

Chapter 3

Lessons Learned Inside the Pentagon

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3.1 Background

Within DoD, the Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy (MC&FP) reports to the Assistant Secretary of Defense for Manpower and Reserve Affairs (M&RA) under the auspices of the Under Secretary of Defense for Personnel and Readiness (P&R). The Under Secretary is the principal advisor to the Secretary of Defense on all matters relating to military and civilian personnel policies, such as end strength, recruitment goals and standards, pay and bonuses, delivery of medical entitlements, readiness of the Force, and the well-being of military families.¹ MC&FP is directly responsible for the DoD's Quality of Life (QoL) policies, programs, and services on military installations worldwide, sites serving reserve component members and their families, and the virtual delivery of such services and programs.

The military services, comprising the Army, United States Marine Corps, Navy, and Air Force, execute, i.e., operationalize, the vast majority of these family support programs available to their particular Service families as well as sister Service military families who are assigned to a particular installation. Regardless of Service or Component, family support programs as required by policy must be delivered to

¹ There are four other major functions that support military family readiness that are included in the P&R portfolio, i.e., medical benefits, financial readiness, commissaries, and military children's education that will not be addressed in this chapter.

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military families who are in need. MC&FP is also responsible for analyzing demographic and programmatic data addressing the general development and functioning of military families across the DoD. Principle objectives adhered to by MC&FP include ensuring military families are knowledgeable about the challenges they may face; equipped with the skills to function in the face of such challenges; are aware of the resources available to them to manage such challenges; and know how to access those resources when needed. One of the directorates that supports the mission of MC&FP is the Office of Military Family Readiness Policy (OMFRP). This directorate, originally named the Office of Family Policy, was established by the Military Family Act of 1986 which for the first time, codified family policy as a function of the Office of the Secretary of Defense and mandated professional personnel be designated to provide policy and oversight for family support programs. The National Defense Authorization Act of 2010 also established the Office of Community Support for Military Families with Special Needs. Over the last 30 years, the responsibilities and functions of OMFRP have evolved to meet the ever-changing needs of military families. Today, there are five multidisciplinary teams of subject matter experts who address child and youth programs, prevention of domestic violence and child abuse and neglect, family readiness and well-being which includes spouse education and career opportunities, support for families with special needs, and the Military Family Readiness Council. The teams within OMFRP develop DoD policies, provide oversight for programs that fall under the guidance of these policies, leverage resources to enhance the overall readiness and well-being of military families, provide recommendations and guidance to senior leadership, and support multiple components of the Military Family Readiness System (MFRS). The MFRS is defined as the network of agencies, programs, services, and individuals that collaborate to address the unique challenges associated with military service.² Military families, regardless of activation status or location, must be able to access information and services to support their successful navigation of the military lifestyle. In a perfect web of family support, the DoD, the military services, and local community agencies work together to connect the military family to the right resource at the right time, meeting the imminent need and gaining trust for future interventions.

3.2 History

Unexpected life-altering events took place on September 11, 2001 in the United States. In Washington DC, the DoD mobilized to provide immediate care and assistance for the families affected by the terrorist attack that occurred at the Pentagon. Similar assistance was initiated in New York City for the victims of the World Trade Center—without consultation between cities. DoD staff from MC&FP and staff from military family support programs located in the National Capital Region followed protocols learned

²See Department of Defense(DoD). (2012). DoD Instruction 1342.22 Military Family Readiness (published on July 03, 2012). Available at www.dtic.mil/whs/directives/corres/pdf/134222p.pdf

from previous emergency family assistance events; however, they also had to quickly adjust and adapt to meet the unique challenges of this particular disaster. Most responses to emergency assistance do not start out as a reaction to a large-scale terrorist attack nor are they geared to be sustained for such a protracted period of time. This effort required an immediate response from many entities to meet the needs of families reeling from the unanticipated, brutal loss of their loved ones. Neither the response nor the needs ended a month later when the Pentagon Family Assistance Center (PFAC) closed. There are many lessons learned and protocols to follow that have been documented in the PFAC after action report (Office of the Secretary of Defense, 2003). The scope of the effort expanded to the larger military community due to the start of large-scale deployments in support of Operation Enduring Freedom. Previous experience and subject matter expertise were sufficient to meet the needs identified during a short-term conflict, but no one imagined the length of this conflict. In hindsight, milestones and events mark shifts in how resources were delivered to meet the evolving needs of military families.

