A Public Health Approach to Implementing Family-Centered Prevention: Implications for Resilience Enhancing Practices within Systems of Care

Catherine Mogil, PsyD
Patricia Lester, MD

UCLA Nathanson Family Resilience Center
To promote resilience and enhance care in Military and Veteran families through the development and dissemination of family-centered, evidence-based psychological health programs.

- Translational Research
- Family-Centered Services and Care
- Provider and Community Training
- Innovative Technology
Presentation Goals

As a result of participating in this workshop the participant will be able to:

• Identify mechanisms of risk and resilience within military connected families facing adversity.

• Describe a continuum of trauma-informed preventive intervention to enhance child and parent resilience in the context of trauma and adversities.

• Describe a scalable public health approach to implementing family-centered prevention within systems of care.
Reminders of Loss

26-year-old Veteran father, 18 months post-reunion. One of his buddies died in his arms during a fire fight:

“...if my daughter falls asleep when I hold her, and suddenly her head falls, I can’t describe what it does to me... I immediately wake her up... I am convinced at that moment that she is dead...”
Reminders of Separation

28 year old Marine mother, 1 month post-reunion after 2 deployments in 2 years

“.It’s the craziest thing.. For the first few weeks after I came back, every morning, my 5-year-old would stop me at the door and hang onto my leg and wouldn’t let me leave. I had to change out of my uniform and get into civilian clothes before she would let me leave the house. Even now, I have to sneak out of the house with my uniform in a paper bag and change on the way to the Base.”
Understanding the Landscape for Military-Connected Children

- 3-4 million live in the US
- > 2 million have a parent on active duty or in the Guard and Reserve
- ~ 2 million have a parent who is a veteran
- > 70% of active duty families live in civilian communities
- > 50% of military connected children are cared for by civilian pediatricians
Interdependence between Parental Military Experience and Children

• Service member and spouse/partner mental health symptoms associated with deployment exposure (Gewirtz, DeGarmo, & Zamir, 2017; Snyder et al., 2016; Lester et al. 2016)

• Emotional and behavioral distress, risky behaviors and academic impact associated with wartime deployments (Lester and Flake 2013; Creech et al. 2015)

• Tiered risk: deployed/injured > deployed/non-injured> non-deployed (Hisle-Gorman et al., 2015)

• Rise in child maltreatment during deployments and related to separation/reunion (Gibbs et al. 2007; Rentz et al. 2006)

• Parental deployment during infancy associated with later (i.e., elementary years) emotional, behavioral, & peer problems (Mustillo et al., 2016)
Interdependence between Parental Military Experience and Children

• Military-connected adolescents differ from their classmates at the same school on:
  • Perception of school: Poorer sense of belonging, supportive relationships, & participation
  • Risk & Safety: Higher rates of peer victimization, more likely to carry a weapon, higher rates of substance use
    (De Pedro et al., 2013; Gilreath, Astor, et al., 2014; Gilreath et al., 2016; Sullivan et al., 2015)

• Changes in Parenting associated with length of deployment (Davis et al., 2015) & PTSD (Creech & Misca, 2017)
Family Processes Contributing to Child Adjustment

• Better child adjustment associated with:
  • Family involvement in military community (Lucier-Greer et al., 2014)
  • Family process (e.g., positive family functioning) and community-level (e.g., health infrastructure) promotive factors (Lester et al, 2016; MacDermid Wadsworth et al., 2016)
Resilience & Protective Factors

- Children with at least one secure attachment figure
- Supportive relationships with parents and adults
- Spending time together as a family
- Routines and rituals that promote closeness during hardships
- Participation in extracurricular and other activities
- Helpful beliefs and making positive meaning
- Network of support: family, friends, school, community
Translating Evidence into Practice to Support and Strengthen Military and Veteran Families

• Ongoing rigorous research on & dissemination of evidence-based interventions
  • ADAPT: After Deployment, Adaptive Parenting Tools (Gewirtz et al., 2016)
  • Strong Families, Strong Forces (Devoe et al., 2017)
  • FOCUS: Families OverComing Under Stress (Lester et al., 2011, 2013; 2016; Mogil et al., 2015)

• Innovative methods for dissemination & implementation
  • Telehealth
  • Groups
  • Integrated care
FOCUS (Families OverComing Under Stress) Model

- Traumatic Stress and Developmental Systems Research
- Family Resilience Framework
- FOCUS Resilience Enhancing Intervention
- Implementation Science: Public Health Prevention
- Family Based Prevention Science
A Public Health Response: 
**FOCUS for Military and Veteran Families**

- A family-centered prevention program developed at the UCLA Semel Institute and Harvard University
- Developed as a selective and indicated prevention service that builds resilience and wellness within the military and veteran family
- Active Duty: Embedded in the continuum of behavioral health care services for service members, spouses and children through the FOCUS program at 28 military installations, serving over 900,000 children, SM, and community members since 2008.
- Adaptations and Adoptions for Military and Veteran Families through community based MH, Veteran serving organizations, schools, and virtual platforms
Families OverComing Under Stress (FOCUS)

