of their needs. For example, the Family Readiness Program has offered programs called Beyond the Yellow Ribbon, which are pre-mobilization programs for soldiers and families, during mobilization for the families, and post-mobilization at 30 and 60 days for the soldier and family. A mid-deployment event was aimed at supporting the families (this we planned and a Yellow Ribbon Brief that lasted a whole day). We wanted to give people time to relax a little, to talk with each other, and to ask questions. It's hard to take in information when so much is changing in your life. When my family members were deployed the first time, the brief lasted only three hours. I'm smart, but it took me a year after the briefing to realize that I was covered by TRICARE, the military health insurance. I don't want that to happen to other family members.

Barbara Purinton
Vermont National Guard Family Readiness Support Assistant; Wife and Mother of Soldiers Serving in Afghanistan

The Rear Detachment

Whenever there is a deployment of a military unit to combat or to another military operation, a group of military members of that unit is selected to remain at the home installation. This group is called the "rear detachment." In the past the rear detachment was often made up of individuals who had medical conditions, family issues, or other reasons that prevented them from deploying. However, senior military leaders learned that the rear detachment personnel played a vital part in the success of a deployed unit's mission. More and more unit commanders are selecting their most competent and dedicated personnel to make up the rear detachment.

The rear detachment is responsible for all of the personnel and equipment that remain at the unit's home installation (Office of the Assistant Secretary of Defense for Reserve Affairs, 2010). One of the main responsibilities of the rear detachment is to coordinate closely with family readiness staff (paid staff members who work directly for the unit commander) and volunteers (usually military spouses who act as leaders and advocates for the collective families of the unit) to ensure that the families of military members who deploy are well-informed and well cared for. The rear detachment, the deployed portion of the unit, and the family readiness staff and volunteers must have a good working relationship and an open exchange of information in order to have a good family readiness program (i.e., a means to disseminate information to families, address their concerns, and involve them in the unit). A good family readiness program keeps the morale and well-being of its families high during the deployment by using social activities, the Internet (a unit website and email), newsletters, teleconferences, telephone trees, and the use of toll-free phone numbers to engage families (Office of the Assistant Secretary of Defense for Reserve Affairs, 2007).

Wounded Warrior Programs

Each branch of the military has programs for wounded, injured, and ill service members and their families: the U.S. Army Wounded Warrior Program (AW2), the Air Force Wounded Warrior Program (AFW2), the Marine Corps Wounded Warrior Regiment (WWR), and the Navy Safe Harbor (which also provides assistance to wounded, injured, or ill Coast Guard members and their families).

These Wounded Warrior Programs provide assistance and advocacy for severely wounded, ill, and injured service members and their families (U.S. Army Medical

Department, Army Wounded Warrior Program, 2010a; U.S. Air Force, 2010; Navy Personnel Command, 2010; U.S. Marine Corps, 2010). Services include providing support and advice about medical treatment and rehabilitation and help during the transition back into the military service or into the civilian community. The programs help military and family members access federal, state, and civilian programs that often require beneficiaries to negotiate difficult systems to access. These include medical, financial, educational, employment, and legal programs; assistance with retirement or transition to civilian life; individual and family counseling; and information about benefits to which they are entitled.

Voices From the Frontline

CREATING NEW SERVICES

It's not a mystery as to how new services are created

The military is very responsive given its size. In my appointed role as Deputy Assistant Secretary of the Navy for Force Support and Families in the first Bush Administration, I had oversight of all quality of life issues for the Navy and Marine Corps for the Secretary of the Navy. My job was to develop and implement policy for Navy and Marine Corps quality of life programs including medical care, military housing, family support, and child development centers.

It's not a mystery as to how new services are created. To create family support programs I went out to commands and listened to families. It takes listening to understand what people in different places need. What works for Naval Air Station Jacksonville is not necessarily the right thing for Naval Air Station San Diego.

We used to meet regularly with family support groups like the National Military Family Association, a private non-profit organization that works to improve the quality of life for military families, that let us know what supports they saw were needed. I'd share what I saw. Sometimes the military could provide a needed service. Sometimes military support civilian organizations could provide services we couldn't.

It helps you reach more families any time you can sit at the table, tell people what you need, see what they can provide using their personnel and, in return, give them visibility.

