



# Strengthening the **MILITARY FAMILY READINESS SYSTEM** for a Changing American Society

## **A Blueprint for Strengthening the Military Family Readiness System**



The goal of the Military Family Readiness System (MFRS) is to support the families of military service members in various ways to improve their well-being, with the ultimate goal of improving the service members' military performance and thus increasing the overall readiness and effectiveness of the U.S. military.



The National Academies of Sciences, Engineering, and Medicine report *Strengthening the Military Family Readiness System for a Changing American Society* offers a number of suggestions for helping the MFRS to adapt in the face of the demographic, cultural, and economic changes taking place in the United States and to maximize its effectiveness in serving military families. Those suggestions depend upon an understanding of the challenges facing the MFRS and of what is known about maximizing the performance of complex organizations.

## **The Challenges Facing the MFRS**

As set up by the U.S. Department of Defense (DoD), the MFRS offers a comprehensive set of programs, services, and resources for military families. For example, it operates a highly regarded child care system for service members who are parents of young children. The many social supports available to service members and their families are organized and provided at various levels within the military—the DoD level, the service-branch level, and, in many cases, the installation level. At the DoD level, nonmedical counseling assistance and referrals are available to provide help in dealing with issues in such areas as the military life cycle (basic training, service, advancement, reenlistment, separation, transition/retirement), family and relationships, moving and housing, financial and legal aid, education and employment, and health and wellness, and the Military OneSource website serves as a clearinghouse for information on programs. The individual services branches have their service-specific programs, information, resources, and referral centers. And many installations offer their own services, with the offerings generally more extensive and diverse at installations with larger garrisons, and they often provide links to community programs and resources as well.

This vast array of services offered at different levels is a strength of the MFRS but also a challenge. For one thing, it is not clear to what extent the service providers at the various levels of organization—DoD-wide, service

branch level, installation level, and military-focused nonprofit—are aware of one another or whether they can or do coordinate the provision of services to members of the military and their families. Furthermore, the vast majority of policies, programs, services, and resources they offer have not been evaluated for effectiveness. And, more generally, at the DoD level there is little monitoring of the programs that have been implemented.

One result is that while there is a vast array of programs available for service members and their families, it is often difficult to know which programs are most effective or even to know which programs are available in a particular area. No branch of service keeps a complete list of available programs or provides an effective way for service members and their families to locate a program that best meets their needs. Even at the installation level, these coordination and communication problems exist, which results in a situation in which those looking for services end up relying on a trial-and-error process, which wastes time, creates frustration, and sometimes fails to locate the appropriate program or resource even if it exists.

In short, the performance of the MFRS appears to be hampered because its programs, services, and resources are siloed and there are no mechanisms to comprehensively monitor and coordinate them. This makes it difficult to gather the necessary data for understanding today's military families and their needs, to ensure consistency in the programs and services provided by the MFRS, or to respond quickly to emerging threats to military family readiness.

## **The Need for an Integrated Information Infrastructure**

Transforming the MFRS into a system that is better equipped to handle the challenges of today's military families will require improving its monitoring, communication, responsiveness, and, particularly, its ability to deal with the massive amounts of data required for that monitoring, communication, and responsiveness.

That data will be of various types. Some data will deal with the demographics, needs, and well-being of service members and military families. There are a variety of sources of such data. For example, surveys and studies, such as the Millennium Cohort Study or the Military Family Life Project, can help track trends over time and indicate what additional or modified services may be needed for different types of service members and their families, and they could also identify which priorities, conditions, and contexts change over time for different subgroups. Datasets in the Defense Manpower Data Center could be triangulated to identify target populations in greatest need of additional or more intense mental health treatments, based on the prevalence rates of posttraumatic stress disorder, suicidality, or depression.

Other data will relate to the measured outcomes of the various MFRS policies, programs, practices, and services. If the MFRS is to continuously learn and improve in its efforts to increase family well-being and resilience, it will need to track and assess outcomes at various levels, particularly at the level of the individual participant. However, simply capturing client or participant outcomes does not reveal anything about what part or parts of the program or service worked and for whom; that requires further data and analysis.

