

Strong Military Families Program: A Multifamily Group Approach to Strengthening Family Resilience

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ABSTRACT

Military families frequently display remarkable resilience in the face of significant challenges, and yet deployment and parental separation are significant stressors for parents, particularly those with infants and young children. The Strong Military Families preventive intervention is a multifamily parenting and self-care skills group that aims to strengthen protective factors and promote military family resilience. In this article the authors present the core pillars of the Strong Military Families program and how they contribute to the strengthening of protective factors that help parents cope with stressors and promote family resilience.

More than a million American troops have deployed to Iraq and Afghanistan, with one third having served at least two tours. Children and families have also cycled through these deployments, as 46% of service members have children, and 39% of these children are less than 6 years old (U.S. Department of Defense, 2011). In the face of many challenges associated with deployment, many military families display remarkable resilience. Prior research has identified several protective factors related to military family resilience, such as communication, problem solving, stress management, emotion regulation, and a shared understanding of the deployment experience (Luthar, 2006; Walsh, 2006). Yet the demands of service can pose unique and stressful challenges that may complicate family adjustment (Maholmes, 2012). In particular, deployment and parental separation are significant stressors for families, with difficulty often continuing through the reunification phase. These challenges may emerge early as parents and children prepare for a long-term separation (Osofsky & Chartrand, 2013). During deployment, parents who remain at home report high levels of parenting stress, mood symptoms, and adjustment difficulties (Bender, 2008). Reunification, while often eagerly anticipated, can also pose challenges, including both the normative task of reestablishing relationships, roles, and routines, as well as

potentially having to accommodate injuries or psychological impacts (Walsh et al., 2014).

Coping with the deployment cycle poses particular challenges for families with infants and young children given the centrality of attachment relationships early in life and the impact of disruptions associated with deployment (Maholmes, 2012; Sroufe, 2005). Indeed, prior work has suggested that young military children are likely to display confusion and distress during reunification with the deployed parent (Barker & Berry, 2009). Up to 80% of service members report significant parenting stress during reunification with their young children (Louie & Cromer, 2014). To illustrate, a qualitative study conducted by Strong Military Families program faculty and staff (Walsh et al., 2014) highlighted the stress veteran fathers experienced around reconnecting with a child who may not remember or recognize them. As one father described, "He was born, and before he was walking was when I was deployed. And um, I came back, he was standing, gripping onto [my wife's] leg— looking at me like, that's who? She had to tell him, that's Daddy. . . . I have no idea what our relationship would be like if there was no Iraq war. I don't think it would be anything like it is today, I think it would be a lot different" (Walsh et al., 2014, p. 40).

Parenting stress during deployment and reunification impacts not only the service member/veteran, but also affects at-home caregivers, with approximately half of spouses of deployed service members reporting clinically significant parenting stress (Flake, Davis, Johnson, & Middleton, 2009). These findings are important because research suggests that parenting stress in military families is a strong predictor of child maladjustment and increased child behavior problems during wartime (Barker & Berry, 2009; Flake et al., 2009).

The goal of early childhood providers is to mitigate the potentially harmful consequences of the normative challenges faced by military families by strengthening and promoting family protective factors to enhance child and family well-being. Frameworks for intervention that emphasize family resilience and an inherent capacity to address challenges are particularly appropriate for military families, where an emphasis on resilience is strong. Strengthening Families™ (Center for the Study of Social Policy, 2015) provides a relevant framework with an emphasis on protective factors that promote the resiliency, health, and success of young children and families. Within this approach protective factors are the conditions or attributes of individuals, families, and communities that reduce the impact of risk and increase positive outcomes for families. They include: (a) parental resilience, (b) social connections, (c) knowledge of parenting and child development, (d) concrete support in times of need, and (e) social-emotional competence of children (2015). Programs and services for families are understood as best enhancing family resilience through promotion of these protective factors.

Consistent with this approach, prior work does indicate that the risks associated with deployment and reunification can be mitigated through strong protective factors. For example, Flake and colleagues (2009) observed that although parent well-being is the greatest predictor of child well-being, parents' perceived social support also can reduce the effect of parenting stress on child outcomes. Similarly, resources such as a strong military community, social and family support, and access to health care and other services have all been shown to minimize the negative outcomes associated with deployment (Chapin, 2011; Flake et al., 2009; Maholmes, 2012).

Given the evidence for the role strong protective factors can play in promoting military family resilience, there is a clear need for effective preventive intervention programming. A gap exists, however, with regard to availability of tailored, culturally relevant, evidence-based programs for this population. Thus, Strong Military Families program faculty and staff developed a brief, attachment theory-driven multifamily group intervention to enhance positive parenting in military families with young children called Strong Military Families (SMF; Rosenblum & Muzik, 2014).

