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Jodie Zada

15 July 2016
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Introduction

The military lifestyle is characterised by high levels of mobility, frequent absences from home and considerable exposure to risk. Whilst none of these characteristics are unique to military members and their families, when combined, they create the unique challenges of the military lifestyle. These challenges of recurring geographical relocation, multiple separations and elevated levels of risk have an impact on the well-being of not only military members but that of their family.

The high deployment tempo to overseas conflict situations over the last 10 – 15 years has placed additional stress on members and their families, with increasing time spent away from home and increased exposure to risk both in the training leading up to deployment and during deployment. Families of deployed personnel experience stress throughout the deployment cycle, including pre-deployment, during deployment and post-deployment. In fact, a considerable stress is experienced by the member and the family upon returning home and the issues associated with readjustment for all concerned. Should the member be physically or psychologically injured, the impact on the member and family of deployment is life changing and can have implications for the member’s future career. It can also impact on the family considerably in relation to finances, relationships, well-being and health.

Military families play an integral role in the readiness and well-being of the military force. (Preventing Psychological Disorders in Service Members and Their families, 2014). When service members display negative psychological symptoms the likelihood of negative consequences for families rises substantially. (de Burgh et al., 2011). Therefore, it is critical to have a range of both prevention and treatment programs that are inclusive of families.

In Australia, the 2010 ADF Mental Health Prevalence and Wellbeing Study found that 1 in 5 Defence force members report a mental health diagnosis which is in line with the broader Australian community. However, half of the ADF personnel surveyed experienced an anxiety, PTSD, affective or alcohol disorder. However, only half of those who reported suffering from PTSD/depression received treatment.
In my 5 years of being employed by the Defence Community Organisation, supporting military members and their families, I observed that when a member developed psychological issues the majority of services focused on the member while family members were often left confused and unsupported. The impacts on the family were significant and included facing an uncertain future if the member could not return to duty, however, the family was largely overlooked throughout the process of assessment, treatment and management of the injured or ill member. It was for this reason I applied for and was successful in obtaining the Fellowship to travel to the USA and Canada to investigate the support services available to families when members became psychologically unwell.

During my Fellowship it became apparent that the inclusion of family in the prevention and treatment of psychological injuries cannot be ad-hoc and that these practices must be embedded in policy to ensure that they occur as a matter of course, are evidence based and effective.
Acknowledgements

• I would like to thank the Churchill Trust for providing me this opportunity and for creating opportunities to meet many other Fellow’s both past and present.

• I would like to acknowledge the support of Josephine Bryant, my former Manager, for supporting me to apply for a Fellowship.

• I would like to acknowledge the invaluable support and assistance from LTCOL Phil Hills, Australian Visits Officer, Washington DC for assisting me in connecting with the right people and ensuring my visit went smoothly.

• A big thank you to LTCOL Stephen Moore for organising my visit to Quantico Marine Corp Base and setting up the most extraordinary program with professional and committed personnel.

• Thank you to Mrs Barbara Thompson for an amazing, intense 2 week program in Washington DC and for spending so much time with me and sharing her valuable experiences. US military families are fortunate to have someone as caring, compassionate and committed as Barbara on their team.

• Thank you to Christian Brouillard, Family Liaison Officer, Military Family Resource Centre for going over and above the call of duty, including setting up some last minute meetings and visits and chauffeuring me back to my accommodation in the Centre of Ottawa in peak hour.

• Thank you to Laurie Ogilvie and her team from Military Family Services for sharing their knowledge and expertise and Claudine Fugere, my Canadian point of contact who I did not get to meet after all the work and effort she put in to my visit.

• Thank you to all the wonderful people I met throughout my journey, who so generously shared with me your knowledge, expertise and stories.

• A big thank you to all of the Defence members and families who inspired me to apply for this Fellowship, I hope some of the information and experiences provided from my Fellowship assist in making a difference.

• I would like to acknowledge the support of Flinders University for me to complete my Fellowship.

• Thank you to my wonderful husband and children for enduring the ups and downs along the journey and supporting me all the way.
Executive Summary

Jodie Zada, Director Student Services, Flinders University
Phone: (08) 8201 2118 Email: Jodie.zada@flinders.edu.au

To study family inclusive programs in the mental health treatment of defence force members in the USA and Canada.

Highlights and Key Learnings

Meeting with the Military Community and Family Programs branch provided me with the opportunity to see the vast array of programs and services that are in place to support US military families. Of particular note is the Family Readiness System which consists of many organisations delivering services which families can seamlessly access, individually or as a combination, when they need them. The concept of “no wrong door” to accessing and obtaining services is a key feature of this system.

The Walter Reed National Military Medical Centre provides medical care for members and their families and during my visit the focus was on programs that are family inclusive. During my visit I was able to hear and see how family are integral to the treatment of the military member and are involved in the planning, treatment and discharge process.

Support for ill, injured or wounded military personnel, both in the USA and Canada by creating specialised Units was another highlight of my journey. These Units ensure that members and their families receive coordinated care and treatment and are supported through this particularly stressful journey. The Family Liaison Officer position that is assigned to the Integrated Personnel Support Centres in Canada to work with the military member, family and Command is critical to keeping all parties informed and supported.

Visiting Fort Belvoir and Marine Corps Base Quantico provided an exclusive behind the scenes look at how services are provided to military members and their families on US military bases and showcased the many and varied services and programs that are available to support military families through all stages of military life and that not only focus on treatment but prevention and early intervention.
Information Dissemination

Prior to commencing my travel I have contacted the Repatriation General Hospital, Department of Defence regional Mental Health Team and VVCS to advised of my Fellowship and offered to provide presentations to them upon my return. I have also committed to provide my report to Defence Community Organisation and have offered to present my findings to their team of Area Managers as well as the local Adelaide office. I will also meet with the RSL and Soldier On to talk to them about my visit and findings.
## Program

**Weeks 1 and 2: Washington DC, USA**  10 - 22 April, 2016

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<td>Uniformed Services University of the Health Sciences</td>
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<td>Dr William Brim</td>
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<tr>
<td>Augusto Ruiz</td>
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<td>April Thompson</td>
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<td>Lisa Franch</td>
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<td>Dr Patricia Mosely</td>
<td>Defence Health Headquarters</td>
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<td>CDR Jen Bodart</td>
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<td>LTC Todd Yosick</td>
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<td>CDR William Satterfield</td>
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<td>Krystyna Olas</td>
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<td>Dr David Williamson</td>
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<td>CDR Pettit</td>
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<tr>
<td>Mr Charles Milam</td>
<td>Pentagram</td>
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<tr>
<td>Brenda</td>
<td>Acting Deputy Assistant Secretary of Defense for Military</td>
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<td>Bob Smiley</td>
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<td>Keita Franklin</td>
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<td>Juliet Bayer</td>
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<td>Dr Chris Crowe</td>
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<td>Barbara Thompson</td>
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<td>Frank Emery</td>
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<td>Judi Dekle</td>
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<td>Pam Cunningham</td>
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<td>Carolyn Stevens</td>
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<td>Berry Patrich</td>
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<td>Tammye Braddy</td>
<td>Army Community Service</td>
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<td>Dr Heechin Chae</td>
<td>National Intrepid Centre of Excellence/Traumatic Brain Injury Clinic</td>
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<td>LTC Wendi Waits</td>
<td>Fort Belvoir Community Hospital, Behavioural Health</td>
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<td>LTCOL Stephen Moore</td>
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<td>Mary Skinner-Vance</td>
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<td>Cathy Ficadenti</td>
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<td>Tom Goben</td>
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<td>Christine Heit</td>
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<td>Shawn Conlon</td>
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<td>LCDR Seth Flagg</td>
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<td>Debbie Paxton</td>
<td>Regimental Surgeon</td>
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<tr>
<td>Paul Williamson</td>
<td>Mental Health Advisor</td>
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<td>Command Advisor</td>
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## Week 3: Ottawa, Canada
25 - 30 April 2016

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<tr>
<td>LCOL Bishop</td>
<td>Military Family Services</td>
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<tr>
<td>Jonathan Pratt</td>
<td>Resilience and Family Engagement</td>
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<tr>
<td>Laurie Ogilvie</td>
<td>Communications</td>
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<td>Dean McCuiag</td>
<td>Community Development</td>
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<td>Lynda Manser</td>
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<td>Caterina Perry</td>
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<td>Julie Leblanc</td>
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<td>Todd Stride</td>
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<tr>
<td>Christian Brouillard</td>
<td>Military Family Resource Centre</td>
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<td>Family Liaison Officer</td>
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<tr>
<td>Vanessa Pok Shin</td>
<td>Operational Stress Injury Social Support</td>
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<td>Family Peer Support Coordinator</td>
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<tr>
<td>Dr Sanela Dursun</td>
<td>Personnel and Family Support Research</td>
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<tr>
<td>Freeman D Chute</td>
<td>Integrated Personnel Support Centre</td>
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<tr>
<td>Melanie</td>
<td>Service Manager</td>
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1 - 5 May 2016

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<td>James J Peters Veterans Hospital</td>
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<td>Miguel Rodriguez</td>
<td>Manhattan Veterans Centre</td>
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Washington DC, United States of America

I commenced my Fellowship in Washington DC where I was to spend two weeks meeting with a range of services, organisations and visiting some Defence establishments.

