



# BUILDING MILITARY/COMMUNITY PARTNERSHIPS TO SERVE MILITARY AND VETERAN FAMILIES AND THEIR CHILDREN

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- Purpose
  - To help states and territories succeed in their efforts to support military families

# Today's Agenda

- Welcome/Introductions
- Identification of primary psychological health services, programs, and interventions available to states/territories as referral sources
  - Risk and resiliency factors
  - Identification of primary psychological health services, programs, and interventions available to states/territories as referral sources
  - Resources that provide quality health care and support to military families
- Homework
- Coordination of Services (cont'd)
- Bright Ideas
- Wrap-up

# Housekeeping

– Please identify yourself each time you speak -  
*“This is...”*

– Please mute your phones when not speaking



– Highly Interactive



– Respectful environment

– “Snap poll”



# Participant Introductions

States	
Kentucky (Marlane)	
Michigan (Ingrid, Kaitlyn, Juliana, Kathy)	
Hawaii (Michael)	
Nevada (Misty)	
North Carolina (Li, Heather)	
Pennsylvania (Matthew)	
Wisconsin (Phillip)	
Virginia (Suzanna, Sophia, Leanna, Martha) Megan Session 2	
Illinois (Jordan, Tom, Margo, Carlendia)	
Oklahoma (Carla, Jim)	
Minnesota (Kevin)	



- Name
- Agency

LS #2

# Coordination of Services for Service Members, Veterans and their Families

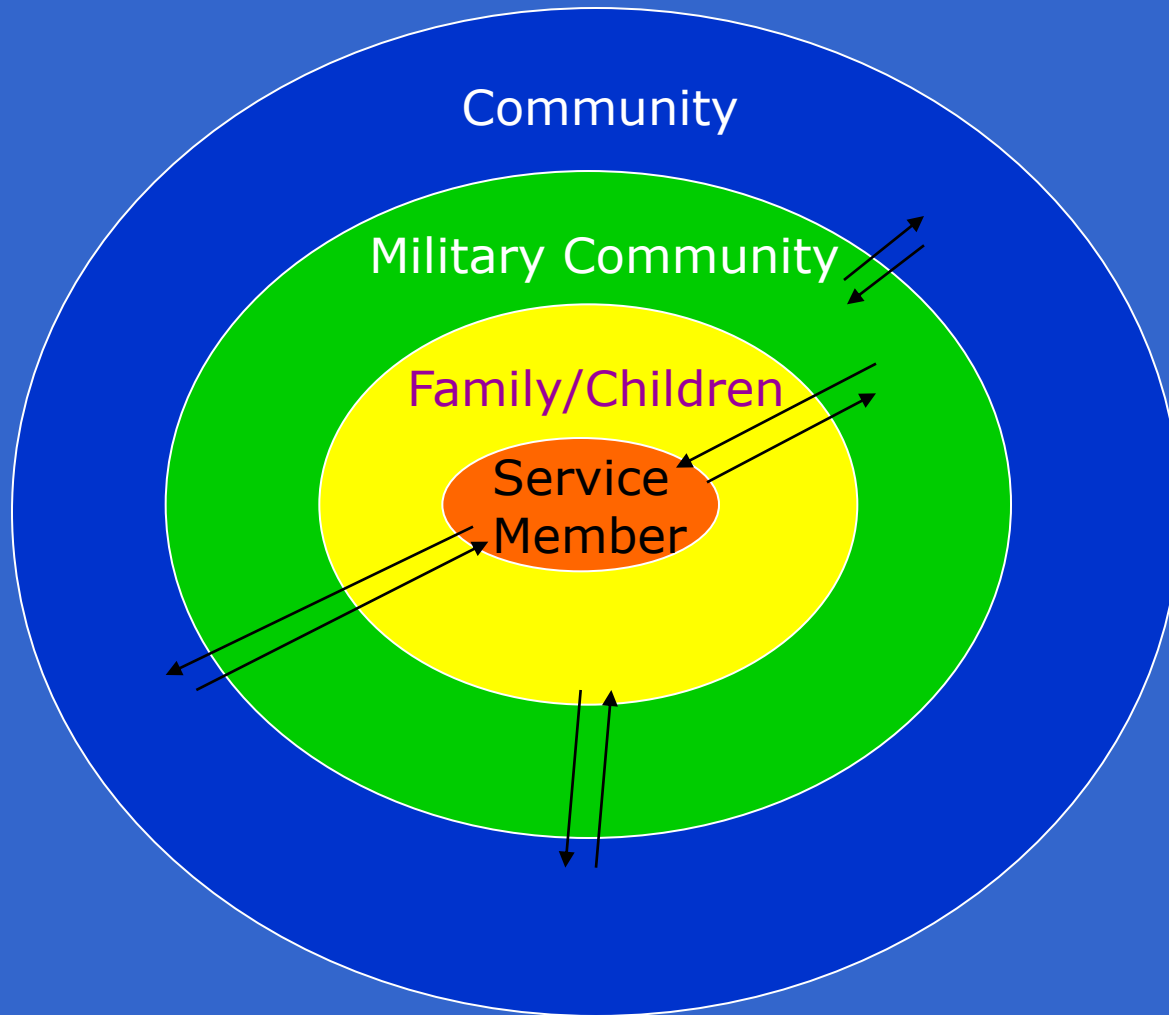
Gregory Leskin, Ph.D.

