NorthwestBulletin
Family and Child Health
http://depts.washington.edu/nwbfch/ Volume 24 Number 2

Military Family Health

In this Issue:

Multiple deployments over nine years of war have created unprecedented challenges for military families. This issue focuses on the impact of deployment on children's mental health, and the services and programs available to support military families in the Northwest region (Region X).

Photo courtesy of Kelly McGovern

Sandra Bodner, in her editorial, outlines gaps in services for military families, especially for National Guard and military reserve families. An article from Purdue University's Military Family Research Institute describes three initiatives designed to strengthen the coping skills of military children and their parents.

Also in this issue: Dixie Grunenfelder and Dan Bissonnette describe services available to military children in Washington State, Sarah Reed and Diane Pilkey report on the results of two questions related to military service from the Washington State Health Youth Survey, and Nurit Fischler describes a variety of services that support Oregon State's military families.

There is also a short article describing military health care benefits for families with children with special developmental needs, and another describing behavioral health resources available to families at military installations.

This summer, the states were busy reporting on their activities over the past five years to the Health Resources and Services Administration. The purpose of this reporting is to justify requests for continued funding through "block grants" awarded through Title V of the Social Security Act. This act also supports the Maternal and Child Public Health Leadership Training Program. For more information about the history of maternal and child health, go to www.mchlibrary.info/history/index.html.

Northwest Bulletin: Family and Child Health is intended for public health professionals working with families in Region X of the United States Health Resources and Services Administration. It is published twice a year by a consortium of organizations, including the Maternal and Child Public Health Leadership Training Program, School of Public Health, University of Washington, Seattle; St. Luke's Regional Medical Center, Boise, Idaho; Public Health–Seattle & King County; and the maternal and child health offices in the state health departments of Alaska, Idaho, Oregon, and Washington.

It is sponsored by Project #T76 MC 00011 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, United States Department of Health and Human Services, and with additional grants and in-kind contributions.

Editorial Board

Your comments and suggestions for the *Northwest Bulletin* are most welcome. All content is published at the discretion of the editorial board. Please **send correspondence to:** nwbfch@u.washington.edu

Web **site:** http://depts.washington.edu/nwbfch/

Updates

This year we're celebrating the 75th Anniversary of the Title V of the Social Security Act. In 1981, funds for all federal services supporting the health and welfare of mothers and children were converted into state "block grants" awarded through the Health Resources and Services Administration. State entities that receive these grants must work towards meeting key maternal and child health indicators. Every five years, they must report on their progress and apply for renewal of their block grant.

The *Northwest Bulletin* sends our best wishes to our state editorial board members and all others who were involved this summer in reporting on five years of block grant activities and outcomes to justify requests for continued funding. We look forward to working with our state partners to improve the health and well-being of women and children in the region.

We'd also like to welcome Ronit Gourarie to the editorial board. Ronit is a registered nurse with the Parent Child Health Administration, Public Health - Seattle & King County.

Editorial . . .

How Communities Can Support Military Families

Sandy Bodner

This summer, while my husband was away for annual training with his National Guard unit, my two-and-a-half year-old daughter presented me with a new challenge: she did not want to talk about her daddy at all during his absence. Perhaps it was her way of showing anger about his being away. Maybe she was sad and hurt that he was not there to play with her. What if I was the cause? Was the way I was dealing with his absence causing her withdrawal? Being a parent is like being a detective: what did this behavior mean and how could I reach out to my child?

Lucky for me, I live close to a military installation and am well aware of services available to help me answer my questions. I also live in a community where many of my neighbors are affiliated with the military and may have had similar experiences. However, there are many military families, especially military reserve[1] and National Guard families, who live too far away from a military installation to take advantage of their support services, and are also less likely to be integrated into a military social support network.(1)

These families often look to their communities for the necessary services and support for their children who may be experiencing challenges related to deployment. Health care, public health, family service, and education professionals working in these communities can help reduce the distress that these military families experience. This means being aware of, and becoming familiar with, the particular risks and gaps in services that can compromise the health and development of military families.

"If providers don't make inquiries regarding a client's military affiliation or status, they may never know they are working with the child or spouse of a service member ...."

-Julie Madsen

Impact of Deployment on Children's Mental Health

Parental deployment during wartime can be one of the most stressful events of a child's life.(2) In January 2010, *Pediatrics* published the results of a study of more than 1500 military children, aged 11 to 17 years, and their non-deployed caregiver.(3) Compared to non-military peers, military children of all age groups experienced above-average levels of emotional and behavioral difficulties during and after deployment.

[1] Military reserve components include Department of Defense's Army National Guard, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard, and Air Force Reserve; and the Department of Homeland Security's Coast Guard Reserve.

The authors found a number of factors related to more difficulties adjusting to parental deployment:

- Girls experienced more difficulty during reintegration, the adjustment period after the military parent's homecoming. This may be explained by the role girls occupy in the household when the military parent is away, such as helping with chores, or difficulties teenage girls may have in relating to their fathers.
- Older children in middle and later adolescence experienced more difficulties than younger children with the deployment-reintegration cycle. In a military parent's absence, older children may take on more household responsibilities and therefore may experience greater shifts in roles during the cycle.
- A parent's emotional distress appeared to exacerbate a child's difficulties during the deployment-reintegration cycle.
- The number of months a parent was away has a greater effect than the number of deployments.
- Living on a military base was associated with reduced difficulties for families, both during and after deployment.

The National Military Family Association, who commissioned the study, hopes the results will stimulate communities to develop new programs and improve current programs to support military families before, during, and after deployment.

Children of National Guard and Military Reserve Members Especially Vulnerable

Children whose parents serve in the military reserve and National Guard are even more at risk for emotional and behavioral difficulties because their families have less experience and less support than active duty families in dealing with multiple deployments and separations.(4) Traditionally, National Guard and military reserve members served one weekend a month and their families did not consider themselves a "military family." However, multiple deployments to Iraq and Afghanistan have forced these families to transition to being full-time military families.