There was no playbook for this prolonged conflict and the impact it would have on military families, especially those who were geographically isolated from military installation support. This resulted in an ongoing assessment and reassessment of the needs and gaps in services and populations served as the operation grew and intensified. The lessons learned from the acute response to 9/11 and outlining the long-term assistance required to address the strain of multiple, long-term deployments will better inform future leaders across all disciplines and organizations as they move forward to offer assistance. What has been learned can be applied to family assistance facing any community-level catastrophic events, whether it is a natural disaster, mass shooting, terrorist attack, or industrial accident. No one can anticipate the what, where, and when of how the next tragedy will challenge providers of family support in both the military and civilian communities. Nevertheless, we can and must be prepared to address the evolving human needs of both military and civilian families that manifest when a family is undergoing stress.

3.3 Response: MC&FP Led

Before the wars in Iraq and Afghanistan, family support had become a standard service provided on military installations around the world where military family members had resided since the early seventies, but gaps in services and resources became readily apparent in the wake of multiple, lengthy, dangerous deployments. Under normal circumstances, MC&FP's primary role is to develop policies based on research, trend analysis, and law. When post-9/11 conflicts occurred, leadership recognized the importance of developing and operationalizing immediate courses of action that would augment what the military services were doing to support military families. Support services such as financial counseling, relocation guidance, spouse employment support, information and referral, deployment assistance, exceptional family member services, life skills education, and emergency family assistance had been delivered through specialists at military family support centers.

Knowing that military family support centers were available during limited hours and that a family “emergency” could happen at any time, MC&FP decided a virtual, more robust family support program needed to be offered 24/7/365 to augment what the staff at the military family support centers were providing. In addition, MC&FP leadership recognized that military life challenges had been exacerbated as a result of these extended separations under life-threatening conditions. Two initiatives were developed simultaneously to address these needs. MC&FP implemented Military OneSource and the Military Family Life Counselor program as the bedrock of what could be done from the Office of the Secretary of Defense. Over time as more needs emerged, additional services were added to both programs and they were modified to meet the demand. This section will amplify what took place with regard to these support programs over time.

With the wars, the landscape of family support evolved to meet the needs of family members who were geographically dispersed from the military family support system and to meet the needs of a younger generation who showed a preference for support that was user-friendly, technologically advanced, and immediately accessible. Today, the DoD response includes support that goes beyond the traditional face-to-face service delivered at military family support centers. Because 70% of military families live off of the installation and because the reserve component is largely remote from installations, family support is now also delivered by phone, or online through chat rooms, video chat, webinars, and self-paced interactive tools. Two initiatives were developed with these capabilities in mind:

3.3.1 Military OneSource (MOS)

Military OneSource (<http://www.militaryonesource.mil>; 1-800-342-9647) is uniquely positioned among all other family support services in that it offers 24/7/365 access to master’s degree consultants who are trained in providing support services to military families. An extension of existing installation services, MOS provides free, convenient access to confidential support in person, online, or phone to provide information and referral to a wide array of services and resources, such as nonmedical counseling, financial counseling, tax preparation, specialty consultations for adoption, elder care, special needs, spouse career counseling, relocation assistance, transition assistance, and health and wellness coaching, the Sesame Workshop materials, articles, books, special needs kits, podcasts, and webinars.

3.3.2 Joint Family Support Assistance Program (JFSAP)

The Joint Family Support Assistance Program was initially mandated by the National Defense Authorization Act (NDAA) of 2007 to address the needs of geographically dispersed service members and their families. Congress leverages funding levels and provisions in the annual NDAA to impact service members and their families by