Cicely Burrows-McElwain, LCSW

# Coordination of Services

- Continuum of services
- Meets the developmental, physical and psychological needs of family members
- Knowledge of available resources
- Understanding areas of concentration of service providers and capacity
- Geographical issues
- Training/Education of staff members

# The Recovery and Social Environment



Military service member is contained within layers of support systems

Transactional interplay between layers

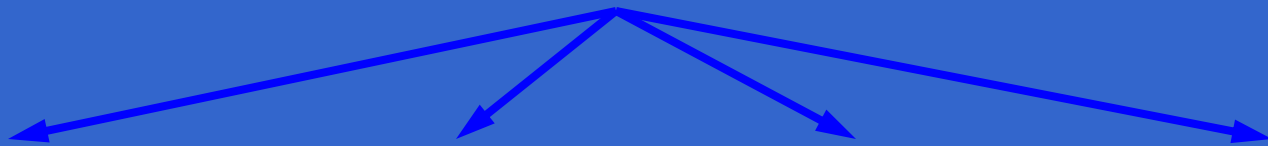
Interaction may be mutually helpful or disruptive

Family is the closest social support

***Health of family and service member is interrelated***



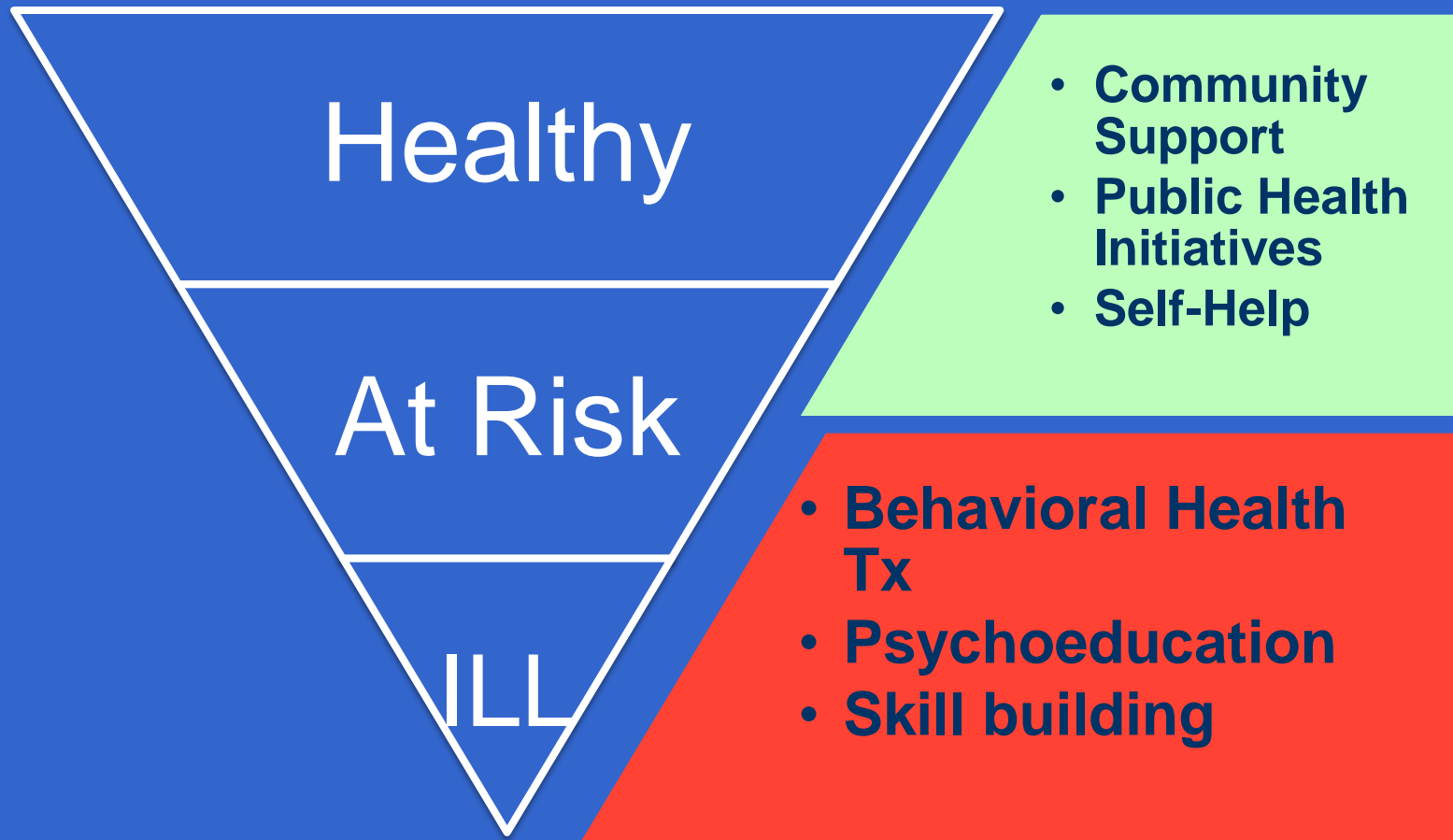
# Military Family Challenges



<i>Deployment</i>	<b>Injury</b>	<b>Psych Illness</b>	<b>Death</b>
<ul style="list-style-type: none"> <li>*transient stress</li> <li>*modify family roles/function</li> <li>*temporary accommodation</li> <li>*reunion adjustment</li> <li>*military community maintained</li> <li>*probable sense of growth and accomplishment</li> </ul>	<ul style="list-style-type: none"> <li>*trans or perm stress</li> <li>*modify family roles/function</li> <li>*temp or perm accommodation</li> <li>*injury adjustment</li> <li>*military community jeopardized</li> <li>*change must be integrated before growth</li> </ul>	<ul style="list-style-type: none"> <li>*trans or perm stress</li> <li>*modify family roles/function</li> <li>*temp or perm accommodation</li> <li>*illness adjustment</li> <li>*military community jeopardized</li> <li>*change must be integrated before growth</li> </ul>	<ul style="list-style-type: none"> <li>*perm stress</li> <li>*modify family roles/function</li> <li>*permanent accommodation</li> <li>*grief adjustment</li> <li>*military community jeopardy or lost</li> <li>*death must be grieved before growth</li> </ul>
<p><i>Multiple Deployments ?</i></p>	<p><b><i>Complicated Deployment</i></b></p>		