The military notion of Total Force Fitness lies at the core of the US Department of Defence (DoD) to building and maintaining health, readiness and performance. Total Force Fitness involves targeting 8 domains of health including social, physical, environmental, medical and dental, spiritual, nutritional, psychological and behavioural. (Walter, J, A,G 2010) Therefore, services and programs need to focus on all domains of fitness and the framework places particular emphasis on social relationships which mandates that families are integral component of Total force Readiness.

Centre for Deployment Psychology

The Centre for Deployment Psychology (CDP) is a tri-service psychology training organisation and is part of the Uniformed Services University of the Health Sciences in Bethesda. I first met with Dr Stephen Cozza who spoke to me about his extensive work and research into military families. In particular, Dr Cozza spoke about the family-focused prevention program called Families Overcoming Under Stress (FOCUS) developed by a UCLA-Harvard team. The program includes family education, structured communication through discussing deployment on a personal level and development of family-level resiliency skills. The program has been evaluated and families showed significant improvement on measures of family functioning such as communication, role clarity and problem solving as well as individual improvements around PTSD symptoms, depression, anxiety and for the children improvements in emotional and behavioural problems. Dr Cozza highly recommended the FOCUS program as the program looks at enhancing family resilience rather than on individual resilience.

I then met with Dr Brim and his team who are responsible for providing education and training for professionals, both military and civilian, in order for them to provide treatment and support for military members and their families. There are a range of training programs offered including:

- Impact of Deployment on Military Personnel and their families
• Evidence based psychotherapies
• Addressing the psychological health of warriors and their families

The training provided focuses on ensuring those providing treatment and support to military personnel and their families have information about military culture and context as well as providing treatments that are evidence based and effective.

**Defence Centres of Excellence (DCoE)**

In the USA and Canada there is a strong commitment to research that informs practice and improves outcomes.

I met with Dr Kate McGraw from the Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury (TBI). DCoE provides the Military Health System with current and emerging psychological health and traumatic brain injury clinical and educational information. They also identify gaps and prioritize needs in psychological health and TBI research, and then translate that research into clinical practice to improve patient outcomes.

The Defence Brain Injury Centre (DVBIC) is the TBI component of DCoE, with 16 centres across the US, based in military and veteran treatment facilities. The DVBIC conducts research and clinical care, educational programs and support for members, veterans and their families.

The Deployment Health Clinical Center (DHCC) is the operational arm of DCoE and they focus on ensuring excellence in psychological health care across the broad Military Health Care System. DHCC supports the military health community by:

• Developing and implementing evidence based treatment and clinical support tools.
• Improving psychological health literacy, developing tools that empower patients and encourage help seeking behavior
• Conducting research to improve care
• Integrating behavioural and primary health care to improve early identification and treatment
• Providing program monitoring and evaluation services and developing metrics and measures to inform program performance, outcomes and health care utilization.

The National Centre for Telehealth and Technology (T2) focusses on how telehealth and technology can be used to treat psychological health issues and TBI in the military and veteran population. T2 deploy technological strategies in remote or unserviced areas, use innovative technology to reduce stigma, develop standards, processes and reviews for telehealth, coordinate across DoD, VA and civilian partners and research and validate technological application for care.

This strong connection between research and practice ensures that clinical practice is evidence based, that practitioners are provided with information, training and tools and that programs and treatment are evaluated for effectiveness.

During my visit to the DcoE I examined The Real Warriors Campaign which is a public health awareness campaign designed to encourage service members, veterans and military families to seek care for psychological health concerns and promote psychological health. (DHCC Annual Report, 2014). The campaign was developed in response to Mental Health Task Force recommendations identifying that stigma is a barrier to seeking care for psychological assistance. The Real Warriors campaign achieved over 770 000 views on their website and disseminated more than 1.5 million pieces of material to service members, veterans and their families. (DHCC Annual Report, 2014). In this campaign military families were identified as a key source of support and influence in encouraging the member or veteran to seek assistance and therefore, the campaign focused on this group.

**Defence Health Headquarters**

The Defence Health Headquarter (DHHQ) is the administrative hub for military medicine worldwide and ensures that the Military Health System (MHS) continues to provide high quality care to military personnel and their families.
During my visit I was able to attend a meeting of the Mental Health Work Group who are responsible for reviewing 30 action items from the Mental Health Strategic Plan. The goals of the Strategic Plan are to improve mental health, ensure ready access to safe and effective mental health care system, improve the value of mental health care delivery through standardization of processes and sharing resources and maximizing mental health readiness of the fighting force.

**Walter Reed National Military Medical Centre**

I was fortunate to spend two days visiting the Walter Reed National Military Medical Center (WRNMMC) in Bethesda, Maryland which was organized by the wonderful visits officer, Krystyna Olas.
The WRNMMC is one of the largest and most renowned military medical centers and is comprised of nearly 8,500 dedicated staff members providing services to military personnel, veterans and their families.

The WRNMMC provides an integrated health care system that encompass both the inpatient and outpatient experience and is integral to the renewal of psychological, physical, and spiritual wellness. Within a framework of patient and family-centered care, a dedicated team of health care professionals facilitates recovery through cutting edge technology, evidence-based design, innovation, and partnerships with volunteers.

**Operation BRAVE Families Program**

One of the services that I visited at WRNMMC was the Operation BRAVE (Building Resilience and Valuing Empowered) Families Program. This program provides services to partners and families of wounded warriors and acknowledges the major impact a combat injury has, not only on the member but also on their partner and children. Furthermore, given the severity of some of the combat injuries and the length of time that the member would need to remain at WRNMMC for treatment and rehabilitation it was acknowledged that a model of care that supported families through this journey was essential.

The focus of the program is to monitor family wellbeing and ensure referral to specialized services if required. Furthermore, services are provided across the continuum of care from the initial bedside meeting after the injury through to transition back to the community. Families and children are provided with therapeutic art and play sessions, psychoeducation, individual and family therapy, school services, case management and referrals as needed.

One of the keys to the success of Operation BRAVE Families is the Fisher House available on the grounds where families can reside. The Fisher House Foundation is best known for a network of comfort homes where families can stay at no cost while a loved one is receiving treatment. These homes are located at major U.S. military and VA medical centers nationwide, close to the medical center or hospital it serves.

An example is provided below from the Fisher House website of how Operation BRAVE Families and
Fisher House work together to provide support to injured members and their families.

In January of 2011, Staff Sergeant Chaz Allen was seriously injured when he stepped on an IED, losing both legs and breaking his elbow. Chaz was flown to the Walter Reed Army Medical Center in Washington DC for treatment.

His wife Jessica and their two small girls lived in Tennessee. Jessica wanted to be by her husband’s side while he faced months of medical treatment and rehabilitation, while at the same time maintaining a sense of normalcy for their children. The couple had worked out a plan where Jessica would travel back and forth, taking care of their girls in Tennessee for one week, and then flying back to Chaz in Washington, CD for another week.
After several months, Jessica and her daughters were able to witness Chaz take his first steps on his new prosthetic legs. These are shots of Chaz during his recovery.

In the middle slides, you can see Chaz on his first set legs (smaller than those he uses now) inside the Fisher House. You can see daughters (Deryn and Ryann) doing therapy with him at Walter Reed, and you can also see them on the stairs with him inside the Fisher House.
National Intrepid Centre of Excellence

Another service I visited at WRNMMC is National Intrepid Center of Excellence (NICoE) which focusses on treatment of service members and families affected by Traumatic Brain Injury (TBI) and psychological health conditions.

The US Department of Defense estimates that between 2001 and 2014 approximately 230,000 military personnel suffered a TBI.

NICoE offers a 4 week program where a tailored clinical treatment program is provided to treat TBI and psychological health. The NICoE program encourages partner and family involvement as part of their Family Program and the dedicated Fisher House is critical in ensuring families can participate. Family are included throughout the program in the exploration of the issues, the planning of treatment and in many aspects of the treatment program. The aim of family involvement is to equip families with the tools, skills and education needed for sustained rehabilitation and reintegration.
Another important resource for families is the provision of 25 hours of child care on the grounds of WRNMMC as this allows spouses/partners to participate in the program as necessary.

