

Health and Mental Health Needs of Children in U.S. Military Families

Anthony Kuleto, MD, FAAP
LCDR, MC, USN
Naval Medical Center San Diego
San Diego, CA

AAP
experience **VIRTUAL**
2020
National Conference & Exhibition
AAPEXPERIENCE.ORG #AAP2020

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®
90 Years of Caring for Children—1930–2020

1

Faculty Disclosure Information

In the past 12 months, I have had no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial service(s) discussed in this CME activity.

I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation

The views expressed herein are those of the author and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, or the US Government

AAPEXPERIENCE.ORG #AAP2020

AAP
experience

2

Learning Objectives

At the conclusion of the presentation, participants should be able to:

1. Understand the demographics and culture of military children and their families
2. Describe some of the unique experiences of military connected children
3. List empirically supported treatments and resources for military families

AAPEXPERIENCE.ORG #AAP2020



3

Military Pediatrics – A Guiding Principle

“Semper Gumby”

AAPEXPERIENCE.ORG #AAP2020



4

Pediatrics AAP Clinical Report June 2013¹

Focus on the impact of deployment

AAPEXPERIENCE.ORG #AAP2020



5

Pediatrics AAP Clinical Report June 2013¹

Deployment cycle (5 stages)²

- Pre-deployment
- Deployment
- Sustainment
- Re-deployment
- Post-deployment

AAPEXPERIENCE.ORG #AAP2020



6

Pediatrics AAP Clinical Report June 2013¹

- **Effect** of Wartime Deployment
 - Research
 - Common Child and Adolescent Reactions
 - Injury or Death of a parent
- **Interventions**
 - Assessing the family's response to stress
 - How to help children cope and foster resilience
 - Supporting the parent

AAPEXPERIENCE.ORG #AAP2020



7

Pediatrics AAP Clinical Report January 2019³

Practical guidance for those caring for military-connected children

WHY: *Greater than 50% of military-connected children
receive healthcare in civilian sector*

AAPEXPERIENCE.ORG #AAP2020



8

2019 Clinical Report³

TOPICS

- Demographics/Military culture
- Stressors/Resilience
- Child Care/Education
- Military Health System
- Special Health Care Needs
- Advocacy/Resources

AAPEXPERIENCE.ORG #AAP2020



9

Demographics³

- 1.3 million men and women serve on active duty, 803,000 in the National Guard and Reserve and more than 2 million military retirees^{4,5}
- 17.7% officers with an average age of 34.6 years and 82.3% enlisted personnel with an average age of 27.1 years⁴

AAPEXPERIENCE.ORG #AAP2020



10

Demographics³

- 1.7 million children of active duty/reserve personnel⁴
 - 37.8% are 0 to 5 years of age
 - 31.1% are 6 to 11 years of age
 - 23.6% are 12 to 18 years of age
- When including active duty personnel, reserve personnel, and veterans, it is estimated that there are 4 million children who are military connected, with the largest group age ≤ 5 years⁶

AAPEXPERIENCE.ORG #AAP2020



11

Military Culture³

- Distinct hierarchy and organizational structure⁷
- Ethnically and geographically diverse backgrounds⁷
- Members join the military for a variety of reasons (i.e. propensity to serve, educational benefits, and financial motivations, etc.)⁷
- Relatively young workforce⁸

AAPEXPERIENCE.ORG #AAP2020



12

Military Culture³ - Children

- Unique experiences in military children
 - **Relocation**
 - Prolonged parental separation (**Deployment**)
 - Live on base/post (CONUS and OCONUS)
 - Sense of camaraderie
 - Children of veterans are more likely to enlist than civilian peers⁹

AAPEXPERIENCE.ORG #AAP2020



13

Relocation³

- Military families are geographically mobile, moving at a rate **2.4 times** more frequent than that of their civilian counterparts^{6,8,10}
- Military children may experience a move every 2 to 4 years and can transition between schools **up to 9 times by the age of 18 years**^{11,12}
- Children of veterans and reservists may feel isolated^{8,11}

