

RESTRICTED

Theme: The Future of SA Army Force Deployment Strategy

Title of the Paper: Military Families Resilience Throughout All Phases of Deployment

Force Number: 98581788MC

Rank: Lt

Name: N.M. Motsietsegi

Unit: 10 Anti-Aircraft Regiment

Appointment: Troop Commander

Cell phone number: 083 532 9478 / 073 295 0056

Work Telephone number : 053 830 3492

Work fax number: 053 830 3492

Postal Address: 10 Anti-Aircraft Regiment
P.O. Box 13082
Diskobolos
Kimberley
8325

E-mail address: neomotsietsegi@yahoo.com

RESTRICTED

STAFF PAPER FOR THE 2016 SA ARMY WRITING COMPETITION ON THE FUTURE OF SA ARMY FORCE DEPLOYMENT STRATEGY

Appendix A: References

Reference: Basic Research Methodology Manual

INTRODUCTION

1. SA Army is increasingly involved internal and external deployments around the world and the focus has shifted from the family due to the lack in resilience programmes offered to members and their families. Previously internal and external deployments were three (3) months and six (6) months respectively and it was straining, currently it has escalated to six (6) and twelve (12) months.

2. Separation due to these deployments put strain on members and the family structure to an extent that the DOD decided to equip the organisation and develop resilience programs to cope normal setbacks, hardships, frustrations and crisis of life in general. It is DOD policy that the health and well-being of its officials and their dependants is the joint responsibility of the commander/manager and the individual official. Wellness is critical in the attainment of a healthy and fit force. It is therefore policy that workplace programmes shall be established in every Force Structure Element (FSE) of the DOD to promote and ensure the health and well-being of all officials and their families as to build individual and family resilience and to increase the combat readiness of the DOD. (Mokobe and Steenkamp, 2011)

3. It was apparent that previous role players were not sufficient to deal with the amount of strain; therefore to ensure a holistic approach to resilience role players including Unit OC or 2IC, Chaplains, Psychologists, Welfare officers, Medical Personnel, Communication officers, HR practitioners, PTSR's, LEGSATO need to form a team and assist each other in support of affected members.

4. Therefore this topic will address the implementation of an effective resilience program and seek to address advantages and shortcomings. It will also outline the shift of focus to a more holistic system that will assist the members and their families during all phases of deployment.

BACKGROUND

5. Resilience science emerged more than half a century ago when trailblazers in psychology, psychiatry, and paediatrics searching for clues to the origins and treatment of problems in child development observed the striking variation in outcomes among children at risk due to disadvantage and adversity (Yates, Tyrell and Masten, 2014).

6. Although resilience research often has focused on the behaviour of individuals, contemporary models of resilience encompass multiple levels of function and acknowledge the interdependence of interacting systems, ranging from molecular to societal levels of analysis across individuals, families, peer groups, schools, communities, governments, and cultures (Yates, Tyrell and Masten, 2014).

7. In contrast to early individual-based conceptions of resilience, these and other findings highlighted the relational basis of resilience. And though subsequent studies focused primarily on the role of parent–child relationships as the critical element in fostering child resilience (Forgatch and Ogden 2006; Gewirtz et al. 2008)

PROBLEM STATEMENT

8. How does the SANDF address the family resilience throughout all the phases of deployment?

AIM

9. The aim of this research paper is to analyse family resilience throughout all phases of deployment and the role of SA Army in assisting the military families.

SCOPE

10. This research paper will attempt to reach the aim by addressing the following:

- a. Definitions
- b. Type of families
- c. Preparation for deployment (Phase 1)
- d. During deployment (Phase 2)
- e. After deployment (Phase 3)
- f. Advantages of Resilience Program
- g. Implementation of Planned Resilience Program
- h. Recommendations
- i. Conclusion

DEFINITIONS

Resilience

11. Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress such as family and relationship problems, serious health problems or workplace and financial stressors. It means "bouncing back" from difficult experiences.

Family

12. According to Simple English Wikipedia, a **family** is a group of people who, in most cases, live together. They share their money and food and are supposed to take care of one another. Its members are either genetically related (like brother and sister) or legally bound to each other, for example by marriage. In many cultures, the members of a family have the same or a similar surname.