The care model at NICoE relies on an interdisciplinary, holistic, patient centred, family focussed approach which promotes physical, mental, emotional, spiritual and personal well-being. There is a range of traditional treatments and complementary therapies available to the members during the 4 week clinical program including:

- Physiotherapy
- Occupational therapy
- Brain Fitness Centre
- Art Therapy
- Music Therapy
- Recreational Therapy
- Speech Pathology
- Psychiatry
- Neuropsychology
- Family Therapy
- Biofeedback
- Audiology
- Acupuncture
- Medical Imaging
- Chaplaincy
- Case Management
- Nutrition
- Mindfulness
- Counselling
- Optometry
- Sleep Medicine
- Meditation
- Pain Management
• Relationship Counselling
• Family Therapy
• Reiki
• Animal Assisted Therapy – training of service dogs
• Assistive Technology
• Cognitive Rehabilitation
• Ophthalmology
• Psychotherapy
• Computer Assisted Rehabilitation Environment (CAREN)

The CAREN is a versatile, multi-sensory system that can be used for clinical analysis, evaluation and registration of the human balance system. The use of virtual reality enables researchers to assess the subject’s behaviour with a range of sensory inputs such as visual, auditory, vestibular and tactile.
Animal Assisted Therapy
Service dogs are dogs that have been individually trained to perform a specific task for individuals that have disabilities. There is a growing trend in the USA for service dogs to be used for military personnel or veterans suffering from PTSD. At NCoE they train service dogs and those involved in the program assist with training the dogs during their 4 week program.

Art Therapy
One of the first tasks that patients enrolled in the NCoE program complete is the painting of a mask as part of art therapy. The masks provide a powerful visual image of how the person suffering from TBI experiences their condition and, as can be seen below, National Geographic featured a story on the program in its February 2015 edition.

National Geographic, February 2015
Research

Research is another critical component of the work conducted at NICoE and patients are invited to be part of clinical research studies. The research focusses on better identification, evaluation and treatment of traumatic brain injury and psychological health conditions in the future. The ability to conduct this research in enhanced by the neuroimaging equipment available such as MRI, PET and CT scanning equipment.

Ward 7 East

Another area of WRNMMC that I visited was Ward 7 East. 7 East is the inpatient TBI Unit, designed for patients who have psychiatric/behavioural sequele of TBI and other combat-related psychiatric conditions such as PTSD or Major Depression. The goal is to provide multidisciplinary inpatient care which is patient and family centred. 7 East provides diagnosis and treatment and management of patients’ behavioural, emotional and cognitive symptoms that are impacting on their progress.

The multidisciplinary team is made up of neuropsychiatry, addictions psychiatry, neuropsychology, psychology, social work, nursing as well as a rehabilitation team of physiotherapists, occupational therapists, speech pathologists and recreational therapists. The team meet daily to discuss each patient and to complete treatment planning.

Whilst visiting I was fortunate to be involved in a multi-disciplinary team meeting where all patients on the ward were reviewed. The meeting was conducted by Dr David Williamson, Psychiatrist and all of the other disciplines were encouraged to share their observations and be involved in treatment planning.

One of the patients on the ward was a young man, in his early 20’s, who had been in a motor bike accident and suffered a head injury and now has a significant brain injury which is impacting on his functioning and behaviour. He was transferred to 7 East from his home location for further assessment and treatment and was accompanied by his mother who was staying in the Fisher House. The patient’s mother was invited to attend the meeting. The mother spoke of her grief at seeing her son so changed and advised that she had come to the realization that his condition would not improve and how difficult this was for the family. The treatment team asked her to share her
observations, including any areas of improvement/progress she had noticed and areas that she felt needed additional work as they would be difficult to manage outside of an inpatient setting. The mother was advised that the treatment team was recommending the patient be transferred back to his home location and was to be linked in with ongoing services there. She was invited to share her opinions as to the treatment plan. There were parts of the plan the mother agreed to but she did have some differing opinions which were openly discussed and as a result the treatment plan was modified to take this on board.

It was a privilege to be involved in this meeting to see how this mother was treated with respect and sensitivity and how her observations and opinions were valued by the team who treated her as the expert in relation to her son.

Families are also provided with a range of psycho education programs and group programs that provide mutual support.
The Pentagon

After a long wait to be processed by security I was finally admitted to The Pentagon.

The Pentagon is a highly impressive structure and a hive of activity with approximately 20,000 people working there each day, it has its own dedicated Metro station.

I firstly met with Mr Charles Milam, Acting Deputy Assistant Secretary of Defense for Military Community and Family Policy who was interested to hear about my Fellowship and what support services are available for military families in Australia.
I then met with the team from the Financial Readiness office who explained to me the Family Readiness System which is a services delivery model composed of a network of agencies, programs and services and individuals that promote readiness and quality of life of service members and their families. Financial issues are identified by approximately 40% of the military population as causing them some level of difficulty. Therefore, programs focus on financial literacy and readiness training, financial counselling and support at unique points throughout the military lifecycle. In addition, there are a range of financial counsellors available to members and their families through Community Services on base.

**Defence Suicide and Prevention Office**

From 2001-2008 the military suicide rates rose from 10.3 suicides per 100 000 to 16.1 per 100 000 and the Defence Suicide and Prevention Office (DSPO) was created in 2011. The DSPO is tasked with providing advocacy, program oversight and policy for suicide prevention which looks at prevention, intervention and postvention efforts. The DSPO has a number of strategic goals including data surveillance and research and rigorous program assessment. The DSPO has responsibility for policy oversight and outreach and education. Each of the services has its own unique Suicide Prevention Program and Chaplaincy Training is a Congressionally mandated.

I was fortunate to visit the American Heroes Wall and Chapel in The Pentagon which were established after the 9/11 attacks to remember the 125 victims that died there that day. The memorial also includes a book with the photographs and biographies of the 125 victims.
American Heroes Wall and Chapel, The Pentagon
Fort Belvoir

Fort Belvoir is one of the largest Army bases in the USA, covering approximately 14 square miles and supporting more than 31,000 military and civilian personnel. Fort Belvoir is home to the Fort Belvoir Community Hospital, which was opened in 2011, it is 1.2 million square feet and has 120 individual inpatient rooms.

Fort Belvoir

Fort Belvoir is also home to the Warrior Transition Brigade National Capital Region, the Soldier Family Assistance Centre, has its own Fisher House, a NICoE satellite treatment facility as well as being a fully functioning Army base.

Warrior Transition Brigade

The Warrior Transition Brigade (WTB) – National Capital Region provides case management to wounded, injured or ill soldiers. When a soldier is posted to the WTB they are provided with medical care at the Fort Belvoir Community Hospital and WRNMMC. Soldiers posted to the WTB will either return to duty or transition out of the forces. The WTB involves family in every phase of recovery, rehabilitation and transition.

The WTB ensures that each soldier’s recovery and rehabilitation are managed and that both the soldier and their family are kept informed about progress and options in the future. In addition to
case management and treatment, welfare boards or planning meetings are called every 30 days where a soldier’s progress is tracked and planning for the future is undertaken based on progress made. A critical component of these meeting is the involvement of key stakeholders such as Command, Case Managers, the member and their family. Involving all relevant parties in these planning meetings ensures that everyone hears the same information, is clear about what options are available to the member and has some input in planning for the future. This is a key difference between the USA and Australian system where family are not part of this process.

**Soldier and Family Assistance Centre**

The Soldier and Family Assistance Centre (SFAC) provides a range of support services for soldiers posted to the WTB and their families. The types of services include a fully equipped child care centre, advice on military entitlements and benefits, counselling, financial and legal advice, vocational rehabilitation, pastoral support and support groups such as caregiver support, education and employment support for partners.

**Intrepid Spirit University**

The NICoE Satellite at Fort Belvoir is called Intrepid Spirit One or the Intrepid Spirit University. Like the NICoE the focus is on the treatment of Traumatic Brain Injury and Post Traumatic Stress Disorder. The program involves the development of an individualised plan using the 5 pillars of healing which are sleep, nutrition, physical movement, stress management and pain management. Like the NICoE, a range of traditional and complimentary therapies are available and family are encouraged to be part of the planning and treatment.
Army Community Service

Also at Fort Belvoir is the Army Community Service (ACS) which provides a range of services that promote self-reliance, resilience and stability. Services include individual, group and family counselling and programs. Some of the programs provided include:

- Family Advocacy Program which promotes awareness and prevention of domestic violence and child abuse.
- New Parent Support Program which includes home visiting, parenting classes, playgroups and social work and nursing support.
- Victim Advocate Program which provides 24/7 support to domestic violence victims.
- Financial Readiness Program which provides proactive and comprehensive personal financial management services.
- Army Emergency relief which provides emergency financial assistance.
- Mobilization/Deployment Readiness Program which focuses on promoting readiness and resilience, support during family separations and reintegration through groups and one on one support.
- Relocation Assistance Program which focuses on mitigating the challenges arising from frequent moves.
- Survivor Outreach Services which provides support to bereaved families.
- Military and Family Life Counsellor Program which provides counselling services to members and their families.
- Women’s Infants and Children which is a short term intervention program designed to influence nutrition and health behaviours.
- Exceptional Family Member Program which provides assistance to families with medical or educational needs.
- Employment Readiness program which assists in developing skills, networks and resources required to join the workforce and develop career plan.
- Community Information Service which provides comprehensive information on both military and community resources.

On the day that I visited the ACS there was a Playgroup operating with approximately 20 defence partners and their children in attendance. This Playgroup was also attended by a Licensed Clinical
Social Worker and Nurse to provide support and assistance during the Playgroup session and assess whether families required additional support services outside of the Playgroup.