Many National Guard and military reserve families, who live and work in their communities, may not easily be identified as military. According to Julie Madsen, Director of Psychological Health for the Washington State National Guard Bureau, spouses and children in particular may not relate to the label of "military family" and consequently downplay this affiliation when seeking physical or mental health care. Madsen further states, "If providers don't make inquiries regarding a client's military affiliation or status, they may never know they are working with the child or spouse of a service member who may either be deployed, returning from a deployment, or preparing for a deployment."

Where Services to Military Families Need to Improve

The Department of Health and Human Services and the Department of Veterans Affairs, among others, have made considerable efforts to improve the military and civilian mental health care systems for military families and children. However, there are still gaps in services, and some areas remain in need of consideration and action.

As mentioned earlier, **not all military families identify themselves as military.** Health professionals can develop awareness of the presence of military families within their practices by including questions on the intake form about whether a family member serves in the military and that person's deployment status.

Military culture is unique and many **civilian community providers may lack the training necessary to sensitize them to the unique issues these families face**. National Guard and military reserve families, in particular, are constantly transitioning, and family members' roles and responsibilities frequently change. A wide range of emotions

Photo courtesy of Andrea Huatala

are experienced when a parent is deployed. Interventions need to be tailored to deal with these complexities.

There is a shortage of military and civilian mental health providers with expertise in working with military families. The shortage is even greater in rural areas, where many National Guard and military reserve personnel and their families live.

A 2007 report by American Psychological Association estimated that approximately 40% of active duty licensed clinical psychologist positions in the Army and Navy are vacant.(5) This means that many soldiers and their families have to look outside the military for the care they need. There is also a shortage of health providers in other specialties, including social work and psychiatry.

Programs Supporting National Guard and Military Reserve Families

Department of Defense programs that support National Guard and military reserve families living in areas without military installations include:

Military OneSource is a virtual extension of services offered at military installations, provided at no cost to active duty, National Guard, and military reserve members and their families. These services can be accessed at www.militaryonesource.com or by calling 1-800-342-9647.

Military Family Life Consultant Program provides short-term, solution-focused counseling services to National Guard and military reserve members and their families. Families are eligible for up to six free face-to-face counseling sessions and can access these services by calling 1-888-755-9355.

Strategically located **National Guard Family Assistance Center** are staffed by people trained to provide critical information, outreach, and referrals to services in local communities. Washington State has 11 centers serving families and service members. To find the nearest center in your state, visit www.guardfamily.org/.

The military managed health care provider, TRICARE, faces many challenges. A review of the military's mental health services by the Department of Defense Task Force on Mental Health found that TRICARE's psychological health benefit is "hindered by fragmented rules and policies, inadequate oversight and insufficient reimbursement."(6) Beneficiaries report they have difficulties locating mental health specialists, as many providers who appear on TRICARE's provider list are not accepting new patients. Providers report that low TRICARE reimbursement and burdensome certification requirements deter them from accepting additional TRICARE patients.(6)

National Guard and military reserve members face difficulties in gaining easy access to TRICARE providers. When called to active duty, 72 % of these service members and 61% of their families use TRICARE coverage exclusively. Following active duty, coverage drops to 28% for service members and 38% for their families. Among the reasons given for dropping TRICARE coverage, 41% of service members and 31% percent of their family members cite easier access to providers through their civilian health coverage as the main reason.(7)

Furthermore, many National Guard and military reserve members cannot afford to pay the monthly fee, annual deductable, and 20% copay for TRICARE coverage. "This is often true for the National Guard population most at risk for suicide—the 18 to 26 year-old service member," says Madsen. "As a result, young National Guard families are more likely to make use of both the public health and community mental health care system as military treatment facilities like Madigan Army Medical Center at Joint Base Lewis-McChord will often refuse them care."

Educators aren't always aware of the impact of the deployment cycle on National Guard children and families. Consequently they may either miss early indications that problems are developing or have no knowledge of military resources available to these families. This limits the possibility of early academic or behavioral health interventions—schools become reactive rather than proactive. (See article by Dixie Grunenfelder and Dan Bissonnette on this issue on page 11.)

Overall, research indicates that military families who feel supported by their health professionals, communities, the military, or religious organizations experience less deployment-related stress.(8) First Lady Michelle Obama has challenged every sector of American society

to take action to support and engage military families. As she said in a speech at a summit hosted by the National Military Family Association in May 2010: "One percent of Americans may be fighting our wars, but we need 100% of Americans to support them and their families."

Sandy, her husband, Karl, and their young daughter, Ashley, live in Washington State, where Sandy works as an epidemiologist for the Tacoma Pierce County Health Department and Karl serves in the Washington Army National Guard. Sandy is an MPH candidate at the University of Washington's School of Public Health and is currently finishing her thesis.
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The Wars in Iraq and Afghanistan

As of the end of 2009, 5,317 United States service members had been reported killed in Iraq and Afghanistan. As of July 2010, 31,882 service members had been wounded in Iraq.(1) While combat in Iraq ended in August 2010 with the departure of the last combat division (50,000 troups remain in the country in non-combat roles), July 2010 was the deadliest month in Afghanistan for United States troops.

A 2008 RAND survey of 1,965 military personnel who had been previously deployed to Iraq and Afghanistan found that 14% met the screening criteria for probable posttraumatic stress disorder and 14% met the screening criteria for probable major depression. Moreover, there was a co-occurrence in the two conditions, with approximately two-thirds of those meeting the criteria for posttraumatic stress disorder also meeting the criteria for major depression. Additionally, the study found that 19% met the screening criteria for having experienced a probable traumatic brain injury. The research suggests that, within the population of previously deployed personnel, approximately 300,000 had experienced traumatic brain injury.(2)

While the families of those service members deployed to combat areas in Iraq and Afghanistan are most directly affected, the current operational tempo has stressed the entire military community, potentially placing all babies and toddlers in these families at higher risk.