Marianne "Mimi" Blackburn Drew
Rear Admiral, U.S. Navy (Retired)

PROGRAMS AND POLICIES DESIGNED TO SUPPORT NATIONAL GUARD AND RESERVE MEMBERS AND THEIR FAMILIES

In 2010, the Department of Defense aligned several programs designed specifically to provide support to National Guard and Reserve military members and their families under a new directorate. The newly created Family and Employer Programs & Policy directorate falls under the Office of the Assistant Secretary of Defense for Reserve Affairs and includes the Yellow Ribbon Program, Employer Support of the Guard and Reserve (ESGR) program, and Individual and Family Support Policy. While not a Family and Employer Programs & Policy program, the Joint Family Support Assistance Program also exists to provide services to National Guard and Reserve members and their families. Through these programs, the DoD hopes to better meet the needs of Reserve Component service members and their families and to provide them with more information and greater access to resources.

Voices From the Frontline

ADVOCATING FOR FAMILIES

Families have become a priority of command and leadership

I'm an advocate for military families. My job is to support their overall readiness and well-being, so that they can be constantly ready for a deployment. We're a purple service—meaning that I support any military family. We currently have 998 Air Guardsman on base and about 1,000 families. I'm on call 24 hours a day. If a family has a deployment-related need, I will provide direct service. For other issues, I am like a resource and referral agency and help guide people to services they need.

Part of my job is to bring awareness of family needs to senior leaders on base. I go to all the major meetings so I can be aware of what is happening and see how families might be affected. I also reach out to the broader community. I educate people about the military as I build relationships with organizations and agencies so that I can help our families connect with resources.

Guard and Reserve families don't always identify themselves as military families until deployment is upon them. They are trying to adjust and get to know the military culture as they deal with deployment without the same support network that active duty families get. National Guard and Reserve children and families often feel alone. They are flooded with media and may hear frightening or negative things about the war on the news, from teachers, classmates, and even from people in the grocery store. When you are on active duty and live on an installation, most people are careful about what they say and your community buffers you from negativity.

My role as family advocate was not created until 2001. Prior to that we did not have a full time position for family support in the Air National Guard. There was no funding for family programs. Services were provided by family members and volunteers.

The shift toward supporting families started before 9/11 but it increased in speed afterwards. Leaders learned that the members of the Guard were not so quick to respond if they felt their families were in peril. Since then, families have become a priority of command and leadership—it's good to see. The military culture now is "Mission first, but family always."

Robin Berry
Airman & Family Readiness Manager, 110th Air Wing, Michigan Air National Guard

Department of Defense Yellow Ribbon Reintegration Program

The Yellow Ribbon Program was developed by the DoD specifically to provide assistance and support to National Guard and Reserve military members and their families (see www.yellowribbon.mil). The program provides services, information, and referrals to Reserve Component members and families before, during, and after they are called to active duty and eases the process of transitioning to active duty during mobilization and back to civilian life during demobilization. It also helps Reserve Component members and their families connect with local resources before, during, and after deployments.

The program uses comprehensive outreach methods to reach Reserve Component members and families in even the most isolated locations. Yellow Ribbon activities can include informational presentations (e.g., coping with deployment), family social activities, and reunion events. Events usually occur on one or two weekend days during which presentations on topics such as health care, education and training, and financial and legal benefits are given. Staff from DoD and civilian organizations (e.g., Military OneSource,

Military Family Life Consultants, the Red Cross) provide information about their services and answer questions. The Yellow Ribbon Program also provides referrals to DoD and other government agencies (e.g., Veterans Affairs) and civilian programs.

Employer Support of the Guard and Reserve

The Employer Support of the Guard and Reserve (ESGR) was established by the DoD in 1972, because the DoD recognizes that civilian employers are crucial in supporting the large numbers of reservists who defend the nation (Employer Support of the Guard and Reserve, 2009). Employers must comply with existing employment laws that protect the rights of those who hold civilian jobs while also serving in the Reserve Component. The ESGR's mission is to enhance cooperation and understanding between Reserve Component members and their civilian employers, to encourage employer support for reserve members, and to help resolve conflicts arising as a result of an employee/military member's military commitment. The ESGR accomplishes this by increasing civilian employers' awareness of applicable laws governing reservists called to active duty and their civilian job status, recognizing exceptional support by civilian employers, and resolving conflicts between employers and service members when they arise. Through an extensive network of volunteers, the ESGR provides services throughout the U.S. and its territories.

Individual and Family Support Policy

The Office of the Assistant Secretary of Defense for Reserve Affairs' (2010b) Individual and Family Support (IFS) Policy program is to strengthen family support programs, policies, and partnerships with civilian agencies. The IFS guides DoD policies and partnerships in support of Reserve Component members and their families.