directing the Secretary of Defense to follow through on their recommendations for studies, pilots, change in policies, etc. In the case of JFSAP, subject matter experts from MC&FP met with a select group of State Family Program directors and staff from the National Guard Bureau to identify the needs and what could be done to mitigate these challenges. This program was designed to provide high-quality, mobile support teams and assistance in 50 states and four territories to augment existing family support programs. It is important to note that ongoing analyses must be done throughout the life of a program to determine if the program/resource developed to meet a gap in family support is working as planned, is still needed, or does it require a new approach to better serve military families. This was done with JFSAP and modifications were made to the design and delivery of direct support with more reliance on surge support for nonmedical and financial counseling to increase the numbers of service members and families being served and better aligned to where they lived. Also, JFSAP's mission to develop a community support network evolved into a separate effort, Community Capacity Building, to maximize the efforts of both DoD and non-DoD helping professionals to support military members and their families regardless of their activation status or residence. Community agencies play a key role in supporting military members and their families. In order to enhance the relationships among DoD and civilian helping professionals, a self-directed training is offered on Military OneSource's My TrainingHub (<https://myhub.militaryonesource.mil/MOS/f?p=SIS:2:0:>). Families and communities must be aware of what the DoD can and cannot do, as a means of developing and maintaining the most effective and available resources to support service members in the face of current and uncertain future threat environments. For example, the DoD does not provide direct financial assistance to families who may need extra support during unforeseen crises. The Military Aid Societies and nonprofit agencies do provide monetary or resource support to meet the financial needs of military families.

Because many military members served and are serving in combat situations, they are at risk of serious injury and death. Many have returned with invisible injuries, such as traumatic brain injuries (TBI) and post-traumatic stress (PTS). More have returned with muscular-skeletal injuries and amputations. These life-altering injuries not only affect the service member, but also every member of his or her family. MC&FP took action in 2005 to provide direct support to service members and their families at the behest of Deputy Secretary Wolfowitz while the military services were developing their response to the growing needs of wounded, ill, and injured (WII) service members.

3.3.3 Military Severely Injured Center

A call center was set up to address the immediate needs of severely WII service members. Representatives from the Military Services, TSA, Red Cross, Military OneSource, Health Affairs, and the Department of Veterans Affairs (VA) manned the center to find answers to the issues at hand, from looking into promotion status, to finding nonprofit

support to overcome financial challenges, to smoothing travel security screenings for WII service members. Family members called to the bedside of their loved ones were also in need of support. MC&FP recognized that families needed guidance as they awaited a diagnosis or worked to adapt to long-term care plans. Counselor advocates were deployed to major military treatment facilities (MTFs) and the four Veterans Affairs (VA) Polytrauma Centers to provide direct assistance to the families. Because WII service members were transitioning from Walter Reed and Bethesda to VA Polytrauma Centers in Tampa, Richmond, Palo Alto, and Minneapolis for catastrophic, multiple injuries such as amputations and TBIs or spinal paralysis and PTS, MC&FP knew the families needed support in this uncharted territory. In addition, the staff at the VA Polytrauma Centers were inexperienced dealing with young service members, young families, and young children in their hospitals. These professionals assumed a case management role intent on getting families the resources and support they needed so that families could concentrate on recovery and reintegration. The center was in operation for 2 years until senior leadership made the decision to discontinue its mission because the military services had implemented their support for WII service members and their families. Military OneSource continues to provide specialty consultation for WII service members and their families to resolve issues that they are facing.

The high level of stress experienced by military families due to conflict since 2001 resulted in a review of the adequacy of the Department's counseling services to meet the increased need of support. However, the stigma associated with seeking psychological healthcare and these resources were deeply rooted in the military culture.³ MC&FP realized that resources were needed to address stress-related work-life challenges in the early stages to prevent exacerbation of the stress which could trigger a higher level of intervention. The following two programs were launched and continue to this day.

3.3.4 Military Family Life Counselors (MFLCs)

This program was designed to use licensed clinicians to deliver face-to-face, confidential, nonmedical counseling focused on problem-solving for military families coping with normal reactions to the stressful challenges of deployments, separations, and reintegration. MFLCs possess a master's degree or PhD in a mental health field and are licensed or certified to practice independently. Services are delivered on military installations and at reserve component events. This service augments the nonmedical counseling Military OneSource provides virtually as well as face-to-face in the local community in the United States. This program evolved to provide