Adapted from: *Coming Together Around Military Families*. ZERO TO THREE, National Center for Infants, Toddlers, and Families.

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Strengthening the Coping Skills of Children of Military Families: Three Initiatives

Tsigeweini Asgedom Tessema
Shelley MacDermid Wadsworth
Mary Undercoffler

Children born into United States military families during the last decade have experienced unprecedented separations from their parents, both in frequency and in duration, due to deployments to Iraq and Afghanistan. To date, over 1.9 million service members have completed approximately three million deployments lasting more than one month.(1) As a result, an estimated two million children have been affected by parental deployments.(2)

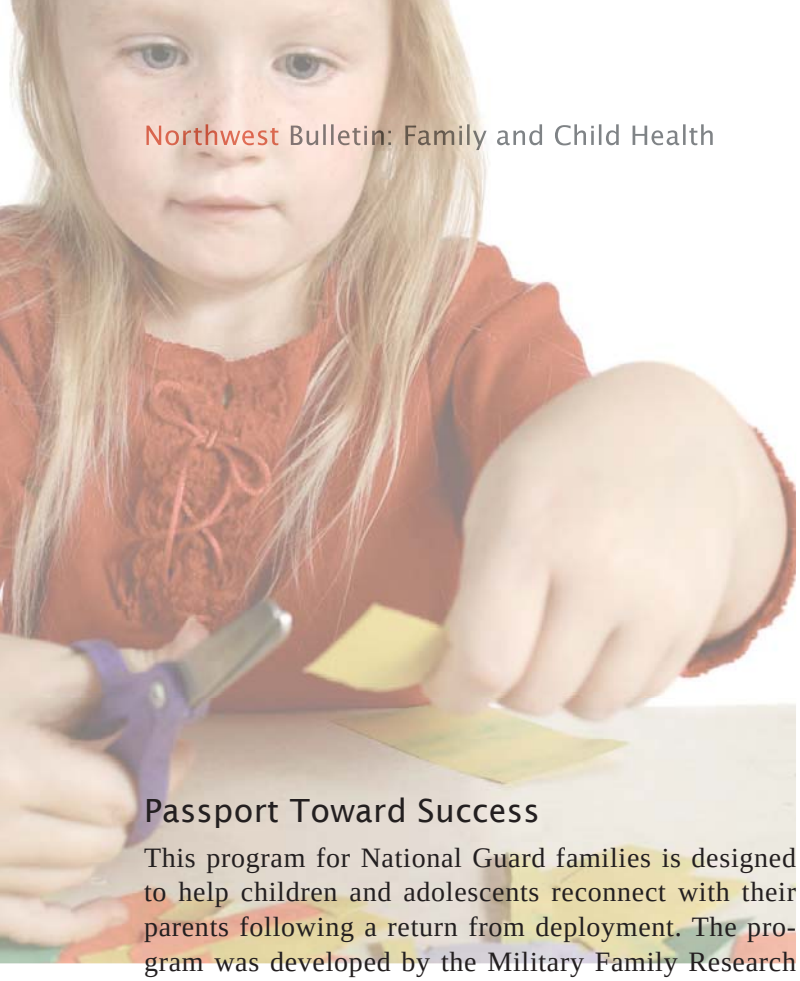
Deployment imposes physical and emotional challenges for the entire family, including young children. For example, family members report facing logistical challenges while the service member is deployed.(3) Some spouses relocate during deployment to be closer to their extended family, requiring children to adjust to a new school and environment.(4) Due to their young age or their caregiver's stress, children with a deployed parent may face difficulties when adjusting to these changes.

Photo courtesy of Stacy O'Neill-Pollock

A study by Jensen et al., investigating children's responses to parental separation during Operation Desert Storm, found that children of deployed parents, compared to peers in families of non-deployed service members, had elevated levels of depressive symptoms.(5) Additionally, Flake et al., using clinically standardized stress measurements to investigate the psychosocial impact of deployment on children, found that one-third of children were at high risk for psychological problems and that approximately half of parents reported significant parenting stress during deployment.(4)

Other investigators have found that children with a currently deployed or recently returned military parent experienced elevated levels of anxiety compared to community norms.(6) At school, students with deployed parents have been found to have slightly lower test scores and somewhat more school- and peer-related difficulties.(7, 8) And youths, aged 12 to 18 years, reported experiencing feelings of loss and insecurity, and symptoms of anxiety and depression related to the deployment of a parent.(9)

To support children in military families, the Military Family Research Institute at Purdue University, West Lafayette, Ind., conducts applied research through its own initiatives and in partnership with other organizations that support military families. On the next pages are described three initiatives designed to strengthen coping skills of military children with deployed parents.



Passport Toward Success

This program for National Guard families is designed to help children and adolescents reconnect with their parents following a return from deployment. The program was developed by the Military Family Research Institute at the request of the Indiana National Guard and is offered 60 days after a return from deployment. *Passport Toward Success* is based on the concept, found in Walsh's resilience model, that strengthening family processes enhances a family's ability to rebound after disruptive life changes.(10)

The program is delivered as cognitive-social learning activities using friendly, game-like formats.(11) The activities provide examples of social skills, opportunities to rehearse those skills, and a discussion about generalizing those skills to situations at home.

Sessions are structured as a journey to several islands:

- *Feelings Island* introduces appropriate expressions of emotions or feelings that are believed to increase a child's capacity to connect to other family members
- *Relaxation Island* teaches children strategies to respond to physical, mental, and emotional needs
- *Communication Island* introduces the capacity to manage differences and better understand a parent's occupation as a service member

A preliminary evaluation of the program found that, before participation, 49% to 77% of children reported worrying about their at-home parent, crying more, feeling that the family was more stressed, and having trouble sleeping. After the program, 90% reported that they had learned new skills for coping with their stresses. Moreover, children who reported the highest levels of negative experiences were most likely to report learning new skills for coping and communicating through these activities.