AAPEXPERIENCE.ORG #AAP2020



14

Deployment stressors and Health Care Utilization³

- Systematic review of 26 studies found an association between **increased deployment-related stress** and **mental health problems** in *parents and young children* as well as **increased use of mental health resources**¹³
- Another study showed an **increase in specialist visits** and **antidepressant** and/or **anxiolytic medication** use among children during deployment¹⁴
- Additionally, a **shift** from **military treatment facilities** to **civilian** facilities during deployment was observed, which may be indicative of a temporary family relocation while the active duty service member was deployed¹⁴

AAPEXPERIENCE.ORG #AAP2020



15

Deployment Stressors and Abuse/Neglect³

- Increased **risk of neglect** among deployed families compared with families that were never deployed¹⁵
- Increased risk of **child maltreatment**, including neglect and physical abuse¹³
- Increased **risk at the time of redeployment**, making it important to continue to provide resources once a service member who was deployed return¹¹
- **Underutilization of Family Advocacy Program (FAP)** - 42% of cases of medically diagnosed maltreatment were reported to the FAP, compared with 90% reported to child protective services¹⁶

AAPEXPERIENCE.ORG #AAP2020



16

Resilience³

- Most research on military children is focused on deficits rather than the strengths and supports that promote resilience
 - Several studies that describe positive outcomes, including enhanced family bonding during deployment, resilience through shared experiences, and enhanced social connections¹⁷
- **Resilience is key** in all phases of deployment, and effective **support networks** may improve coping skills¹⁸
- **Parental mental health** and **parental adjustment** to deployment may impact a child's resilience¹⁹
- **Socialization with other military children** during a deployment was a **protective factor** that led to better functioning²⁰

AAPEXPERIENCE.ORG #AAP2020



17

Child Care and Education³

- Department of Defense runs the nation's largest employer-sponsored child care system²¹
 - 900 Child Development Centers (CDC)
 - 300 school-age care program (SAC) sites
 - Child care homes
 - Subsidized civilian child care
- Only a small fraction of the military population was reached by these programs²²
 - 7% of military members were served by child development centers
 - Fewer than half of families with children younger than 6 years of age were using DOD-sponsored child care.

RESOURCE: <https://www.militaryonesource.mil/leaders-service-providers/children-youth-and-teens/child-care-resources>

AAPEXPERIENCE.ORG #AAP2020



18

Education³

- **13% of children** with an active duty parent attend a Department of Defense Education Activity (DoDEA) school⁶
- DoDEA operates 160 schools for approximately 70,000 children enrolled in kindergarten through 12th grade; is located in 7 states, 11 countries, and 2 territories; and also provides support for 1.1 million students who are military connected in public schools in the United States^{23,24}
- The average military student attends **9 schools between kindergarten and 12th grade**.²⁵
- Civilian schools may be less familiar with the needs of military children²⁶
- Increased risks of academic challenges and social problems, it is recommended that military children are provided a supportive environment²⁶
- Partnership grant with DODEA and public schools to assist civilian schools with children who are military connected.

<http://www.dodea.edu/Partnership/schoolLiaisonOfficers.cfm>

AAPEXPERIENCE.ORG #AAP2020



19

Military Health System^{3,27}

- Unified Medical Program (UMP) that serves **9.6 million** beneficiaries at an annual cost of approximately **\$50 billion**
- The Assistant Secretary of Defense for Health Affairs is responsible for executing the Defense Health Program (DHP), including providing health care to 9.6 million Service members, retirees, and their families through the TRICARE health benefit, at both MTFs and through civilian networks
- Each service branch is responsible for ensuring medical readiness of its operational forces and provides direct health care to beneficiaries at **50 inpatient hospitals** and **475 Ambulatory Care/Occupational Health Clinics** throughout the world

AAPEXPERIENCE.ORG #AAP2020



20

Special Health Care Needs^{3,27,28,29}

- Approximately **220,000** active duty and reserve military personnel have a family member with special needs, including **20% of children who are military connected**
- In fiscal year 2015, 1.79 million children ages 6 months to 21 years were enrolled in the Military Health System, **17.3% of whom had noncomplex chronic needs** and **5.6% of whom had complex chronic needs**

AAPEXPERIENCE.ORG #AAP2020



21

Special Health Care Needs³ (Educational Resources)