**Fisher House**

I was also fortunate to visit the Fisher House on my visit to Fort Belvoir. This Fisher House is a beautifully decorated house designed to be a home away from home for families. Each home has a range of suites that can accommodate families and also have communal kitchens, dining rooms, laundry’s and play areas.
United Service Organisations Warrior and Family Assistance Center at Fort Belvoir

The United Service Organisations (USO) is a nonprofit organization that provides programs, services and live entertainment to United States service members and their families. The USO is an organisation of volunteers, sustained by the charitable contributions committed to keeping members connected to the people, places and things they love.

The USO Warrior and Family Centre at Fort Belvoir is the largest USO. The USO Fort Belvoir provides a range of programs for wounded, ill and injured members and their families throughout the rehabilitation process. The building is designed to provide places that promote physical health and recreation, family strengthening, positive mental health, education, employment and community reintegration as part of the USO’s continuum of care.

The USO Centre provides a range of programs such as art therapy, yoga, music therapy, creative writing, massage, Tai Chi, employment assistance as well as a range of activities for members, their partners and families such as quiz nights, games nights and movie screenings.
Marine Base Quantico

I was escorted on to Marine Base Quantico by Lieutenant Colonel (LTCOL) Stephen Moore, the Australian Military Liaison Officer, posted to Quantico. LTCOL Moore worked tirelessly in setting up my visit and obtaining the necessary permissions for me to visit.

Marine Base Quantico is home to some 12 000 marines and civilians. The Marine Corps has approximately 180 000 military members, with 65% being 25 years or younger. As such Marine Corps families are also younger than those of other military services with the average age of a marine spouse at 29 and the average age of a marine at the birth of their first child is 24 years. The Marine Corps has experienced a significantly high deployment tempo to overseas conflicts and also experience approximately 20 % separations of their force per year.

The large number of Marines, their demographics and the high deployment tempo and role in conflicts has a significant impact on family and therefore, the Marines have their own Marine and
Family Programs Division. The Marine and Family Programs is made up of a number of different branches, these being:

**Behavioural Health**

The Behavioural Health branch provides a range of services aimed at keeping Marines and their families safe, healthy and well. The Behavioral Health Branch provides a range of programs such as Community Counselling, Family Advocacy, Substance Abuse and Suicide Prevention. The Behavioural Health branch also has a strong focus on research and evaluation and has its own Data Surveillance Section.

The Behavioural Health Program operates on some basic tenets such as a “no wrong door” policy. Essentially, this policy ensures that Marines and their families can access the services they require via a number of access points as care is coordinated across the services. Another tenet of this program is that of seamless coordinated case management, where case management is provided by the Community Counselling Team (CCT) to ensure that care is coordinated across the various services on base.

The CCT provide counselling to Marines and their families on a range of issues such as relationship issues, parenting and family issues, deployment support, anger management, adjustment issues, grief and loss. The CCT provide one on one counselling, couples and family counselling and group programs. The CCT have a strong focus on providing evidence based interventions and on evaluations of their services and have recently commenced using the OQ 45 outcome measures.

The CCT also focus on prevention and conduct the FOCUS Program to assist to build resilient Marine families.

**Family Readiness**

Family Readiness is supported by this branch and each Marine Unit is allocated a Family Readiness Officer (FRO) and they serve as the direct link to the Marine and their family.

The LINKS Program, which focuses on orientation for new spouses, is conducted by this branch. As part of the orientation there is a 3 day course to provide information to the new spouses and to link
them with a mentor through the Spouse Mentoring Program. In addition, to this there are also LINKS programs for Marines, for parents and for children and teens.

The FRO also manages the Spouse Mentoring Program by training and supporting the volunteers who act as mentors and by assisting them to run activities that focus on readiness and morale.

FRO are also responsible for deployment support through all stages of deployment and can provide information and referral to appropriate services and programs to support the Marine and their family.

The Family Readiness branch conducts the Conquering Stress with Strength Program in conjunction with the Behavioural Health Branch. The aim of this program is to assist Marines and their families to identify situations and responses to stress, to assess the level of stress within the family and to learn problem solving techniques that can be applied in high stress situations.

Another role of the family Readiness Branch is to conduct the Yellow Ribbon Reintegration Program which supports National Guard and the Reserve community. The program provides deployment support for this cohort, links families with local resources to assist with health and well-being and provides information about a range of benefits such as healthcare.

**Semper Fit and Recreation**

This branch is responsible for providing a healthy environment that sustains readiness, enhances quality of life and promotes community wellness. The branch provides a range of recreational and fitness programs that can be accessed by Marines and their families. One of the programs conducted is called Operation Adrenaline Rush which combines Combat and Operational Stress Control principles with an Outdoor Recreational Adventure activity to aid in mitigating boredom and high risk behavior in recently deployed Marines.

In addition, this branch organises a range of community events, sporting activities and manages fitness and recreation centres.
Chaplaincy

Chaplains are uniformed members assigned to Units in the Marine Corps. Chaplains provide a range of support services to Marines and their families, including pastoral care. Each year Chaplains are required to be trained in Operational Stress Control, Sexual Assault Prevention and Response, Substance Abuse, Suicide Awareness and Prevention and the Family Advocacy Program. Chaplains are a critical support for Marines and their families and are often the first people to be approached when a Marine and their family are experiencing difficulties. Ensuring that Chaplains are highly trained means they can provide appropriate support and also make assisted referrals to the other key services on base.

In addition, to pastoral care the Chaplains provide a range of retreats for Marines and their families. Some retreats provided include Martial Enrichment Retreats, Unit/Personal Resilience Retreats, Family Enrichment Retreats, Spiritual Growth Retreats and a Sexual Assault Survivors Retreat. After completing the retreat Chaplains ensure there is follow up support if required and also conduct follow up support groups.

Chaplains also have a key role in Suicide Prevention and conduct Suicide Awareness and Prevention Training.

Family Care

The Family Care branch provides a number of programs for the children of Marines. The Child and Youth program provides child care services for children aged 6 weeks to 18 years. The School Liaison Program assists school aged children to maintain academic progress during relocations and the Exceptional Family Member Program (EFMP) ensure that families are assigned to bases with services to support the family member with a need. In addition, the EFMP ensures that families have access to these services during and after transition from the military.

Sexual Assault Prevention and Response Program (SAPR)

This branch is responsible for a range of programs aimed at prevention of sexual assault and also providing care and assistance to those who have experienced sexual assault.
As part of this branch there are Sexual Assault Response Coordinators (SARCs) and Victim Advocates. Commanders have ultimate responsibility for this program but are supported by the SARCs and Victim Advocates as well as Chaplains, Medical Professionals, Counsellors, Judge Advocates, Victims Legal Counsel and Criminal Investigators to ensure quality responses are provided to victims of sexual assault.

In the Marines there are a number of SARCs, and both uniformed and civilian Victim Advocates that can link victims in to a range of services. These services include transfers to another facility, military protective orders, medical treatment, forensic medical services, Chaplains, Counselling, Mental Health Services and specialised legal assistance.

Sexual assault prevention training is provided to all leaders, both enlisted and commissioned. The training provides valuable instruction on preventing and responding to sexual assault. Leaders are also provided with a toolkit and regular summits are held to allow information exchange between SAPR staff and Marines. Another important aspect of this work is providing family with prevention techniques and information about available supports. Families are recognised as key influencers on the Marines help seeking behaviour.

**Personal and Professional Development**

The purpose of this branch is to oversee and manage plans, policy and resources to provide lifelong personal and professional education and associated skills to Marines and their families from recruitment and through to retirement. This branch provides Family Members Employment Assistance, Financial Management Programs, Relocation Support, Transition Support and support in relation to education and employment for Marines wanting to transition out.

Transition is a key focus of this branch and its programs aim to ensure the Marine is fully prepared for this experience. Each transitioning Marine is interviewed by a Commander to determine if the Marine has a viable plan to transition from military to civilian life with particular attention given to career readiness. If it is determined that the Marine is not adequately career ready to transition, then they will be referred to an appropriate service who can assist. Also, as part of this process there is a facilitated hand over to the Veterans Affairs department to ensure there is a continuity of care.
Another key component of this branch is the Marine For Life Concept. Which identifies retired Marines who have successfully transitioned and links them with recently retired Marines to provide mutual support.

Marine and Family Programs provide programs and services to Marines and their families across the spectrum of military life from the time a member enters the Marines through to separation. The services provided are comprehensive and focus on prevention and early intervention strategies such as the Family LINKS Program. Families also have access to a range of support services that are evidence based and evaluated to ensure that desired outcomes are achieved.

**Wounded Warrior Regiment (WWR)**

The WWR ensures that ill, injured or wounded Marines and their families receive the treatment, care, support and assistance they need to recover and to make informed decisions about whether they will remain in the Marine Corps or transition to civilian life. The range of services and programs offered all include a family component as recognition that the family will provide the majority of support to the wounded warrior during this process.

