Virginia Child Protection Newsletter

Sponsored by:

Child Protective Services Unit

Virginia Department of Social Services

Fall 2017



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Volume 110



SERVING OUR MILITARY FAMILIES COLLABORATION, COMMUNICATION & ADVOCACY

Many professionals are familiar with The Child Abuse Prevention and Treatment Act (1974) and Talia's Law (2016), both of which require military officials to immediately report any suspected child abuse/neglect involving military personnel to the Department of Social Services (DSS). In many states (35), however, there is no reciprocal law. In other words, social services departments do not have to report child abuse to the military unless a case has been substantiated. The Pentagon has contended for years that this problem needs to be remedied because the military has a wide range of prevention, education, and early intervention resources at its disposal for children and families in which child maltreatment is suspected. However, if the military doesn't know about the suspicion of abuse, it cannot intervene to help the family. Over the years, these lapses

in understanding have resulted in the serious injury and even the death of children in military families. In an attempt to legislatively close that gap, the Pentagon has been asking for a law that will couple social services and military resources more closely. The result is the Virginia statute, and others like it, enacted across the country.

Code of Virginia 63.2-1503 N :

Notwithstanding any other provision of law, the local department, in accordance with Board regulations, shall transmit information regarding reports, complaints, family assessments, and investigations involving children of active duty members of the United States Armed Forces or members of their household to family advocacy representatives of the United States Armed Forces.

IN THIS ISSUE



Facetime, Skype, Facebook and Instagram are changing the way families stay connected during extended absenses. p. 10



Nature heals. Maybe that's why more and more people, including veterans and their families, are turning to nature for support. p. 6



Dr. Kelly Atwood shares her research and experience working with miltary families and the importance of community. p.7



Kevin Brunch, the South Atlantic Regional Liaison in the Office of the Deputy Assistant Secretary of Defense, became interested in aligning Virginia's reporting system with that of other states while reviewing quality of life processes at the Department of Defense. Upon introduction of the proposed change in legislation, Brunch noted some pushback from service members and the Department of Social Services but it was generally minimal and focused on concerns over punitive actions being taken before allegations had been substantiated. Even though the statute prohibits punitive action, many found it plausible that unsubstantiated reports of abuse or neglect could still impact the service member's reputation or standing. However, the benefits of the statute include earlier access to services since families will be given the full support of the prevention, early intervention, and support programs offered by the DoD. This new law, illustrated in the revisions to Code of Virginia 63.2-1503 N, officially went into effect on July 1, 2017.

BEHIND THE NUMBERS

According to the American Psychological Association (2007), military families can encounter a number of risk factors including a history of difficult transitions, rigid coping styles, or a history of family dysfunction. In addition, family separation can expose families to financial risks and complications with basic every day chores and duties, such as car repairs, logistics, and childcare. Savitsky (2009) identified additional stressors such as deployment, balancing military demands with family needs, mental health problems, financial strain, physical injuries or recovery, and parenting/reintegration issues. In addition, many of the support services are located on base, which can sometimes lead to feelings of isolation or disconnect from civilian life.

Social workers should be familiar with the effects of the military's culture on families and children. These cultural effects on children can include behavioral problems, anxiety about relocation, and academic issues. While there are certainly significant benefits to a family's life in the military, social workers, counselors, and Child Protective Services (CPS) workers tend to come into contact with children and families when the challenges are dominant.

According to Gibbs, Martin, Kupper, and Johnson (2007),

WHAT THIS MEANS

A clear and realistic view of child maltreatment among military families has significant systemic implications. At a time when fiscal support for many prevention programs seems uncertain, understanding the complexity of the problem, accurately assessing the need, and opening pathways for inter-professional collaboration are crucial.