- **Educational & Developmental Intervention Services (EDIS)**
 - Provides comprehensive developmental services, including early childhood special education, speech therapy, occupational therapy, physical therapy, social work, and child psychology
- **Department of Defense Education Activity (DODEA)**
 - For children ages 3 to 21 years who qualify for special education services, DODEA schools provide special education services while collaborating with Educational and Developmental Intervention Services for medically related services in the school setting.
- **Resources:**
 - Office of Community Support for Military Families with Special Needs published the DOD Special Needs Tool Kit: Birth to 18
 - Special education directory to assist families with transitions during relocation to different communities, which is available through the Military OneSource Web site www.Militaryonesource.mil

AAPEXPERIENCE.ORG #AAP2020



22

Special Health Care Needs³ (Programs)

- Exceptional Family Member Program (EFMP)^{30,31}
 - There are approximately 130,000 military family members enrolled in the EFMP with approximately two-thirds of these being children
 - **EFMP Quick reference guide** can be found on Military OneSource: <https://download.militaryonesource.mil/12038/MOS/ResourceGuides/EFMP-QuickReferenceGuide.pdf>
- Overseas Screening (OSS)
 - A process that active duty service members and their family members undergo once they are identified for an overseas assignment
 - Because of limited medical service capabilities in overseas environments, OSS reviewers take these factors into consideration when making a determination

<https://www.militaryonesource.mil/family-relationships/special-needs/special-needs-resources>

AAPEXPERIENCE.ORG #AAP2020



23

Special Health Care Needs – Programs^{3,27}

- **Autism Care Demonstration**
 - Eligibility for dependents of active duty members and some activated reservists is contingent on EFMP and ECHO enrollment, whereas dependents of retirees are eligible for ACD services without EFMP and ECHO enrollment
 - In Fiscal Year 2018
 - 14,820 beneficiaries filed claims for ABA services through TRICARE
 - \$383 million in total expenditures (82% of cost for ABA services)
- **Extended Care Health Option (ECHO)**
 - The Tricare Extended Care Health Option (ECHO) program is a supplemental benefit for active duty family members with a qualifying condition, such as autism spectrum disorders, intellectual disability, serious physical disabilities, and neuromuscular developmental conditions. It is a monthly cost share based on the sponsor's rank that ranges from \$25 to \$250 per month, with an annual coverage limit of \$36,000
 - Services covered by ECHO may include durable medical equipment, in-home medical services, rehabilitative services, respite care, and transportation. ECHO eligibility is contingent on enrollment in EFMP.
 - Available at: https://tricare.mil/-/media/Files/TRICARE/Publications/FactSheets/ECHO_FS.ashx

AAPEXPERIENCE.ORG #AAP2020



24

RECOMMENDATIONS: Screening³

- Establish a clinical process to identify children who are military connected and **document it in the electronic medical record.**
- Take a thorough **military history**, including parental deployment history, relocation, and parental mental health.
- Integrate an evidence-based **behavioral and emotional rating scale** in your practice to identify children who are at risk.

AAPEXPERIENCE.ORG #AAP2020



25

RECOMMENDATIONS: Deployment³

- Gain familiarization with the deployment cycle and common reactions to deployment.
- Provide a linkage to community based resources for families of service members who are deployed, including mental health services and evidence-based intervention programs that promote resilience
 - Families Over Coming Under Stress
<http://focusproject.org>
 - After Deployment: Adaptive Parenting Tools (ADAPT)
<http://www.cehd.umn.edu/fsos/research/adapt/default.asp>
 - Sesame Street for Military Families
<https://sesamestreetformilitaryfamilies.org>

AAPEXPERIENCE.ORG #AAP2020



26

RECOMMENDATIONS: Educational³

- Help new families in the local community connect with local military resources and community agencies.
- Prepare families for an upcoming move through online resources for:
 - Spouses www.militaryonesource.mil/for-spouses
 - Children <https://militarykidsconnect.health.mil/>
- Work with local schools to implement a program identifying military children and provide resources to assist

AAPEXPERIENCE.ORG #AAP2020



27

RECOMMENDATIONS: Special Needs³

- Resources that are valuable in assisting families with children with special needs include:
 - http://download.Militaryonesource.Mil/12038/EFMP/PTK_SCORsParentToolkit_Apr2014.pdf
 - www.militaryonesource.mil/family-relationships/special-needs/special-needs-resources
 - <https://download.militaryonesource.mil/12038/MOS/ResourceGuides/EFMP-QuickReferenceGuide.pdf>