Visiting the WWR was a true highlight of my journey, I was greeted warmly and given a presentation on the evolution of the wounded, ill and injured care since 2001 by LCDR Seth Flagg, the Regimental Surgeon and Debbie Paxton the Mental Health Advisor to the regiment.

This presentation brought home for me the scope of the impact of the wars in Iraq and later Afghanistan have had on the US military.

In Iraq, from March 2003 to August 2010, there were almost 32 000 military members wounded and 4424 military members killed in this conflict. In Afghanistan, from July 2001 to present there have been over 20 000 members wounded and 2355 deaths. Approximately 75% of injuries were from explosive devices and 52% of wounds were to the extremities. In this presentation I was also informed about the differences between injuries sustained in prior conflicts to those of more recent times as advances in protective equipment, armored vehicles, trauma care and medical evacuations have meant that even members with catastrophic injuries could survive. Unfortunately, the military health system was not prepared for the post acute care needs of these injured members.
and their families. The most significant injuries that have been noted from these conflicts are amputations, Traumatic Brain Injury and Post Traumatic Stress Disorder.

The WWR provides leadership and facilitates the care to combat and non-combat wounded, ill and injured marines and their families in order to maximise their recovery as they return to duty or transition to civilian life. The WWR Headquarters are at Quantico but they have battalions based in both the East and West of the country at Camp Lejeune and Camp Pendleton, there are a further 10 Wounded Warrior detachments and a team of District Injured Support Coordinators (DISC’s) and Field Support Representatives (FSRs).

The WWR has a number of programs designed to provide support and assistance to injured or ill Marines and their families, as follows:

**Recovery Coordination Program**
Recovery Care Coordinators work with Marines and their families to develop a comprehensive recovery plan and provide support to family and caregivers, assist in coordination of care between the Department of Defence (DoD) and Veterans Affairs (VA) and provide advocacy.

**Medical Section**
This section provides advocacy, education and coordination as well as providing medical subject matter expertise. The medical section ensures that care is coordinated between DoD, VA and all medical providers involved in the care and treatment of the ill or injured Marine. The Medical Section also provides education and resources to the Marine and their family in order for them to feel equipped to understand and address issues of concern.

**Warrior Athlete Reconditioning Program**
This program provides adaptive sports, activities and opportunities for wounded warriors to train as athletes, while increasing their strength for continued military service or developing health habits for civilian life.
Transition Support
The Transition Support Section facilitates the successful transition of the wounded warrior and families/caregivers and includes assistance to meet education, employment, training and entrepreneurial goals.

Outreach and Veteran Support
DISCs and FSRs provide support to wounded warriors and their families to transition to veteran status including accessing VA services and benefits, responding to emergency situations and providing support to those with complex care cases to transition out of the military.

Wounded Warrior Call Centre
This call center is available 24/7 to assist Marines, their families and Marine veterans by providing information, counselling and support on a range of issues.

Leaders guide
This guide was developed to assist Commanders at all levels in accessing resources regarding the WWR. The guide also provides advice on how to assist recovering Marines, available programs and resources and contacts.

Religious Ministry Team
The RMT provides for the spiritual, moral and emotional needs of wounded warrior and their families.

Family Support Staff
FRO and other support staff work with families to provide support and assistance, training and information and to link family with services offered locally or nationally.
Military One Source

Military One Source (MOS) is a call centre and one-stop-shop which provides service members and their families with access to a wide variety of resources and confidential support in order to manage the demands of military life. In an increasingly technological and mobile world MOS offers support 24 hours a day, via telephone as well as online. MOS is one of the ways that members and their families can access information and support, however, the “no wrong door” approach ensures there are a range of options for accessing the services that fit best with clients.

In the financial year 2015, MOS received almost 750 000 calls and completed almost 180 000 non-medical counselling sessions. Relationship issues represent the main reason why people contact this service.

MOS ensures that each call is answered by a person and not an automated message. The service is free and confidential and is staffed by professional who have achieved a Masters degree in a relevant qualification. Staff are provided with extensive training, 6 weeks initially and must pass an assessment in order to progress to the next level. There is also a strong focus on quality assurance, where a Quality Assurance Team audits calls and coaching is provided to staff based on the outcome of these audits.
In the first instance callers speak to a Triage Consultant who completes a comprehensive assessment and then refers the caller to the appropriate service. Triage Consultants can move in to more specialised roles such as providing one on one counselling, peer support and coaching.

MOS provides a range of services as follows:

**Non-Medical Counselling**
Counselling is provided for a range of issues such as relationship, stress management, decision making, parenting, deployment support and more. Clients can access up to 12 sessions per issue by phone, video, online or face to face. Counselling can be accessed by members, their partners and children.

In addition, there are Military and Family Life Counsellors located at Military bases who provide one to one counselling but also provide a range of training and presentations to members, family and Command. It has been identified that having an embedded Counsellor located at the base reduces the stigma associated with accessing counselling. MOS also has surge capacity and can allocate a Counsellor to a particular base, both in the USA or Overseas to meet additional demand.

**Specialty Consultations**
There are also a range of specialty areas of assistance such as the Peer Support Program which has an early intervention and prevention focus. A specialised Triage Consultant, either a military member or spouse, is trained in motivational interviewing and coaching and can provide support around issues such as deployment, transitions, separations and relocation.

There is also Health and Wellness Coaching which focuses on positive life transitions, for example, having a baby. In this program the client is the driver in establishing goals and setting targets and works in partnership with the coach. There are unlimited sessions available.

Other specialty areas include special needs, wounded warriors, education and adult disability.
Spouse Education and Career Opportunities Counselling

Spouse employment is a key issue for military families and approximately 30% of calls received by MOS are for support around education and employment. Calls regarding Spouse Educational and Employment are dealt with initially by a Triage Consultant, who conducts a full psycho-social assessment to establish if there are any other issues impacting on the family that may require support and assistance.

The Spouse Educational and Career Opportunities Centre offers comprehensive counselling services to assist in career exploration, education, training and licensing, career connections and employment readiness.

Online Resources

MOS also provides a broad range of online resources such as a live chat, mobile phone apps, webinars, resource links, tools and educational materials as well as a comprehensive website.

Military Community and Family Policy

The Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy is directly responsible for programs and policies that establish and support community quality of life programs for service members and their families worldwide. The Office has the following functions:

- Provides for family support policies and programs in areas including family center operations, child care, youth programs, family advocacy, relocation, transition support services and support during mobilization and deployment (including casualty affairs)
- Provides policy and management direction for dependents’ education programs stateside and overseas to ensure educational services are uniform and high-quality
- Establishes program policy for mission sustaining and basic community programs for Morale, Welfare and Recreation, and Voluntary and Post-Secondary Education
- Coordinates the services of nonprofit agencies such as the Red Cross, Armed Services Young Men's Christian Association and the United Services Organization
• Provides policy and program oversight to ensure military community quality of life programs are
designed and executed to support the needs of the post-drawdown force and the DoD mission

• Coordinates DoD oversight of the Armed Forces Retirement Home Board

I was fortunate to be hosted by Barbara Thompson, Director, Office of Family Readiness Policy and
met with Barbara’s team. The team provided me with a range of presentations about what they do
for military families.

The first team to present to me were from Family Programs where the focus is on Military Family
Readiness. MFR can be defined as:

The state of being prepared to effectively navigate the challenges of daily living experienced in the
unique context of military service.

Ready individuals and families are:

• Knowledgeable about the potential challenges they may face
• Equipped with the skills to competently function in the face of such challenges
• Aware of the supportive resources available to them
• Make use of the skills and supports managing such challenges
• Includes mobility and financial readiness, mobilization and deployment readiness and
  personal and family life readiness.

The Family Readiness System is a network of agencies, services and individuals and the collaboration
among them that promotes the readiness and quality of life of members and their families.

One of the key tenets of the Family Readiness System is the idea of “no wrong door” in that members
and their families have an entire network of support that they can access through a range of access
points. The network of support services need to be fully integrated and cannot work in silos if this
model is to work and there needs to be seamless access for families. Seamless access is often
achieved via a facilitated handover between services.
Some of the access points are:
Military and Family Support Centre’s
Military One Source
Military Family Life Counsellors
Medical Command
Child and Youth Programs

The services provided by this network include relocation assistance, individual and family counselling, personal and life education, financial management services, deployment assistance, spouse educational and career support, exceptional family member services, child abuse and domestic violence prevention and response services, emergency assistance and transition support.

Another key challenge around family readiness is how you deliver the right message at the right time to the right person. This involves identifying the key milestones in the military lifecycle where families may need to access the different services and ensuring that these messages reach their target audience.

Another aspect of the Family Program team’s role is the Military Families Learning Network which is a virtual professional development network which aims to increase the availability of education resources thereby creating professional development opportunities for those working with military families.

**Community Capacity Building**

The goal of Community Capacity Building (CCB) is for informal networks and formal systems to work together to achieve positive results for community members. CCB is based on the tenets that change should be initiated by the community and that when an informal network collaborates with formal systems the ability to create change grows.