So what do we know? There are roughly one million children of military members in the United States. In six percent of military marriages, both partners are members of the armed services which can result in additional stressors for children (2015 Demographics, Profile of the Military Community). According to a 2016 DoD report, there were "about 7 instances of reported abuse out of every 1,000 military children in last fiscal year (2016-2017), vs. 5 out every 1,000 in 2005." There is also evidence that the military's support services aren't reaching many of the families who might benefit from them. Wood (2017) and a group of other researchers from Policy Lab found that among Army families, just one in five children who was given a medical diagnosis of child abuse or neglect had a corresponding Family Advocacy report. This discrepancy exists because the military was not told about the doctor's visit, or because the abuse was not reported through official channels.

"child welfare workers should seek collaborative relationships with local military Family Advocacy Programs (FAP's) which have valuable information about military families that may better inform child welfare decisions". The researchers stressed that such collaborative relationships can help civilian professionals recognize the dynamics that put families at higher risk. For example, they found that child maltreatment tends to be the most problematic during deployment time; in fact, when a husband is deployed, the child maltreatment rate can be three times the rate when the husband is not deployed. In addition, Taylor et al. (2016) found that children under the age of two in military families were at a higher risk of abuse or neglect in the six months after a soldier returns home from a deployment.

These statistics are not intended to vilify parents but to highlight the reality of higher risk circumstances, such as deployment, and the need for prevention and support services. School social workers and counselors are often the first to notice some of the signs of maltreatment as 80% of children of active military duty members are in civilian schools. In addition to parental deployment, transitions, relocation, and re-integration serve as stressors in families and may present in the child's school environment or performance.

INSIGHT INTO THE PROCESS

A common theme among support providers and families is fear and it comes in many forms. Many express worries that children are being overlooked due to frequent moves or underreporting due to lower staffing and budget shortfalls. Some are concerned that the sharing of unfounded cases by DSS to FAP will result in compounding the processing issues. Military families are afraid of reporting and being reported. If all interested parties have an understanding of the process involved in assessing a suspected maltreatment case, such fears can be alleviated.

Family Advocacy Programs employ more than 2,000 counselors who are focused on counseling, prevention and early intervention for child maltreatment among families stationed at military installations. The military's standards for maltreatment are stricter than the criminal standards, so the counselors commit a great deal of energy to prevention. The process for determining suspected child abuse (and domestic abuse) is handled through Incident Determination Committees (IDC).

Incident Determination Committees decide which reports for suspected child abuse or domestic abuse meet the DoD definition of abuse, requiring entry into the Service FAP Central Registry. This decision is known as the incident status determination (ISD). All incidents of alleged abuse or neglect connected to the death of the victim must be presented to the IDC. An ISD may differ from a case substantiation decision by a local CPS agency. This may be a result of differences in criteria or different levels of information held by either entity. An IDC meeting is not a disciplinary proceeding. In other words, a commander may not take administrative or disciplinary action against a service member based solely upon an ISD for an act of child abuse or domestic abuse allegedly committed by that service member; however, commanders may take disciplinary or administrative action based on legal or other appropriate advice independent of the ISD.



IMPACT ON PROVIDERS

As mentioned previously, the implementation of the change to Code of Virginia 63.2-1503 N allows Virginia to join a growing trend of increased communication concerning children and families at risk. As with any change, people on both sides of the equation wonder how it will impact their ability to serve children and families and do their jobs with efficiency and care. Families are also anxious about whether they will be met with additional support or with judgment.

Open communication between professionals as well as interdisciplinary teams and collaborative efforts certainly will aid in the transition. Finally, the ultimate goal is to prevent children from falling through the cracks by ensuring support services for prevention and intervention are in place at the earliest possible stage.



Are you interested in new legislation or proposed revisions to Virginia law and regulations that impact your work? Go to:

http://virginiageneralassembly.gov

Click on the tab at the top of the page. This will take you to a page dedicated to bill tracking, upcoming meetings, and information about your legislator. Stay informed and know that your informed professional voice matters.