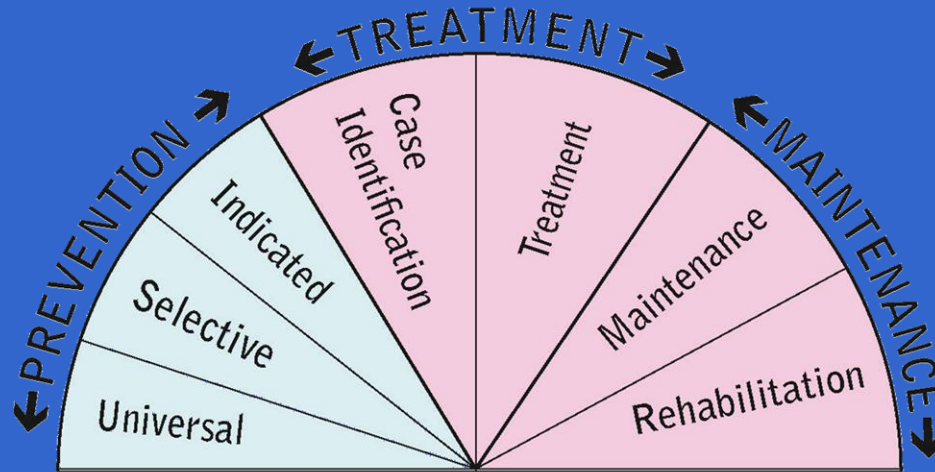
# Continuum of Responses to Deployment and Combat Stress



# Institute of Medicine (IOM) Taxonomy for Preventive Interventions

Slide citation, CAPT (Ret) William Nash, MD

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

UNIVERSAL	SELECTIVE	INDICATED
Everyone in a population	Subgroups of the population at heightened risk	Individuals suffering subclinical distress or impairment

# Combat and Deployment: Impact on Military Families

- Most spouses, children and extended family members exhibit tremendous resilience.
- Parental distress and cumulative length of deployment independently related to increased child depression and externalizing symptoms .
- For children, developmental differences in reactions. For those with deployed parent, worries and concerns for parent in danger as well as for continued protection and safety from non-deployed parent.
- Rise in child maltreatment during deployments .
- Identified risk and protective factors for families children during deployment: parental distress, higher exposure to deployment stressors, injury/loss, social support, resilience.

# Military and Veteran Families Engagement Strategies

- De-stigmatize efforts “family program in family friendly settings”
- Focus on strengths of family
- Education for those who might encounter Military Families and Veterans
- Appreciation for all, care for those at greatest risk
- Flexibility (“things change”)
- Family friendly hours
- Appreciation for military culture as well as all other self-identifying attributes
- Transitions
- Continuum of care and support
- Sustained efforts over time

# Tasks and Knowledge: A Tiered Approach to Training and Coordination

- Treatment for SM/Veteran
  - Awareness of Signature Injuries and Issues
  - PTSD
  - Traumatic Brain Injury
  - Depression/Anxiety
  - Suicidal Behavior
  - Substance Use as coping
  - Homelessness
  - Difficulties at job and in community
- Impact on Spouse, Children, Extended Families
  - Assistance and support through deployment and transitions
  - Prevention of stress related psychological and physical health issues
  - Connection to resources and support and information
  - Crisis support
  - Domestic violence/Child maltreatment prevention and intervention services

# Information and Resources

- Points of contact between military, state, county, local government
  - Family Programs
  - Social Media Programs (high tech and low tech)
  - Ongoing resources and referrals
- Adjunctive Services based in community
  - Religious community
  - Business Community
  - Recreational Services

# Impact of Parental PTSD on Children

- Parental PTSD or psychiatric conditions can:
  - Disrupt parental roles and routines
    - Absent or overly permissive parenting
    - Strict, overly protective, or negative/hostile engagements
    - Limited positive parenting
  - Can interrupt or disrupt child development
  - Can lead to child distorted thinking (It's me) or emotional difficulties or parentification
  - Increases in risk behaviors
    - Possible domestic violence
    - Substance misuse
    - Child Maltreatment
- PTSD
  - Avoidance – withdrawal of parental availability
  - Numbing
  - Hyperarousal



# Poll Question



# National Military Family Association

**Theresa T. Buchanan, B.S.N., J.D.**

Director, Youth Initiatives

National Military Family Association



## The total Veteran population in Hawaii is... 109,218

- 91.3 % are Male and 8.7 % are Female
- 15.7 % are between the age of 18 and 34
- 25.3 % are between the age of 35 and 54
- 20.9 % are between the age of 55 and 64
- 18.5 % are between the age of 65 and 74
- 19.8 % are above the age of 75
- 
- 41.1 % are White
- 5.7 % are Black / African American
- 32.3 % are Asian
- 6.3 % are Native Hawaiian / other Pacific Islander
- 1.2 % are Some other race
- 13.1 % are Two or more Races
- 7.4 % are Hispanic / Latino
- 37.8 % are White alone / not Hispanic / Latino