The approach applied to CCB is that a Community Capacity Inventory, which tests for readiness, is conducted and the results are used by State Program Directors to guide the interventions required for that particular community. Once the interventions required are identified Asset Mapping is
completed where resources in the community are identified and demographic information is gathered to identify where the gaps in service provision might be in the area. Services and programs that meet the identified gaps can then be implemented with that community, ensuring that each community’s unique needs are supported.

The DoD have a Community Capacity Inventory and an Asset Mapping Platform that can be used by Defence employees so there is a consistent approach to CCB across the various locations and the DoD are currently collaborating with a University to develop and Asset Mapping Tool for non-DoD organisations.

**Child and Youth Programs**

A range of programs are offered to support children from military families. Chile Care remains a major issue for members and their families. The DoD has the largest employer sponsored child care program in the USA. A comprehensive range of child care is provided including all day, part day, before and after school care and respite care.

As well as Child Care Centre’s there are Youth Centre’s on most bases and they have a number of programs directed at children aged 6 – 18 years, including recreational and sports programs and education and youth development programs. Another youth program focuses on camps such as summer camps and Dad’s and kid’s camps.

**Family Advocacy Program (FAP)**

This program is a congressionally mandated program to prevent and respond to child abuse and domestic violence in cooperation with civilian agencies. The FAP is located at all bases and is responsible for the prevention, early identification, reporting and treatment of child abuse and domestic violence.

It is unclear why but cases of child neglect have increased by 14 % in military families. Some of the programs conducted through FAP focus on prevention and early intervention such as the New Parent Support Program which includes home visiting services to new parents and an Infant Massage Program which concentrates on nurturing and attachment. The Family Foundations Program focuses
on the couple’s relationship before and after children and is a psycho-educational program which can be run by a variety of people including social workers, Chaplains and other assisting professionals.

The FOCUS Program is also conducted under FAP and aims to promote family resilience.

FAP uses a range of tools to predict risk including the Intimate Partner Prediction Tool and Universal Screening Tools for post-natal depression.

FAP also work closely with Command and external agencies to ensure there is a coordinated approach to child abuse and domestic violence. For example, VA conducts Men’s Groups for Domestic Violence and Couples group.

FAP staff are licensed clinical social workers and provide individual, couple and family counselling.

**Special Needs**
This service ensures that early intervention and specialised education services are available to military family members that have special needs. There is also an Exceptional Family Member Program which ensures that where a family member is identified as having special needs that they are assigned to a location where they can receive adequate support and treatment.

**Spouse Education and Career Opportunities Program (SECO)**
Lack of spousal employment opportunities are identified as one of the most significant issues for Defence spouses despite the average age of spouses being 30 years and with 80% of spouses having some form of college qualifications.

As previously outlined, there are Career Counsellors that can be accessed through MOS. These counsellors can assist with career assessments, identifying education/training opportunities, career planning, resumes, interview skills and connecting spouses with appropriate network.

All spouses that contact for career counselling undergo a full psycho-social assessment so that any other family issues that may be impacting on readiness can be addressed.
In addition, DoD has partnership with over 300 employers that provide employment for military spouses. This program has provided employment for more than 92 000 military spouses in 5 years and is highly successful.

Research
MCFP have established relationships with a number of Universities to ensure that policy and practice are evidence based and evaluated. Relationships have been established with:

- Penn State university, Clearing House for Military Family Readiness
- University of Minnesota, Military Research and Outreach (REACH)
- The Ohio State University, Virtual Lab School

Clearing House
The Clearing House for Military Family readiness is a partnership between DoD, Department of Agriculture and Pennsylvania State University. The Clearing House aims to provide professionals assisting military families with accessible tools to make decisions about effective programs to meet the needs of their clients. The Clearing House assists those providing support programs to families to move their programs into more evidence based arena with a focus on achieving outcomes and maintaining rigorous evaluation. The Clearing House also assists in developing programs in the area of family readiness and have developed a number of programs such as the THRIVE parenting program.

REACH
Military REACH was created in response to the need for policymakers, community leaders, educators, youth development professionals and other helping professionals to have access to relevant and current research, training, coaching tools and information to support military members and their families.

The DoD, in partnership with the USDA, created the Military–Extension Partnership to effectively reach a growing military population living off-installations in the civilian community. This partnership is aimed at accomplishing three primary objectives to address the emerging needs of military families by:
• Increasing and strengthening community capacity in support of military families,
• Increasing professional and workforce development opportunities for those working with military families, and
• Expanding and strengthening family, childcare and youth development programs.

Virtual Lab School
The Virtual Lab School (VLS) addresses a critical need for an easy to navigate online professional development and resource system that empowers professionals to build their knowledge and skills around research-based practices in child care and youth development. Supported by an extensive repository of professional development videos, research-based content, and relevant, interactive learning materials, the VLS simulates the enriching learning experiences found in university lab school settings.

Veterans Affairs: Washington DC and New York City, USA

The US Veterans Affairs (VA) is the largest provider of health care in the USA and has hospitals across the country. In addition, there are a number of Vet Centres which, although part of the VA, are set up as independent centres to ensure confidentiality. This is situation similar to VVCS in Australia.

I firstly met with Dr Chris Crowe, Senior Mental Health Consultant with the VA and liaison to DCoE in Washington DC. Dr Crowe explained how there has been a move away from the group program focus that has been popular since the Vietnam Veteran cohort started accessing services to an evidence based treatment approach where PTSD is seen as treatable.

Dr Crowe advised that the National Centre for the study of PTSD, which works across DoD and VA, have provided guidance on evidence based practice and this has resulted in training for the VA Mental Health Clinicians in these interventions.

For PTSD, evidence based treatment is Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE). There have been 7000 VA clinicians across the US trained in this treatment approach. However, given the level of commitment required from clients to attend 12 sessions, to confront the traumatic
material and to complete homework there has been low uptake and high drop-out rates in these programs.

To assist veterans to make decisions about treatment options, a video has been developed as a decision making tool. The video provides options on the range of treatments available such as CBT, CPT, Family Therapy and their associated likely outcomes. The online video also has the advantage of being available to partners and family members so they can assist in the decision making around treatment options. It is hoped that those veterans that have the relevant information about treatment and make an informed decision to pursue CPT will be more likely to be committed and attend all 12 sessions. In addition, there is some research being undertaken to ascertain if the CPT program can be reduced to 8 sessions without impacting on effectiveness.

Dr Crow also advised that the VA are providing a range of options for counselling such as telehealth and on line self-help options to provide some flexibility for veterans about how they access care.

A number of telehealth hubs have been established where there are up to 12 clinicians providing treatment as well as several of information technology experts to ensure the technology works. Veterans who wish to access telehealth services are firstly assessed at home and if deemed appropriate referred to the Telehealth treating team. In addition, emergency services in the area are identified and alerted in case of any risk situations developing. Counselling can then be provided to the veteran whilst in their home or at a location that suits them.

Online self-help can be accessed by veterans if they chose this approach. A range of measures are taken throughout the program to ensure progress is tracked. As well as accessing on line self-help programs that the veteran can work through at their own pace there is also a clinician assigned to the veteran that they can connect with online or via the phone if additional support is required.

VA also acknowledge the role of alternative treatments and offer programs around mindfulness, exercise, acupuncture and so on.

I also visited the James J Peters VA Medical Centre (JJPVAMC) located in the Bronx, New York City, where I met with Wade Hathaway and a number of other staff. The JJPVAMC provides a range of
inpatient and outpatient services for veterans and their families. Some of the specialty program areas include a Women’s Service that provides support for female veterans, PTSD Program, Substance Abuse, Suicide Prevention, Care Giver Support and Rapid Access Team.

The Caregiver Support Program is a group based program which was established approx. 5 years ago that provides support to those providing care to veterans with mental health issues. As well as the group program, respite care is provided as well as one to one counselling support.

There is also a focus on peer support by VA with the younger cohort of veterans receiving mentoring from the older cohort such as Vietnam Veterans.

The JJPVAMC also works in partnership with other community based organisations to provide care for veterans. For example, a local community centre partners with VA to provide support to homeless veterans and ensure they have adequate access to mental health support.

The Rapid Access Service (RAS) is also a valuable service for veterans needing an immediate or crisis response. The RAS is essentially a drop-in service where a veteran can walk in or be referred by another health professional for an immediate service including assessment and referral for treatment such as inpatient or outpatient mental health services. The RAS ensures veterans do not have to sit in emergency rooms waiting to be seen and that they receive a same day, specialised service with a clear pathway to treatment.

Another asset of the service provision at the JJPVAMC is the multi-disciplinary team approach to treatment. Therapy teams are made up of a Coordinator/Case Manager, Psychiatrist, Social Worker, Psychologist and Registered Nurse. The use of a multidisciplinary therapy team ensures a holistic approach to the veteran’s care. Family and care givers are also encouraged to be part of the treatment and are also provided with support through the Caregiver Support Program.