Talk, Listen, and Connect

Because preschool children or even those in early elementary school lack the ability to verbalize their emotions, they are often overlooked during stressful times. Talk, Listen, and Connect is a multi-faceted initiative, developed by Sesame Workshop, to support young children from military families during times of deployment, separation, and loss. The initiative includes a stage show, USO (United Service Organizations) tours, and television specials.

A series of four kits address the issues of separation, multiple deployments, changes in families due to a parent's wounds and injuries, and changes in families due to death of a parent. Each kit consists of DVDs, postcards, and magazines; and are designed to develop appropriate strategies when parenting very young children in stressful situations, as well as to reassure parents and children of their ability to cope.(12)

The Military Family Research Institute conducted separate randomized studies of two of the kits—*Talk, Listen, and Connect II-Multiple Deployment* and *Talk, Listen, and Connect II-Changes*—using Sesame Workshop's healthy lifestyle kit as a control. The *Talk, Listen, and Connect II-Multiple Deployment* kit was evaluated using a national sample of 282 caregivers of children, aged two to five years. Results of the study showed that the kit significantly changed the way the caregivers helped their children when one or both parents were deployed. In addition, caregivers reported using the information and finding it helpful. Caregivers also reported that the information increased their level of comfort in helping children cope with the changes resulting from parental deployment.

Similarly, *Talk, Listen, and Connect II-Changes* kit was evaluated using a national sample of 153 caregivers in families of injured service members. Caregivers rated the kit as helpful personally and also to the injured family member. The information provided significantly increased caregivers' comfort in helping their children cope. Caregivers also reported that their child's ability to cope was significantly increased by the use of the materials in the kit: the DVD was well-liked by their child and had a positive impact on the family system.

Coming Together Around Military Families®

The goal of this campaign, designed by ZERO TO THREE, is to increase awareness and understanding of the unique needs of children, aged three or younger, in military families. A major component of the campaign, *Duty to Care 1: Supporting Young Children Through Challenging Times*, provides interdisciplinary training for professionals who work closely with military families, helping them to better understand the impact of separation and loss on young children. Contents of this two-day training include current information on the experiences of deployment on families with young children, basic scientific knowledge concerning the impact of stress on very young children, strategies for accessing community resources, and ways of initiating collaborations that support young children and their military families.

Military Family Research Institute's preliminary evaluation of *Duty to Care 1: Supporting Young Children Through Challenging Times* found participants acquired new and useful knowledge about the current situation of very young children in military families, including the social and emotional implications for children, as well as parenting consequences for adults, of multiple deployments, and the injury or death of a military member. They also reported receiving new information about community resources they could access to support military families with very young children. *Duty to Care 1: Supporting Young Children Through Challenging Times* training has resumed in 2010 and aims to reach professionals in 65 military communities.[1]

Conclusion

Multiple deployments to Iraq and Afghanistan have repeatedly separated young children from their parents at unprecedented rates. While the resiliency of these children and their families is noteworthy, young children who have experienced multiple deployments may be at a risk for a wide range of behavioral and emotional problems. To support and protect these children, a number of interventions and support programs are being developed throughout the country. These three promising initiatives show potential to strengthen coping and resiliency in children and their families.

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[1]See resources section on page 20 for more information about Coming Together Around Military Families® training opportunities for professionals serving military families.

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Behavioral Health Resources Available on Military Installations to Military Children and Their Families

Angelica Hogan

The United States Army has established the Child, Adolescent, and Family Behavioral Health Proponency to standardize and integrate all behavioral health care services available on military installations to military children and their families. It offers two models of delivery:

The *Child and Family Assistance Center* integrates all behavioral health services at a military installation under a single umbrella organization to facilitate coordination and increase capacity and flexibility in delivery of services. The centers help avoid duplication between and increase quality of services, in addition to reducing confusion that families experience when having to choose from a wide array of services spread among multiple locations.

Planned for fall 2010 is the development of a training program for providers caring for children and adolescents at risk for emotional and behavioral difficulties. The program will include a repository of evidence-based models of prevention, early identification, evaluation, and intervention.

The *School Behavioral Health Program* provides behavioral health services to military children at schools and child development centers. The school-based clinics provide vulnerable children with an array of services focused on improving academic achievement, and maximizing wellness and resilience. Both these models support the wider military community and promote optimal military readiness.

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Military Children in Schools: Removing Barriers to Educational Success

Dixie Grunenfelder
Dan Bissonnette

The number of active duty military families in Washington State, including service members, spouses, and dependents, totals 135,165. This includes approximately 29,000 military dependents, aged 5 through 18 years.(1) These numbers are expected to increase in the coming years due to the expansion of Joint Base Lewis McCord, one of the largest military installations in the United States.

According to the Washington State 2008 Healthy Youth Survey, approximately one in five eighth-grade students report having one or two parents serving in the military. Of those students, 7% report having one or two parents deployed to a combat zone.(2) Families usually transfer every two to three years, meaning every year approximately 25% to 33% of families are transferred to or arrive from another state or overseas. School transition issues—socialization, grades, graduation, pursuing college or technical school, and obtaining a successful career—top the list of military families' concerns.

Interstate Compact on Educational Opportunities

To remove barriers to educational success caused by frequent moves and parental deployment, the Council of State Governments, in partnership with the Department of Defense, Office of Personnel Readiness, created an *Interstate Compact on Educational Opportunities for Military Children*, which addresses the differences in requirements among states. Washington State passed legislation supporting this compact and formally signed on as a member in 2009.