The SMF Multifamily Group Model

SMF is a 13-session parenting and self-care skills group that aims to strengthen protective factors and promote military family resilience. It was adapted and tailored for military families from an



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existing civilian model (“Mom Power”; Muzik et al., 2015). SMF has conceptual roots in attachment (Bowlby, 1969) and trauma theory (Cloitre et al., 2009; Herman, 1992), and blends elements from several evidenced-based modalities (Muzik et al., 2015). The SMF curriculum highlights military family experiences and aims to engage participants in a dynamic, interactive, and supportive experience, offering families an opportunity to come together to learn, support one another, and grow in their ability to navigate the challenges associated with deployment and reintegration (Rosenblum & Muzik, 2014).

The SMF program is held in the format of a weekly parent group and a concurrent children's group, and is typically led by two trained facilitators who are master's-level clinicians. Recognizing the important role that may be played by multiple caregivers in military families, including the service member/veteran and his or her spouse as well as other caregivers who “step in” to help provide critical support during deployment and reunification, all parenting partners (e.g., spouses, stepparents, grandparents) are welcome to participate in the group. Given the curriculum emphasis on young children, families must have at least one infant, toddler, or preschool-aged child, but all siblings are



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welcome to the sessions. Each session starts with a meal (typically dinner as most families prefer that this group happen during a weekday evening). During each parent session, facilitators present evidence-based parenting and self-care skills concepts in a friendly, interactive, nonjudgmental, and accessible format. The curriculum is structured but personalized, building a framework for understanding children's behaviors paired with tailored feedback that addresses the unique experiences of each parent-child dyad. While parents attend their group each week, their children attend a child session. Children are each paired with a "buddy" from the Child Team, typically a university student or agency volunteer, who is responsible for providing individual attention and support to each child, thus creating a safe and validating experience for children.

Many parents join the program wondering how they can, as one parent described it, "build a re-connect" with their young child. The SMF curriculum emphasizes that relationships between parents and young children are built and repaired through everyday experiences of nurture and support, delight and play. Through day-to-day experiences parents and children build and strengthen relationships and heal disruptions that have occurred. The curriculum therefore emphasizes helping parents understand and meet children's everyday needs for exploration and connection.

To illustrate, early in the curriculum facilitators introduce a key metaphor: "the Tree." The Tree represents core attachment and parenting concepts (see Figure 1), depicting the balance of attachment and exploration and the ways that children need both a secure base and a safe haven in order to grow and thrive (Bowlby,

1988). When children have a "secure base" and feel safe and secure they are able to explore and grow—that is, to "branch out." Yet in order to support tall branches a tree needs deep roots, and thus children can only branch out when their roots are strong and deep. In the Tree metaphor, these roots are built through connection. At times of stress or vulnerability, children need a safe haven, and when parents meet this need for connection with nurturance, emotional restoration, and relational repairs, roots take hold and grow stronger. The sun behind the Tree underscores the importance of an atmosphere of warmth, joy, and delight that parents provide to nourish growth and help the child to thrive (Muzik et al., 2015). In SMF parents learn how to function as both a secure base and a safe haven for their child, meeting their child's needs for exploration and connection. Elaborations on the Tree metaphor describe the patience it takes to nurture and grow a seedling, as well as how at times of hardship trees are likely to do less branching out and require more "focus on the roots" and needs for connection. These elaborations connect to military family experience around re-building relationships and the need to provide extra nurture and care at times of challenge such as during deployment and reunification.

Consistent with an infant mental health approach that appreciates the critical need for a reflective process, space is intentionally protected each week for the parent and the child team staff to debrief each session. In addition, the parent and child team leaders participate in a weekly reflective supervision with an SMF supervisor, creating a space to consider and discuss observations of each family as well as process any emotional or personal reactions that have come up. This allows the leaders to tailor the intervention to meet each family's unique needs, plan for the next session, and strategize regarding how to connect each family to extra support when indicated.

The SMF Pillars: Promoting Protective Factors

The foundation of SMF rests on five main pillars: attachment-based psychoeducation, self-care, parent-child interaction,

FIGURE 1. The Strong Military Families "Tree" Metaphor



enhancing social supports, and connecting to community resources (see Figure 2). These pillars are consistent with and address components of the protective factors identified within the Strengthening Families (Center for the Study of Social Policy, 2015) framework. A description of each of these pillars, how they aim to promote protective factors and family resilience, and brief case illustrations from our group experience, follows.