As well as traditional approaches to treatment there are also a range of alternative therapies available through the VA including mindfulness groups, yoga, music therapy, meditation and pet therapy such as service dogs or equestrian therapy.
My final visit for my Fellowship was to the Manhattan Vet Centre where I was met by the Director, Miguel Rodrigues, ex-service member and social worker. The Vet Centres, although part of the VA operate with independence to ensure confidentiality and instill confidence in the centre in veterans. The Manhattan Vet Centre is open from 7.30am – 7.30 pm Mon to Fri and veterans can drop in or make an appointment. The service is predominantly used by Vietnam Veterans. Families of veterans also have access to the Vet centers and the services offered.

There are a number of services provided through the Vet Centre:

**Counselling**

Counselling is provided to veterans and their families. Counselling can be on a one to one basis or as part of couples and family therapy.

**Group Programs**

A number of group programs are offered such as a Vietnam Veterans Group, Anger Management Group, Dialectical Behavioural Therapy Group and Sexual Trauma Group.

**Sexual Harassment Assault Response and Prevention Service**

Provides counselling, group and advocacy services to veterans who have been victims of sexual assault.

The Vet Centre also establishes partnerships with a range of other community based services that can provide support and assistance to veterans such as employment agencies, corporate organisations and homeless services. The Vet Centre also works closely with the VA Medical Centres when a veteran is identified as at risk and is referred to the Suicide Prevention Coordinator.
Ottawa, Ontario, Canada

The Canadian Forces have a particularly strong commitment to providing support to military families and refer to families as “the strength behind the uniform.” The Canadian Armed Forces Family Covenant states:

“We recognise the important role families play in enabling the operational effectiveness of the Canadian Armed Forces and we acknowledge the unique nature of military life. We honour the inherent resilience of families and we pay tribute to the sacrifices of families made in support of Canada. We pledge to work in partnership with the families and the communities in which they live. We commit to enhancing military life.”

Military Family Services

My first visit in Canada was with Military Family Services Headquarters in Ottawa. MFS is responsible for ensuring that the Canadian military community is well supported through the Military Family Services Program and Military Family Resource Centres. The MFSP states that support to military families is a “no fail mission”.

I was met by the MFS team who provided briefs about their particular areas of expertise. The first presentation was on resilience and engagement and the team advised that in 2013 the Ombudsman report into military families identified the top issues for families as mental health, employment, housing and child care.

The MFS provides support for military members, military releasing veterans and their families. The support offered includes mental health support, child care, access to health care, community integration, transition support, education transitions and special needs support.

The MFS is similar to MC and FP in the USA in that they provide oversight of the Military Family Services Program and Military Family Resource Centres, 24/7 Family Information Line, Children’s Education Management and quality of life issues that arise as a result of military service.
The MFS provides information and education, referral and support services and interventions. Families can access services through a number of different methods and again a key tenet for the MFS is a “no wrong door” policy.

Services can be accessed through the Military Family Resource Centres which are on base and accessed in person. There are 32 MFRCs in Canada and they are non-profit incorporated independent bodies.

Families can also access the 24/7 Family Information Line which provides counselling, information and referral to local MFRCs or community services. This service employs social workers, psychologists and child and youth counsellors.

Finally, families can access the Family Force website which provides a portal to all MRFCs and has up to date information relevant to families.

Part of the MFS Family Force website is focused on linking members and their families with mental health support. Through this website there are a range of support options that can be accessed such as peer support, which is referred to as People Helping People. The next option is called Professionals Helping People where people can access services in crisis, be provided with short term support, can access social work and mental health support. Another option is to access psycho-educational programs such as groups and other programs such as deployment and reunion training. The final option is called Professionals Providing Medical Treatment and this is for diagnosis and treatment of a mental health condition.

There are a number of mental health programs available to members and their families which include:

**Road to Mental Readiness (R2MR)**

This is a resilience and mental health training program for members throughout the deployment cycle where they are provided with 5 sessions, 3 of which are provided by the Chain of Command and 2 provided to members and their families.
Inter-Comm
This program is focused on enhancing relationships and is provided by MFRC’s in partnership with Health Promotions, the program looks at relationships with a particular emphasis on managing conflict and improving communication.

Counselling Services
The Family Liaison Officer (FLO) is a social worker who assists when the member is ill or injured and provides services to both the member and the family and is a key liaison with Command.

#MyVoice
Provides an opportunity for families to have a voice, is an open forum and is mostly virtual. This provides an opportunity to consult with families but also offers families an opportunity to inform policy, benefits and programs. #MyVoice aims to ensure military families inform the activities and services that affect them, that families can see where their voices have influenced change and to bring families closer to military leadership.

The second presentation on Community Development was led by Todd Stride, Policy and Program Development Manager. The MFS has a strategic approach to community development which aims to raise awareness and knowledge among community service providers, and all levels of government, about the unique stressors inherent with the military family lifestyle, and to increase their levels of shared responsibility and the willingness to enhance their program and services.

A challenge outlined in this presentation was how to build a culture that is amenable to partnering. This was expressed as “what’s in it for them?” versus “what’s in it for us?”. In Canada, as is the Australian experience, it is acknowledged that the challenges of military families are too complex to be managed single handedly by MFS/MFRC’s and therefore, community support is needed. However, relationships do not just happen and they need to be encouraged and managed once formed.

The MFS have created partnerships with a range of organisations across Canada in the areas of mental health, employment, health care and children’s services.
Lastly, I heard from Julie Leblanc from the Communications Team whose attention has been on a common approach to communicating more coherently and consistently with military families, improving awareness and use of services by better informing families and engaging and listening to families and integrating this into programming and communications initiatives.

The approach taken has involved national development of communication strategies which are then implemented locally with a strong focus on digital media social media, imagery and family vignettes. MFS utilize social media platforms Twitter, You Tube, Pinterest and Facebook. On Facebook there are a range of groups that people can join such as special needs group, parent support and #MyVoice. The strategy in using social media is to inform, educate and boost engagement of members and their families some other initiatives have included #Real Military People, Theme Days, #My Voice and Shout Out Tuesdays.

**Military Family Resource Centre**

Once my briefing was finished I was whisked away by the amazing Dean McCuaig to the Military Family Resource Centre National Capital Region, with a quick stop at Starbucks for a “decent coffee”.

As stated the MFRC’s are independent, not-for-profit organisations that support military families. The MFRC provides a range of programs designed to assist families settle in to their new area as well as various other support services.

I was hosted at the MFRC by Christian Brouillard, Family Liaison Officer and provided with a brief by the team.

**Children and Youth Services**

The MFRC provides a range for children’s services including a licensed child care centre for children from 18 months to 5 years. They also provide emergency, respite and casual child care for families.
Children’s services also include events such as school holiday events, playgroups, parental support, such as counselling and groups and a range of programs such as music and infant massage.

Youth Services offer services to teens that include activities, sports, social events, counselling services and a Youth Centre.

**Family Separation and Reunion Services**
Deployment support is a key focus of the services provided by the MFRC’s. This includes pre-deployment packages, volunteers calls to the family monthly whilst the member is deployed, deployment child care at a reduced rate, R2MR training, morale mail, reintegration support and counselling during deployment and for 3 years post-deployment, even if the member discharges during that time.

**Information and Referral**
A social worker conducts an assessment and refers to relevant community agency.

**Prevention, Support and Intervention**
MFRC provides individual, family and group programs to support members and their families. The MFRC has a “no cookie cutter” approach to services which acknowledges the unique needs of each family and the need for a tailored approach to meet these needs.

The MFRC provides short term, brief solution focused counselling normally 8 – 12 sessions but this is not set in stone and a person is seen as long as they need to be.

**Partner Support Programs**
Support can be provided to military spouses/partners around education and employment as well as second language training.

**Veteran Family Program**
This is a new initiative provided by MFRC’s and is aimed at those members being medically discharged and ensuring their families are supported through this process. Families can access counselling and support through the MFRC for up to 2 years post discharge.
Joint Personnel Support Units

These Units provide a key role to supporting injured and ill members to progress towards returning to duty or preparing to transition out of the military. These Units are the equivalent of the Wounded Warrior Transition Brigade/ Wounded Warrior Regiment in the USA.

The FLO, works for the MFRC and are located within the Integrated Personnel Support Centers (IPSC) and ensure that support is provided to families who may be coping with a member who is ill or injured. In addition, the FLO works across the IPSC, the member and the family ensuring information is shared and that families are receiving the support they require during the processes of recovery, reintegration or transition.

Operational Stress Injury Social Support (OSISS)

OSISS commenced in 2001 in recognition of the benefits that could be provided to veterans in sharing their experiences through peer-based support services. In 2001, a group of veterans set up a peer-based network, which has now grown to a national community based organisation with approximately 70 coordinators across Canada.

In 2005, a Family Peer Support Program for those supporting members suffering an Operational Stress Injury was established to acknowledge the impact this can have on families and their need for support.

The program has an education focus to assist both the member/veteran to identify what is happening and to provide information about OSI, treatment and support.