Joint Family Support Assistance Program

In 2007 Congress authorized the DoD to develop a Joint Family Support Assistance Program (JFSAP) for National Guard and Reserve members and their families. While the newly created Family and Employer Programs & Policy directorate does not include the Joint Family Support Assistance Program, the JFSAP also exists to provide services solely to National Guard and Reserve members and their families. The primary goal of the program is to provide high-quality services to those families who are located in areas where there are no military installations from which they could receive support and services. The JFSAP reaches out to isolated military families.

The JFSAP has been available in all states and U.S. territories since September 2008 and provides ongoing support to Reserve Component families during the full deployment cycle—before, during, and after deployments. It also provides mobile and community-based support services, including information and referral, financial assistance, child care, outreach by the military grocery and department stores, transition assistance, recreational programs, and counseling services. The services are delivered by federal, state, and local government organizations and by non-profit agencies, with the JFSAP coordinating the provision of these services. The following are the DoD's goals for the JFSAP (Managed Health Network Government Services, 2010a):

- Create a "high-tech, high touch" web-enabled community to connect military families with each other and with supportive resources 24/7.
- Increase availability of resources for family members.
- Increase awareness of active/guard/reserve members and families of existing services.

- Inform leadership and service providers about the range of available programs and services, and how they may be accessed.
- Provide child development resources and referral services.
- Sponsor volunteers and family support professionals.
- Assess the need for enhanced support.
- Integrate services and programs into a comprehensive delivery system that responds to members and families at all stages of the deployment cycle.

Voices From the Frontline

THE JOINT FAMILY SUPPORT ASSISTANCE PROGRAM

We support families by building on what state family support programs already know and do

The Joint Family Support Assistance Program (JFSAP) was launched in 2008 by the DoD Military Community & Family Policy (MC&FP) program. Its creation was in response to a congressional mandate to provide mobile family support and services for Guard, Reserve, and active-duty families whose access to support was challenging because they live away from installations.

JFSAP was visionary. Congress said to augment, not replace services. We took this to mean build community capacity. Rather than create separate programs, we went to State Family Program Directors and said, "We are here to augment your needs." Every state now has a JFASP team of four people: one Military and Family Life Counselor (MFLC); one Child and Youth Behavioral MFLC; one Military OneSource Consultant; and one additional position chosen by the state (most choose a Personal Financial Counselor).

This partnership approach has been invaluable. Every state is unique. Family Program Directors have been out there for years. They know their community, their service members, the geography, and local culture. Because they didn't have many resources for so long, they became creative problem solvers and thinkers. We went out to offer them support but it didn't take long before we were asking, "What can we learn from them?"

There's a shift occurring from thinking about Family Centers as bricks and mortar and a collection of programs to seeing them as service delivery systems. This is vital. Over the last 10 years, money has been flowing for the creation of services. Now commanders, families, and professionals are saying there is too much out there and it's confusing.

We have to look at the connections between programs always being grounded in who families are and what they need. We need to think carefully about the services we provide and why, and then assess our effectiveness.

Families will be in communities for their whole lives. Communities are going to be left supporting service members and their families with challenges due to multiple deployments to combat theatres long after funding is diverted elsewhere. It is going to take coordination and collaboration between health and human services agencies, non-profit and for-profit organizations, and state and local agencies to integrate services to promote military family readiness and resiliency in a sustained and ongoing way.

Gerry Carlon, LCSW,
Senior Policy Analyst, Office of the Deputy Assistant Secretary, Defense

HEALTH CARE

The following programs are the DoD's ways to ensure that military members and their family members are able to access health care that is at least as high in quality and availability as that afforded to civilian families.

The Military Health System

The DoD Military Health System (MHS) is an enormous organization that includes the Office of the Assistant Secretary of Defense for Health Affairs and the medical departments of the Army, Navy, Marine Corps, Air Force, and Coast Guard (MHS, 2010b). It provides the oversight for all military medical programs, including medical education, research, and the provision of medical care for all beneficiaries (i.e., military members and their families, retirees, and eligible DoD civilians and their families). The MHS is responsible for medical care during all military operations, natural disasters, and humanitarian missions with which the U.S. military is involved.

The MHS works together to ensure that medical care is available to service members worldwide. The Army, Air Force, and Navy (also responsible for medical care to the Marine Corps) each have medical departments that operate hospitals, health clinics, and dental clinics on installations throughout the world. They also have mobile hospitals and clinics that are set up where military operations are taking place and are responsible for ensuring that every beneficiary receives the best possible care—either through local MHS facilities or through an MHS facility in another location or in a civilian facility.