THE ATTACHMENT-BASED PSYCHOEDUCATION PILLAR: PROMOTING THE KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT PROTECTIVE FACTOR

The SMF attachment-based psychoeducation pillar focuses on helping parents understand typical reactions of young children to military family experiences, including deployment and reunification, and developing attachment-based parenting skills to meet young children’s everyday needs. Decades of research confirms that the foundation of strong relationships and emotional security in young children rests on parenting that is sensitive to children’s emotional, behavioral, and physical needs; is responsive and available; and establishes predictability. Yet issues such as traumatic brain injury, posttraumatic stress disorder, prolonged separations, and the stress that often accompanies military service can interfere with parents’ ability to meet their children’s needs. Parents often find relief in knowing what to expect and what is normal, and in having more skills and knowledge to guide their parenting responses to challenges faced. The curriculum engages parents in activities (e.g., videos, role plays) that are designed to practice skills and strengthen insight and sensitive responsiveness to children’s emotional needs.

During an intake interview, Valerie, an Army National Guard Spouse whose husband was deployed to Iraq, shared her frustration regarding her just-turned 2-year-old daughter Liza’s refusal to stay in her “big girl bed” at night. She hoped the group would give her tips for getting Liza



Photo: Kiwi Street Studios

The Strong Military Families curriculum emphasizes that relationships between parents and young children are built and repaired through everyday experiences of nurture and support, delight and play.

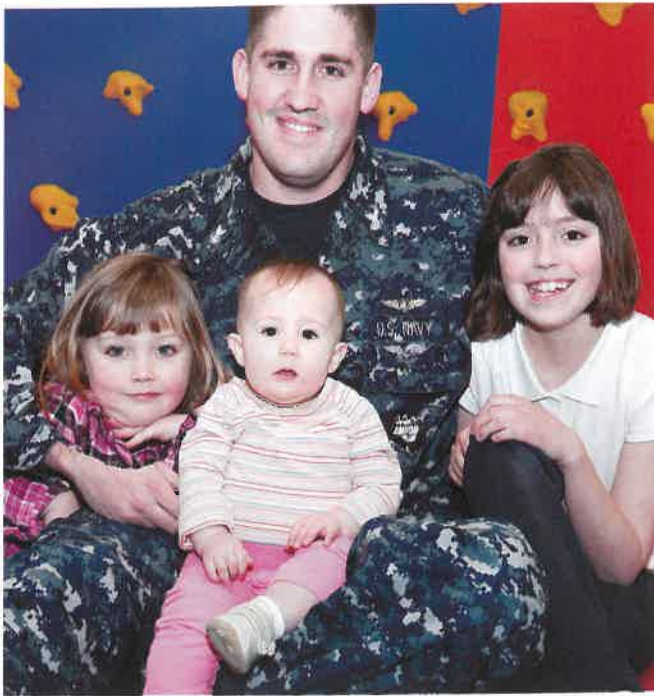
FIGURE 2. The Strong Military Families Pillars



to sleep in her own room. During the group, as part of the curriculum, facilitators introduced topics related to helping children manage their “big feelings” in everyday situations, noting that this, in turn, helped children address feelings related to deployment and military family stress. During this discussion Valerie made a connection between Liza’s feelings about sleeping alone and her father’s absence. The other parents in the group and the facilitators helped Valerie brainstorm ideas about how to meet Liza’s emotional needs during this “nightly separation,” as well as how to talk with Liza about her feelings regarding missing her daddy. At a later session Valerie noted that she felt she understood Liza in a much deeper way having learned about what to expect from young children under stressful circumstances and acknowledged that she also realized her own stress related to single parenting during deployment sometimes made it harder for her to see and meet her daughter’s needs for support.

THE SELF-CARE PILLAR: ADDRESSING THE RESILIENCE PROTECTIVE FACTOR

The self-care pillar focuses on helping parents develop skills they can use to promote stress-coping to enhance resilience and be more effective in meeting their children’s needs. Parenting is a challenging job under any circumstances. Stressors, including those associated with parental deployment, visible or invisible injuries, or both, can make it very difficult for parents to focus on



Parents often find relief in knowing what to expect what is normal, and in having more skills and knowledge to guide their parenting responses to challenges faced.

their children's needs when they have needs of their own that go unmet. SMF places a strong emphasis on teaching parents how to manage stress so they can feel empowered to be present and welcoming to their children. When these stressors are reduced parents are able to more successfully "try out" and implement new strategies. Thus, by helping parents regulate their own feelings, their capacity for co-regulating with their children increases. Self-care skills taught in the SMF curriculum are mind-body skills designed to reduce stress and lead parents to a calm state of mind and include deep breathing, progressive relaxation, positive coping thoughts, containing distressing emotions, and other evidence-based strategies (Muzik et al., 2015). Each group ends with parent facilitators teaching the skill or leading a visualization and then allowing parents to discuss how it felt and how they might incorporate the skill into their daily lives.

