





Abstract

Workshop on the "Military Family Fitness Model" from the DoD/USDA Family Resilience Conference

Since the beginning of Operation Enduring Freedom (OEF; Afghanistan) and Operation Iraqi Freedom (OIF; Iraq), around two million U.S. troops have deployed. The operational tempo associated with these conflicts, in conjunction with extended and multiple deployments and the shortened time for rest between deployments, has placed unprecedented stress on service members as well as spouses, parents, children, and significant others. ^{1,2,3,4} It is imperative that the military continue to offer strategies and resources for promoting and sustaining families who are resilient and those trying to adapt to high and prolonged levels of stress.

Such stressors present a formidable challenge for the military components and civilian communities as these families work to reintegrate, re-establish effective family patterns of functioning, and minimize adverse impacts. In response to this the Chairman of the Joint Chief of Staff directed the development of the Total Force Fitness (TFF) initiative, a new Mind-Body Department of Defense paradigm to focus on the health, readiness, and performance of our Warfighters. The Family Fitness Model (FFM) is based on the Military Demand-Resource Model (MDR) from the psychological TFF domain. In addition to the MDR, the FFM integrates empirically-based family resilience and community models while leveraging a public-health, socio-ecological approach.

This model begins by examining the family demands and baseline family strengths that can arise in military and civilian families suddenly integrated in and then out of the military. Some of the major stressors or demands that impact the military family are separations, health issues, and the level of functional and emotional support for the service member's family. Other baseline information looked at in families is the stage of the family life cycle, ethnicity, family patterns, and well-being.^{7,8}

Through a practical exercise, attendees will look at socio-ecological components of the model that cover evidence-based resilience-building resources at the individual, family, and community levels.^{8,9} The individual review will identify integrative practices for lowering stress and anxiety such as breathing exercises¹⁰, yoga¹¹, and mindfulness and meditation exercises¹² to promote wellness within the individual, as well as enhance and maintain positive relationships within the family, unit, and community. The family review will cover family resources such as family dimensions, communication skills, coping, family cohesion and flexibility, shared family routines, and social-support networks.^{13,14,15} The interface of work and family will be examined

by looking at the APA healthy workplace recommendation¹⁶, and various military community resources will also be explored to strengthen families¹⁷.

As stressors increase, the family will lean on their internal and external resources for resilient outcomes or espouse transient characteristics that indicate more support is needed (e.g., family strife, children acting out, job instability for non-service members, family role conflict, non-supportive relationship outside the family, and/or domestic violence). The FFM builds on existing family strengths and resources; takes a family-focused approach to individual struggles; focuses on prevention/early intervention; and fosters multi-level collaborations. At any point along the FFM model, all families can build resilience-enhancing resources to promote total family fitness.

Presenters: COL Stephen Bowles, Ph.D. (USUHS), Colanda Cato, Ph.D. (DCoE), Monique Moore, Ph.D. (DCoE), and Liz Davenport Pollock, MS, LGMFT (HPRC).

Acknowledgements: Force Health Protection and Readiness, Psychological Health Strategic Operation; Military Community & Family Policy; Air Force Air Education and Training Command; Military Family Research Institute; and Defense Centers of Excellence.

References

- 1) American Psychological Association (2007). Report of the APA Presidential Task Force on Military Deployment Services for Youth, Families and Service Members.
- 2) Adler, A. B., Huffman, A. H., Bliese, P. D., & Castro, C. A. (2005). The impact of deployment length and experience on the well-being of male and female soldiers. J Occupational Health Psychology, 10(2), 121-137.
- 3) Chandra A, Burns R, & Tanielian T, Jaycox, L, & Scott, M. (2008). Understanding the impact of deployment on children and families. Findings from a pilot study of Operation Purple Camp participants. Santa Monica, CA: RAND Corporation, 2008.
- 4) Barnes, V. A., Davis, H., & Treiber, F. A. (2007). Perceived Stress, Heart Rate, and Blood Pressure among Adolescents with Family Members Deployed in Operation Iraqi Freedom. Military Medicine, 172(1), 4.
- 5) Jonas W.B., O'Connor, F., Deuster, P., Peck, J., Shake, C., & Frost, S. (2010). Why total force fitness? Military Medicine. Volume 175 (8) 6-13.
- 6) Bates, M, Bowles, S Hammermeister, J, Stokes, C, Pinder, E, Moore, M. Fritts, M., Vythilingam, M., Yosick, T., Rhodes, J., Myatt, C., Westphal, R., Fautua, D., Hammer, P., & Burbelo, G. (2010). Psychological fitness: A military demand-resource model. Military Medicine, 175 (8) 21-39.
- 7) Duvall, E. (1977). Marriage and family development (5th ed) New York: Lippincott.
- 8) McCubbin, M. A., & McCubbin H. I. (1996). Resiliency in families: A conceptual model of family adjustment and adaptation in response to stress and crises. In H. I. McCubbin, A. I. Thompson, & M. A. McCubbin (Eds.). Family assessment: Resiliency, coping and adaptation Inventories for research and practice (pp. 1-64). Madison: University of Wisconsin System.
- 9) Mancini, J. A., Bowen, G. L., & Martin, J. A., (2005). Community Social Organization: A conceptual linchpin in examining families in the context of communities. Family Relations, 54, 570–582.

- 10) Brown R.P., Gerbarg P.L. (2005b). Sudarshan Kriya yogic breathing in the treatment of stress, anxiety, and depression: Part I-neurophysiologic model. J Alternative and Complementary Medicine, 11, 189-201.
- 11) Khasala, SB. (2004). Yoga as a Therapeutic Intervention: A Bibliometric Analysis of Published Research Studies. Indian Journal of Physiology and Pharmacology, 48(3), 269-285.
- 12) Kabat-Zinn, J., Massion, A.O., Kristeller, J., Peterson, L.G., Fletcher, K.E., Pbert, L., et al. (1992). Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders. The American Journal of Psychiatry, 149(7), 936-943.
- 13) Black, K. & Lobo, M. (2008). A conceptual review of family resilience factors. J Family Nursing, 14(1), 33-55.
- 14) Walsh, F. (2006). Strengthening family resilience. NewYork, NY: Guilford.
- 15) Olson, D. (2000). Circumplex model of family systems. J Family Therapy, 22(2), 144-167.
- 16) Grawitch, M. J., Trares, S., & Kohler, J. M. (2007). Healthy workplace practices and employee outcomes in a university context. Int J of Stress Management, 14, 275-293.
- 17) Bowles, S.V., & Bates, M.J. (2010). Military organizations and programs contributing to resilience building. Military Medicine, 175 (6) 382-385.
- 18) Hall LK. (2008). Counseling Military Families: What Mental Health Professionals need to know. New York: Routledge.
- 19) Palmer, C. (2008). A theory of risk and resilience factors in military families. Military Psychology, 20, 205-217.
- 20) Sayers S L, Farrow V A, Ross J, Oslin D W (2009). Family problems among recently returned military veterans referred for a mental health evaluation. J Clin Psychiatry, 70:163-70.