# North Carolina

**Total veteran population: 740,470**

Gender:

91.3% male

8.7% female

Age:

9% 18-34 years

29.3% 35-54

23.8% 55-64

19.7% 65-74

18.2% 75+

Race:

77.3% White

19.9% Black

.9% American Indian

.4% Asian

.5% Other

1% 2 or more races



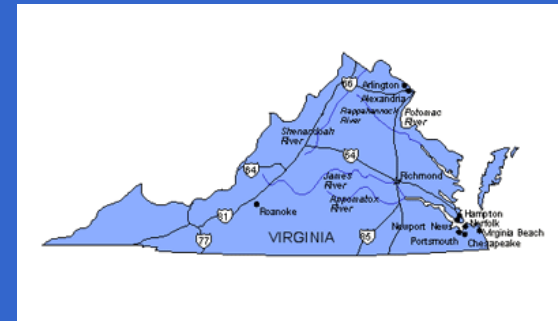
## Total veteran population: 319,724

- Gender
  - male- 92.8%
  - female – 7.2%
- Age
  - 18-34 years - 8.9%
  - 35-54 years – 26.6%
  - 55-64 years – 24.7%
  - 65-74 years – 20.2%
  - 75 years and over – 19.6%
- Race?
  - White - 83.0%
  - Black – 6.8%
  - American Indian and Alaska Native – 4.5%
  - Asian – 0.2%
  - Native Hawaiian – N
  - Some other race – 0.7%
  - Two or more races – 4.6%
  - Hispanic or Latino – 2.9%
  - White alone, non Hispanic or Latino – 81.1%



## •Describe the demographics for:

- Gender - Male - 88.6% and Female - 11.4%
- Age - years old - 18-34 (11.6%); 35-54 (33%); 55-64 (22.4%); 65-74 (17.1%); 75+ (16%)
- Race - White (75.5%); Black/AA (20%); American Indian/Alaska Native (.4%); Asian (1.6%); Native Hawaiian/Other Pacific Islander (N); 2 or more races (1.6%); Other Race (.8%); Hispanic/Latino (3.5%); White alone (not Hispanic/Latino) (73.4%)



# Kentucky

**KY's estimated total Veteran population using 2011 ACS 1 year est... is 300K**

**Gender KY Veteran:**

**F=7%(30K) M=94% (300K)**

**Age: , , , , ,**

**18 to 34 years, 7.5%, +/-0.9**

**35 to 54 years, 26.3%, +/-1.2**

**55 to 64 years, 26.5%, +/-1.1**

**65 to 74 years, 20.0%, +/-0.8**

**75 years and over, 19.7%, +/-0.7**

**Race**

**HISPANIC OR LATINO ORIGIN**

**One race, N, N**

**White, 90.8%, +/-0.7**

**Black or African American, 7.7%, +/-0.6**

**American Indian and Alaska Native, 0.3%, +/-0.2**

**Asian, 0.1%, +/-0.1**

**Two or more races, 1.1%, +/-0.3**

**Hispanic or Latino (of any race), 0.9%, +/-0.3**

**White alone, not Hispanic or Latino, 90.2%, +/-0.7**



## **Total veteran population: 719,528**

- *Gender - 94.7% Male; 5.3% Female*
- *Age: 18 – 34 -7.6%; 35 – 54 – 21.9%; 55 – 64 – 24.3%; 65 – 74 – 20.9%; 75 – older – 25.3%*
- *Race: White – 84.2%; Black or African American – 12.5%; American Indian or Alaska Native - .3%; Asian - .9%; Native Hawaiian and Other Pacific Islander – 0; Some Other Race - .9%; Two or More Races – 1.1%; Hispanic or Latino – 3.7%; White Alone, Not Hispanic or Latino – 81.6%*





Coordination of Services for Service Members, Veterans and  
their Families  
(Cont'd)