Family Resilience

13. **Family Resilience** is a relatively new construct that describes how families adapt to stress and bounce back from adversity. Family resilience is the successful coping of family members under adversity that enables them to flourish with warmth, support, and cohesion. An increasingly important realm of family nursing practice is to identify, enhance, and promote family resiliency. Based on a review of family research and conceptual literature, prominent factors of resilient families include: positive outlook, spirituality, family member accord, flexibility, family communication, financial management, family time, shared recreation, routines and rituals, and support networks. A family resilience orientation, based on the conviction that all families have inherent strengths and the potential for growth, provides the family nurse with an opportunity to facilitate family protective and recovery factors and to secure extrafamilial resources to help foster resilience. A conceptual review of family resilience factors. Black K, Lobo M.J Fam Nurs. 2008 Feb

Stress

14. Physiological or biological stress is an organism's response to a stressor such as an environmental condition. Stress is a body's method of reacting to a challenge. According to the stressful event, the body's way to respond to stress is by sympathetic nervous system activation which results in the fight-or-flight response. Because the body cannot keep this state for long periods of time, the parasympathetic system returns the body's physiological conditions to normal (homeostasis). In humans, stress typically describes a negative condition that can affect a person's mental and physical well-being, that's according to biology encyclopedia.

FOCUS Program

15. The **FOCUS Program** (Families OverComing Under Stress) is one of the first trauma-informed, skill-based preventive interventions that has been designed expressly for families (Saltzman et al. 2007, 2009b).

TYPE OF FAMILIES

16. According to Simple English Wikipedia, **Nuclear Family** is made up of father, mother and one or more children living together. **Single-Parent family** is one where either the mother or father is caring for the children in the family. **Extended family** means father, mother, daughters, sons, grandparents, uncles, aunts, cousins, nieces and nephews. In many countries including China, Pakistan and India, extended or joint families traditionally live together.

PREPARATION FOR DEPLOYMENT (PHASE 1)

17. The importance of this phase is essential to address sensitising and helping families to understand the possible outcomes of the deployment and is the foundation to ensure a resilient family throughout deployment.

18. Currently the SANDF support structure during phase 1 is limited and is focussed on the member that is going to deploy, rather than to include the whole family and establish support structures and programmes that will assist the member and the family during preparation for deployment.

19. Military Combatants facing deployment have difficult tasks of teaching their families about Military Lifestyle and deployment challenges as part of building family resilience hence they are not professionals to present it properly. They are also responsible to sensitise their families about possible risks of deployment i.e. injuries, death, PTSD and other related behaviours that should be addressed during this phase by professionals within the organisation.

20. Professionals who work with families may employ a variety of educational, therapeutic, or community-based approaches to helping protect families against adversity or facilitate the abilities of families to mobilize their strengths or gain new resources to successfully rebound from adversity (Family resilience-Wikipedia, the encyclopaedia).

21. Programmes, support groups, learning material such as pamphlets or booklets addressing family resilience or challenges needs also to be given and made known to families as support in helping to understand building of family resilience during all phases of deployment especially in phase 1. This is the most important phase of establishing an understanding and ensuring that the family resilience to withstand adversity, trauma, tragedy, threats or significant sources of stress such as family and relationship problems, serious health problems or workplace and financial stressors and is able to bounce back from difficult experiences.

22. In the domestic context Defence can, in support of civil authority, contribute to the prevention of social disruption by increasing the resilience of the population through various programmes and initiatives (SOUTH AFRICAN REVIEW 2014 p3-4). Formal networks in the military context include unit leadership, as well as both military and civilian formal organizations and agencies focused on family support (Journal of Community Practice, Vol. 8(2) 2000).

23. Extending our understanding of normal family functioning, the concept of family resilience offers a useful framework to identify and fortify key processes that enable families to surmount crises and persistent stresses. There are many pathways in relational resilience, varying to fit diverse family forms, psychosocial challenges, resources, and constraints. Shared beliefs and narratives that foster a sense of coherence, collaboration, competence, and confidence are vital in coping and mastery. Interventions to strengthen family resilience have timely relevance for weathering the rapid social changes and uncertainties facing families today (Walsh, 1996).

