Exceptional Family Member Program Evaluation Annotated bibliography

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Annotated Bibliography

Aronson, K.R., Caldwell, L.L., Perkins, D.F. & Pasch, K.W. (2011). Assisting children and

families with military-related disruptions: The united states marine corps school liaison program.*Psychology in the Schools*, *48(10),* 998-1015. doi: 10.1002/pits.20608

This study uses information from a telephone survey with the administrative director of the United States Marine Corps (USMC) special liaison program (SLP) based on eight domains relating mission, goals and responsibilities of the School Liaison (SL). The SLs discussed concerns in not knowing which school personnel they should meet with to discuss specific issues with, however, they did state positive experiences with schools. SLs are responsible for making initial contact with school for incoming military dependents with special needs and if necessary, helping find appropriate school placements. Confusion about rules and regulations at local schools has created difficulties in transitions and made helping families difficult. The recommendations of this study suggest better cooperation between SLs and school officials, a better understanding of military life, and an easier transition for children to include social aspects.

This article is useful because it shows the need for better coordination between service connected personnel and special education programs. This is a service that the EFMP could help fill a void if they were familiar with local support services that specialize in helping parents with educational support.

Aronson, K.R., Kyler, S.J., Moeller, J.D., Perkins, D.F. (2016). Understanding military families

who have dependents with special health care and/or educational needs. *Disability and Health Journal*, *9(3),* 423-430. doi:10.1016/j.dhjo.2016.03.002

This article discusses a survey/study conducted for the Military Family Readiness group to determine whether military families are receiving the support services they require. This survey was conducted in four areas of the Exceptional Family Member Program (EFMP): background information, caseload, perceptions of family needs, and adequacy of support services. It is important to note that this study focuses on behavior disorders, medical illnesses, developmental delays, and mental health illnesses. The article goes on to discuss statistical information on enrollment, types of challenges and stressors, and how the study was conducted. The results of this survey include training and professional development, effective case management, proficiency in services needed and better knowledge of local resources. This type of study is conducted every three to five years to help aid in military unit readiness however, there seems to be a lack of large scale changes being implemented in the Marine Corps EFMP.

This article supports my evaluation questions by explaining the heavy caseloads, lack of education for caseworkers on illnesses, lack of appropriate coordination and the lack of adequate support services.

Boulter, E., Rickwood, D. (2013). Parents' experience of seeking help for children with mental

health problems. *Advances In Mental Health*, *11(2)*, 131-142. doi:10.5172/jamh.2013.11.2.131

This article discusses the importance of parents seeking outside services for children/adolescents with mental health illnesses and the conditions under which help is sought. The study was conducted using volunteers who suffered with mental health illnesses and their parents through interviews lasting forty-five minutes. Participants were chosen from both genders, different age ranges, socio-economic backgrounds and marital status. Research results reported that all participants have had contact with mental health agencies that include formal sources such as pediatricians, psychiatrist, and counselors. Some parents reported unsatisfactory results when seeking help from specialist and felt that their pediatrician was more helpful and trustworthy. This study also showed a higher likelihood of seeking outside help if parents felt their child had a severe diagnosis.

This article is relevant in showing how disruptive a mental health illness can be to the family unit. Not only does the mentally ill individual suffer but often families aren’t able to cope or care for their child when their illness is severe. This article shows the importance of support resources for the entire family.

Cross, M., (2007). *Military personnel medical, family support, and educational*

*services are for exceptional family members.* In Editor United States Government Accountability Office. DOD Exceptional Family Member Program (1-18). Washington, District of Columbia, US: United States Government.

This conference paper discusses the purpose of the Exceptional Family Member Program (EFMP), Extended Health Care Option (ECHO), eligibility, and the services that both programs offer. The paper also outlines the rules and regulations within the EFMP and how it impacts military relocations, state and local services, and procedures when services aren’t readily available. This paper also lists state side bases, basic services offered and number of EFMP members per base. Research conducted for this paper used basic numbers reported by each EFMP office at each base in the United States. Further reports should include in-depth evaluations from each EFMP offices to have a clear picture of the services available in the community and how to better serve exceptional family members (EFM). Services listed in this article are not provided at every base and the section that discusses special education needs is inaccurate and based on basic policy vice real needs.

The article lists that relocations are not screened when moving within the US because special education services are offered in each state. I have personally found that this is not the case. Each duty station may not provide services that offer the least restrictive environments for students. This paper is especially useful for my evaluation because it shows the blanket policy in which policy makers are making decisions without any personal connections or real life experience with special needs.

Davis, B., Blaschke, G., Stafford, E. (2012). Military children, families, and communities:

Supporting those who serve. *Pediatrics,* *129 Supplemental 1*, S3-10.

This study discusses the demographics of military service members such as age, marital status, and spouse employment rates. It goes on to discuss the different support services set in place for military dependents like the EFMP. Overall this article discusses the stress that military life has on military families and the long-lasting impacts that relocation, war, and deployments can have. It also discusses the need for a continuum of care between military providers and community specialists, especially in remote areas. The results of this study confirmed a need for strong advocacy programs, educating the community on military family needs and the need for intervention programs.

This article won’t be very useful for my evaluation but it does reinforce the need for community support and interventions to help military families. This study should have focused on the actual support programs that the military provides instead of just listing the services. It also could have given suggestions on national programs that provide support for military families or programs that have experience working with the stress of children relocating to new areas.

