

Research Paper

Understanding military families who have dependents with special health care and/or educational needs

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Abstract

Background: Little is known about military families who have a dependent with special health care and/or educational needs. The Exceptional Family Member Program (EFMP) is designed to link these families to military/community support services through family support provider (FS providers).

Objective: The aim of this study was to understand FS providers' perspectives on the kinds of current challenges the families with whom they work face. This is the first study to ascertain the perspectives of professional FS providers.

Methods: FS providers ($N = 160$) completed a survey either on the phone or via the web. The survey consisted of four areas regarding EFMP: (1) background information; (2) caseload and work composition; (3) perceptions of Military Family needs; and (4) adequacy of community support services.

Results: The most commonly encountered diagnoses in military families were Autism (94%) and Attention-Deficit Hyperactivity Disorder (93%). Between 80% and 90% of FS providers reported working with families dealing with Emotional/Behavioral Disorders, Speech & Language Disorders, Asthma, Developmental Delays, and Mental Health Problems. FS providers noted that relocations are particularly challenging for military families in the EFMP.

Conclusions: Training and programming of social service professionals working with military families who have a dependent with special health care and/or educational needs should focus on commonly occurring challenges seen in this population. As much as possible, FS providers should be familiar with evidence-based programs and practices designed to address these pressing problems. The process and execution of relocations should be streamlined so as to enhance continuity of care. © 2016 Elsevier Inc. All rights reserved.

Keywords: Military families; Disabilities; Autism; Evidence-based practice; Special needs

One of the most challenging life events in families is having a child or loved one with special health care and/or educational needs.¹ There are approximately 220,000 active duty and reserve Service Members who have a family member with needs.² Only a few studies of military families who have children with special health care and/or educational needs have been conducted. In a survey study of 253 families, they reported poorer health and greater difficulties coping with job demands compared to families who did not have children with special health care and/or educational challenges.³ Military families having a

child with these types of needs also reported higher depressive symptoms, poorer coping, fewer favorable perceptions of their military skills and abilities, and more pessimistic attitudes about their military careers.⁴ Although not examined in the military family context, the demands of parenting a child with special health care and/or educational needs has been linked to increased difficulty maintaining employment continuity⁵ and single parenthood and low-income appear to exacerbate these challenges.⁶ Combining these concerns with the unique challenges of military life may make it that much more difficult to achieve resilience.

All military families are highly mobile, which has the potential to interrupt needed services for family members who have special health care and/or educational needs.⁷ These service interruptions may create added stress to the family over and above the typical amount of stress that is linked to relocation. Military families must negotiate the entry of their child with special health care and/or

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educational needs into new schools, locate new clinical providers to address health issues, and connect with relevant community service agencies.

Exceptional Family Member Program (EFMP)

The 2010 National Defense Authorization Act (NDAA) mandated the creation of a program to support military families who have children or adult dependents with special health care and/or educational needs. Key provisions of the act included: (a) assigning military personnel to locations where specialty care is available; (b) timely and accurate evaluations; (c) providing an adequate number of case managers; (d) improved individual services plan; and (e) support for referrals and services.

The Exceptional Family Member Program (EFMP) is a mandatory enrollment program designed to address NDAA. EFMP identifies military families who have adult or child dependents that (1) require special health care services; (2) receive ongoing medical services from specialists; (3) have significant behavioral health concerns; or (4) receive early intervention or special education services. EFMP professionals document these needs and link families to comprehensive support services. The need for specialized services is strongly considered in the Service Member's future job assignments as appropriate medical and educational services may be limited in some areas. EFMP balances the demands of the Military and the Service Member's career aspirations.⁸

EFMP family support (FS) providers are the primary contact to families in the program. FS providers help families become more knowledgeable and empowered in the care of their family member. They provide information and referral services, non-medical case management, and other forms of support (e.g., sponsoring family support groups). These supports are particularly important in relocations as locating and navigating social service programs can be difficult.

It is estimated that approximately 120,000 families are enrolled in EFMP, and the approximately two-thirds are children and youth.⁹ According to the DoD, dependent children range in age from birth to 21-years old. Military-connected children comprise nearly two-thirds of all military dependents. Thus, the proportion of children enrolled in EFMP is consistent with the overall proportion of child dependents in the military. The remaining third of families includes those with older dependents including adult children and spouses.

Current study

The aim of this study was to understand FS provider perspectives on the kinds of challenges military families face in meeting the special health care and/or educational needs of their dependents, other challenges military families

faced, and the adequacy of community services and supports. We anticipated that FS provider would report encountering families who contend with a range of stressors in numerous life domains.¹⁰ It is important to note, that we do not know with certainty the proportion of FS providers participating in this study who provided services to families with child or adult dependents. Family demographic questions were not permitted on the survey to assure participant confidentiality.

Method

Participants

Each FS providers ($N = 323$) was emailed and invitation by the Department of Defense, Office of Community Support for Military Families with Special Needs (OSN), and Military Community and Family Policy to participate in web-based survey. Emails bounced back for 45 potential participants. Thus, email invitations were successfully sent to 278 FS providers. Of these, 160 FS providers responded to the survey with 146 completing the survey in its entirety. This represented a total response rate of 52.5%, which is favorable when compared to a recent military employee survey.¹¹

Respondents' demographics are shown in Tables 1–4. Each branch of the Military was represented. A goodness-of-fit test determined that the branches were represented in proportion to the overall distribution of FS providers. The sample of those who completed the survey was proportionate to the size of the branch. However, chi-square analyses revealed that response rates across the Services were not equal, $\chi^2(3, N = 278) = 8.63$ $p < 0.05$. Follow-up analysis determined the Marine Corps FS providers responded more than expected (67.5%), and the Army FS providers responded less than expected (46.3%). Participants were well educated. The majority of FS providers reported working at their current position from one to five years. Only 25% of the FS providers had been in their current job for five or more years. However, most FS providers had worked in the field for quite some time. Nearly 50% of them had at least a decade of experience in social service provision prior to their current position.

FS providers reported working with 197 families, on average, in the prior 12 months. Thus, in an average month,

Table 1
Family support provider branch

Branch	Started	Completed	Invited	Response rate	Significant test
Army	67	63	136	46.3	$\chi^2 = 8.63$ $p < 0.05$
Air force	39	34	69	49.3	
Marine corps	30	27	40	67.5	
Navy	24	22	33	66.7	
Overall	160	146	278	52.5	

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