DURING DEPLOYMENT (PHASE 2)

24. This is the most difficult phase for both the member and his/her family; it involves deployment separation of 6 to 12 months whereby the family will be struggling with the issue of deployment and the member be faced with the nature of the operation, opposition force, diseases, death and injuries physically and psychologically.

25. Military combatants are going through a lot during deployments depending on what type of deployment and how red is the of deployment area. Training military members means training killers, and you can easily get overwhelmed by the death imprint. You may touch more dead bodies in one year of military service than you will touch living people in your entire life. Veterans are immersed in death, cause death and destruction, and are often broken hearted. They need spiritual and community health to recover from this. Many people don't think about everything vets are asked to do and do in the name of serving their country (Horsley, 2016).

26. SA Army ensures that deploying members are prepared and taken care of during this phase with enough resources at hand. It starts at home and continues during every deployment scenario not only to ensure combat-ready forces, but also to ensure optimal operational health care support. The military force must have a robust resilience against the "*enemy*" within the human battlefield. Healthy and fit members are less likely to be injured, can withstand diseases and battle stress, and will heal much more quickly from wounds and other diseases (Nieuwoudt and Ligthelm, 2011).

27. Military families who are left at home are panicking and suffering from future, uncertainty, loneliness, sadness, added family duties and responsibilities, learning new skills, making new friends, fear for their service member's safety, feeling overwhelmed, financial difficulties and dealing with problems on their own. The worst time is when the phone rings because you don't know who is calling. They could be calling, telling you that he got shot or something (Huebner et al. 2007). They have to seek a way all by themselves to be resilient and overcome all stressors either by getting support from supporting groups in the community, church, supportive extended family or the home unit (military base) if they are close by.

28. According to family stress theory, specifically the Family Adjustment and Adaptation Response (FAAR) Model (Patterson, 1988), adjustment and adaptation to stress involve restoring a balance between demands and capabilities. In other words, families use their capabilities (coping behaviours and resources) to meet the challenges faced in a stressful situation. When imbalance occurs, and demands exceed capabilities (maladaptation), families enter the crisis experience, or "a period of significant disequilibrium, disorganization, and disruptiveness in the family" (Patterson, 2002, p. 237). Bonadaptation occurs when capabilities actually exceed demands (Patterson, 1988). When families can maintain a balance, and their demands do not exceed their coping capabilities, they are said to be adapted (Patterson, 1988; 2002), readjusted (Holmes & Rahe, 1967), or resilient (Patterson, 2002) as cited by Kelly Renee Rossetto in *Military Wives' Perspectives on Communication and Family Resilience, Coping, and Support During Deployment*, 2009.

29. SA Army sends goodwill parcels and letters to families of the deployed members. On external deployment telephone is availed for communication with the family and I did experience that myself during deployment in Burundi 2003 and 2004. Communication between the member and family must be insured during deployment. The more frequently that spouses reported communicating with their partners during deployment and the more satisfied spouses were with the amount of communication, the higher their marital satisfaction when the service member returned (Connaher, 2016)

AFTER DEPLOYMENT (PHASE 3)

30. Reintegration of military families that was separated due deployment is key during this phase. Family will be excited for returning of the deployed and at the same time suffer anxiety and have questions like “what happened in the deployment area that could affected the member, is he or she ok” and “what happened in my absence and were my family safe and secured”.

31. Similarly, returning service members may become frustrated and angry with a spouse who, despite not having directly experienced combat or deployment, is nevertheless functioning poorly due in part to symptoms of vicarious post-traumatic stress, depression, sleep problems, or anxiety. Recent evidence indicates that a spouse’s perception and understanding of a service member’s combat exposure and reasons for functional difficulties have a significant bearing on marital satisfaction. When armed with appropriate information, spouses were able to be more flexible, to make allowances for a husband or wife’s problematic behaviour, and to do so with lower levels of personal distress (Renshaw et al. 2008) as cited on Mechanisms of Risk and Resilience in Military Families: Theoretical and Empirical Basis of a Family-Focused Resilience Enhancement Program, 2011.