TRICARE

TRICARE is the DoD's regionally managed health-care program that provides medical and dental care services for active duty service members, activated Reserve Component members, retired members of the uniformed services, their families, survivors, and other DoD beneficiaries of military benefits (MHS, 2010a).

While the military services have their own health-care systems, the primary mission of those organizations is to support military operations, which sometimes reduces the ability of the military health-care system to provide all of the medical and dental care that military members and their families require. To provide better access and high quality service to all beneficiaries, TRICARE brings together the health-care resources of the military branches with medical facilities—the Army, Navy, and Air Force—and supplements them with civilian health-care networks and professionals, including civilian health-care providers, hospitals, and pharmacies (TRICARE Management Activity, 2010a). The Marine Corps has no separate medical facilities; it obtains its medical support from the Navy and from the civilian networks that participate in TRICARE.

Members of the Reserve Component and their family members are eligible for different TRICARE benefits depending on their status (TRICARE Management Activity, 2010a). Generally, Reserve Component family members are eligible for medical and dental care through TRICARE when certain qualifying conditions exist: The reserve military member is a member of the Selected Reserve; is serving on active duty for a period of more than 30 consecutive days; is medically retired due to a service-connected injury, illness, or disease that occurred in the line of duty; completes 20 years of qualifying active duty service, reaches age 60, and starts receiving retired pay; or dies on active duty or due to a medical condition incurred or aggravated while on active duty. Family members are covered under TRICARE for additional periods—up to 90 days before the member reports to active duty and up to 180 days following release from active duty—if the Reserve Component member is on active duty for more than 30 days.

Psychological Health

As the United States' involvement in military operations continues in frequency and intensity, psychological health is a growing issue among the military and military family members. The DoD has responded by encouraging military members and their families to seek psychological health care promptly. The DoD is actively attempting to reduce stigma against psychological health treatment, to encourage military leaders to be aware of and support military and family members who might need psychological health care, and to improve the quality of and access to psychological health care.

Psychological health care is available through most health clinics and is provided by highly trained and licensed military and civilian providers. Often however, the availability of psychological health care is limited, so family members are often referred to civilian providers in the local communities through TRICARE. TRICARE covers outpatient and inpatient psychological health care for military members or family members when it is medically or psychologically necessary, as determined by a health-care referral (TRICARE Management Activity, 2010b). A consultation is written by the health-care provider for therapy or for hospitalization. The local military health-care facility can approve and renew the authorization to go to a civilian provider for a limited number of therapy sessions.

PROGRAMS THAT REFLECT A NEW VIEW OF PSYCHOLOGICAL HEALTH

Traditionally, the U.S. Armed Forces trained its troops by focusing on physical strength and endurance along with skill development. This physical and job-skill training, along with a strong spiritual belief, were seen as the attributes that would keep service men and women strong in combat and while carrying out other military operations. In recent years, however, the DoD has begun to develop a new attitude about the importance of psychological health as part of military fitness and readiness. It now uses a comprehensive mind-body-spirit model of strength and fitness. This new incorporation of psychological health in the DoD and its focus on the holistic—psychological, physical, social, and spiritual—health of military members and their families is the basis of the programs listed below.

Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury

The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) was created in 2007 to address the needs of the growing numbers of service members and families who are challenged with psychological health issues and TBI (DCoE, 2010a). The DCoE develops standards for preventing, identifying, and treating psychological health and TBI in the U.S. military forces. The DCoE works closely with the DoD medical and research communities and senior leaders, the Department of Veterans Affairs, civilian and military clinical experts and researchers, and academic institutions. The DCoE takes the best practice models from this collaborative network and helps service members and families deal with psychological health and TBI issues through the most advanced treatment methods, education, and outreach programs. It also evaluates and monitors programs that prevent, identify, and treat psychological health and traumatic brain injury.

The DCoE also works to reduce the stigma that prevents many service members and families from getting treatment for psychological health (DCoE, 2010a). Through its "Real Warriors Campaign," the DCoE promotes resilience, recovery, and the reintegration of returning service members and their families. The campaign includes printed educational

materials, an interactive Internet site, and media outreach featuring stories of real service members who have successfully been treated for psychological health issues.

Post-Deployment Health Reassessment

Every service member who deploys is given a health screening before and after every deployment. Any health issues identified at that time are then further assessed and treated. However, because many service members do not want any identified problems or treatment to delay their deployment or their return home after the deployment, the DoD developed an additional screening—the Post-Deployment Reassessment Health Assessment (PDRHA)—which is administered 90 to 180 days after returning from deployment (Force Health Protection & Readiness Policy & Programs, 2007).