# Recommendations for Military and Veteran Families and Children

- Become familiar with the members of your client's family
  - Become interested in the functional impact of the illness on marriages and parenting
  - Listen for signs and symptoms that children are having difficulty and may need intervention of their own
  - Be aware of preexisting psychiatric or developmental problems in children of service members that might place them at risk for greater problems
  - Remember the longitudinal course and progression of family relationship difficulties may worsen.
  - With a patient's permission, consider inviting other family members to a clinical session to discuss nature of family relationships.
- Slide Courtesy USUHS CSTS

# Inclusion of Family in Treatment Process

- Effective injury communication involves the timely, developmentally appropriate and accurate sharing of information from the moment of notification of injury through treatment and rehabilitation
- A primary goal of injury communication is helping family members create meaning of the injury experience through a process of *shared understanding*. To this end, ongoing dialogue about the injury and its implications is extremely important, including parental mastery of developmentally appropriate language to use with younger children (Leskin et al., in press).
- Consider the family as critical component of interventions and establish appropriate boundaries for involvement (i.e., finding ways to protect children and respect their developmental stage).

# Alignment of Programs with Military Families and Veterans

- Families are important gateway to services, given the multiple barriers to care
- Opportunity for screening, prevention and intervention
- Destigmatizing framework for promoting psychological health
- Supporting readiness, recovery, and reintegration



# Why discuss Risk and Resiliency?

- Understanding the factors which may increase or decrease odds of acquiring illness (combat or operational stress reaction), allow health care to:
  - Understand individual vulnerabilities
  - Tailor training programs to meet needs
  - Use for selection processes
  - Identify individuals/groups for more intensive interventions
  - Development of health promotion programs

# Complex interplay of influences

- Pre-military (risk and resiliency factors)
  - Social class, family instability and conflict, early trauma, childhood antisocial behavior, hardiness (resiliency factors related to commitment and determination)
- Stress of War (traumatic stressors)
  - Combat, injuries, witnessing or participating in atrocities, the perceived threat of injury or death, everyday discomforts, unit culture
- Post-War (risk and resiliency factors)
  - Social support, distressing events, family and community re-integration (i.e., communication, roles)

# Meta-Analyses of Risk Factors for Operational Stress Reactions (Brewin, Andrews, & Valentine, 2000)

• Risk Factor	Effect Size
• Gender	.13
• Low SES	.14
• Lack of education	.10
• Low Intelligence	.18
• Race (minority status)	.05
• Psychiatric History	.11
• Childhood abuse	.14
• Other previous trauma	.12
• Adverse Childhood/family	.19
• Family psychiatric history	.13
• Trauma Severity	.23
• Lack of social support	.40
• General Life stress	.32

# Bright Ideas



Best Practices in the spotlight...



# Military Studies

	Effect Size
• Risk Factors	
• Adverse Childhood	.27
• Trauma Severity	.26
• Lack of social support	.43

# What is Resilience?

- Psychological resilience is seen as a relatively stable personality trait characterized by the ability to bounce back from negative, even traumatic, life experiences and by flexible adaptation to the ever-changing demands of life.

# Defining Resiliency

- Resilient people are optimistic – they maintain hope about future outcomes and such optimism is associated with the use of active, problem-focused coping when dealing with stressful life events (Carver & Scheier, 1987; Lazarus & Folkman, 1984).
- Resilient people have self-efficacy -- they believe that they have the skills necessary to effectively manage or accomplish the task at hand (Bandura, 1982), resulting in sustained effort and a greater likelihood of success.
- Resilient people have a sense of mastery -- they believe that they can exert positive control over the environment. Breaking down complex problems into smaller, more accomplishable tasks and goals can result in a series of immediate successes that enhance the individual's feeling of mastery and control over the problem (Meichenbaum, 1985).

# Defining Resiliency

- Resilient people are hardy. Hardiness describes those who are actively engaged, who believe they can influence the course of events in their lives, and who accept change as a part of life -- as a challenge rather than a threat -- and know that it can be beneficial (Kobasa, 1979). Evidence suggests that hardiness buffers the negative impact of stress, perhaps because it is associated with appraisals of events that minimize emotional distress and promote active coping (Wiebe, 1991).
- Resilient people have a sense of coherence (Antonovsky, 1987), which includes the expectation that life events will make sense, the belief that they have the necessary personal and social resources to meet the demands of these events, and the conviction that these demands are worthy of investment and commitment and are meaningful.