32. Large numbers of returning service members and their spouses experience distress and clinically significant levels of depression and anxiety (Eaton et al. 2008). A member from the deployment must be thoroughly assessed before he or she can go on leave and be reunited with his or her family. Another assessment need to be conducted after leave in order to check consistency in terms of behaviour and wellness of a member because during phase 3 that is where post traumatic stress and other behaviours surfaces and sometimes it takes longer.

33. During this phase the Unit OC or 2IC’s involvement is vital since rational decisions need to be taken upon seeing signs and symptoms or member coming forward asking for help. Support and advises from Chaplains, Psychologists, Welfare Officers, Medical Personnel, Communication Officers, HR Practitioners, PTSR’s and LEGSATO will also be needed. These needs to be done in order to be able to offer such members relevant intervention due to the fact that they are still number 1 asset of the SA Army, other than just getting rid of them especially without help deeming them problematic.

ADVANTAGES OF RESILIENCE PROGRAM

34. Resilience program are vital and play important role to members and their families, they help families to understand what they are going through and where to go seeking help.

35. Firstly, focuses on strengths forged under stress, in response to crisis, and under prolonged adversity. Secondly, it is assumed that no single model of healthy functioning fits all families or their situations. Functioning is assessed in context: relative to each family's values, structural and relational resources, and life challenges. Third, processes for optimal functioning and the well-being of members vary over time as challenges emerge and families evolve. Although most families might not measure up to ideal models, a family resilience perspective is grounded in a deep conviction in the potential of all families to gain resilience and positive growth out of adversity. Even those who have experienced severe trauma or very troubled relationships have the potential for healing and transformation across the life course and the generations (Tedeschi & Calhoun, 2004; Tedeschi & Kilmer, 2005).

36. Addressing the challenges, feelings, and coping resources of at-home family members during deployment is helpful in understanding and offering interventions and support for the families. It may also be helpful for military service members as they return home to their families and continue in their military positions. Family adjustment can have an impact on the military's retention of soldiers and soldier effectiveness (Nice,1981; Pincus et al., 2001) as cited Kelly Renee Rossetto in Military Wives' Perspectives on Communication and Family Resilience, Coping, and Support During Deployment, 2009.

IMPLEMENTATION OF PLANNED RESILIENCE PROGRAM

37. Deployment Resilience Seminars as suggested by Military Psychological Institute (MPI) must take place in the units accordingly not only directed to military combatants or officials but also their families because they are directly affected by the deployments. Any couple, whether married or not, can attend the seminar. There are no restrictions of age or rank, in fact the more varied the group the better (Deployment Resilience Program for Member at Unit, MPI 2003). However currently in our organisation soldiers deploying are the only once that are attending Deployment Resilience Seminars.

38. Deployment Resilience Seminars are important to all members involved, they cover most of the problems that might be encountered and how they can be managed and resolved. The seminars presented by professionals mostly include emotional cycle of deployment, perspective on the military lifestyle, social support, financial management, family systems, children and marriage.

RECOMMENDATION

39. The Future of SA Army Force Deployment Strategy is very much important and family resilience is part of it as it directly proportional to success of the deployment. SA Army together with other stake holders that are influential in aiding and strengthening family resilience during all phases of deployment must support

FOCUS program and Deployment Resilience Seminars. More emphasis must be put on families to attend deployment resilience seminars and follow FOCUS program. The families of the deploying members must be involved throughout all phases

40. Records of officials on every deployment must be kept and archived by all means including their experience during deployments, so that more or less affected officials by the deployment can be easily tracked. This is vital information for Chaplains, Psychologists and Welfare Officers in order to trace origin of problems (PTSD and other related behaviours) officials encountered so that Welfare Officers etc can provide relevant intervention.

41. Suggested program like FOCUS and Deployment Resilience Seminars in the DOD must not be only on paper; they must be implemented so that members together with their families can gel in smoothly with Military lifestyle building individuals and family resilience with the help of DOD professionals.