Supporting these sorts of data on clients and outcomes must be a large amount of other information, describing, for instance, the details of various sorts of interventions. And it is not enough simply to collect and store the data. It must be able to be distributed, accessed by those who need it, analyzed, and used in feedback processes that make it possible to continuously modify and improve programs.

Handling data in this way requires what is known as an integrated information infrastructure—that is, an entire system of machines, people, information, rules, and capabilities dedicated to the task. There must be machines



to store, manipulate, and transmit the data. There must be people with the necessary skills not only to deal with the system as it is in the present but to modify it and improve it over time. The proper data must be collected, and the proper software and human skills must be present for analyzing the data in useful ways. The organization operating the information infrastructure must have not only an appropriate structure but a culture that maximizes the effectiveness of the machines, people, and data.

## Creating a Learning System

One of the most important things that the MFRS can do with the data that it accumulates or has access to is to apply those data to improving the system's performance, particularly the effectiveness of the various programs and services it offers to service members and their families. In particular, the data can be used to monitor the various aspects of the MFRS's performance so as to identify ways in which that performance can be enhanced, then implement those changes, assess the results, and make additional changes as necessary in a never-ending cycle of improvement.

This is the basic idea behind a learning system. It begins with constant monitoring. Outcomes are measured, performance is assessed, and the details of the various practices are recorded throughout the system, then all of this data is deposited in the information infrastructure where it can be accessed and analyzed. The purpose of all this monitoring is not to find fault or to place blame, but rather to provide the necessary information for continuous quality improvement.

The data that are collected on various outcomes—such things as implementation, service, and the results for participants in programs or for recipients of services—provide regular feedback that can be used to determine where improvements can be made. In particular, when some adjustment or modification is made to a process or practice, it makes it possible for those making the adjustments to judge their results in terms of feasibility, outcomes, and impact. In a learning system, ideally all stakeholders would take advantage of the data to inform their decisions about implementing and adapting policies, services, programs, resources, and practices.

Setting up such a learning system requires four foundational elements, according to a 2011 Institute of Medicine report. First is science and informatics, which provides real-time access to knowledge and digitally captures the service experience. Second, there must be partnerships among providers, data scientists, and fully engaged and empowered families. Third, the system requires incentives that reward added value, but with full transparency. And, finally, there must be a leadership-instilled culture of continuous learning with competencies that are aligned with the learning mission.

## Community Engagement

The work of the MFRS involves a large variety of stakeholders, including military family members, service members and veterans, all layers of military leadership across the services, and community leaders and providers, and maximizing the effectiveness of the MFRS requires first identifying and then collaborating with these various actors. This collaboration should begin prior to or early in the development of a given program and then continue through all phases of the implementation of that program. This sort of all-in community engagement offers a number of advantages to the MFRS.

To begin with, DoD does not have good data on the diversity of military families, so working with these families in various ways could provide a way to develop a better understanding of the diverse types of military families and do a better job of identifying their needs. Community engagement can also help in developing a more accurate and nuanced picture of the specific circumstances, concerns, and cultures of families within the varied local contexts—something that can help lead to strategies to remove barriers for families and increase program use.



One of the biggest challenges the MFRS faces in delivering its services to service members and military families is low usage and retention rates—that is, not everyone who can benefit from a service or program actually uses it, and of those who start a program many will drop out. The most effective way to deal with this issue is to engage local communities and families in improving the fit of the programs within local cultural context, which is known to improve the rates of usage for those services. Of course, any changes made with community input should be done as part of the overall learning system, so the results of the changes should be assessed and modifications made as necessary until the program has been optimized.

Engaging community stakeholders at the various phases of a program, from design to implementation, can have a number of other benefits as well. For instance, collaborating with key community members, whom others look to for guidance and leadership, will improve the broader community's trust in a program. And engaging with a variety of local stakeholders makes it more likely that programs will be relevant and contextually sound since local stakeholders have knowledge about how different programs, services, and resources interrelate, including challenges to the continuity of care across military settings.

Finally, one of the most effective ways to increase the well-being of service members and their families is to build “community capacity” in the places they live. Community capacity refers to a community's ability to recognize issues and mobilize community resources to support the well-being of its members. Since the majority of military families live in civilian communities, it makes sense that MFRS programs will be most effective when they are integrated into—rather than set apart from—the communities in which military families live, work, and play.