AAPEXPERIENCE.ORG #AAP2020



28

RECOMMENDATIONS: Overseas screening³

- Pediatricians can work with overseas screening coordinators by **completing any requested forms** and providing an up-to-date assessment of a patient's medical needs.
- **Overseas hospitals frequently publish possible disqualifying conditions** on their websites, which can help families be prepared and manage expectations.
- In the case of an overseas screening denial, pediatricians can **clarify any concerns with the overseas screening office** and provide any additional documentation as needed to facilitate

AAPEXPERIENCE.ORG #AAP2020



29

Advocacy^{3,30} - Socioecological model

Suggested as a framework to identify the effects of military deployment and separations on children, and effective interventions to promote resilience should be **designed and tailored at each level**

AAPEXPERIENCE.ORG #AAP2020



30

Military Advocacy opportunities

- Engage with community, Developmental Extenders, etc.
- Clinical Communities
 - Complex Pediatrics Care Committee
 - Primary Care Clinical Committee
- EFMP Program/Family Readiness
- Autism Care Demonstration Policy
- AAP Section on Uniformed Services and AAP Uniformed Services Chapters (West and East)

AAPEXPERIENCE.ORG #AAP2020



31

Additional Resources³

- **Education**
 - The Military Child Education Coalition www.Militarychild.org
 - DODEA www.dodea.edu
- **Autism**
 - Operation Autism www.operationautismonline.org
 - Autism Care Demonstration
<https://tricare.mil/Plans/SpecialPrograms/>
- **Family**
 - Military One Source <https://www.militaryonesource.mil/>
 - Clearinghouse for Military Family Readiness
www.militaryfamilies.psu.edu

AAPEXPERIENCE.ORG #AAP2020



32

Changes you may wish to make in practice:

1. Establish a clinical process to identify children who are military connected, then obtain a thorough family military history and needs assessment
2. Help new families in the local community connect with local military resources and community agencies.
3. Provide a linkage to community based resources for families of service members who are deployed, including mental health services and evidence-based intervention programs that promote resilience

AAPEXPERIENCE.ORG #AAP2020



33

References

For more information on this subject, see the following publications:

- **2013 AAP Clinical Report:** Siegel BS, Davis BE; Committee on Psychosocial Aspects of Child and Family Health; Section on Uniformed Services. Health and mental health needs of children in US military families. *Pediatrics*. 2013;131(6). Available at: www.pediatrics.org/cgi/content/full/131/6/e2002
- **2019 AAP Clinical Report:** Huebner CR; SECTION ON UNIFORMED SERVICES; COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH. Health and Mental Health Needs of Children in US Military Families. *Pediatrics*. 2019;143(1):e20183258.doi:10.1542/peds.2018-3258

AAPEXPERIENCE.ORG #AAP2020



34

Bibliography

1. Siegel BS, Davis BE; Committee on Psychosocial Aspects of Child and Family Health; Section on Uniformed Services. Health and mental health needs of children in US military families. *Pediatrics*. 2013;131(6). Available at: www.pediatrics.org/cgi/content/full/131/6/e2002
2. Pincus SH, House R, Christenson J, Adler LE. The emotional cycle of deployment: a military family perspective. *US Army Med Dep J*. 2001;2(5):15–23
3. Huebner CR; SECTION ON UNIFORMED SERVICES; COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH. Health and Mental Health Needs of Children in US Military Families. *Pediatrics*. 2019;143(1):e20183258. doi:10.1542/peds.2018-3258
4. Department of Defense. 2018 demographics. Profile of the military community. Available at: <http://download.militaryonesource.mil/12038/MOS/Reports/2018-Demographics-Report.pdf>
5. Department of Defense. Our story. Available at: <https://www.defense.gov/About/>
6. Nelson SC, Baker MJ, Weston CG. Impact of military deployment on the development and behavior of children. *Pediatr Clin North Am*. 2016;63(5):795–811
7. Woodruff T, Kelty R, Segal DR. Propensity to serve and motivation to enlist among American combat soldiers. *Armed Forces Soc*. 2016;32(3):353–366