Learn More

ZERO TO THREE's Military Family Projects

www.zerotothree.org/about-us/funded-projects/military-families

University of Michigan's Military Support Programs and Networks

<http://m-span.org/programs-for-military-families/strong-families>

National Child Traumatic Stress Networks Resources for Military Families

<http://nctsn.org/resources/topics/military-children-and-families>

Early in the SMF program, Jason, a member of the Air National Guard with a wife and four children ranging from 15 months to 8 years old, acknowledged his own struggles with posttraumatic stress disorder, and how since returning from Afghanistan he would often yell at his wife and children. He felt badly about this, as he could see how it affected everyone in his family, but he felt helpless to control his emotions. During each SMF session a new self-care skill was taught; as a core skill "deep breathing" is practiced several times across the first several sessions, and is assigned as "homework." Although initially hesitant, Jason eventually practiced the skill after hearing other dads talk about how "powerful" deep breathing could be. At a subsequent session Jason shared that he had used deep breathing to calm himself when his toddler-aged son threw a tantrum at the swimming pool, refusing to get in the water. Jason said that he took deep breaths and, once he was calmer, was able to sit down with his son and physically and verbally reassure him that he was there and it was "OK." Eventually his son was able to enter the pool, and they were able to enjoy the moment together. Jason described how his son had been having "big feelings" and needed a "safe haven," and talked with pride regarding his resilience in the moment that allowed him to provide Chris with what he needed.

THE PARENT-CHILD INTERACTION PILLAR: STRENGTHENING THE SOCIAL-EMOTIONAL COMPETENCE PROTECTIVE FACTOR

The supported parent-child interaction pillar focuses on creating a safe, predictable, and supportive environment for children and parents, and it creates opportunities for parents to practice and engage in playful, sensitive, and responsive caregiving to their children. For example, separations and reunions that occur routinely as parents leave for and return from group sessions provide special opportunities to practice new skills. Separations and reunions are acknowledged by the entire team as they sing a song to signal to children what is about to happen, and during the parent session children are provided opportunities to engage in mastery activities and games that help young children cope with the separation and anticipate their parents' return (e.g., "peek-a-boo"). The program curriculum also brings the attention of parents to the interactions they have with their children during separations and reunions by asking parents to observe and reflect on what they notice their children doing, how they are responding, and how they feel about the interaction. Parents are encouraged to try new ways of responding based on what they are learning in order to address their children's feelings during separations and reunions. This "in vivo" practice allows parents and children to make incremental changes with the support of the facilitators present. This pillar helps parents to actively engage in promoting social-emotional competence in their children by being emotionally responsive to their children's needs and creates an environment for children to feel safe in expressing their emotions and have their needs met.

Lindsay, the ex-spouse of a Navy veteran, had much going on in her life with a new job, financial stresses, a recent divorce, and trying to deal with her 2-year-old, Adam's, challenging behavior. Understandably given the many life stresses she was managing, Lindsay had a hard time figuring out how to respond to Adam's emotional needs. At the first session Adam cried and clung to her when

it was time for the parent group to start. Lindsay said she did not like the good-bye song because it made Adam realize she was leaving, and indicated she preferred to try to leave without his noticing. The following week in parent group she was asked to reflect on what reunion had been like, and Lindsay expressed that “Adam didn’t care” when she entered the room. Over time the group facilitators helped parents understand how children can send confusing signals, and yet nonetheless have needs for support in managing their big feelings. Group leaders acknowledged that separations and reunions might be particularly vulnerable times for children and families who had experienced big disruptions in the past. Lindsay was responsive to the guidance and coaching offered during the group, and started to use separation and reunion moments as opportunities to practice different ways of responding to Adam’s needs. By the end of the SMF group, Lindsay was able to acknowledge that Adam needed extra support from her during this hard time for their family and described how she was working hard to find ways to acknowledge and help him with his feelings. She noticed that as she met his needs, he was more responsive to her, and she could acknowledge that he “really did need [her].”