The intent of the compact is to support children of military families by facilitating:

- timely enrollment (problems include difficulties in the transfer of records from the previous school district or variations in entrance and age requirements)
- placement (problems include variations in school district attendance requirements, scheduling, sequencing, grading, course content, or assessment)
- enrollment in extracurricular academic, athletic, and social activities
- cooperation between the educational system, parents, and the student to achieve on-time graduation

This compact applies to active duty members of the uniformed services, including National Guard and reserves on active duty orders, members or veterans of uniformed services who are medically discharged or retired for one year, and members of the uniformed services who die on active duty. More information

about the Interstate Compact on Educational Opportunities for Military Children is available at www.k12.wa.us/OperationMilitaryKids/default.aspx

Educational Support for Military Children

There are many school services for children of military families at the state and local levels. In addition, School Liaison Officers at military installations assist military families with educational issues. These officers provide valuable information about schools and state-specific educational procedures for families new to the state as well as helping students transfer from Washington State schools to schools in other states and countries.

Teachers and staff of schools located near military installations often receive specialized training to better meet the needs of students from military families. For example, the school counselor will often have specialized training in dealing with deployment stress and the stress that accompanies the re-integration of service personnel after deployment.

However, many children of families with members in the Army Reserve and National Guard live in communities where schools may have no experience in dealing with military families and may not understand the stresses of deployment and combat. These families need many of the same support services as active duty military because Army Reserve and National Guard members are also being deployed to combat zones.

Tough Topic Series

Written by Mona Johnson, Washington State Office of Superintendent of Public Instruction, this series of seven, two-page handouts, helps educators understand what children may be experiencing when their military parents are deployed. Topics include deployment, stress, grief and loss, resilience, homecoming, violence, and death. The handout on deployment, for example, describes what a child may experience during each of the five stages of deployment, symptoms of stress in the classroom, and teacher intervention strategies.

Available at www.k12.wa.us/operationmilitarykids/Resources.aspx

Operation Military Kids

Washington State's *Operation Military Kids* focuses on increasing understanding about how deployment affects children. For example, *Ready, Set, Go!* trainings are offered throughout the state for school personnel, youth development professionals, and community members that work with youth. Additionally, *Operation Military Kids* offers a mobile technology lab that provides activities—video, email, digital art, and writing—to youth of military families, especially the youth of deployed soldiers.

The program is made up of a diverse agencies, including South Sound Boys and Girls Club, Washington State 4-H, American Legion Auxiliary, Child Care Resource and Referral Network, Joint Base Lewis McCord, Washington National Guard, American Legion, and the Washington State Office of Superintendent of Public Instruction.

I Am a Military Kid

King County and the King County Veterans Administration have partnered with Puget Sound Educational Service District to implement a pilot project, *I Am a Military Kid*, based upon a support-group curriculum of the same name, authored by child psychologist Diana Frey. The project identifies military children living in King County, trains adult facilitators, and offers support and skill building for children stressed by military life.

Recruiting military children to this project is challenging as these children living and going to school in King

County are at present a hidden population. While census information (by zip code) provided by the local military installation shows military families residing throughout the county, school officials do not always know when they have students from these families. Especially in trying times of war, support for military children attending schools outside of military installations must start with helping schools recognize these students. For more information about this project, visit http://i-am-a-military-kid.wikispaces.com/.

An array of resources specific to military children is available at the Office of Superintendent of Public Instruction Web site at www.k12.wa.us/operationmilitarykids/Resources.aspx

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References:

1. Defense Management Data Center Report, All DoD Active Duty, June 2008. www.defense.gov/ Accessed July 2010.
2. Washington State Healthy Youth Survey. www.AskHYS.net Accessed July 2010.

Resources:

Tackling Tough Topics: An Educator's Guide to Working with Military Kids
www.operationmilitarykids.org/resources/ToughTopics%20BookletFINAL.pdf

Caring for Kids After Trauma and Death: A Guide for Parents and Professionals
www.aboutourkids.org/files/articles/crisis_guide02_w_spanish.pdf

How Communities Can Support the Children and Families of Those Serving in the National Guard and Reserves
www.militarychild.org/files/pdfs/GuardReserve-ForWeb.pdf

How to Prepare Our Children and Stay Involved in Their Education During Deployment
www.militarychild.org/files/pdfs/Deployment-Booklet.pdf

WELCOME HOME! How to Make a Difference in the Lives of Returning War Zone Veterans
www.fpc.wa.gov/publications/welcomehome.pdf

Working with Military Children: A Primary for School Personnel
http://support.militaryfamily.org/site/DocServer?docID=642

Fostering Connectedness in School

Includes a 15-page report, *School Connectedness—Improving Students' Lives*, which highlights best and promising practices; a 4-page executive summary, *School Connectedness—Extending Connections to Military Children*; and tip sheets for parents, teachers, and administrators.

Available at www.jhsph.edu/mci/resources/School_Connectedness

Military Child Initiative, The Johns Hopkins Bloomberg School of Public Health and the Johns Hopkins Center on School, Family and Community Partnerships.

Identifying Risk Behaviors for Youth with Parents in the Military: Results of the 2008 Washington State Healthy Youth Survey

Sarah Reed
Diane Pilkey

Since October 2001, approximately 1.8 million United States troops have been deployed to Afghanistan and Iraq to fight in Operation Enduring Freedom and Operation Iraqi Freedom.(1) Over half of the 1,465,329 service members in the Armed Forces in 2009 were married and 38% had children.(2, 3) In 2007, at least 700,000 children in the United States had at least one parent deployed to a combat zone.(4)

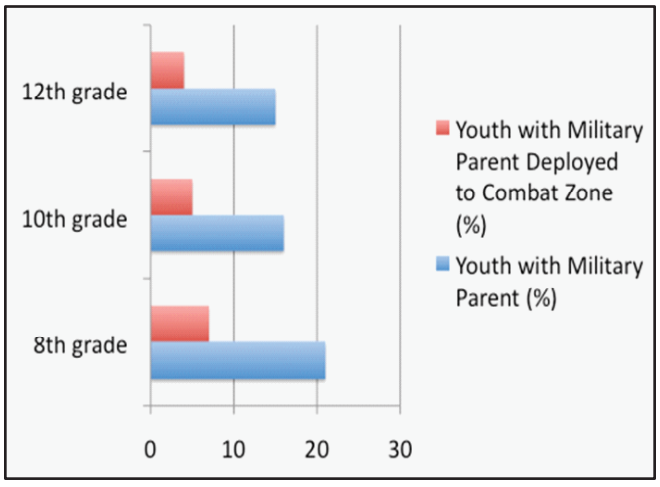
Washington State has one of the largest populations of active duty military in the United States.(3) Service members and their families face significant periods of adjustment during the military service cycle (pre-deployment, deployment, and post-deployment).(5) Behavior problems at school, changes in roles within the family, shifts in routines, and noticeable absences from important events are significant stressors for these families.(6)

