

Research Paper

Effectiveness of a multimedia outreach kit for families of wounded veterans

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Abstract

Background: Young children in military families with a member who has a life changing injury can experience emotional difficulties and behavior changes.

Objective: This study evaluated a Sesame Workshop multimedia kit called: *Talk, Listen, Connect: Changes* (TLC-II(C); 2008). The kit, which included video and print materials, aimed to help caregivers (i.e., at-home partner, at-home relative or family member of a current or discharged military member) assist young children as they adjusted to their parent's injury. We expected that the materials would be used and their quality evaluated. We hypothesized that use of the materials would produce improvements in caregiver and child outcomes as well as reductions in perceptions of disruption in the home. We also predicted that kit-use would have a positive impact on the family.

Methods: One-hundred and fifty three families with children aged 2–8 years were randomly assigned to receive the kit being evaluated (TLC-II(C)) or a control kit (*Healthy Habits for Life* (HHL)), also developed by Sesame Workshop. Group outcomes were compared four weeks following receipt of the kits using multivariate analysis of variance.

Results: All materials were well used and highly rated. All caregivers reported less social isolation, less child aggression, and significantly less disruptive home environments after kit use. Test group caregivers reported significantly greater reductions in depressive symptoms and significant increases in children's social competence over time in comparison to the control group.

Conclusions: These results signal important improvements among families as a consequence of using either test or control materials. As a preventative intervention designed for families with an injured member, TLC-II(C) was particularly effective at improving coping. © 2014 Elsevier Inc. All rights reserved.

Keywords: Children; Wounded; Family; Veteran; Prevention

This study assesses the impact of *Talk, Listen, Connect: Changes* (TLC-II(C)), a multimedia kit developed by Sesame Workshop for families with a military parent who has sustained a life-changing injury during deployment. The goals of the kit were to reduce young children's anxiety and develop age-appropriate understanding of parents' injuries. It was also designed to help caregivers (i.e., at-home partner, at-home relative or family member of a current or discharged military member)

recognize and effectively respond to signs of stress in children.

While a positive event, the return of a parent from military deployment can also be stressful for young children, who may have difficulty reconciling their attachment to the parent following the separation.¹ However, when a parent returns with a life-changing injury, families encounter additional stressors including how best to help children adjust to disfigurement, cognitive impairment or psychological symptoms. In these circumstances, young children can experience emotional difficulties and behavior changes such as insecurity, anxiety, and aggression.²

There are approximately one million military personnel who are parents of two million children in the United States. Of those children, 37% are aged 5 and under and 30% are aged 6–11.³ In addition to typical stressors such as education and child care, military families must cope

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with a highly structured culture involving significant danger, repeated separation, and frequent relocation. Studies on the subject have revealed that stress in military families has been associated with increased rates of child maltreatment,⁴ reductions in children's attachment security,¹ and other symptoms of distress in children.^{5–7}

Stress in adults can result in depression and social isolation. Isolated and stressed caregivers are less able to provide a safe haven and security for their children.⁸ Stressed parents are less likely to be responsive and more likely to display inconsistency and rejection.⁹ Higher stress, lower warmth,¹⁰ less effective discipline,¹¹ and fewer supportive responses by caregivers to children's negative emotions¹² are related to caregiver perceptions of disruption in the home.

Young children's development, in particular, is susceptible to stress in the parent–child system.¹³ Because children's reactions to stressors are strongly related to those of at-home-caregivers,^{6,14,15} parents who model effective coping are more likely to create conditions for children to develop and display resilience. Conversely, children who are not coping well with stress — or have parents who are not coping well — may have elevated levels of anxiety, insecurity and aggression or poor social competence. Children reared in inconsistent home environments lacking in routine and organization tend to display more conduct problems.¹⁶ We tested TLC-II(C) materials in relation to these caregiver, child and household outcomes.

Theory, model and materials

TLC-II(C) materials for families dealing with wounds and injuries aimed to bolster the resilience of children and their caregivers, using principles from Bandura's Social Learning theory^{17,18} and parental stress theory.¹³ Targeted areas were caregivers' own well-being, their ability to be responsive to the child and to help the child cope, and their access to social support. For children, the materials targeted their ability to regulate their own behavior, behave in socially competent ways, and display confidence in attachment. TLC-II(C) materials addressed specific resilience competencies including effective coping and self-regulation¹⁹ and utilized three main principles of modeling, self-efficacy, and self-management. Sesame Street characters and actual military families were used in the materials because modeling by relevant and credible others is an effective force for shaping behavior.²⁰ In this way, constructive responses to challenging situations were modeled by both caregivers and children, to promote pro-social behavior, constructive coping and positive attitudes in response to a parent's life changing injury.²⁰

TLC-II(C) used incremental, achievable goals to increase perceptions of self-efficacy among both children and caregivers for coping with a family member's life-changing injury, because individuals with high self-

efficacy, the belief that one can achieve what one wants to do, are more effective and successful than those with low self-efficacy. For example, kit materials encouraged caregivers to maintain family routines and reassure children that they are loved and secure. Kit materials also 'normalized' feelings of sadness and frustration, signaling to caregivers and children that they were not alone to encourage healthy, regulated behavior in a manner that involves internal rather than external gratification.

The following specific hypotheses were tested. First, we predicted that caregivers and children in both groups would use the materials and evaluate them favorably. This was an important test because interventions cannot be successful if they never reach their intended audience. Our second hypothesis was that the TLC-II(C) materials would produce greater improvements than the control materials over time in caregivers' reports of their own and children's functioning and well-being, as well as disruption in the home. Third, we predicted that caregivers would perceive the TLC-II(C) materials as having greater positive impact on their family than the control materials.

Methods

Study design

This study used a 2-group pretest-posttest design with block random assignment to groups²¹ (see Fig. 1). Every family received a Sesame Workshop multimedia kit that included — in both English and Spanish — developmentally appropriate video stories starring Sesame Street characters, a parent magazine, postcards, a poster, and information about online resources. Test group families received the TLC-II(C) kit, which included trauma-informed content specific to having a service member parent return with a wound or injury. Control group families received the *Healthy Habits for Life* (HHL) kit, which focused on habits for healthy living. We chose the HHL kit because it used the same media elements to provide guidance, but without the trauma-informed elements related to negative emotions.

All data were provided by caregivers who were interviewed by telephone in English before receiving the materials and again four weeks later. The structured interviews were conducted by Russell Research, Inc. using a script developed by our research team and lasted between twenty and 30 min. The final sample comprised 153 caregivers, 75 in the test group and 78 in the control group. There was no participant attrition.

Participants

Eligible participants were adults in families where military members had suffered an injury during their most recent deployment requiring at least an overnight hospital stay; were caregivers of a child between the ages of 2 and 8 who did not have any special needs; would not be

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