



Network Supports and Resiliency among U.S. Military Spouses with Children with Special Health Care Needs

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RESEARCH HIGHLIGHTS:

- This study assesses resiliency of military spouses among families with children with special health care needs (CSHCN) using a resiliency framework and the social organization theory of community action and change. Surveying a sample of US Air Force Key Spouses (KS), the authors find that parents with CSHCN had lower levels of formal and informal network support than parents without CSHCN, with friend support showing the largest difference.
- Resiliency was tested through four outcomes: coping success, parent management, support for others, and overall spouse resiliency. Between-group differences between parents with and without CSHCN were found on just one of the four resiliency outcomes: coping success. Parents with CSHCN reported lower coping success than parents without CSHCN. In general, greater network support was associated with higher resiliency among parents with CSHCN. Special needs support was particularly associated with overall resiliency, suggesting that disability-specific assistance may be instrumental to role performance for parents who have CSHCN.
- This study provides valuable insight into the impact of support networks for families with children with special health care needs. By understanding the resiliency of military families with CSHCN, policymakers and community leaders might be able to offer additional resources to military families with CSHCN.

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ABSTRACT:

“Understanding how military families who have children with special health care needs (CSHCN) successfully cope in the context of exceptional demands of the military lifestyle can inform scholarship, policy, and practice to the benefit of families. Using data from 775 female civilian parents (mothers serving as Key Spouses) married to active duty Air Force members, this study examined differences on dimensions of network support and spouse resiliency between mothers who do and do not have CSHCN, as well as the relative contribution of formal and informal network support to variation in self-reports of resiliency among mothers with CSHCN. Mothers with CSHCN experience significantly less formal and informal network support than their counterparts. Despite this, they reported equivalent overall resiliency, with lower perceived resiliency on only one of four resiliency outcomes. More formal and informal network support was generally associated with higher resiliency. Implications for policy, practice, and research are discussed.”

Implications

FOR PRACTICE

Families of children with special health care needs should utilize formal and informal support networks to strengthen resiliency and increase coping success. Formal support networks are often larger and more comprehensive than informal networks. The Exceptional Family Member Program, mandated for use by families that have any special need, can benefit families with CSHCN by providing additional assistance during assignment processes, counseling about special services available to the family and assuring that CSHCN have access to necessary medical services. Military Family Readiness Groups and Air Force Key Spouses should encourage social interaction between military spouses with CSHCN and those without CSHCN in order to strengthen and build informal support networks.

FOR POLICY

The Air Force Key Spouse program, a formal support network, partners with informal network members to ensure that the needs of all Air Force families are met. Other formal networks might work with informal networks to ensure that the needs of all military spouses in each branch are met. Furthermore, since formal networks, such as the Army, Navy, and Marine Corps Family Readiness Groups (FRG) often serve as a link between the military and families, the DoD might encourage formal networks to partner with informal networks to ensure the needs of all military families are heard. DoD officials might also design special programming intended to increase spousal resiliency with children with special health care needs. Several military branches have taken great strides to reduce disparities in their support networks. When addressing disparities, military branches might consider pay grade, rank, family role within deployment cycle, spousal absence, advance notice of separation, current levels of resiliency and spousal employment. A sizeable amount of tax money is dedicated to offering services to children with special healthcare needs. To ensure continued responsible use of the money, and that the best services are consistently offered to families with CSHCN, policymakers might call for additional research on the factors that affect military family support and their capacity for resilience, especially those with CSHCN. Policymakers might encourage and fund research on the role of support networks to further understand how these support systems affect resiliency among families.

FOR FUTURE RESEARCH

In order for conclusions to be applicable across all branches, future researchers should sample all branches of the military and increase the sample size. Researchers continuing this work should use longitudinal data to address the long-term effects of support networks on families with CSHCN. Longitudinal data would provide insight into how network support systems may fluctuate and evolve over time. Also, it would be useful to further study how behavioral issues and date of diagnosis impact healthcare needs. Future researchers should track spousal perceptions of resiliency and support networks and examine factors that influence how military families respond to significant events, such as family separation. Studies are needed on how families without CSHCN respond to significant events compared to families with CSHCN. To further understand the variation among military families, their specific needs and the impact of support networks, researchers should assess the overlap of formal and informal support networks and examine variation based on ethnicity, family size, and proximity to extended family.

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