Washington State's Healthy Youth Survey provides important information about youth. The survey is administered every two years to students in the sixth, eighth, tenth, and twelfth grades. In 2008, the survey asked two questions related to military families of students in the eighth, tenth, and twelfth grades.(7) The Washington State Office of Superintendent of Public Instruction suggested these questions be added to better identify risk behaviors and outcomes to target interventions and programs specific to this population. The questions were:

- In the past six years, has your parent or guardian served in the military (Army, Navy, Air Force, Marines, Coast Guard, National Guard, and Reserves)? (Yes, No)
- In the past six years, was your military parent or guardian sent to Iraq, Afghanistan, or other combat zone? (Yes, No, I do not have a parent or guardian in the military)

Figure 1 shows percent of students who reported a parent or guardian in the military, and who reported a parent or guardian deployed to a combat zone.

Figure 1. Percent of youth who reported a parent or guardian deployed to a combat zone, and who reported a parent or guardian in the military.



Specific Risk Factors

Among tenth-grade students, compared to youth with no parent in the military, youth with parents in the military were more likely to smoke cigarettes, drink alcohol, or use marijuana in the past 30 days, be bullied in the past month, or have been in a fight in the past year. Table 1 (page 15) shows survey results for eighth-, tenth-, and twelfth-grade students.

Compared to youth with no parent in the military, youth with parents in the military are at increased risk for engaging in the behaviors highlighted here. In particular, tenth-grade students are most at risk, with significant differences in all categories. Washington State has an opportunity to provide additional support and resources to youth affected by parental military service.

continued on page 15

Sarah Reed, MSW, graduated this spring from the Maternal and Child Public Health Leadership Training Program at the University of Washington, Seattle. Sarah's professional experiences include providing psychotherapy, crisis intervention, bereavement work, and support group facilitation. She has also worked in end-of-life and hospice care, crisis psychiatric assessment, and HIV adolescent case management. Her research interests include combat stress in United States soldiers returning from Iraq and Afghanistan, and post-traumatic stress disorder and its impact on families.
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Diane Pilkey, RN, MPH, is an epidemiologist specializing in adolescent health issues at the Washington State Department of Health. She graduated in 1997 from the Maternal and Child Public Health Leadership Training Program at the University of Washington, Seattle. Diane has a background in emergency nursing and has worked in public health at the local, state, and federal levels.
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References:

1. US Department of Defense. Defense Manpower Data Center, Contingency Tracking System Deployment File. Deployment File for OEF and OIF. Washington, DC; 2008.
2. US Department of Defense. Military Personnel Statistics, Armed Forces. Washington, DC; August 2009.
3. US Department of Defense. Military Community and Family Policy. Demographics: Profile of the Military Community. Washington, DC; 2008.
4. American Psychological Association Presidential Task Force on Military Deployment Services for Youth Families and Service Members. The Psychological Needs of US Military Service Members and Their Families: A Preliminary Report. Washington, DC; 2007.
5. Slone LB, Friedman MJ. *After the War Zone: A Practical Guide for Returning Troops and Their Families*. Philadelphia, PA: Da Capo Press; 2008.
6. Mmari K, Roche KM, Sudhinaraset M, Blum R. When a parent goes off to war: Exploring the issues faced by adolescents and their families. *Youth & Society*. 2009;40(4):455-475.
7. Washington State Department of Health. Healthy Youth Survey, Form B. Olympia, WA: 2008.

Table 1. Percent reporting behavior risk factor by parent or guardian military status in past six years by grade, Washington Healthy Youth Survey 2008[1]

	Grade 8		Grade 10		Grade 12	
	In Military	Not in Military	In Military	Not in Military	In Military	Not in Military
Number	842	3246	536	2722	412	2293
	Percentages					
Cigarette use past 30 days	*9	7	*21	14	*27	18
Alcohol use past 30 days	19	17	*40	32	46	41
Marijuana use past 30 days	9	8	*28	18	24	23
Bullied in past 30 days	*33	28	*28	22	*19	15
Physical fight in past year	*44	35	*46	28	*27	21

[1]Question: In the past six years, has your parent or guardian served in the military (Army, Navy, Air Force, Marines, Coast Guard, National Guard, and Reserves)?

*Significant difference using chi-square at $p<0.05$.

A Variety of Services Support Oregon State's Military Families

Nurit Fischler

By the end of 2010, it is estimated that 15,000 National Guard members will have returned to Oregon State after serving in the current Iraq and Afghanistan campaigns. Just this spring, 2,700 members of the National Guard 41st Brigade Combat Team returned to the state after deployment in Iraq. Another 500 veterans are discharged from other military service branches and return to the state each month.

For more than half of the returning 41st Brigade Combat Team, this was their second, third, or fourth combat zone deployment. More than half of these members returned to Oregon State unemployed and 170 came home with no known address.(1)

The strain on veterans is evidenced in the high rates of alcohol and drug abuse, mental trauma (including post-traumatic stress disorder, depression, and traumatic brain injury), and suicide, as well as high rates of divorce, child abuse, and domestic violence.(1, 2, 3) In Oregon State, the situation is compounded by the fact that military families are widely dispersed in rural areas, and that there are no military bases to serve returning veterans and their families. Limits on the availability and confidentiality of services for military family members are also critical issues.