Parents only

Children only

Parents only

Family Sessions

Session 1 & 2

Session 3 & 4

Session 5

Session 6 - 8
FOCUS Family Resilience Training
Core Components
Lester et al, 2011

- Family real time check-up
  - Customizes services to family needs
- Family level education
  - Combat Operational Stress Continuum
  - Developmental guidance
- Family deployment timeline
  - Link skills to family (and child) experience
  - Develop shared family meaning
  - Bridge estrangements
  - Co-parenting
FOCUS Family Resilience Training
Core Components
Lester et al, 2011

• Family level resiliency skills across the deployment cycle
  • Emotional regulation
  • Problem solving
  • Communication
  • Goal setting
  • Managing deployment reminders
FOCUS: Family Level Resilience Skills
Emotional Awareness

Identification
Intensity
Identifying feelings in others
Empathy
Feelings-Thoughts Connection
Feelings -Body Connection
## Impact of PTSD on Parenting


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<thead>
<tr>
<th>Parenting</th>
<th>intrusions/re-experiencing</th>
<th>avoidance sx$s$</th>
<th>negative cognitions</th>
<th>hyper-arousal sx$s$</th>
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<tr>
<td><em>emotional closeness</em></td>
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<td><em>leadership</em></td>
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<td><em>hopefulness</em></td>
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FOCUS: Family Level Resilience Skills
Managing Separation, Trauma, and Loss Reminders

Allows families to recognize when a reminder might be at work and resulting in emotional and behavioral activation. Also allows for a plan to address this activation.
Families Reside Within Interlocking Systems

School

Healthcare

Community

Mental Health

Individual

FAMILY
Relevance of Family-Centered Prevention & Care for Military and Veteran Behavioral Health

- Well-being of children and teens and their families are inextricably linked
- Family members can play a significant role in enhancing or impeding the recovery of youth affected by trauma or adversity
- Families represent an opportune point of entry for prevention and intervention efforts
- Families prefer family approaches over individual approaches for mental health care
FOCUS Suite of Services
Public Health Strategy for Implementation

Universal

Indicated

Mobile Platforms
Group-Level Briefings
Psychoeducation Workshops
Trauma-informed Consultation
Skill-building Groups
FOCUS Family Resilience Training
Institute of Medicine (IOM) Taxonomy for Preventative Interventions

**Prevention** targets those who are well or whose symptoms are subclinical.

**Treatment** targets those who have diagnosable mental disorders.

**Three Target Populations for Prevention Interventions**

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<tr>
<th>UNIVERSAL</th>
<th>SELECTIVE</th>
<th>INDICATED</th>
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<tbody>
<tr>
<td>Everyone in a population</td>
<td>Subgroups of the population at heightened risk</td>
<td>Individuals suffering subclinical distress or impairment</td>
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Partnering within the Continuum of Care

FOCUS works to respond to the needs of each installation

• Collaborative partnerships within the continuum of care

• The provision of the FOCUS suite of services

• Engagement within the community.
Referral Sources into FOCUS

- **Self-Referred**: 38.3%
- **Military Social Services**: 12.7%
- **Mental Health Provider**: 12.5%
- **Other**: 9.1%
- **Military**: 5.9%
- **School**: 5.5%
- **Health Care Provider**: 4.9%
- **Workshops**: 4.6%
- **Skill Building Group**: 4.5%
- **Chaplain**: 2.0%
FOCUS Referrals to Other Providers

- Mental Health Provider - Community: 21.8%
- Community Social Services: 5.7%
- Informational Resources: 19.4%
- Mental Health Provider - Military: 20.3%
- School Services: 4.0%
- Community Healthcare Provider: 3.0%
- Military Social Services: 24.1%
- Military Healthcare Provider: 1.7%
FOCUS Evaluation

Entry, Exit, and follow-up at 1-4, 6 and 12 months
- Assessment-driven intervention
- Customized to individual family goals and needs
- Flagging system for Suicide Risk

Program evaluation
- Perception of Change/Knowledge
- Psychological impact
- SDQ, MASC, CDI, KidCope, PCL, PHQ9, GAD7, FAD, GAF
- Multiple reporters (provider, parent, child)
- Impact over time
Evaluation of a Family-Centered Preventive Intervention for Military Families: Parent and Child Longitudinal Outcomes

Patricia Lester, MD, Li-Jung Liang, PhD, Norweeta Milburn, PhD, Catherine Mogil, PhD, Kirsten Woodward, LCSW, William Nash, MD, Hilary Aralis, MS, Maegan Sinclair, MPH, Alan Semaan, BA, Lee Klosinski, PhD, William Beardslee, MD, William Saltzman, PhD

Objective: This study evaluates the longitudinal outcomes of Families OverComing Under Stress (FOCUS), a family-centered preventive intervention implemented to enhance resilience and to reduce psychological health risk in military families and children who have high levels of stress related to parental wartime military service.