³The Virginia Polytechnic Institute and State University conducted the Military Family Needs Assessment from September 2009 through April 2010. The study found that service members were worried about potential negative consequences and stigma to use those resources. Final report is available at http://download.militaryonesource.mil/12038/Project%20Documents/MilitaryHOMEFRONT/Reports/MFNA_2010_Report.pdf

face-to-face financial counseling. To better serve families with children, Child and Youth Behavioral Military Family Life Counselors (CYB-MFLCs), who are licensed clinicians with child and youth training and experience, are embedded in military child development programs, youth centers, Department of Defense Education Activity (DODEA) schools, and public schools that serve military children. Their work helps staff and parents respond to behavioral challenges, as well as helping children with coping skills. The three MFLC counseling specialties (non-medical counseling to cope with life challenges, financial counseling and education, and child and youth prevention counseling for children, staff, and parents) are delivered normally on 30, 45, 60, 90 day rotations and on 180, and 360 days under special circumstances. The MFLC program provides a response to an individual, couple, or family whose needs for counseling do not meet the level of severity to require a clinical intervention. MFLCs do not keep traditional counseling records, and the confidentiality helps to address the stigma associated with seeking counseling that exists in the military. The ease of access and the confidential component promote a culture that encourages delivery and receipt of counseling, and helps to eliminate barriers to seek counseling support. The program provides an entry point to a continuum of counseling support that includes prevention, early intervention, and referrals to treatment when needed, to enhance coping and build resilience.

3.4 Response: MC&FP Supported Activities

3.4.1 Project Families OverComing under Stress (FOCUS)

Project FOCUS provides resilience training to military children and their parents who have experienced deployment. In guided sessions and group workshops, the program teaches practical skills in a natural setting, such as the Family Support Center to meet the challenges of deployment and reintegration, to enhance communication and solve problems effectively, and to successfully set goals together to create a shared family story. Published results of program effectiveness show improvements in communication, affective responsiveness and involvement, role clarity, and problem-solving—all characteristics linked to the core family resilient processes, as well as reductions in parent and child distress and improvements to their adaptive functioning overall.

3.4.2 Respite Care

A growing body of research demonstrates that parental deployments impact children's and families' day-to-day functioning as a result of separation, reconfigurations of the family system, routines, and household responsibilities, financial strains, ambiguous loss and fear for a loved one's safety (Flake, Davis, Johnson & Middleton,

2009; Huebner, Mancini, Wilcox, Grass & Grass, 2007; Riggs and Riggs, 2011). The management of stressors faced by the stay-at-home parent or caregiver directly impacts the well-being of the military child. Losing half of the family support system when the fathers and/or mothers deploy can negatively affect the coping skills of the stay-at-home parent/guardian when challenged with all of the day-to-day family responsibilities. This is particularly difficult if the child also has special health or educational needs. Due to the length of the military parent's absence, it became critical to provide respite care so the stay-at-home parent/guardian would have a break from these responsibilities and opportunities for self-care. In support of the war effort, military child development centers and youth centers offered extended hours of care, to include some nights and weekends, in order to support mission readiness schedules and to provide much needed respite care to families. Up to 16 hours/month of respite child care was offered as well as up to 40 hours/month of respite care for families with a member who had special needs. Respite care was offered through the child development system or through contractual arrangements with the National Association of Resource and Referral Agencies. Additional resources were provided through Overseas Contingency Operations (OCO) funding so the cost would not be shouldered by the family.

3.4.3 New Parent Support Program

This is a DoD-sponsored program facilitated through the Family Advocacy Program to support expectant parents and those with children birth through age 3. Nurses and social workers conduct voluntary home visits to help new parents better understand the needs of their babies and toddlers, how to best meet their needs, and what to expect on a child's developmental journey. For young families away from their extended families, this program helps to ensure a healthy start for the very youngest military children.

Throughout the post-9/11 conflicts, many groups of government and civilian entities prioritized and strategized how to best understand the difficulties faced by military families, how to mitigate these difficulties, and how to strengthen family systems. Over the course of post-9/11 conflicts, there were many large scale as well as smaller scale strategic planning efforts. This section will highlight a few of these initiatives:

3.5 MC&FP Strategic Planning Events:

- Guard and Reserve Task Force Meeting (May 19–20, 2009): This two-day meeting brought together representatives from MC&FP, the active duty family support, and the Guard and Reserve communities to focus on the realities and needs of the reserve component community.