SPOTLIGHT ON RESEARCH

Jay A. Mancini, Virginia Tech Professor Emeritus of Human Development, continues his research on military members and their families, in collaboration with Catherine W. O'Neal, Assistant Research Scientist in Human Development and Family Science at The University of Georgia. They have been researching individual and family well-being using a sample of over 1,000 youth in Army families, and another sample of 273 Army families comprised of parents and their adolescents (almost 1,000 individuals in those families). Recent reports from these studies are available in Military Medicine, American Journal of Orthopsychiatry, American Journal of Community Psychology, Journal of Applied Developmental Psychology, Family Relations, and Child and Family Social Work. Among their findings are: (1) early life adverse experiences of parents in military families not only negatively affect their own present well-being, but also that of their adolescent offspring; (2) self-efficacy of adolescents is significant for understanding how their social relationships are linked to their psychological wellbeing; (3) among adults in military families, community connections are an important bridge to individual mental health; (4) the marital quality among adults in military families is influenced more by the warmth in their relationship than by the level of hostility in their relationship; (5) when comparing step-families/ single parent families with biological intact families of adolescents, there is clear evidence suggesting that family structure matters far less for adolescent mental health than quality family support. In collaboration with Dr. Angela Huebner, also a former faculty member in human development at Virginia Tech who is now in private clinical practice in Falls Church, Virginia, O'Neal and Mancini examined worries among adolescents in military families, finding that as parents' resilient coping improved, adolescent worries decreased. They also found that adolescent coping is characterized by optimism as well as seeking spiritual support, exhibiting humor, and engaging in challenging activities (Child and Family Social Work, 2016). Publications from this research team emphasize implications for both prevention and intervention. For further information: Catherine W. O'Neal, cwalker1@uga.edu.







In a recent study published in the Journal of Family Violence, Michelle L. Kelley (Professor and Chair at Old Dominion University), Hilary G. Montano (Clinical Psychologist at the Hampton VA Medical Center) and their co-authors, Nick Lam, Monica Hernandez, Marinell M. Miller, and members of the VA Mid-Atlantic MIRECC Workgroup examined whether posttraumatic stress symptoms among veterans contributed to veterans' and partners' drug abuse symptoms and veteran and partner intimate partner violence. Participants were recent-era veterans who originally took part in the Mid-Atlantic Mental Illness Research, Education, and Clinical Center (MIRECC) Post-Deployment Mental Health Study. At the time of the MIRECC study, veterans provided information on posttraumatic stress symptoms. Approximately three years later, 49 veterans and their partners participated in a follow-up study and provided information on drug abuse symptoms and intimate partner violence. Veterans' reports of posttraumatic stress symptoms contributed to veterans' reports of their own drug abuse symptoms. Veterans' reports of posttraumatic stress symptoms did not contribute to their partner's reports of drug abuse symptoms. However, each partners' reports of drug abuse symptoms predicted their own reports of the perpetration of intimate partner violence. That is, veterans who reported more drug abuse symptoms reported more perpetration of partner violence. Likewise, their partner's reports of drug abuse symptoms predicted their reports of the perpetration of partner violence. Also, veterans' reports of drug abuse symptoms predicted their partners' perpetration of intimate partner violence such that veterans who reported more drug abuse symptoms had partners who were more likely to report initiating physical partner violence. Findings suggest complex relationships between posttraumatic stress symptoms and later drug abuse symptoms and perpetration of intimate partner violence among recent-era veterans and their partners.

"The views expressed in this article are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government."





THE FAMILY ADVOCACY PROGRAM



The United States Department of Defense (DoD) and military services do not tolerate child and domestic abuse. It is reported that besides the pain and disruption that family-member abuse causes to the family system as a whole, child and domestic abuse also weakens performance in the service and is against the core values of the military. For these reasons the U.S. DoD mandates that each military branch has a Family Advocacy Program (FAP). FAP is a program created to address issues of spousal and child abuse by providing the necessary programs and resources for military members. FAP services include: child abuse prevention, education, prompt reporting, investigation, intervention, and treatment.

The FAP services are broken into two categories: preventative programs and victim advocacy. The preventative programs are designed to prevent domestic and child abuse and neglect by providing programs and services focused on education and awareness for members of the military. These include: classes, workshops, and seminars; a new parent support program; counseling; and public awareness campaigns.

