL, ANGER, SADNESS, FRUSTRATION
DEPLOYMENT [6 MONTHS TO 12 MONTHS]: LONELINESS, FEAR, SLEEPLESSNESS, ANXIETY, ADJUSTING TO BEING ALONE, DETACHMENT, HIGH RISK FOR NEGLECT
REUNIFICATION [9 TO 12 MONTHS]: APPREHENSION, ANTICIPATION, EXCITEMENT, EMOTIONAL REAJUSTMENT, HIGH RISK FOR ABUSE

RESOURCES

BLUE STAR FAMILIES: WWW.BLUESTARYARD.ORG/RESOURCES/DEPLOYMENTS/DEPLOYMENT-RESOURCES/
CHILD MIND INSTITUTE: WWW.CHILDMIND.ORG/TOPICS/CONCERNS/MILITARY-FAMILIES/
MILITARY.COM: HTTP://WWW.MILITARY.COM/RESOURCES/MILITARY-LIFEMILITARY-RESOURCES/FAMILY-SUPPORT-SERVICES.HTML
MILITARY ONE SOURCE: WWW.MILITARYONESOURCE.MIL
MILITARY CHILD EDUCATION COALITION: WWW.MILITARYCHILD.ORG
NATIONAL MILITARY FAMILY ASSOCIATION: WWW.MILITARYFAMILY.ORG
U.S. DEPARTMENT OF EDUCATION: WWW.ED.GOV/VEHETEES-AND-MILITARY-FAMILIES
I Serve 2 Pocketcard

I CARE Support Strategy for Military Children

- Identify:
  - Military children in your practice/community
  - Risk factors, mitigating aspects and patterns of coping
  - If the parent is Active Duty, Reservist, or National Guard in order to gauge services available

- Correlate:
  - Developmental stage, healthcare concerns in context of the individual child
  - Family and teacher concerns about child

- Ask:
  - How the child is coping
  - Assess risks for physical, psychological, behavioral, social, and academic concerns
  - Conduct a vulnerability and safety assessment
  - How will the family ensure a smooth deployment and reintegrations
  - What you can do to reduce unnecessary visits during deployment (e.g., medication refills, referrals, etc.)

- Ready Resources
  - Engage partnerships within the school system
  - Ready a list of local and national resources for military families
  - Encourage families to engage resources well in advance of deployment
  - Determine accessibility to military installation services

- Encourage and educate:
  - Prevention strategies
  - Strong families and healthy problem solving
  - Early engagement with resources
  - Healthy expectations during and after deployment

Questions that can be asked of parents and military children at well child/acute care visits:

- Correlate/Ask
  - Has anyone expressed any concerns about you (or your child)?
  - Have you noticed any of the following?
    - Increased stress
    - Anxiety, sadness
    - Emotional or physical outbursts
    - Crying/overly emotional
    - Difficulty sleeping, nightmares
    - Difficulty concentrating
    - Change in academic performance or appetite
    - Clingy or distant
    - Increase in behavioral issues at home, school, with peers
    - Increase in complaints of stomach aches, headaches, or other physical symptoms

Ready Resources
- Who do you turn to for support? Where is this person located?
- What resources are available to you in the:
  1. Military
  2. Community
  3. School/day care
  4. Religious affiliations
  5. Sports/service organizations

Vulnerability/risk assessments
- Where do you live? On or off a military installation?
- Do you feel safe in your home?
- Are you concerned about your child?
- Tell me about the relationship with your parents.
- Tell me about a typical day at home/school
- How do you feel about your parent’s job in the military?
- How have things been since your parent returned from deployment?

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Patient Advocate

- Military service involves environmental health exposures, assessments, and potential health outcomes for the service member and family
- Educate yourself
- Ask the question
- Listen
- Incorporate health concerns/issues into your H and P
- Physical
- Psychological
- Behavioral
- Document
- Referral
- Support
Questions Persist . . .
Questions