ENHANCING SOCIAL SUPPORTS PILLAR: MAINTAINING THE SOCIAL CONNECTIONS PROTECTIVE FACTOR

Social support is enhanced by creating a shared group experience with informal opportunities for parents to build relationships with one another. The social support pillar plays a very important role for military families, particularly for those who are geographically dispersed, for example, veterans separated from service, or those living off base (e.g., Guard and Reserve families). Military families often reference the importance of the “military family” and the sense of esprit de corps and connection to other families who “get it.” Thus, the SMF multifamily group approach plays an important role in helping parents to feel less isolated and more connected in their experience of being a military family. During the shared mealtime and parent sessions, parents have the opportunity to share personal experiences, provide guidance and advice to each other, validate one another’s experiences, and bounce ideas off of each other. These opportunities to rely on each other as valuable resources allow for parents to bond in a way that supports them in having their needs met so they can be more attuned to their children’s needs.

Melanie, a National Guard spouse, arrived to most sessions in a frazzled and upset state; she had three young children, a full-time job, and a husband who was deployed and whom she was considering divorcing. Initially Melanie was very subdued during parent group sessions, but during one group session midway through the 10-weeks, Melanie burst into tears and shared all that was happening with her deployed husband and how hurt and stressed she was about everything. Other parents in the group listened very intently and provided words of encouragement and support. One father in particular acknowledged what a tough time she was going through and that it only seemed natural for her to have such strong feelings. Throughout the remaining sessions other parents actively “checked in” with Melanie to ask for updates and share support. The impact of this peer support was very evident as Melanie appeared much calmer and more regulated toward later sessions. During the final session she acknowledged to the group

how important it had been to her to feel “less alone,” and disclosed her plan to start seeing a therapist.

THE CONNECTING TO COMMUNITY RESOURCES PILLAR: DELIVERING THE CONCRETE SUPPORT IN TIMES OF NEED PROTECTIVE FACTOR

The connecting to community resources pillar is a critical component of the SMF model. Throughout the 13-week program the facilitators are closely attuned to what family needs may be and how these may be met through resources outside of the SMF program. Facilitators connect families to ongoing services or resources to meet needs in a tailored and individualized way. Referrals can include, for example, connection to high-quality early childhood education programs in the community, mental health resources that take military family insurance, or programs that provide tangible supports for veterans and their families. This individualized approach aims to ensure that families will continue to get the care they need and want once the intervention has ended. Thus SMF can act as a treatment engagement program for families, increasing access to services that the families may not realize were available or did not know how to access. Facilitators can provide a warm hand-off for each family to a culturally competent community resource by helping to make an initial phone call or appointment or by discussing possible barriers to receiving ongoing services.

Katie, the wife of a Marine and mother of two older children and a newborn, was struggling with feeling overwhelmed. During a parent group session she expressed being at her wits’ end because she felt she had no support and just could not handle it all on her own. During the group session, it was very clear that she was exhausted—she had a hard time staying awake during sessions. Although she described taking a great deal away from the SMF parent sessions, at her exit interview Katie indicated that the factor she was most thankful for was help finding the support she “really needed.” Facilitators had helped her identify a community provider that accepted Tricare (military dependents’ health insurance) and who was trained in treating postpartum depression.

SMF: Impacts and Future Directions

The SMF program recognizes that deployment and reunification impacts infants, young children, and the whole family, and aims to support families that have served by strengthening protective factors that promote family resilience (Rosenblum & Muzik, 2014). Preliminary outcome data suggest that this approach is efficacious, demonstrating that SMF is associated with improvements in parent mental health, parenting, and reports of improved child social-emotional adjustment. With the recent draw down of troops, and as the nature of US engagement in global conflicts undergoes changes, it is important that early childhood providers maintain a focus on the needs of infants and young children in the care of veterans and service members, recognizing that needs persist even after the family member that served returns from duty. With this in mind, SMF program faculty and staff are continuing to work on the dissemination of SMF, training community providers in the model to deliver services

to families with a broader geographic reach, and identifying adaptations that can further increase accessibility, including, for example, a multifamily weekend-retreat approach. Through this programming SMF program faculty and staff will continue to support parents in military and veteran families as they help their young children develop resilience, grow, and thrive.

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Maria Muzik, MD, MSc, is a perinatal psychiatrist on the faculty in the Department of Psychiatry at the University of Michigan, where she is medical director of the Women and Infants Mental Health program. Together with Dr. Rosenblum she developed the Mom Power and Strong Military Families curricula. Dr. Muzik's research and clinical work focus on the impact of trauma in the peripartum and intervention to prevent the intergenerational transmission of risk.

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