The first priority for many service members after deployment is to get home to their families and to return to a more normal life. It is common and normal for them to think that their health and emotions will return to what is normal for them after they have spent some time in a more stable, home environment. But many deployment-related health and psychological problems may not be apparent until 3 to 6 months after a deployment, when service members have had time to readjust and recognize how deployment affected their health and emotional well-being (Force Health Protection & Readiness Policy & Programs, 2007). The goal of the PDRHA is to identify and begin treating any health and emotional issues before they become chronic problems. Psychological issues are especially critical to identify and treat early; therefore, the PDRHA includes specific questions on emotional well-being and on any traumatic experiences that might have occurred during the deployment.

It is every commander's responsibility to ensure that all service members, active duty and reserve, complete the PDRHA (Force Health Protection & Readiness Policy & Programs, 2007). The assessment includes a medical screening questionnaire, education, and follow-up health assessment and treatment for any identified health and psychological health issues. After completing the questionnaire, service members speak with a health-care provider individually to review their responses. Together the service member and the health-care provider determine if follow-up evaluation and treatment are necessary. Often, a mental health provider is available at the screening site as well. Depending on how the process is set up, every service member might be screened by a mental health provider or this might take place only for service members with a psychological health concern.

Families often worry that deployments affect their loved one's health, and completing the PDRHA can reduce their concern by assuring them that any health issues the service member might have will be addressed. To ensure that this occurs, family members can encourage their loved one to disclose any emotional or physical problems they are having.

Resilience Training

The Army's Resilience Training program—also called "Battlemind Training," the original name for the program—is the Army's mental health resilience training system (United States Army Medical Department, Resilience Training, 2010b). As you learned in Chapter 5, resilience is the ability to cope with and recover quickly and effectively from difficult experiences or situations. The Army's resiliency program stems from a new attitude about the importance of psychological health as part of a comprehensive mind-body-spirit view of strength and fitness. Resilience Training supports the new DoD focus on the physical, spiritual, emotional, family, and social health of military members and their families by encouraging self-awareness, a strong mind, and psychological well-being. The program comprises an integrated series of modules specifically designed to correspond with the

potential stressors that service members and their families might encounter at various points in their lives and military careers.

The Army Resilience Training program provides education about psychological health and self-awareness presentations and discussions to soldiers and their family members throughout their careers (beginning with entry-level training, during continuing military education, and at other key points during their careers) and throughout the deployment cycle (before, during, and after deployments). The training provides a developmental approach to mental health skill building timed to the specific phases of the soldier's career and deployment cycle. The program also provides specific resiliency training to leaders and medical and psychological health-care providers, so that they can encourage resilience and identify soldiers and family members who may need additional assistance to deal with difficult issues in their lives.

Training for soldiers is intended to help soldiers recognize evidence of stress in themselves and in their fellow soldiers, develop healthy ways to reduce the effects of stress, deal with hardship effectively, reduce stigma about seeking help for psychological issues, and increase their ability to face the psychological impact of combat and other military operations (United States Army Medical Department, Resilience Training, 2010b). The U.S. Army's Mental Health Advisory Team (Mental Health Advisory Team [MHAT] V, 2009) found that soldiers who received resiliency training before deployment reported fewer mental health problems than those who did not. Training for family members is available for spouses, children, siblings, and parents of soldiers. Family resilience training addresses how to deal with family issues that are common during a deployment, such as coping personally, helping children cope, staying connected, and normal reactions that can occur during separation and reunion.

RESPECT-MIL

In an effort to reduce stigma-related barriers to seeking psychological health care in the military, the United States Department of Defense's Deployment Health Clinical Center designed RESPECT-Mil. RESPECT-Mil stands for Re-Engineering Systems of Primary Care Treatment in the Military; however, it is known simply as RESPECT-Mil (DoD Deployment Health Clinical Center, RESPECT-Mil, 2010b). It is a program based in the military health-care system that takes advantage of the fact that service members are seen frequently by general practice or family physicians. Often, psychological health concerns are first discussed by service members in health-care clinics where they are less afraid of stigma and where physical complaints seen often have a psychological component. RESPECT-Mil teaches these physicians and other medical staff members who support the program to screen, assess, and treat active duty soldiers with post-traumatic stress disorder (PTSD) and depression.