- Joint National DoD Family Readiness Conference (Sep 1–3, 2009): This worldwide forum was organized to share innovative resources and information on practice guidelines and tools to improve military family readiness for internal and external DoD helping professionals. Presentations and computer labs provided innovative information in the following categories:
 - Long-term effects of deployment on children and families
 - Family Support
 - Personal Finance
 - Education
 - Healthcare and mental health access
 - Spouse Employment
- National Leadership Summit on Military Families (Nov 9–10, 2009): This summit was one of the steps taken in an ongoing effort to transform military family support and readiness programs to eventually lead to more effective coordination and implementation. Summit participants included more than 200 senior military family policy makers, family program leaders and their staff, military family researchers, and military family members. The focus was on strengthening the well-being and resiliency of military families during an era of protracted conflict with the goal of transforming family support and readiness programs in ways that enhance their effectiveness, efficiency, and overall impact. The identified top five issues and challenges were:
 - Challenges of the deployment cycle
 - Psychological health of military families
 - Access to services and consistency of support
 - Communication challenges
 - Frequent relocation

The following goals and scope of family support and readiness were identified:

- Evaluate support program to learn which models are effective and built on success
- Communicate critical information to military family members
- Establish collaborative partnerships
- Address psychological health needs of military families
- Develop and implement programs that support military children and youth

The Summit’s participants voted to prioritize recommendations for DoD family support programs:

- Create a coordinated, strategic map of all existing programs to identify redundancies and opportunities for consolidation. Develop metrics of success and evaluate all programs to determine which ones are working.
- Design and implement a strategic communications plan.
- Review the Department’s focus on behavioral health services to ensure access, availability, and education to encourage early identification, and to reduce stigma associated with mental health treatment.

Finally, the participants put forward the following priorities:

- Categorize and evaluate programs to enhance effectiveness, consistency, and return on investment.
- Develop and implement a strategic communications strategy that reaches families with what they need to know, and connects them with those who have the capacity and resources to provide support.
- Strengthen the Department’s ability to provide for the psychological well-being of military personnel and their families (with a particular focus on the health of children in these families).

3.6 Community-Led Strategic Planning Events

- Blue Star Families White Oak Retreats (February 2010–2016): Five retreats have been held since 2010 to address the needs of military families across multiple sectors to include government, the nonprofits, and philanthropy. Representatives came together to identify priorities and facilitate solutions to support the veteran and military community. “White Oak” is recognized as a process by which positive transformation can be accomplished.
- National Military Family Association Summit—When Parents Deploy: Understanding the Experiences of Military Children and Spouses (May 12–13, 2010): NMFA organized a Blue Ribbon Panel of experts and advocates from inside and outside the military community to develop a set of recommended actions. The results from in-depth interviews and discussions at the summit included innovative and pragmatic ideas that could be undertaken by government, communities, and individuals to make a positive difference in the lives of military families.
- Presidential Study Directive 9—Strengthening Our Military Families (Office of the President, 2011): President Obama made the care and support of military families as a top national security policy priority and called together subject matter experts from every cabinet of the federal government to review what resources could be leveraged to support military families, ways to identify new opportunities to augment what the DoD provides through a coordinated approach. This government-wide effort addressed:
 - The well-being and psychological health of the military family
 - Excellence in military children’s education and their development
 - Career and educational opportunities for military spouses
 - Child care availability and quality for military families
- Joint National DoD Family Resilience Conference (Apr 27–29, 2011): This high-quality professional conference was co-sponsored by MC&FP and the USDA. This venue offered opportunities to connect, to acquire new tools and techniques, to build greater awareness to better focus on vulnerable and military family populations. Representatives from Cooperative Extension, universities, nonprofit agencies, military, and federal and local government were involved in the following communities of practice:

- Family Risk and Resilience
- Youth and Teens
- Family Support
- Parenting
- Community Capacity Building
- 4H
- Child Development

While these are some of the many initiatives undertaken by MC&FP or supported by MC&FP, there are many, many more that were put into place by MC&FP, the military services, and nonprofit organizations. The ongoing military conflicts during this period taught all involved that the urgency to implement and deliver was the driving force in a proactive response. However, we learned that by not using existing evidence informed programs or embedding an evaluation component into the delivery of new programs made it difficult to validate the effectiveness of the programs and services that were provided and to justify future funding. By fostering academic collaborations that can adequately inform results from evaluations and studies, leaders and policy makers will be able to better understand and implement the most effective, efficient and supportive programs, policies, and resources for military families. The last 15 years have seen the development of a very robust research program, as researchers investigated a wide variety of military service related influences. One of the most far-reaching and prolific initiatives undertaken by MC&FP for the larger P&R enterprise is the ongoing work with the Land-Grant Universities:

3.6.1 DoD-United States Department of Agriculture (USDA) Partnership

In November 2009, US Secretary of Agriculture Vilsack announced the formation of the USDA and DoD Extension-Military Partnership to focus on community capacity building in support of military families, workforce development, and strengthening family, child care, and youth development programs. In May 2010, the Under Secretary of Defense for Personnel and Readiness and USDA signed a Memorandum of Understanding to formally launch an interagency partnership. The mission of the partnership between DoD and the National Institute of Food and Agriculture (NIFA), Cooperative Extension, and the Land-Grant University (LGU) system is to advance the health, well-being, and quality of life for military service members, families, and their communities through coordination of research, education, and extension programs. This partnership made it possible for DoD to collaborate with USDA's LGU researchers in program evaluation and other subject areas and the Cooperative Extension Service in providing joint programs and resources for military families. This interagency effort also fulfilled the Government Accountability Office's recommendations to address future cross-cutting issues and challenges in military family support, particularly for those who are

geographically dispersed. MC&FP commissioned Pennsylvania State University Clearinghouse for Military Family Readiness (<http://militaryfamilies.psu.edu>) to develop evaluation plans for family readiness programs that may need assistance in preparing for full-scope program evaluation as well as running programs through a continuum of evidence to help policy makers choose evidence informed resources to meet the needs of military families. MC&FP also engaged the University of Minnesota with Military REACH—Supporting Families with Research and Outreach (<https://reachmilitaryfamilies.umn.edu>) to identify and synthesize research and provide research briefs on military family issues to support policy makers making program decisions.

Future efforts to support military families need to address evaluation to assess potential outcomes and the partnership with the LGUs offers a prime vehicle to do this, as well as leveraging the LGUs to develop new resources, such as The Virtual Lab School (<https://www.virtuallabschool.org>), Early Childhood Curriculum, and a universal parenting program, Thrive.

3.7 Lessons Learned

The following suggestions are not to be dusted off and reviewed when a challenging event occurs that could potentially rock family stability. Unfortunately, those involved with military families were slow to react and build upon the realization of the impact military families have on mission success, and ultimately national security. Family support professionals, their leadership, and military leadership need to be immersed in the touchpoints of family functioning, adept at identifying gaps at every level of delivery, and willing to evaluate the relevance of the delivery system. It is in the DoD's best interest to embed what is known about protective factors for fully functioning family systems into the MFRS so that military families are ready and resilient to cope, overcome, and thrive as a family unit regardless of the challenge at hand. The following broad lessons learned and the needed courses of action to be undertaken to put that knowledge into practice are not listed in any priority or sequence—they are all important and critical to the success of meeting the needs of military families.

1. We must better understand the sociological differences of the generations of service members and their families who are to be served:
 - Identify family structures, i.e., nuclear family is no longer the norm; marriage is not seen as the “sacred” next step in relationships; LGBTQ families.
 - Identify how each generation prefers to communicate, i.e., how can we have access to updated contact information/email addresses for outreach; how can we engage in best communication practices, such as content strategies, user experience, and mobile access to ensure we are reaching our intended audience?

- Identify how each generation wants to receive information, i.e., how can we better rely on digital platforms where military families seek information; how can we identify the language they use; how can we better leverage nonprofit and military services' media platforms to amplify the messages?
 - Identify how each generation wants to receive services, i.e., face-to-face, electronically, officially, through the MFRS, etc.
 - Identify where they live, i.e., embedded in civilian communities; on installations; geographically isolated from organized support.
 - Identify the entire family population—not just ID holders, i.e., parents, siblings, significant others, intimate partners.
 - Identify the legal impediments for providing support to non-ID holders.
 - Identify ways to provide support when not legally authorized.
2. Ensure the service members and family members are aware and understand what resources are available to support them.
- Identify what programs are currently available.
 - Understand the efficacy of available programs.
 - Determine which sector is responsible for program maintenance and coordinate a strategy for the program based on updated information about family needs
 - Actively reach out to military families to share available resources and how to access.
3. With multiple efforts to improve the quality of life for military families it is critical to coordinate among different components, services, and others providing support to ensure efficiency and comprehensive services along the continuum of service—not just when an emergency family assistance event takes place.
- Conduct ongoing review of existing research.
 - Conduct ongoing analysis of surveys that provide feedback from service members and spouses on their needs and gaps in services.
 - Conduct focus groups to gather input from military families regarding the status of programs provided by the MFRS.
 - Convene task forces concerned with particularly vulnerable groups to focus on realities and needs.
 - Convene family support professionals to explore promising practices and share successes of existing partnerships and programs.
 - Continue ongoing work with the LGUs and other research experts to support evaluation, analysis of research on military families; developing evidence informed resources to improve the delivery of family readiness system support, review and publication of promising practices on the Clearinghouse of Military Family readiness website.
 - Armed with this information and analysis—make required changes—through statute, policy, delivery of services through the MFRS.