In Oregon State, the situation is compounded by the fact that military families are widely dispersed in rural areas, and that there is no military base to serve returning veterans and their families.

In response to these challenges, a variety of services have emerged—both within and outside the military structure—to support the diverse and growing needs of the state's military families.

The Oregon National Guard's Joint Family Support Assistance Program is a team of consultants who provide extensive support networks for military service members and their families. The program focuses on augmenting existing programs and helping families through all phases of the deployment cycle. Services are delivered in local communities through collaborative partnerships.

The Joint Family Support Assistance Program includes Military and Family Life Consultant, Child and Youth Consultant, Personal Finance Consultant, Military One-Source , Operation Military Kids, and the American Red Cross. Contact information for program staff located throughout the state is available at their Web site.

The Returning Veteran's Project is a non-profit organization that connects returning veterans, military service members, and their families and survivors with providers offering free, confidential, and in-depth counseling and allied health care services in Oregon State and southwestern Washington State. The licensed and insured providers include mental health professionals, acupuncturists, naturopaths, chiropractors, and massage therapists. Provider contact information is accessed through the Web site.

The Oregon Military Support Network hosts networking, education, and outreach meetings for agencies and providers. Monthly meetings are currently held in Ti-

gard, Salem, and East Portland, and plans are underway for expanded services throughout the state. Agencies or providers interested in attending may contact Michelle Davidson at 971-645-3313 or michelle.davidson30@gmail.com.

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Michelle Davidson, Executive Director
Oregon Military Support Network
Email: michelle.davidson30@gmail.com

Other Resources:
Oregon Reintegration Team
www.orng-vet.org/
Portland VA Medical Center
www.visn20.med.va.gov/portland/
Resources for Military Children Affected by Deployment
http://bit.ly/auT2QF

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2. Tanielian T, Jaycox LH, eds. *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*. Santa Monica, CA: RAND Corporation. Available at www.rand.org/pubs/monographs/2008/RAND_MG720.pdf. Accessed August 2010.
3. Rentz D. Effect of deployment on the occurrence of child maltreatment in military and nonmilitary families. *Am J Epidemiol*. 2007;165(10):1199-1206

Free On-line Webinar

Period of PURPLE Crying®

Shaken Baby Syndrome is the most serious form of infant abuse, and its incidence is increasing. A normal increase in infant crying in the first few months of life is the main trigger for this abuse. The public health education program **Period of PURPLE Crying®**, from the National Center on Shaken Baby Syndrome, is an effective approach to preventing infant abuse.

The University of Washington Maternal and Child Public Health Leadership Training Program invites you to join us for this webinar on the development and implementation of this important program.

Presenter: Ronald G. Barr, MDCM, FRCPC

Time: October 13th, noon to 1:00 p.m. (Pacific)

To register: shattuck@u.washington.edu

Washington State Military Kids and Families Summit

November 12, 2010
Tacoma Elks Lodge 142
Tacoma WA

For more information, go to
http://conferences.wsu.edu/militarykids

The Military Health System: Support for Children with Special Developmental Needs

Victoria Crescenzi

Military families with children with special developmental needs have unique challenges related to military life, including frequent moves and deployment of the service member away from the family. They also have certain benefits provided to them for their military service, including health care benefits through TRICARE[1]. The military health system uses a medical home model where each family has a primary care provider who refers the family to specific subspecialty professionals while remaining the main point of contact to explain and manage the multiple challenges of caring for a child with special developmental needs.

The Department of Defense understands that these families need to be stationed where the needs of their child can be met, whether overseas or in the United States. The **Exceptional Family Member Program** allows families to be stationed where they can meet the needs of their child and where the active duty member can fulfill his or her requirements for career and professional advancement. This is a mandatory program in each of the military services, but each has its own processes, goals ,and resources, so details need to be addressed individually. Depending on the service, Exceptional Family Member Program benefits may include respite care, priority housing, when available, and priority day care placement.

The **Extended Care Health Option** is a benefit offered to family members of active duty members with moderate to severe disabilities as defined by the Exceptional Family Member Program. It allows up to $36,000 per year, with a family co-pay based on rank, to help pay for specific therapies not covered by TRICARE.

Children with special developmental needs who are eligible for military health benefits can be offered specific resources and services that have been proven to be therapeutic over time. Families should understand what these resources and services are and how to access them in order to fully meet their children's special needs.

[1]TRICARE serves active duty service members, National Guard and reserve members, retirees, their families, survivors, and certain former spouses.

Victoria Crescenzi, MD, FAAP, graduated from New York Medical College, Westchester County, New York, in 1989. She trained in pediatrics at the National Medical Center, Bethesda, Maryland, and in developmental and behavioral pediatrics at the University of Maryland, Baltimore. After retiring from the United States Navy in 2009, she continued on at the Navy Hospital Bremerton, Bremerton, Washington, in developmental and behavioral pediatrics. She currently serves on the Washington State Interagency Coordinating Council.
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Resources:

Journey through Autism: A Guide for Military Families. Organization for Autism Research and Southwest Autism Research and Resource Center Life. www.researchautism.org/resources/reading/documents/Military%20Guide_WEB.pdf

Military Homefront
The Exceptional Family Member Program Tool Kit provides a complete discussion of the program. www.militaryhomefront.dod.mil/efm

Military One Source
www.Militaryonesource.com

Operation Autism: A Resource Guide for Military Families www.operationautismonline.org/

TRICARE www.tricare.mil/echo

TriWest (Healthcare Alliance Beneficiary Services)
www.triwest.com

Maternal and Child Public Health Leadership Training Program

The Maternal and Child Public Health Leadership Training Program offers a two-year, in-residence interdisciplinary program that leads to a MPH degree with a focus on maternal and child health. The program is one of only thirteen schools of public health training programs sponsored by the Maternal and Child Health Bureau, Health Resources and Services Administration.