The program encourages routine and consistent screening for these psychological problems through the use of questionnaires that are filled out by the soldier and assessment tools that are filled out by the health-care provider (DoD Deployment Health Clinical Center, RESPECT-Mil, 2010b). These screening tools help to identify when a soldier may be suffering from depression or PTSD. Soldiers who have symptoms of depression or PTSD are also screened to determine if they are at risk for suicide. Other elements of the program include educating patients about depression/PTSD and treatment options and encouraging patients to be more involved in their care. Treatment could include medication, counseling with a RESPECT-Mil psychological health-care provider, or a combination of the two.

The U.S. Army Medical Command has implemented RESPECT-Mil for active duty soldiers or National Guard and Reserve soldiers while they are on active duty status in many of the Army's primary care facilities. A study of the program (Engel et al., 2008)

concluded that RESPECT-Mil is a feasible program that is safe and accepted by military health practitioners and patients and that the psychological health of participants often improved. The DoD is planning to implement the program for the other branches of the military as well.

Military Family Life Consultants

In 2004 the DoD established the Military Family Life Consultant (MFLC) program to provide short-term, situational, problem-solving counseling services for issues that do not require more extensive psychological health care (Managed Health Network Government Services, Military & Family Life Consultant (MFLC) Program, 2010b). MFLC counselors are Masters or PhD level, licensed, and credentialed counselors; usually psychologists, social workers, or other mental health professionals. They provide up to 12 sessions of counseling per person, per issue for issues such as anger management, stress and coping skills, parenting, communication, couple and family relationships, deployment, separation and reunion, loss and grief, work-related issues, and other military-life related topics. The MFLCs can provide crisis intervention and can help identify appropriate resources and services for issues requiring psychological health services through the military health-care system. They can also provide group psycho-educational presentations on deployment, mobilization (Reserve Component units or individuals being called to active duty), communication, stress management, and grief and loss to units and family member groups.

The MFLC program is a good option for service members and their families who are uncomfortable going to their medical treatment facilities for counseling services; since MFLCs provide confidential services, unless there is any indication of child or domestic abuse or threat of harm to self or others. Since MFLC counselors can travel to remote and distant locations to provide services to military families, this program is also extremely important for Reservist and National Guard families who often live hundreds of miles from a military installation. The MFLC program is available to all military services within the continental United States; Alaska; Hawaii; Europe; and the Pacific.

Military Pathways®

Military Pathways®—formerly called the Mental Health Self-Assessment Program—is a DoD mental health and alcohol screening program for service members and military families (DoD Deployment Health Clinical Center, 2010a). Individuals can complete a screening questionnaire anonymously online, by phone, or in person at education and awareness events held on military installations and National Guard and Reserve units. Separate screening questionnaires are available for depression, alcohol use, anxiety, PTSD, and **bipolar disorder** (characterized by mood swings that range from depression to feeling euphoric and energetic). Results are provided at the completion of the assessment, with a list of resources and respective contact information.

EDUCATION, CHILD CARE, AND YOUTH PROGRAMS

One of the most challenging issues facing military members is providing consistency in child care, a quality education for their children, and regular after school and summer activities in spite of the frequency with which they are required to move to new communities. The following programs can be found on U.S. military installations throughout the world; they ensure that the children in military families can enroll in a school and be at approximately the same educational level as their new classmates, they can quickly join children the same age in extra-curricular or after school activities, or they can be started in a safe, affordable child-care program.

Department of Defense Education Activity

Most of the 1.2 million children of military service members attend civilian—private or public—schools in the communities where they live or are home-schooled (Department of Defense Education Activity, 2014b). More than half (58%) attend public schools, and approximately 9% attend private schools (Blue Star Families, 2013). Over 78,000 children of active duty military and DoD civilians attend one of 181 accredited schools located on military installations (Department of Defense Education Activity, 2014b). These schools are managed by the DODEA, a DoD organization that falls under the direction of the Undersecretary of Defense for Personnel and Readiness and the Deputy Under Secretary of Defense for Military Community and Family Policy. The DODEA consists of two separate school systems: the DoD Dependents Schools (DODDS) overseas (located in Europe, Guam, and the Pacific), and the DoD Domestic Dependent Elementary and Secondary Schools (DDESS) in the United States.

Family members of military personnel face unique challenges during the course of their education (Department of Defense Education Activity, 2010). For example, they usually move much more frequently than students whose parents are civilians. They are also subjected to the additional stress of having parents that could be or have been deployed to combat or are absent for long periods for other military requirements. Students also frequently are in countries where they do not speak the language and/or are unfamiliar with the local customs and culture. The DODEA schools provide students with a standardized curriculum that makes it easier for students of military families to move from school to school, particularly from a domestic school to an overseas school or vice versa. The DODEA schools provide resources and support to help students deal with the stress of frequent moves and other stressors that come with being a military family member. Of the 23% of the family members surveyed as part of the Blue Star Families Military Family Lifestyle Survey (2014) who reported having a child in a DODEA school at one time, 77% were satisfied the DODEA schools and 48% believed that their DODEA education prepared their children very well for advancement to higher grade levels.