Victim advocates in FAP support victims of child and domestic abuse in the military by providing: confidentiality with a restrictive reporting option; helping victims find shelter; help getting a military protective order; counseling services; intervention with civilian agencies on behalf of victims; and help preparing a safety plan. Victims of child or domestic abuse are often in fear that reporting may cause chaos and destruction to the family unit and potentially ruin the career of the abuser. While the military takes a serious stand against all family-member abuse, a reported incident will not automatically ruin a service member's career. First, the FAP prioritizes the safety of victims to ensure that they are protected from further abuse. Then the chain of command provides the abuser with the opportunity for treatment.

If a service member stops the behavior of abuse, follows the recommended treatment, and works to attain healthy family relationships, then they will have the support of the chain of command. Unfortunately, those who do not comply with the specified treatment regimen, commit extreme violence, or cause serious injury to a family member may receive an administrative discharge or court martial.

FAP services have shown to help military members gain new insight into their professional and personal lives and assist them in making the needed changes for a healthy family life, and as a result, an overall more successful work performance.

If you think you may be a victim of domestic abuse, contact the National Domestic Violence Hotline at 1800-799-SAFE.

For more information, visit: http://www.militaryonesource.mil/-/the-family-advocacy-program https://cnic.navy.mil/ffr/family_readiness/fleet_and_family_support_program.html



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Photo: Jim Legans Jr./Flickr

A BREATH OF FRESH AIR NATURE BASED PROGRAMS FOR VIRGINIA'S MILITARY FAMILIES

One of the most useful health and wellness resources for Virginia's veterans is often overlooked and right under their feet: nature. Poets and philosophers have long extolled the virtues of nature for relieving stress and recovering from trauma, a view that is increasingly supported by hard science. Exposure to nature can take a variety of forms from adventure sports like hiking and boating to family camping and mindfulness practices. This article describes some of the supporting research as well as several programs designed specifically to help veterans access the therapeutic benefits of Virginia's abundant natural resources.

Nature exposure can benefit anyone, but many veterans, social workers and counselors are not aware of how well supported these benefits are. For example, a 2015 study conducted by researchers at Stanford University found that simply taking a 90-minute walk in a natural setting significantly reduced cognitive rumination, which is often a major component of depression (Bratman, Hamilton, Hahn, Daily & Gross, 2015). Another study found

that natural places acted as "holding containing" environments or where people could feel safe to process traumatic experiences and experience greater attachment with other people (Hordyk, Dulude & Shem, 2015). When combining the benefits of being outdoors with mindfulness practices, other researchers discovered significant decreases in blood pressure, pulse rate, cortisol (stress hormone) levels, and sympathetic nervous system activity (Morita et al., 2007). With all of these documented benefits, there are plenty of reasons to encourage people from all walks of life to get outside more often.

Studies exploring the effects of nature-based interventions with military veterans have also demonstrated strong positive results (e.g. Bird, 2014; Vella, Milligan, & Bennett, 2013). A 2014 University of Michigan study surveyed 98 veterans engaged in twelve different extended group-based outdoor experiences lasting from four to seven days. By comparing scores before and after the outdoor experiences ,researchers demonstrated positive

changes in psychological wellbeing, social functioning and life outlook that lasted from one week to over a month (Duvall & Kaplan, 2014). A systematic analysis of eleven peer-reviewed studies on nature-assisted therapy for PTSD found no negative effects and concluded that nature provides veterans with opportunities for reflection, restoration and community (Poulsen, Stigsdotter & Refshage, 2015). Gardening and horticulture programs for veterans have also produced positive outcomes for veterans, providing all of the above benefits as well as valuable work skills that could help veterans transition to a new career (Fleming, 2015). Although more research is needed on naturebased programs for veterans, several programs are endorsed and promoted by the Department of Veteran's Affairs, and these interventions can complement other evidence-based treatments and holistic trips throughout the continental U.S.

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A BREATH OF FRESH AIR...