4. The military chain of command must be trained on the importance of family resilience and well-being and its impact on the mission. Too often, they are only focused on the mission to be executed and not fully immersed in the human capital toll.
 - This topic and the available resources to help every echelon of leadership support family resilience and well-being needs to be added to military leadership training curricula.
 - Include military family support requirements as one of the appendices in the military battle plan so efforts will not be sidelined.
5. When developing policy and operational guidelines for the DoD:
 - Identify the core needs to embed into policy.
 - What is needed during contingencies.
 - What is needed during peacetime.
 - There should be ongoing dialogue with the military services with regard to needs assessment, addressing gaps in services; standardization of programs and resources.
 - Ensure oversight that policies are followed, are practiced, and refined when needed.
 - Establish and maintain collaborative relationships, working groups, task forces, across disciplines—everyone must be fluid and responsive.
 - We must address the roles of OSD and the military services and determine the core missions which need a driving focus for delivery, e.g., PFAC and each party's role and responsibilities.
6. Establish a system of ongoing professional development for service providers both internal to DoD and those in local communities, across disciplines to ensure their proficiency and knowledge when working with military families.
 - Expand the Military Family Learning Network to other communities of practice. (<https://militaryfamilies.extension.org>)
 - Ensure professional development is offered virtually with CEUs.
7. Depending on the particular upheaval, there will be special populations who will need a more intense level of support:
 - Young adults who sustain catastrophic injuries, e.g., Military Severely Injured Center.
 - Special operators who are older and experience more dangerous deployments on a more recurring basis.
 - Families with young children and children with special needs, e.g., respite care.
 - Surviving family members.
 - Reserve component members and their families not near installation-based support, e.g., JFSAP.
 - Populations newly identified—how do we adapt and be flexible to meet their needs?

8. To overcome the lack of alacrity of the federal bureaucracy and for early identification of the gaps in services:
 - Develop sustained relationships with vetted nonprofit agencies so their ongoing work during peacetime can be ramped up and incorporated into the larger MFRS.
 - Expand internal efforts to build partnerships, remembering the centrality of family.
9. Government systems are constrained so the ability to react quickly to an unknown event can be hampered by the stove piped organizations within a federal agency as well as across the federal landscape. (For additional information, please review Chaps. 1 and 19 in current volume)

3.8 Recommendations

Defense departments and military academies around the world are renowned for their contingency planning; teaching strategy and tactical maneuvers to ensure a successful mission outcome; and analyzing military historical documents to build on experience and lessons learned to be prepared to overcome unforeseen challenges. Family support professionals need to apply these same principles to family support courses of action with a thorough review and analysis of the results from multiple summits, task forces, convenings, Reports to Congress, research, etc.—the battle plan next steps are all there, but not in any organized fashion. This wealth of information was not available when post-9/11 conflicts began and expanded. And, when an event that shakes family stability to its core is underway, there is no time to sift through a compendium of source documents to build on lessons learned or to revise policies. Action is needed to deliver resources and services that meet the needs of families undergoing tremendous stress. It is imperative to glean insights and counsel now since the U.S. Military continues operations in Iraq and Afghanistan—this conflict is not over. And, we must continue to review, modify, and enhance this knowledge base to be better prepared to enact a battle plan regardless of the challenges the next event brings to the family support community. What better way than to take the lessons learned outlined in this chapter and prioritize the courses of action listed to address what were the gaps when approaching the development of a Battle Plan?