The DoD also provides resources to civilian schools attended by military family members, so that even those students who are not in a location with a DoD school can receive help dealing with the challenges of being a student in a military family (Department of Defense Education Activity, 2010). In October 2009, the DODEA granted $56 million to public schools throughout the nation that serve military children, for improving the education for military students and for providing professional development for educators in schools that serve military students.

Voices From the Frontline

TEACHING MILITARY CHILDREN

We teach children about how to deal with stress

I'm an art teacher in Sicily working with children from kindergarten through the fifth grade. I also teach fourth grade social studies, science, and health. We have 373 children in our elementary school. They score above national standards on Terra Nova, the standardized tests that the military gives. They always score above stateside education standards. Our children are world travelers. I think this is one of the reasons we don't have bigotry in our schools.

In some ways, stress is lower for our children than for many in the U.S. Each has one family member employed, all have a home and all have food.

In other ways stress is higher, especially with today's repeated deployments. I find children often imagine the worst when their parents are deployed. Added to that, they have no control over when their parents come home and leave again.

In the school, we have a deployment support group for kids. We teach children how to deal with stress. We do breathing exercises, and counting. We all learn to take time-outs when we need a little break from the group. We visit parents at work so children can see all the equipment parents have to keep themselves safe. We use humor and try to put as much joy in our lives as possible.

Every time a child comes to art class, I greet them at the door. I look them in the eye and they have to smile before they come into the classroom. For that one moment of the day, they can get beyond the hard things in their lives.

Lately there have been leaking pipes in my classroom. I'm using them to show children that I'm not superhuman, that things get to me but I can handle them. Military children living overseas don't have the chance to see how Grandma or other close family members and friends respond when things happen. Here, I'm one of their models.

Outside of school, our base is a community. We all shop at the same store and go to the same movie theatre. I meet parents at the commissary who ask me questions they would ask their mother or sister if they were home. Though it's sometimes hard when everyone knows everything about you, the closeness we have is supportive.

The average age of DODEA teachers is mid-fifties. We're an educated work force. Over three-quarters of our staff have masters degrees. A few are teaching overseas as a second career. Some of us are at a time of big change in life such as a divorce. Some, like me, chose this work because we love to travel. It's not for everyone. You aren't with your family. To work for DODEA, you have to be the kind of person who can take initiative and take care of yourself out in the middle of nowhere.

Francie Hammond
Teacher with DODEA

Child Care and Youth Activity Programs

Military service entails many deployments and separations, frequent moves, long working-hours, and changing schedules. These hardships often create a need for child care for the military family. Another factor increasing the need for child care is the fact that military spouses often work outside the home or attend educational programs to attain higher degrees. Additionally, the number of families where both parents are military members and the number of single-parent military members have increased (Military Advantage, 2010). For many military families child care plays a vital role in their being able to continue to contribute to the military service. In fact, service members are required to have Family Care Plans in place, as they are expected to put their military mission ahead of all personal needs. In order for military members to contribute to the military to this extent, they must be assured that their children are safe and thriving, while they are being cared for by people outside the family. Yet, finding child care can be very challenging in many of the areas where military families are assigned.

The DoD mandates, reviews, and creates programs for child care and youth activities in order to provide the best possible programs for military families. The DoD programs include the Child Development Program, Youth Activities, Family Child Care, School-Age Care, and child care resource and referral (Department of Defense, 2014b). The DoD provides subsidy funding to most military Child Development Centers and Family Child Care (FCC) providers (certified child-care providers who care for children in their own homes). Those centers and individuals can, thereby, charge lower fees to the families. The FCC providers may receive subsidies in monetary form or through other means, such as by receiving training required in order for them to be certified as an FCC provider. The DoD subsidies often makes child-care costs for the military family lower than in the civilian

community. In addition, because of the high standards for child-care center accreditation and for individual provider certification, the quality of child care often exceeds that received by non-military families.

The DoD operates approximately 800 child development centers in 300 locations throughout the world (Department of Defense, 2010a). These centers care for approximately 200,000 military and DoD civilian children each day. Most centers provide full-day, part-day, and hourly care for children from the age of 6 weeks to 12 years old. The centers are usually open during the normal work week, but installation commanders can decide to extend center hours to meet the work and deployment needs and schedules of their population.