## **Evidence-Based and Evidence-Informed Programs, Services, and Resources**

As clinicians, service providers, and others at the MFRS work to improve their outcomes, it is important that, whenever possible, they ground their programs, services, resources, and practices in the best available evidence. The ideal situation would be that there would be strong evidence of those components' effectiveness in supporting military family readiness, resilience, and well-being, including their effectiveness at producing the desired effects reliably and in real-world conditions. However, things are seldom ideal. For instance, while randomized controlled trials can provide strong evidence that interventions produce the desired effect for a specific context and population, these trials have limitations that restrict their usefulness and appropriateness in many contexts, and so they are not always available for those looking for evidence concerning their programs.

Thus, whenever possible, the MFRS should rely on evidence-based and evidence-informed practices. Evidence-based practices (EBPs) have been shown experimentally to work for a wide variety of problems and issues, for demographically diverse individuals and families, for varied treatment settings, and for different intervention approaches, and they are typically standardized through manuals. However, for any given issue, setting, or population, it is possible that an established specific EBP is not yet available, in which case it will be necessary to adapt in with a systematic and culturally responsive adaptation process.

Evidence-informed practices (EIPs) are not as well established or supported as EBPs. They are developed or drawn from a combination of scientific theory, practitioner experience, and stakeholder input, using the best available evidence, and they must have demonstrated effects on the outcomes of interest—although not to the same level of proof as a randomized controlled trial.

The MFRS will need to rely on both EBPs and EIPs. Because of the fast-paced and ever-changing context of the military, the MFRS is not in a position to conduct rigorous studies before it acts, so it must rely on promising policies, programs, services, resources, and practices that are grounded in the best available evidence.



Finding and selecting evidence-based practices has been somewhat simplified by the establishment of several Web-based repositories of such programs, including the School Success Best Practices Database and Blueprints for Healthy Youth Development. Furthermore, the Clearinghouse for Military Family Readiness has developed a repository of information on more than 1,200 programs (and growing), with a system that identifies which of those are evidence-based.

The MFRS should employ these EBPs and EIPs as much as possible, but it will still be necessary to conduct rigorous evaluations and ongoing monitoring for all these efforts to make sure that they are effective in the particular contexts in which they are being used and to find ways they can be improved even further.

## Examples of Evidence-Based and Evidence-Informed Interventions

There are already a large number of military programs available that fit the description of evidence-based or evidence-informed and are the sorts of programs that the MFRS should be incorporating as it works to improve the well-being of military families.

For example, Strong Families Strong Forces (Strong Families) is a program designed to support military parents and their young children throughout the deployment cycle. In one randomized controlled trial, service-member parents reported significantly reduced parenting stress, while at-home spouses reported greater relationship satisfaction with the service-member partner.

After Deployment, Adaptive Parenting Tools, or ADAPT, is a parenting program designed to strengthen resilience in children ages 4 to 13 living in families in which a parent has been deployed. Tests have shown the program to be effective in strengthening children's emotional, behavioral, and social functioning and in reducing substance use, with much of the gains attributable to improved parenting practices and self-efficacy.

Couples Therapy for Domestic Violence: Finding Safe Solutions is aimed at helping couples who choose to stay in a relationship after one or both of them have been violent. A randomized controlled trial found that 6 months after completing the program couples who had done the program in a group with other couples had significantly lower rates of male violence recidivism, marital aggression, and acceptance of wife battering and also higher rates of marital satisfaction than couples who had not gone through the program.

Prevention & Relationship Enhancement Program (PREP) for Strong Bonds is a community-based program designed to help couples in the military strengthen their relationships and prevent or minimize marital concerns, including those that might be unique to military families. At one site, where couples were at a higher risk for relationship problems—for example, they were younger or had been married for a shorter time or had a lower income—than average for military couples, the program led to significant improvements in communication skills, confidence, bonding, and satisfaction, and the divorce rate among those who participated was lower than among those who did not up to 2 years after completing the program.

These are the sort of programs with demonstrated effectiveness that could be adopted by the MFRS, then monitored, assessed, and improved as part of the learning system in order to maximize their effectiveness for today's military families.

**Learn More**

**[www.nas.edu/militaryfamilies](http://www.nas.edu/militaryfamilies)**