Method: We performed a secondary analysis of evaluation data from a large-scale service implementation of the FOCUS intervention collected between July 2008 and December 2013 at 15 military installations in the United States and Japan. We present data for 2,615 unique families (3,499 parents and 3,810 children) with completed symptoms were significantly reduced postintervention, and these reductions were maintained at 2 subsequent follow-up assessments. In addition, we identified an improvement over time in emotional and behavioral symptoms and in prosocial behaviors for both boys and girls. We observed reductions in the prevalence of unhealthy family functioning and child anxiety symptoms, as well as parental depression, anxiety, and posttraumatic stress symptoms from intake to follow-up.

Conclusion: Longitudinal program evaluation data show sustained trajectories of reduced psychological health risk symptoms and improved indices of resilience in children.
Lessons learned from large scale implementation of FOCUS

- Family-centered, trauma informed services need to be customized for unique family, cultural, linguistic and community needs
  - Know the landscape
  - Consider the range of need (IOM taxonomy)
  - Understand and adapt to the system/culture

- A public health approach to prevention and treatment includes a continuum of patient and family-centered practices that can be integrated into systems—increasing early engagement and reducing stigma
  - Target intervention to various levels of need

- Partnered community approaches, community engagement, and local flexibility are central to strengthening community systems
  - Bring a collaborative spirit to partner with programs across the continuum of care
New Directions, Innovations and Collaborations
In Home Tele-Behavioral Health
Reaching Families Where They Live

• VTC Family Education and Prevention

• NICHD RO1 Randomized trial for Military Connected Families with young children – Virtual Home Visiting (Mogil et al, 2014)
NICHD RO1 Measures

- Parent Functioning
  - Cumulative Parent Trauma Exposure (PDS)
  - Depression & Anxiety (PHQ-9, BSI)
  - Coping Self Efficacy
- Child Functioning
  - Ages & Stages (Developmental and Social Emotional)
  - Parent Evaluation of Developmental Status
  - Anxiety Symptoms (Spence)
  - Behavior Problems (SDQ & ECBI)
- Parenting & Family Functioning
  - Primary Caregiver Parenting Stress (PSI)
  - Co-Parenting Questionnaire
  - McMaster Family Assessment Device
- Observational Measures
  - Whole Family Interaction
  - Parent-Child Interaction
- Interview Ratings
  - Home Observation for Measurement of the Environment
Virtual Home Visits

• Generalization of skills from office to home and community
• Reduces costs: travel time, mileage reimbursement, salary/benefits
• Decrease missed appointments due to illness, traffic, weather
• Increase services to families who would not otherwise come to services.
Leveraging Mobile Technology for Behavioral Health Continuum of Care

• Key role for mobile technology platforms for personalized delivery of high quality care management, scale and reach of care.

• Opportunities to leverage mobile technologies to implement patient and family-centered care and prevention beyond traditional clinical settings.

• Research challenges in context of rapid innovations.
FOCUS On the Go! is an educational gaming app that helps families become stronger in the face of challenges. Through games and resources, families practice resilience skills, such as identifying emotions, solving problems, and improving communication.

http://nfrc.ucla.edu/focus-on-the-go
FOCUS on Foster Families: A Resilience Building Tool for Foster Youth and Families

www.focusfoster.org
A Family Centered Mobile App to Support Veterans with PTSD and Their Caregivers

- DOD STTR Research: “Connectd” Mobile app supporting passive and active monitoring from patient and family members on well-being, relationship stresses, and situational stressors to provide a thorough picture of patient’s current mental health status.

- Provides customized and timely support tools

- Randomized trial currently in field with Duke University and Inferlink Partners.
School Based Classroom Resilience Curriculum

• FOCUS Skill-Building Groups (SBGs)
• 9 sessions (45-55 minutes) delivered to the classroom weekly
• Cultural and linguistic adaptation in partnership with students, teachers and PSW
• Goals:
  • To learn ways to talk and deal with stress
  • Build relationships with peers and teachers
  • Acquire a toolbox of skills
  • Develops narratives with psychoeducation and strategies provided
Partnership to Support Veteran Families

- UCLA VAGLAHS Veteran Family Wellness Center
  - Community Partnered Approach
  - Translating family-centered care to the VA system
  - Utilizing a wellness approach to engage families
  - Continuum of services
  - www.nfrc.ucla.edu/veteran-family-wellness-center
Train Doctors to Manage Their Feelings
To reduce physician burnout, some hospitals are teaching residents to be more resilient.

The team that worked on the UCLA Pediatric Resident Resilience Training Program last fall, hoping to help young residents struggling with painful work issues become stronger and able to handle major stresses such as distraught families and dying children. The program’s two leaders, pediatrician Jessica Lloyd and psychologist Brenda Bursch, are at the center. PHOTO: MARGARET SISON/UCLA
UCLA Nathanson Family Resilience Center: Training Institute

**Tier 1:** Military Culture, Families and Child Development

**Tier 2:** Resilience Skill Building Group Curriculum

**Tier 3:** Community Provider and Professional Training (*MSW, Psychology Internship, Post Doctoral Fellows*)
Catherine Mogil, Psy.D.
Assistant Clinical Professor
Nathanson Family Resilience Center

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