Students graduate from the program with the skills and competencies to become leaders in improving the systems, programs, and policies that support the health of children and families in the United States. The following students were admitted for the 2010 academic year:

Samantha Benson earned a BS in biology from Indiana University, Bloomington. Her interests in public health have been strengthened by her participation in *Middle Way House*, an organization aimed at decreasing gender and sexual violence. There she worked as a crisis intervention specialist on a 24-hour crisis line and volunteered as a victim's advocate. Samantha plans on focusing on community health promotion with an emphasis on women's health and health promotion strategies.

James Cannava is concurrently pursuing a Master of Science in Dentistry degree and a MPH degree. He earned a BS in biochemistry from the University of California, Davis, and a DDS from the Oregon Health Sciences University, Portland. He spent several years working in public health dentistry for under-served children in rural Montana. His most current research focuses on the impact of a mother's prenatal dental care, obtained through a community health center, on her infant's access to dental care.

Julia Dettinger earned a BA in biology and politics from Mount Holyoke College, South Hadley, Mass. She spent the last three years working for *Global Health Through Education, Training and Service*, a small non-profit organization. Julia is interested in reproductive epidemiology and in developing innovative public health initiatives.

Deborah Gardner earned an MFA in English from the University of Washington, Seattle, and a BA in women's studies from Oberlin College, St. Oberlin, Ohio. Her MFA thesis focused on how and why writers incorporate science into their writing. She writes for several food blogs as well as several online magazines. Her goal is to balance health science writing with health services work in the non-profit or public health sector.

Shannon Harris is concurrently pursuing a Master of Public Administration degree and a MPH degree. She earned a BS in biochemistry from the University of Washington, Seattle. Shannon works as a doula at *Open Arms Perinatal Services*, Seattle, Wash. There she developed a program that provides doula services to pregnant women affected by domestic violence. Her goal is to gain the skills necessary to develop programs and manage nonprofit organizations.

Stephanie Orrico earned a BS in speech and hearing sciences from the University of Washington, Seattle, as well as a BA in early childhood education from Boston College, Boston, Mass. Her primary interest is in toddlers with special needs. She has prior work experience with the Early Hearing-Loss Detection, Diagnosis and Intervention Program at the Washington State Department of Health. Her goal is to gain new skills through which to analyze health care delivery systems.

Marissa Robertson earned a BS in health education and community health from San Francisco State University, San Francisco, Calif. For the last several years she has worked as a research study assistant for the Ovarian Cancer Symptoms Study in the Department of Obstetrics and Gynecology at the University of Washington, Seattle. She is interesting in exploring the use of Community Outreach and Translation Cores to increase community participation in research projects and make research relevant to community needs.

Amy Spieker earned a BA in economics from Pacific Lutheran University, Tacoma. Her work on a research project evaluating the effectiveness of prenatal care on infant birth weight provided her with basic research skills. She wants to enhance her quantitative skills and understanding of health care research. Her ultimate goal is to be in a position to influence policy through research.

Resources . . .

Adverse Childhood Experiences Study
Centers for Disease Control and Prevention
www.cdc.gov/nccdphp/ace/outcomes.htm#Commentary

Army Reserve Family Programs
www.arfp.org/skins/ARFP/home.aspx?mode=user

The Campaign for a Healthy Homecoming
http://healthyhomecoming.org/

Honoring Our Babies and Toddlers: SupportingYoung Children Affected by a Military Parent's Deployment, Injury, or Death
ZERO TO THREE
www.aap.org/sections/uniformedservices/deployment/pdfs/zerotothree-%20professional%20guide.pdf

Hooah4Health
www.hooah4health.com/

Military Child Education Coalition
www.militarychild.org/

The Military Family Network
www.emilitary.org/

Military Homefront
Department of Defense reports, including a final report from the *National Leadership Summit on Military Families*, November 9-10, 2009.
www.militaryhomefront.dod.mil/portal/page/mhf/MHF/MHF_DETAIL_0?current_id=20.20.60.70.0.0.0.0.0

Military OneSource
www.militaryonesource.com/home.aspx?MRole=&Branch=&Component=

National Guard Family Program
www.jointservicessupport.org/fp/

The National Child Traumatic Street Network: Military Children and Families
www.nctsnet.org/nccts/nav.do?pid=ctr_top_military

Operation Autism: A Resource Guide for Military Families
www.operationautismonline.org/

Operation Military Kids
www.operationmilitarykids.org/public/home.aspx

Specialized Training of Military Parents (STOMP)
www.stompproject.org/

Support for Military Children and Families
American Academy of Pediatrics
www.aap.org/sections/uniformedservices/deployment/index.html

Talk, Listen, Connect: Helping Military Families with Deployment (Sesame Street DVD)
www.sesameworkshop.org/initiatives/emotion/tlc

Welcome Home! How to Make a Difference in the Lives of Returning War Zone Veterans
Family Policy Council
www.fpc.wa.gov/publications/welcomehome.pdf

Coming Together Around Military Families®

Facilitated by ZERO TO THREE and supported by the Department of Defense, two Duty to Care trainings are available at various military installations throughout the country through 2012.

The free training series is designed to build collaboration between professionals so that they can better support very young children and their families who are experiencing trauma, grief, and loss as a result of a service member's deployment to Afghanistan or Iraq.

For more information, go to www.zerotothree.org/about-us/funded-projects/military-families/ctamf-training-opportunities.html.

Building Resilient Kids Military Child Initiative

This free, on-line course provides participants with the skills to help students from military families meet the challenges of military life. It is intended for school administrators, support staff, and teachers. The 14 modules include: challenges of mobility and deployment; helping students in crisis; building student resilience; creating a caring school environment; encouraging academic engagement; building parent and community support; and planning, implementing, and evaluating interventions.

www.jhsph.edu/mci/training_course/

The Johns Hopkins Bloomberg School of Public Health and the Johns Hopkins Center on School, Family, and Community Partnerships.