# Social Support!!

- Resilient people:
- Build and maintain close relationships with friends and family.
- Turn to their close relationships in times of need.
- Ask for help when they need it, even if it's just to talk or have someone spend time with them.
- Make themselves available to their close friends and family who need help.
- Balance the things they can do on their own with the things they need others for.

# Activate and Encourage Resilience

- Challenge negative thoughts
- Think how much worse it can be
- Focus on the positive
- Deny or ignore the problem
- Distract yourself from worries
- Help others
- Seek out social support

# Activate and Encourage Resilience

- Enjoy and appreciate your senses
- Learn to really relax
- Remember to laugh and use humor
- Exercise, diet, hydration, sleep
- Accept what you can't change
- Think positively/ be optimistic

# Post-Traumatic Growth

- Relating to others
- Strength and new possibilities
- Priorities
- Appreciation for life/family
- Enhanced Spirituality



# Center for the Study of Traumatic Stress

Collaborating Center NCTSN and DCoE

[www.cstsonline.org](http://www.cstsonline.org)

**NCTSN** The National Child Traumatic Stress Network

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**Welcome to NCTSN.org**  
The mission of the National Child Traumatic Stress Network is to raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States.

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# Traumatic Grief in Military Children Information Series

NCTSN The National Child Traumatic Stress Network

**Traumatic Grief in Military Children**  
Information for Families

In Partnership with

NMFA National Military Family Association

ZERO TO THREE

ALLEGHENY GENERAL HOSPITAL  
Center for Traumatic Stress in Children and Adolescents

The Center for Health and Health Care in Schools

This project was funded in part by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS).

This project was funded in part by a mini-grant from the National Center for Child Traumatic Stress (NCCTS), the coordinating center of the National Child Traumatic Stress Network (NCTSN).

## Target Audience

- Parents, caregivers, family members
- Educators, school personnel
- Medical providers

## Description

- Provides culturally competent materials for educating families, medical professionals, and school personnel about how to better serve military children who are experiencing traumatic grief

## Format

- PDF

# Child and Family Psychotherapies Evidence Based Approaches

- Parent Child Interactive Therapy (PCIT)
- Trauma-Focus Cognitive Behavior Therapy (TF-CBT)
- Child Parent Psychotherapy (CPP)
- Traumatic Grief Component Therapy
- FOCUS/FOCUS CI
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)

# Federal Initiatives to support Military Families Joining Forces

<http://www.whitehouse.gov/joiningforces>

## **Priority #1: Enhance the overall well-being and psychological health of the military family.**

- Need 1.1. Increase behavioral health care services through prevention-based alternatives and integration of community-based services.
- Need 1.2. Build awareness among military families and communities that psychological fitness is as important as physical fitness.
- Need 1.5. Ensure availability of critical substance abuse prevention, treatment, and recovery services for Veterans and military families.
- Need 1.6. Make court systems more responsive to the unique needs of Veterans and Families.

# Federal Initiatives to support Military Families

## SAMHSA's Military Families Initiative

<http://www.samhsa.gov/militaryfamilies/>

- Goal 3.1: Improve military families' access to community-based behavioral health care through coordination among SAMHSA, TRICARE, DoD, and Veterans Health Administration services.
- Goal 3.2: Improve the quality of behavioral health-focused prevention, treatment, and recovery support services by helping providers respond to the needs within the military family culture.
- Goal 3.3: Promote the behavioral health of military families with programs and evidence-based practices that support their resilience and emotional health.
- Goal 3.4: Develop an effective and seamless behavioral health service system for military families through coordination of policies and resources across Federal, national, State, Territorial, Tribal, and local organizations.

# Department of Defense Military OneSource

- Joint Family Support Assistance Program
  - <http://www.militaryhomefront.dod.mil/sp/jfsap>
  - The Joint Family Support Assistance Program (JFSAP), implemented as a result of the FY-07 Defense Authorization Act, Sec. 675, augments existing family programs to provide a continuum of support and services based on member and family strengths and needs and available resources. The primary focus of support is families who are geographically dispersed from military installations. Services are delivered in local communities through collaborative partnerships with Federal, State, and local resources.
- Heroes to Hometown
  - <http://www.militaryhomefront.dod.mil/tf/heroestohometowns>
  - "Heroes to Hometowns" is a transition program for severely injured service members returning home from OEF/OIF. "Heroes to Hometowns" establishes a support network and coordinates resources for those servicemembers. Last year The American Legion's Heroes to Hometowns Program assisted over 1,100 veterans.