AAPEXPERIENCE.ORG #AAP2020



35

Bibliography

8. Clever M, Segal DR. The demographics of military children and families. *Future Child*. 2013;23(2):13–39
9. Sherman MD. Children of military veterans: an overlooked population. Available at: https://www.srcd.org/sites/default/files/documents/spr283_final.pdf
10. Cooney R, De Angelis K, Segal MW. Moving with the military: race, class, and gender differences in the employment consequences of tied migration. *Race, Gender & Class*. 2011;18(1/2):360–384
11. Rossiter AG, Dumas MA, Wilmoth MC, Patrician PA. “I Serve 2””: meeting the needs of military children in civilian practice. *Nurs Outlook*. 2016;64(5):485–490
12. National Military Family Association. Education revolution: Their right. Our fight. Available at: <https://www.militaryfamily.org/info-resources/education/education-revolution/>
13. Trautmann J, Alhusen J, Gross D. Impact of deployment on military families with young children: a systematic review. *Nurs Outlook*. 2015;63(6):656–679
14. Larson MJ, Mohr BA, Adams RS, et al. Association of military deployment of a parent or spouse and changes in dependent use of health care services. *Med Care*. 2012;50(9):821–828

AAPEXPERIENCE.ORG #AAP2020



36

Bibliography

15. Cozza SJ, Whaley GL, Fisher JE, et al. Deployment status and child neglect types in the U.S. Army. *Child Maltreat*. 2018;23(1):25–33
16. Wood JN, Griffis HM, Taylor CM, et al. Under-ascertainment from healthcare settings of child abuse events among children of soldiers by the U.S. Army Family Advocacy Program. *Child Abuse Negl*. 2017;63:202–210
17. Easterbrooks MA, Ginsburg K, Lerner RM. Resilience among military youth. *Future Child*. 2013;23(2):99–120
18. Davis BE, Blaschke GS, Stafford EM. Military children, families, and communities: supporting those who serve. *Pediatrics*. 2012;129(suppl 1):S3–S10
19. Cozza SJ, Lerner RM, Haskins R. Social policy report. Military and veteran families and children: policies and programs for health maintenance and positive development. 2014. Available at: https://www.srcd.org/sites/default/files/documents/spr283_final.pdf.
20. Meadows SO, Tanielian T, Karney B, et al. The Deployment Life Study: longitudinal analysis of military families across the deployment cycle. *Rand Health Q*. 2017;6(2):7
21. Floyd L, Phillips DA. Child care and other support programs. *Future Child*. 2013;23(2):79–97

AAPEXPERIENCE.ORG #AAP2020



37

Bibliography

22. Zellman GL, Gates SM, Cho M, Shaw R. Options for improving the military child care system. 2008. Available at: https://www.rand.org/content/dam/rand/pubs/occasional_papers/2008/RAND_OP217.sum.pdf.
23. Department of Defense Education Activity. Community strategic plan volume 1: school years 2013/14–2017/18.2013. Available at: www.dodea.edu/CSP/upload/CSP_130703.pdf
24. Department of Defense Education Activity. About DoDEA - DoDEA schools worldwide. Available at: www.dodea.edu/aboutDoDEA/today.cfm.
25. Kitmitto S, Huberman M, Blankenship C, Hannan S, Norris D, Christenson B. Educational options and performance of military-connected school districts research study – final report. 2011. Available at: www.dodea.edu/Partnership/upload/AIR-Research-Study-2011.pdf.
26. Chandra A, Martin LT, Hawkins SA, Richardson A. The impact of parental deployment on child social and emotional functioning: perspectives of school staff. *J Adolesc Health*. 2010;46(3):218–223
27. Defense Health Agency. Evaluation of the TRICARE program: Fiscal year 2020 report to Congress. Available at: <https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program>

AAPEXPERIENCE.ORG #AAP2020



38

Bibliography

28. Aronson KR, Kyler SJ, Moeller JD, Perkins DF. Understanding military families who have dependents with special health care and/or educational needs. *Disabil Health J.* 2016;9(3):423–430
29. Eunice Kennedy Shriver National Institute of Child Health and Human Development. Military-connected children with special health care needs and their families. 2014. Available at: <https://www.nichd.nih.gov/news/resources/spotlight/120214-military-families>.
30. Lester P, Flake E. How wartime military service affects children and families. *Future Child.* 2013;23(2):121–141
31. Department of Defense. *Annual Report to the Congressional Defense Committees on Support for Military Families with Special Needs.* Washington, DC: Department of Defense; 2015