Eikeseth, S. (2009). Outcome of comprehensive psycho-educational interventions for young

children with autism. *Research in Developmental Disabilities,* 30(1), 158-178. doi: 10.1016/j.ridd.2008.02.003

This article discusses the statistical numbers of children diagnosed with Autism/Autism Spectrum Disorder (ASD) and the prevalence within modern society. It briefly discusses psychopharmacological treatment and the importance of education and the needs for psycho-educational interventions. This study used published peer reviewed journal articles and children with a mean age of 6. Criteria was categorized into four levels to include criteria of diagnosis, treatment types and intellectual abilities. Future research should include a wider range of support resources to include private day schools, social skills therapy, and Cognitive Behavior Therapy (CBT). It should also address any history of behavior problems that are commonly associated with ASD. While this article specifically focuses on ASD, the education and therapeutic interventions and support service are almost identical. This is because many children with ASD typically have a comorbidity with mental health illnesses.

This article also shows the level of participation required of parents for services to have a positive effect on diagnosed children which relates to my evaluation and the need for more adequate mental health support services and resources.

Farrell, A. F., Bowen, G. L., Swick, D. C. (2014), Network supports and resiliency among

U.S. military spouses with children with special health care needs. *Family Relations,* 63(1), 55–70. doi:10.1111/fare.12045

This study was conducted using data collected from the Office of Human Research Ethics at the University of North Carolina. It was a web-based survey that examined spouse’s feelings about sources of support, success adapting to life challenges, and meeting role demands. The sample of participants were taken from Air Force bases worldwide. Spouses with special needs children reported lower levels of coping abilities but no significant findings in parental management and support for others. The results of the study concluded that informal and formal network support systems are vital to helping parents cope with the stress of raising a special needs child. Greater command support was one main area where spouses reported a need.

This article won’t be useful for my evaluation as it only addresses a small set of support networks. It does help reinforce the need for strong support networks that include both family and outside sources.

Floyd, F. J., Gallagher, E. M. (1997). Parental stress, care demands, and use of support

services for school-age children with disabilities and behavior problems. *Family Relations*, *46*(4), 359-371. doi:10.2307/585096

This article discusses the different levels of parental stress associated with children who have mental retardation (MR), chronic illnesses (CI), emotional impairment and the correlation with behavior problems (BP) in these children. The study used questionnaires to measure the levels of stress and the care demands placed on parents, included in the category of stress were depression levels and pessimism related to their child’s future abilities. These results were then compared to behavior related questionnaires. The study results revealed that stress and the burden of care levels were higher in those illnesses with behavior problems. Ultimately this study was conducted to “identify parental stress associated with care demands and the use of support systems” (Floyd & Gallagher, 1997, p. 368). Parents, more specifically mothers are more likely to seek support services to help cope with the stress.

I found this study interesting although in future studies I think they should expand their tests groups to include developmental disorders such Autism or Pervasive Developmental Disorders. The diagnosis of these disorders has become more prevalent over the last decade and makes up a substantial percentage of children with special needs in need of services.

Hoshmand, L.T., Hoshmand, A.L. (2007). Support for military families and communities.

  *Journal of Community Psychology*, *35*(2), 171-180. doi: 10.1002/jcop.20141

This article address the multitude of emotional and physical stressors that military families have faced with two consecutive wars and on-going relocations. A large portion discusses higher rates of domestic violence in military families and viable community support resources. Military members polled in this study felt a disconnect with community resources and at time reported feeling isolated from outward support systems. Future recommendations include training that targets the difficulties that relocation causes, education community psychologist about the needs of military families, military policies and resources, and availability of organizations specializing in military family’s needs.

 I found this article useful because it addresses both known and unknown stressors that we as military families face. It addresses what I consider the core issue, lack of resources that understand the unique and varied needs of military members and their families. While this article reinforces my overall impression of resources available, a large portion is devoted to listing the problems and stressors vice ways to coordinate resources and expand the understanding of why these resources are vital.

Millegan, J., McLay, R. Engel, C. (2012). The effect of geographic moves on mental healthcare

utilization in children. *Journal of Adolescent Health*, 55(2) 276-280. doi:10.1016/j.jadohealth.2014.01.009

This study examines the mental health impact that relocation of military families has on children. For this study, statistical information was taken from mobility records of military members and the type of mental health services sought after relocation. Data included gender, age and psychiatric history. The study concluded, that while all age ranges were effected, adolescents’ patients saw an increase in mental health services. Higher numbers may be possible however, it is difficult to tell what families are homesteaded due to their children’s mental health status. Future recommendations suggest studies conducted over the long-term to the impacts of relocation to see who does well and who struggles with moving.

This study is useful because it shows the need for mental health related services for military children. While there may be services, they need to be tailored to meeting the needs of children. This is another example of why reliable support services are needed at all the bases.

Williams, T., Schone, E., Archibald, N., & Thompson, J. (2004). A national assessment of

children with special health care needs: Prevalence of special needs and use of health care services among children in the military health system. *Pediatrics,* *114*(2), 384-93.

This study was conducted using random samples of beneficiaries who are eligible for military health services. A total of 2,000 beneficiaries were survey. The survey was required by Congress to understand the satisfaction of military families with the military health services. Special needs children were identified using five screening factors that included prescriptions, occupational therapy services, counseling and medical needs. The results of this study found that special needs children requiring a need for specialized services were older, Caucasian and have parents with higher educations. Inpatient use is higher for children who have special needs than their “healthy” counterparts. Future research should be conducted using a breakdown of types of special needs to give a more accurate picture of those families using military health services and if quality or cost is the reason they use military medical services.

This study is useful because it helps to give more insight into the need for mental health services both on base and in the community. Some bases like Camp Pendleton only offer mental health services on base to active duty members and families must go out in town. Having a resource for doctors and services would help limit the stress of finding new providers when you relocate.