- TRICARE is the health care program serving Uniformed Service members, retirees and their families worldwide.
- Enrollment for providers
- Finding providers in your area
- Mental Health Resource Center

### Services

- Individual and group counseling for Veterans and their families
- Family counseling for military related issues
- Bereavement counseling for families who experience an active duty death
- Military sexual trauma counseling and referral
- Outreach and education including PDHRA, community events, etc.
- Substance abuse assessment and referral
- Employment assessment & referral
- VBA benefits explanation and referral
- Screening & referral for medical issues including TBI, depression, etc.

### Does VA have readjustment counseling for family members?

- Family members of combat veterans have been eligible for Vet Center readjustment counseling services for military related issues since 1979.



- Recap
- Snap poll
- Homework
- Next meeting – Thursday, July 25, 2013
  - Must register again

Thank you very much!  
Please contact me for more information

Gregory Leskin, Ph.D.  
Gleskin@mednet.ucla.edu

# Community Organizations offering Support to Military Families

# National Child Traumatic Stress Network (NCTSN) Military Families Learning Community [www.nctsn.org](http://www.nctsn.org)

- Working with USUHS CSTS, identify and develop evidence based practices and interventions to support military families and children.
  - Bibliography
  - Provide developmental guidance and training on military on NCTSN Learning Center.
- Email Distribution for routine dissemination of information to sites.
- Military Families Knowledge Bank ([mfkb.nctsn.org](http://mfkb.nctsn.org))
  - Searchable, organized directory dedicated to military family and child resources

# Military Families Learning Community: Goals and Objectives

<http://learn.nctsn.org>

- NCTSN Learning Center
- Expert based Speaker Series
- Partnerships/Communities of Care
  - NCTSN, DoD/TRICARE, Department of Veterans Affairs
- Goals include:
  - Provide information and resource sharing with community providers to serve military families throughout the country.
  - Implement and disseminate adapted evidenced based interventions and prevention.
  - Joint planning and coordination.
  - Partnership with TRICARE offers opportunity for financial sustainment.

- Community organizing effort
- Eight areas/buckets
  - Behavioral Health      Education
  - Employment              Family Strength
  - Financial/Legal Help      Homelessness
  - Reintegration              Volunteerism
- Practices recommended by experts in their fields
- Give An Hour has over 5,500 providers across 50 states, the District of Columbia, Puerto Rico, and Guam—and still growing—we offer treatment for anxiety, depression, substance abuse, post-traumatic stress, traumatic brain injuries, sexual health and intimacy concerns, loss and grieving

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# Combat 2 College Montgomery County Community Colleges <http://cms.montgomerycollege.edu/>

- Strives to create a welcoming environment for veterans and service members who are transitioning into college, while adapting the skills they developed from military training and combat experience.
- Philosophy:
  - Respect and appreciation
  - Inclusiveness
  - Removal of stigma
  - Focus on wellness

# Combat 2 College Maryland's Montgomery County Community Colleges <http://cms.montgomerycollege.edu/>

- **Core Program Features for STUDENTS**

- Single point of entry (Admissions and Management Enrollment)
- Identified counseling faculty for academic advising
- Academic advising sessions
- Identified Disability Support Services counseling faculty for academic advising and disability accommodations
- Clubs for student veterans: Rockville, Germantown, Takoma Park/Silver Spring
- Space for gathering
- [Open gym hours monitored by fitness specialists, exclusively for veterans](#)
- Activities, outings and events
- [Acupuncture for stress and tension](#)
- Scholarly projects (oral histories)
- Referral/Coordination with Department of Veterans Affairs
- [Resource information \(website\)](#)

- **Core Program Features for FACULTY/STAFF**

- In-service training opportunities for departments/areas
- Training material available via Combat2College website