Wildrock (www.wildrock.org) is a non-profit retreat, healing center and play-scape in Crozet, VA. Each month from spring to fall Wildrock hosts a "Veteran Get Away Program" for veteran families with children under 18 years old. These programs are free and offer time on the play-scape, creek exploration, scenic trail hiking, and an overnight campout with food provided by a food truck. Retreats are led by veteran volunteers and social workers who are knowledgeable about stress responses and can provide appropriate support. Recent get away themes have included experience with service animals and family fun nature Olympics.

Social workers, counselors and other mental health professionals can play an important role in helping veterans and their families access nature's benefits. Whether it is simply visiting a local park, going fishing, a grand adventure or a mindful moment, a growing body of research supports the health and wellness benefits of time outdoors. Whether veterans need to recover from the stress of combat, or simply find a fun way to connect with family and friends, nature provides an affordable and accessible way to meet this population's needs. Equipped with the research and local resources provided here, social workers and counselors can encourage all veterans and families to go out and get a breath of fresh air.

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Do you believe that all kids need nature?



According to their website, the Mission of the Children & Nature Network is to:

"...[lead} the movement to connect all children, their families and communities to nature through innovative ideas, evidence-based resources and tools, broad-based collaboration and support of grassroots leadership."

Sometimes we work with children and families who have very few resources. Nature - in so many forms - may be one thing that families can access and afford. Maybe it's their backyard, a riverside down the street, a playground, or community garden. Maybe it's even playing in dirt, skipping stones, or picking flowers. If Matt's article got you thinking about the benefits of nature, then the Children & Nature Network will undoubtedly inspire you.

Visit their website at childrenandnature.org. Learn about community networks near you, research supporting nature connection for all sorts of children's health and mental health issues, including how to strengthen families through nature connection, and maybe even a few ways to keep yourself healthy and connected! Who knows? Maybe this could help you (pardon the pun!), breathe a little fresh air into your work with families!

CLINICAL VIEWPOINT: DR. KELLY ATWOOD



THE VALUE OF COMMUNITY RESOURCES

With the elimination of the draft as well as revisions in law and policy, the demographics of the United States military have changed from a majority of single men to men and women, many of whom have families. There are approximately 2.5 million Active Duty and Reserve military personnel, (Department of Defense, 2013) and an estimated 21 million Veterans of the United States military (Department of Veterans Affairs, 2014). According to the Department of Defense (2013) 42.7% of Active Duty and Reserve personal have families, and in the National Survey of Veterans, Active Duty Service Members, Demobilized National Guard and Reserve Members, Family Members, and Surviving Spouses 86% of Active Duty spouses claimed minor children or dependent older children, while 29.5% of Veteran spouses and 6.5% of surviving spouses claimed minor children or dependent older children (Westat, 2010). Thus, there is an increased need for available child and family services and resources to address child and family needs.

Several years ago, I had the pleasure of working with a support group organized by National Guard military families who had a family member deployed. I was inspired by the families' service to our country, the sacrifices they made, their courage, and resilience. As a member of a military family myself, I thought it would be helpful to better understand the availability and utility of social support and resources accessible to military families in their local communities. National Guard and Reserve families participated in a research project with the goal of learning more about availability of social support and satisfaction with social support when a family member is deployed. Additionally, more was learned regarding opportunities for community mental health workers to provide support (Atwood, 2009).

National Guard and Reserve families indicated overall high levels of satisfaction with social support received, though the majority of participants identified a small number of social supports. Satisfaction with social support did not appear to be dependent on quantity. Parents identified certain people and organizations as providing the most support during deployment. Family, friends, schools, and the military combined to make up over 72% of the responses. Forms of social support that families identified would help them feel more prepared to discuss separation or loss with their children included contact with others who have shared life experiences, support groups, the internet, and contact with mental health professionals.