There are support groups across Canada that provide both social support and psycho-education. These groups meet fortnightly and are facilitated by a Coordinator who has been provided with training. Psycho-education is provided by a range of professionals with subject matter expertise and can include sessions around PTSD, communication, relationships and intimacy sessions are tailored to the group needs.
In addition to support groups OSISS aims to develop strong relationships with clinicians, Veterans Affairs, Canadian Forces and community organisations to ensure assistance and support is provided to their network members.

Volunteers with this program are selected by Coordinators as appropriate for undergoing training to come themselves Coordinators. All volunteers are screened and go through a rigorous selection process. If a volunteer is successful after screening and selection they undergo extensive training by a Veterans Affairs Psychologist and are provided with support and supervision by their local Coordinator. There is recognition of the toll this work takes on volunteers, so there is a strong focus on self-care and resilience training.

**HOPE (Helping Our Peers by Providing Empathy) Peer Support Program**

This program is for bereaved military families and is available to current serving members and veterans as well as Reservists. The program began in 2006. The HOPE program matches peer volunteers with bereaved families to provide support, understanding, shared experiences and new options.

In addition to Peer Support bereaved families are also entitled to support from a private Psychologist for as long as required. If the client is a veteran this service is provided thought the case manager.

The HOPE Program also has strong relationships with Integrated Personnel Support Centre, VA and OSI Treatment Clinics.

**Veterans Affairs (VA)**

I met with the VA representative who is based at the IPSC. When a member is to be medically or voluntarily discharged they are transferred from Canadian Forces in to the care of VA.

The first step in this process is for a transition interview and through this process the member’s medical conditions are identified and recognized in order to be provided with ongoing care. It is
during this transition phase when appropriate medical services, outside of Canadian Forces are put in place.

Ongoing support services for PTSD may include OSI Clinic or Inpatient treatment or referral to a private practitioner, counselling can also be provided to families and couples.

**Defence Research and Development**

Defence Research and Development Canada (DRDC)’s Personnel and Family Support research program leads departmental research efforts. DRDC conducts research using social science research tools such as surveys, conceptual models, and statistical analysis to examine both the challenges faced by military families and the effectiveness of current programs and services at addressing these challenges.

Through collaborative research partnerships, DRDC researchers examine the challenges that are specific to military families, including: frequent relocations; temporary housing; spousal unemployment and underemployment; separations; deployments of a family member to potentially dangerous situations; and, supporting ill or injured family members during reintegration to civilian life.

The social sciences research work is conducted by Director General Military Personnel Research and Analysis, a research division of DND reporting to Chief of Military Personnel and Assistant Deputy Minister (Science and Technology).

**Impact of illness/injury on family**

In collaboration with Carleton University, DRDC is examining the impact of illness/injury on CAF members’ family relationships and the impact of these relationships on members’ recovery/rehabilitation. This work will be used to shape the delivery of programs and services that provide support to ill/injured members and their families, ensuring that the programs are effectively delivering scientifically-validated solutions for maintaining healthy relationships.
Family adaptation to military life

It is important to know how families adapt to the demands of military life. DRDC administered a survey of CAF spouses and common-law-partners which highlights the need for effective programs/services for military families. The results show that high levels of conflict between military and family life are linked to poorer mental health, ineffective methods of coping with stress and lower social support among spouses. In particular, the survey made it clear that families who were relocated found it difficult to re-establish seniority at work, build a support network, find employment, and find medical care and childcare. Information like this is important when determining what types of support services should be available for CAF families.

Children

DND collaborated with Carleton University and Mount Saint Vincent University to establish a research program examining the impact of military life stressors on children. The first phase of the research program, completed in 2012, examined the resilience of young children from military families and identified the protective factors that help children cope with stress. The second phase, completed in 2013, assessed the impact of military life-related stressors on single military parent families and identified some unique challenges for these families.

The latest phase currently underway examines: the resiliency of adolescents from military families; identifies protective factors for the psychological health of adolescents; measures the impact of military stressors on single parents’ well-being and their relationship with children. It also seeks to assess the awareness and utility of current programs/services and examines the need for additional unique services required to support children, adolescents and/or single military parents.
Conclusions

The scale of the US military, together with the large numbers of military personnel and veterans, demands that there are many and varied options for treatment. However, there are aspects of these services and programs that could be applied to the Australian context which could improve the experiences for Australian military personnel and their families.

The Canadian military which is similar in size to the Australian Defence force has a clear focus on military families which is summed up in their family covenant, the cornerstone of the approach taken to enhancing their well-being. The concept of Families as the Strength Behind the Uniform provides a solid basis for providing appropriate and effective services.

Essentially, any service or program that provides support and treatment for military members experiencing mental health issues needs to ensure that family are informed, engaged and included in this process.

During my visit I met with many social workers who are highly professional, trained and educated and were employed in many and varied roles. During my visit many of the social workers I met with were in leadership roles, were much valued members of multi-disciplinary treatment teams and military units and were in policy and research roles. There is a high level of recognition of the social work profession as being highly skilled, knowledgeable and experienced mental health practitioners. The registration of the social work profession in the USA and Canada is something that should be considered in Australia in to the future.
Recommendations

Research
Greater collaboration between research and practice organisations is required for to ensure programs and services are evidence based and evaluated for effectiveness.

Education and Training
Training needs to be provided to those working with the military and veteran community regarding evidence based practice and family inclusive practices.

Family Readiness System and No Wrong Door
The concept of a Family Readiness System where a range of organisations providing services to military families work as a collaborative network needs to be further developed. This approach would also work towards a “no wrong door” approach to service delivery. Consideration needs to be given to the range of access points for families, including phone, in person and online options.

Right Message, Right Person, Right Time
Consideration should be given to what messages members and families require at different stages/milestones in their military career and how these messages can be provided. Greater presence in the social media space is required.

Facilities and Infrastructure
In order to provide family inclusive programs appropriate facilities and infrastructure are required. Although we do not have access to services such as Fisher Houses in Australia, consideration should be given to expanding the AUSDIL program to include financial support for mental health treatment when the member is required to travel away from home for treatment. In addition, consideration should be given to child care facilities required whilst accessing treatment and how to make environments family friendly.
Telehealth and Technology
Further consideration should be given as to how services can be delivered via telehealth and utilising
technology to better provide services to members and their families based in rural or remote areas
or who have other barriers to accessing treatment in person.

Wounded Warrior Regiments/Brigades
Units who have responsibility for managing the needs of military members that are injured, ill or
wounded can ensure that rehabilitation and recovery is coordinated and that family are included in
this process.

Family Liaison Officers
A position similar to the Canadian Family Liaison Officer should be established as a liaison between
the Unit, member and family where the member is ill, injured or wounded.

FOCUS Program
The FOCUS family resilience program should be conducted with all Defence families in Australia.

Parenting Programs
Programs that enhance relationships and parenting skills should be considered to assist with building
confidence, enhancing attachment, strengthening relationships and increasing overall family
functioning.

Partner Employment
Consideration should be given to establishing partnerships with employers who can provide
employment for Defence force partners.

Counselling Services
Counselling for non-medical related issues should be recognised as core business from services
providing support to military members and their families and in the US and Canada brief counselling
is described as 10 – 12 sessions.
Learning Networks
Mental health practitioners, social workers, psychologists, Doctors and other professionals that work with military members and their families need to establish Military Mental Health as a specialised branch of practice and set up a community of practice that has specific needs in terms of education, training and support.

Youth Services
Consideration should be given to how young people in military families are supported as currently services tend to be focused on the 0 – 5 years range.

Peer Support Programs
Peer support programs for members and their families should be considered to provide support and assistance on a range of issues that result from military life, for example, orientation programs and support for PTSD. Peer support programs require that peer supporters are selected, screened, trained and supported in their roles.

Complimentary Therapies
A holistic approach to treatment and support should include evidence based treatments, coupled with a range of complimentary therapies.

Transition
Transition out of the military is identified as a stressful time for members and their families and consideration needs to be given to how this can best be supported. The model of Transition Coaches should be investigated.

Policy
Policies that embed consideration and inclusion of the family are essential in providing family inclusions programs and services.
**Total Force Fitness**

A Total Force Fitness approach should be adopted and prevention programs and health promotion should focus on all eight domains of health. Prevention programs should also focus on resilience and mental health training.

**Consultation and Partnerships with Family**

Consideration needs to be given as to how military families contribute to and influence policy, programs and services that impact on them. A virtual forum such as #MyVoice or similar could be adapted to the Australian context. Opportunities for community capacity building, including engaging families, identifying the needs of particular communities and adapting programs and services to meet these needs will ensure a “no cookie cutter” approach.
Sharing the Findings

Prior to commencing my travel, I have contacted the Repatriation General Hospital, Department of Defence Regional Mental Health Team and VVCS to advised of my Fellowship and offered to provide presentations to them upon my return.

I have also committed to provide my report to Defence Community Organisation and have offered to present my findings to their team of Area Managers as well as the local Adelaide office.

I plan to make contact with Defence Families Australia to share my findings as they are the official body appointed by the Government to represent the views of Defence families.

I will also meet with non-government organisations that provide support to military members, veterans and their families such as the RSL and Soldier On.
References


