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

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Disclosures

- **Funding Source:** No funding was secured.
- **Financial Disclosure:** No financial relationships relevant to this presentation.
- **Conflict of Interest:** No conflicts of interest.
- **Disclaimer:** The views expressed in this presentation are those of the authors and do not reflect the views, official policy, or position of the University of South Florida, United States Air Force, Navy, or Army, Department of Defense, or the U.S. Government.

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 → 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

Weekend
Warrior
No More



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
- ↓ 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.

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



I Serve 2 Pocketcard

I SERVE 2: A POCKETCARD FOR HEALTHCARE PROVIDERS CARING FOR MILITARY CHILDREN©

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.



Ask your patients & their parents:

“Do you have a parent who has ever served in the military?”

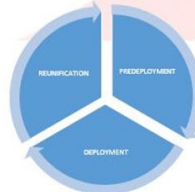
If the patient answers ‘yes’ ask:

- Is the military member:
 - Active duty?
 - Reservist?
 - National Guard?
 - Veteran?
- Has your parent deployed? Where? When?
- Where are you in the deployment cycle?
- What is your time for relocation (PCS)?

PREDEPLOYMENT (3 MONTHS BEFORE DEPARTURE): DENIAL, ANGER, SADNESS, FRUSTRATION

DEPLOYMENT (4 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 READJUSTMENT, HIGH RISK FOR ABUSE



RESOURCES

BLUE STAR FAMILIES:

WWW.BLUESTARFAM.ORG/RESOURCES/DEPLOYMENTS/DEPLOYMENT-RESOURCES/

CHILD MIND INSTITUTE: WWW.CHILDMIND.ORG/TOPICS/CONCERNS/MILITARY-FAMILIES/

MILITARY.COM: [HTTP://WWW.MILITARY.COM/SPOUSE/MILITARY-LIFE/MILITARY-RESOURCES/FAMILY-SUPPORT-SERVICES.HTML](http://WWW.MILITARY.COM/SPOUSE/MILITARY-LIFE/MILITARY-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/VETERANS-AND-MILITARY-FAMILIES

I Serve 2 Pocketcard

I SERVE 2: A POCKETCARD FOR HEALTHCARE PROVIDERS CARING FOR MILITARY CHILDREN©

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 reintegration
 - 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

I CARE created by Dr. Heather Johnson and Dr. Catherine G. Ling and adapted by Dr. Alicia Gill Rossiter DOI: 10.1111/1745-7599.12003

For additional information on I Serve 2 refer to: I Serve 2: Meeting the needs of military children in civilian practice—Dr. Alicia Gill Rossiter (arossite@health.usf.edu), Dr. Margaret C. Wilmoth, Dr. Patricia A. Patricia, and Dr. Mary Anne Dumas. DOI: 10.1016/j.outlook.2016.05.011

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?

1. Increased stress
2. Anxiety, sadness
3. Emotional or physical outbursts
4. Crying/ overly emotional
5. Difficulty sleeping, nightmares
6. Difficulty concentrating
7. Change in academic performance or appetite
8. Clingy or distant
9. Increase in behavioral issues at home, school, with peers
10. 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

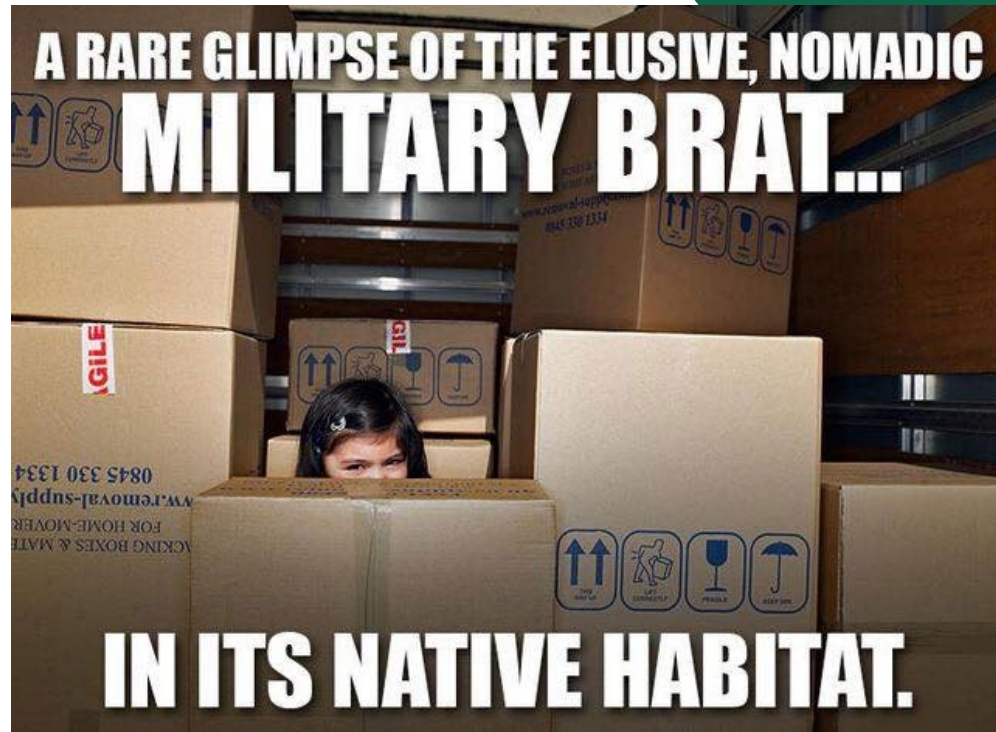
- Where do you live? On or off a military installation?
- Do you feel safe in your home?
- Are you concerned about your child?
- Tell me about the relationship with your parents.
- Tell me about a typical day at home/school
- How do you feel about your parent's job in the military?
- How have things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

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