Community mental health professionals are well positioned to offer resources and support to military families and may find traditional and non-traditional ways of contributing support. For example, community mental health professionals could create and facilitate a support group, inviting members of the community who have had a family member deployed, were deployed themselves, or who currently have a family member deployed. In addition, community mental health professionals could create packets of information, particularly information that may be pertinent for military families, including internet resources. Often mental health professionals already have general lists or manuals of local resources compiled. A community mental health professional may also provide education to non-military community members about social support and facilitate communities coming together to help families by providing child care, collecting mailing supplies to help families keep in touch, organizing a parade to honor the families, or helping out with home maintenance tasks.

In addition to local resources mental health professionals may find it helpful to reference and share the following resources:

Military Family Resources

Channing Bete Company- This company provides fun workbooks for kids, such as We Get Ready for Deployment, The Deployment Issue, The Reunion Issues, and Reunions Are Special. http://www.channing-bete.com

Coming Home: A Guide for Parents, Extended Family Members, or Friends of Service Members Returning from Mobilization/Deployment. This booklet is available from the American Red Cross. http://www.redcross.org

Military Child Education Coalition- http://www/militarychild.org includes informational links related to school transitions https://www.schoolquest. org

Military Family Resource Center- The American Academy of Child and Adolescent Psychiatry offers mental health resources and fact sheets for parents. http://www.aacap.org/aacap/Families_and_Youth/Resource_ Centers/Military_Families_Resource_Center/Home.aspx

Military OneSource- Supported by Department of Defense, Military OneSource is a comprehensive website linking military family to services, including counseling and educational materials. http://www. militaryonesource.com/skins/MOS/home.aspx - help available 24/7

My Life: A Kid's Journal Coloring Book – available online through Tricare. https://www.hnfs.com/content/hnfs/home/tn/bene/res/symbolic_links/ kids_journals.html

National Military Family Association- Information regarding rights, benefits and services. http://www.militaryfamily.org

Operation Purple- A partnership between the Department of Defense and Johns Hopkins School of Public Health and the National Military Family Association that provides free summer camps that are held across the country for children whose parents are deployed. http://www. operationpurple.org

Talk, Listen, Connect-Through videos, storybooks, and workbooks Sesame Street characters help parents and children discuss deployments, combat-related injuries, and the death of a loved one. http://www. sesameworkshop.org/what-we-do/our-initiatives/military-families/

Military OneSource has excellent resources for military families and all the various aspects of military life that intersect with family life. Check out the following link for countless helpful tips and resources for families facing separation through deployment, training, or relocation:

http://www.militaryonesource.mil/relationships

Kelly Atwood, Psy.D., LPC



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Dr. Atwood's research interests include attachment-based interventions and developing programs to promote wellbeing in children and families who experience separation and loss.

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HOW TECHNOLOGY HAS IMPACTED MILITARY FAMILY COMMUNICATION & CONNECTION



Each year there are new advances in technology which continue to progress our society and enhance our daily lives. These advances range from the latest waterproof smartphone to video chat across several social platforms. These outlets allow us to connect with loved ones and communicate with those who may be a distance away. In particular military families faced with deployment now have several avenues to remain in contact with loved ones. Technology has provided families frequent contact while remaining updated through social media platforms. Although technology provides many benefits to families in deployment, researchers have found that technology may also pose as a disadvantage.

Military families are faced with the reality of transioning from daily interactions to intermittant or no communication while on deployment. Reflecting back a decade ago families had to rely on faulty internet connection, instant messaging, and sending letters as a means of communication (Greene, Buckman, Dandeker, & Greenberg, 2010).

Today individuals can quickly access photos of their families on the social media platform Instagram or view mini video clips of loved ones through Snapchat. Having this available can help provide relief and ease stress levels that are experienced by families. In particular children of a deployed parent are able to retain some level of normalcy by having consistent contact with their parent and continuing to have an emotional connection (Houston, Pfefferbaum, Sherman, Melson, & Brand, 2013). While many benefits come with the use of technology with families of deployment there are areas that may prove as disadvantages. There is an expectation that technology use will remain the same in everyday life and in deployment (Greene et al., 2010). This misconception between expectation and reality can take an emotional toll on families of deployment. Depending on the situation and location of the individual in deployment, there may communication be inconsistent an extending absence or in children communication. For experiencing deployment for the first time, transitioning from daily physical contact to an uncertain schedule through the use of technology can cause distress.