42. Experiences such as traumatic events during your military career can lead to questioning your values and trying to make sense of what happened. Spirituality can help you cope by connecting you to something bigger than yourself. For some, it may be a relationship with your unit, family or nature. For others, it may be a relationship with a Higher Power and religious practices. However you express it, spirituality can create values and beliefs to give life meaning. So DOD Chaplains also need to be extremely involved in training members spiritually and support them accordingly.

43. All families have their own culture, complete with implicit and explicit rules for communication and behaviour. To a great extent, parents establish family rules and the family climate, although cultural and ethnic differences account for important differences in the ways family communicate emotions. As such, it is important to work within the personal and cultural framework of each family and help them to find appropriate ways to invite sharing of a wide range of feelings and through mutual empathy extend a tolerance for differences and the expression of strong emotions.

CONCLUSION

44. Soldiers and their families are facing adversities causing stress, depression, posttraumatic stress disorder, psychological maladjustment of children that might led to a divorce and all that are caused by deployments. Since it is nature of military work that causes this havoc, the organisation must put in place suggested resilience programs, follow the progress and continue to do researches on resilience until it is enough to assist soldiers and their families.

45. Military Family Resilience before, during and after deployment is very important especially to DOD, soldiers and their families, it is the responsibility of the DOD to ensure that it builds individual and family resilience to increase the combat readiness of the DOD.

APPENDIX A TO
STAFF PAPER**LIST OF REFERENCES**

1. American Psychology Association [online] Retrieved from <http://www.sychcentral.com> [28 September, 2016].
2. Black, K, Lobo, M. 2008. University of New Mexico College of Nursing. *A conceptual review of family resilience factors*. Mexico
3. Family - Simple English Wikipedia, the free encyclopedia. [online] Retrieved from: <https://simple.wikipedia.org/wiki/Family>) [28 September 2016]
4. Hartslief et al. 2003. Deployment Resilience Program, Military Psychological Institute. South Africa.
5. Horsley, H. 2016. Posttraumatic Stress Disorder in the Military on Tuesday, May 31, 2016
6. Huebner, A. 2009. *Shadowed by War: Building Community Capacity to Support Military*. [online] Retrieved from: <https://www.questia.com/.../shadowed-by-war-building-community-capacity-to-support> [28 September 2016]
7. Connaher, J. 2016. How Military Families Function Before, During, and After Deployment. *Findings from the RAND Deployment Life Study*. [online] Retrieved from: https://www.rand.org/content/dam/rand/pubs/research_briefs/RB9900/RB9906/RAND_RB9906.pdf) [28 September 2016]
8. Meadows, S. 2016. How Military Families Respond Before, During and After Deployment[online] Retrieved from: https://www.rand.org/content/dam/rand/pubs/research_briefs/.../RAND_RB9906.pdf [28 September 2016]
9. Mokobe, A, Steenkamp, P. 2011. SANDF Chaplain General Division. *Resilience*. Vol 3(1), p 26.
10. Nieuwoudt, W., Ligthelm, T. 2011. Milmed Scientific. *Periodical of the South African Military Health Services*. Vol 3(1), p 8.
11. Rosseto, K. 2009. Military Wives' Perspectives on Communication and Family Resilience, Coping, and Support During Deployment. . [online] Retrieved from: <https://repositories.lib.utexas.edu/handle/2152/6609/> [28 September 2016]
12. Saltzman, W. et al. 8 June 2011. Mechanisms of Risk and Resilience in Military Families: Theoretical and Empirical Basis of a Family-Focused Resilience Enhancement Program [online] Retrieved from Springerlink.com [29 September 2016].

13. South African Defence Review. 2014. Journal of Community Practice. Vol 8(2), p 3-11.
14. Stress (biology) - Wikipedia, the free encyclopedia. [online] Retrieved from: [https://en.wikipedia.org/wiki/Stress_\(biology\)/](https://en.wikipedia.org/wiki/Stress_(biology)) [28 September 2016]
15. Walsh, F. 1996. The Concept of Family Resilience: *Crisis and Challenge*, on September 1996
16. Yates, T, Tyrell, F, Masten A. 2015. Resilience Theory and the Practice of Positive Psychology From Individuals to Societies