In addition to the ongoing efforts to embed the courses of action outlined in the Lesson Learned section into practice, the following ideas are just gaining attention for further dissemination:

- Given what we are learning about Adverse Childhood Experiences (ACEs), the earlier we can identify service members who have had ACEs during their formative years, support can be provided to prevent additional trauma due to military stress to maintain their resilience and to protect their families. In addition, military children need to be screened for ACEs during their regular pediatric visits to

ensure families are given the support in real time so that children can reach their full potential.

- Embed the Thrive parenting curriculum into the fabric of the MFRS—parents need the tools and knowledge to meet their children’s developmental potential. It is particularly important to fully engage the service member in his or her role as a parent and not rely solely on the stay-at-home parent since children will fare better when parents are in sync with their parenting styles and goals for their children. Facilitators can be groomed across the MFRS—in pediatric clinics, New Parent Support staff, training and curriculum specialists at the child development center, staff at the family support centers, school personnel, and volunteers can all make a difference.
- Ensure all echelons of military leadership are trained on the impact military family members have on mission readiness; what resources are in leadership’s “tool-box” to help service members meet the needs of their family members; their role in identifying gaps in services; what the MFRS is and who to contact for support; and how to manage expectations in times of unusual stress.
- Garner support from the current Congress and the White House, building off the success of Joining Forces and the PSD-9.
- Build on what we know that supports the development of strong family functioning/resilience into the programs offered in the MFRS so families are better prepared to meet the challenges of every day military life.

3.9 Reflection

Reflecting on what we will need to take into the future, we have a responsibility to our senior leaders to ensure they have the most accurate information and analyses from both OSD and the military services when making decisions regarding family support services, irrespective of who delivers subject services. Senior leaders need to question and listen to their subject matter experts and colleagues from both OSD and the military services before services are ramped up or curtailed. A primary example of failure to do so is the closure of the Military Severely Injured Center under the false assumption that the military services had “stepped up” their support for WWII service members and their families. No analyses were done to assess the viability of four separate support programs. And, the need for an umbrella program, such as the Military Severely Injured Center, to catch those who may not be served through the delivery of their particular services’ program, was ignored. We can no longer look at military family support in isolation—what we do impacts the larger military community. Since the military is becoming a smaller, leaner joint force, as directed in the 2012 Defense Strategic Guidance, all entities—the military services, OSD, the federal government, and community resources—must be in sync, collaborating, and not duplicating efforts.

Since 2001, there were many battles fought, not just in Iraq and Afghanistan, but within the Personnel and Readiness community and with the military services.

Without a doubt, stovepipes hurt the delivery of family support. Who is responsible for service member and family well-being—the particular Military Service or OSD or both? Who owns policy and who owns operations—OSD or the military services or both? Why are there differences in services and resources between the military services and between components? Many years of mistrust and role clarity had to be overcome because there was much to do and that will continue in the future. Keeping family well-being in the forefront of many competing priorities within the DoD will take a concerted, unified, multidisciplinary, and cross-sector approach to be successful. Hopefully, cooperation and collaboration among family support entities will continue to prosper within OSD, the military services, the federal government, and community agencies to become the standard *modus operandi* during peacetime which will offset the turbulence generated during times of conflict.

True leadership is not about receiving credit for what has been accomplished, but building coalitions and supporting relationships to efficiently and effectively meet the mission. Ultimately, it takes many dedicated individuals and systems to maintain ongoing communication and to synergize their efforts to connect the right resource to the right person at the right time.

3.10 Conclusion

After Operation Desert Storm—Frederick F.Y. Pang, Assistant Secretary of Defense for Force Management Policy, testified that, “The cycle of war, drawdown, mobilization and war repeated throughout this century has taught us that:

1. It is difficult to accurately foresee emerging threats to our national security.
2. Our military must always be ready to fight and win the next war, and therefore deter it.
3. Our people are our most important resource, and if we support them in peacetime as we have in wartime, they will perform with excellence and valor when called to protect our national interests” (Pang, 1995, p. 11).

Secretary Pang’s insights are well worth remembering today as America considers its commitments to the military community in the wake of war since 2001 and helps prepare for the ramifications of the next violent conflict.

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Resources

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