The Family Child Care program meets the needs of those families who want their children to be cared for in a home environment or whose schedules are not conducive to using child-care centers (Department of Defense, 2010a). The FCC program provides lists of installation-certified providers who provide in-home child care. These providers often provide overnight or longer child care, when needed.

The DoD child-care and youth program also includes the School Age Care program (SAC; Department of Defense, 2010a). The SAC program provides structured before and after school and summer and holiday child care for children aged 6–12 years old. Social and recreational programs for children over 12 are provided by youth and teen programs sponsored by military youth services and community centers found on larger military installations.

OTHER QUALITY OF LIFE PROGRAMS AND SERVICES

The following programs and services are overseen by the Under Secretary of Defense for Personnel and Readiness. They are designed to improve quality of life for military members and their families.

Commissaries and Exchanges

The Defense Commissary Agency (DeCA) operates tax-free grocery stores on military installations throughout the world. These military grocery stores, called "commissaries," are reserved for use by military beneficiaries only. Military families and other beneficiaries are able to purchase the same kinds of items they can at civilian grocery stores, but at significant savings. Groceries are sold to patrons at the same cost that DeCA pays for them, plus only a 5% surcharge; and patrons pay no taxes on the groceries (Defense Commissary Agency, 2010). By using this military benefit, military families can purchase their groceries at an average of 30% less money than they would spend for the same groceries in civilian grocery stores.

Exchange services—the Army and Air Force Exchange Service (AAFES), Navy Exchange (NEX), and the Marine Corps Exchange (MCX)—are similar to civilian department stores (Department of Defense, 2014h). They provide merchandise and services to active duty, guard and reserve members, military retirees, and their families at competitively low prices. Exchanges save military families approximately 20% compared with civilian low cost department stores. When military members and families deploy to combat, overseas, or remote locations around the world, exchanges quickly set up shopping and service facilities to bring them products, making it easier and more affordable to obtain items that they require or that will make their lives more comfortable. Exchange services are also designed to give money back to military communities by generating money that helps support morale, welfare, and recreation (MWR) programs.

Morale, Welfare, and Recreation (MWR) Programs

The DoD knows that in order to attract and keep quality service members, it must provide a quality of life at least as full and satisfying as that of civilians. A large part of that is

the opportunity to participate in recreation programs. Military recreational programs and services are managed very similarly by each service, but are known by different names: Army Morale, Welfare and Recreation; Marine Corps Community Services; Navy Morale, Welfare, and Recreation; U.S. Air Force Services; and Coast Guard Morale, Well-Being, and Recreation (Department of Defense, 2010).

The Morale, Welfare, and Recreation (MWR) programs in each of the military branches provide a large variety of recreational programs, both on and off the installation, to service members and their families. Most MWR programs fit into several major categories: fitness and sports centers and activities, library and information services, recreational/art skill development programs, travel and vacations, and programs specifically designed for single service members (Office of the Under Secretary of Defense for Personnel and Readiness, 2009a). These programs are operated by civilians with military oversight. They provide service members with the opportunity to relax, promote fitness and esprit de corps, promote a strong sense of military community, and result in a higher quality of life for all members of the military community. About 45 different programs fall under MWR; however, not all installations offer every MWR program or service. These programs are essential for keeping up the morale of military personnel and their families.

SUMMARY

- The DoD family support infrastructure is made up of service members, civil service employees, and contractors who develop and manage the programs and policies that support military families.
- Military family assistant centers house many of the family programs that provide key support to military families.
- Family Readiness Groups, the Navy Family Ombudsman Program, and the "rear detachment" help families deal with deployments.
- Wounded warrior programs provide assistance and advocacy for severely wounded, ill, and injured service members and their families.
- The Department of Defense Yellow Ribbon Reintegration Program, the Individual and Family Support Policy, and the Joint Family Support Assistance Program are new policies and programs designed to support National Guard and reserve members and their families.
- Health care, including psychological care, is provided by the Military Health System and TRICARE.
- The DoD now uses a comprehensive mind-body-spirit model of strength and fitness and is encouraging a new attitude about the importance of psychological health as part of military fitness and readiness.
- Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, Post-Deployment Health Reassessment, Resilience Training, RESPECT-Mil, Military Family Life Consultants, and Military Pathways® are programs that provide military members and their families with alternative methods to learn about psychological health needs and to obtain assistance when they need it.