Technology will always be advancing creating unimaginable ways to advance our avenues of communication. When examining its use regarding families of deployment, several factors must be considered to support a smooth transition and consistent communication. While much research has been done on the positive and negative psychological factors that technology may impose on military families, a concrete investigation on the forms, duration, and geographic distance as it relates to technology and deployment is suggested.

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Questions to ask about technology....

We all know that technology plays a powerful role in the way we relate to our families and friends. It really can help bridge distances and buffer the intensity of time spent apart. But how do we ask the children and families with whom we work about the role that technology plays? After all, it's not always good, is it? Here are a few questions to get the conversation started:

How much time do parents, caregivers, and children spend on social media each day?

Are devices allowed without any limitations? Or has the family set rules around family events, meals, homework time, or how early or late in the day it is ok to be connected?

How is technology used when one member of the family is deployed or on an active duty assignment? Does everyone have the chance to connect? Or do time differences, ages, or schedules limit connection to the absent family member? Is connection ever used as a reward or punishment?

Do members of the family avoid issues by seeking refuge in their technology?

This is just a small sampling of ways to open the conversation about the role of technology in family relationships. Maybe you have others? We would love to hear about them! Feel free to share them and maybe they'll show up in future issues!



MILITARY ONE SOURCE - SUPPORT FOR NEW PARENTS

Military OneSource strives to mitigate the complications of balancing duty to country and family by providing quality resources for parents with children at every stage of life. Not only do regular publications cover an exhaustive list of topics regarding child development, but also connect parents with invaluable developmental resources aimed at supporting military parents in any situation that may arise. It is important to note that Military OneSource also provides information on conception and adoption processes, as well as their available corresponding networks of assistance. Managing the ever-changing missions of life and active duty don't have to be a limitation, especially with utilizing Military OneSource's wide networks of assistance.

As mentioned in the cover article, two of the most high risk periods for child maltreatment are during the deployment of one parent or during the period immediately following a parent's return, particularly when it comes to the safety and care of toddlers and infants. A wide array of programs exist to help support continuous healthy development for both parents and children. The New Parent Support Plan is designed for expecting and existing parents with small children. Structural support is offered through a variety of modes, including home visits, prenatal, and parenting classes designed to foster confidence and preparedness in new families. Childcare options are explained comprehensively under Military OneSource's page, Childcare - The Essentials, which lists resources for different needs, as well as outlines available types of care available for all situations. Additionally, specialized care is available for families with special needs

Military OneSource's wealth of resources isn't just for parents stationed at home or for veteran families. Articles written by top-of-the-line professionals offer advice on maintaining a successful, growing family while deployed. The Family Readiness System operates as a network of services, programs, professionals, and agencies all geared toward facilitating smooth transitions during deployment cycles. Military-branch based centers are located around the country, working with non-military centers and programs as well. Zero To Three helps connect parents with strategies and resources for infants and toddlers.



MilitaryKidsConnect is a website for children with interactive activities set to navigate the complexities of military-family life and deployment. These are just a few of the programs aimed to help parents separated by being stationed overseas, giving peace of mind to new parents so they can stay involved in their family's welfare and development

These resources and others can be found at MilitaryOneSource.mil/parenting-and-children/.

The best way to connect new parents and resources is an easy process;

- Be familar! Check out all that MilitaryOneSource has to offer.
- Share! Let families know they have this resource at their disposal.
- Go local! Find your local contacts for the best information on what is available in your area.

Military life can be hard enough and then you add the adventure of new parenting, but Military OneSource strives to address any concerns or situations that may arise so that duty to country never means sacrificing duty to family.

Emily Kohl is an Environmental Communication and Advocacy MA candidate at James Madison University with special research interests in immigration and climate refugees. She enjoys photojournalism and communication studies and looks forward to seeing where the future takes her.





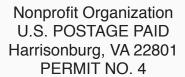


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