

# Best Practices in Caring for Children in OCONUS Locations

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Army Col. Adam Huillet is a Board Certified Developmental Pediatrician at Landstuhl Regional Medical Center. He graduated from Uniformed Services University in 2002 and completed a Pediatric residency at Tripler Army Medical Center in 2005. He completed a fellowship in Developmental Pediatrics at Madigan Army Medical Center in 2010. Areas of interest include iron deficiency in children with Autism and caring for children with Trisomy 21. Col. Huillet has spent 12 of his 19 year Army career at OCONUS locations with his wife and children.

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# Learning Objectives



At the conclusion of this session participants will be able to:

1. Identify common challenges for children of military families.
2. Compare the challenges identified in military families to those living OCONUS.
3. Examine COVID-19 related challenges for OCONUS families.
4. Select programs and strategies that help mitigate these challenges.

# OCONUS Population



- Approximately 12% of active duty forces (1.3 million) are stationed OCONUS (170,000)
- Primarily Europe (5.1%) and East Asia (5.0%) (Huebner)
- 5 percent in Alaska, Hawaii, and the U.S. territories

# OCONUS Pediatric Population



- There are an estimated 1.7 million children of active duty and reserve military personnel, of whom 37.8% are 0 to 5 years of age, 31.6% are 6 to 11 years of age, and 23.8% are 12 to 18 years of age. (Segal et al, 2013)
- 7 percent of military dependents are in Europe, Africa, Asia, or Latin America.

# Universal Considerations for Military Children



- Family stressors
  - Relocation (average every 2-3 years)
  - Parental under/unemployment (each move associated with 2% decline annual earnings) (Siegel et al, 2013)
  - Deployments
  - Junior enlisted income



# Universal Considerations for Military Children



- Increased mental health care if move in past year
  - Adolescents increased psychiatric hospital and emergency room visits. (Milligen et al, 2014)
- Increased risk child maltreatment with relocation
- Lack of continuity in medical care
- Younger parents
- Heightened pressure to conform, behave, wear parent's rank

# Universal Considerations for Military Children



- Military community surrogate for family
- Increased resilience and positive attitude for move (Huebner et al, 2019)
- Common bond and camaraderie

# One Change of Duty Station for a Military Child Equals the Following:



- A change of address
- A change of school
- A change of teachers
- A change of friends
- A change of worship
- A change of weather
- A change in scenery
- A change in schedules
- A change in routines
- A change in neighborhoods
- A change in activities
- A change in housing

<https://www.militaryspouse.com/military-life/pcs/the-impact-of-pcs-moves-on-your-kids/>



Sullivan, 2014



# My Experience:

19 years Active Duty

12 years OCONUS

6 Children

Loads of memories and challenges



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# OCONUS Locations



- OCONUS can include US and territories: Hawaii, Alaska, Guam
- Pacific: Japan, South Korea
- Europe: England, Germany, Belgium, Italy, Spain
- Cuba
- Central Command (CENTCOM): Bahrain, Qatar, United Arab Emirates (UAE)

# Medical Challenges

- Medication limitations (Military Treatment Facility formulary and host nation)
- Reliance on Host Nation
  - ❑ Differences in training and standard of care
  - ❑ Some specialties do not exist or are limited
  - ❑ Language and cultural barriers (paternalistic)
  - ❑ Difference in equipment (hearing aides, g-tubes)



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# Medical Challenges



- Specialty care and therapy changes in capacity and availability
  - Often provided by spouses of Active duty
- Limited in-patient pediatric resources
- Few medical peers
- Lack of equivalent therapies (English speech therapy, sensory processing disorder treating Occupational Therapy, Applied Behavioral Analysis)



# Medical Challenges



- Disability/Handicap services:
  - Equipment differences
  - Ability to access community
  - Limited community support services and organizations

# Social Challenges



- Different reaction based on age
- Isolation from extended family
- Foreign language and customs
- Financial stressors
- Cost of travel
  - Local or return to Continental US (CONUS)

# Social Challenges



- Finding lodging
- Household goods (HHG) delay
- Work for youth
- Work for spouse
- Child Care Center (CDC) maximum capacity and limited childcare/preschool options

# Social Challenges



- Extracurricular activities (clubs, athletic teams, performing arts)
- Isolation from peers:
  - Loss of peer group
- Driving restrictions

# Social Challenges

- Living off-base (language barrier in community)
- Children who spend significant time in foreign countries moves can be a source of both grief and strength
- Strong sense of self and comfort with the unfamiliar
- Develop strong relationships with their parents (Siegel et al, 2013)



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# Behavioral Health



- Increased utilization after permanent change of station (PCS) move
- Limited resources, especially pediatric
  - 2 Child Psychiatrists at Landstuhl Regional Medical Center (LRMC)
- Community resources are limited

# Behavioral Health



- In-patient options very limited
- Medication limitations
- Respite care not available

# Education



- Department of Defense Education Activity (DoDEA)
  - ❑ Few options outside of DoDEA if DoDEA school in the area
  - ❑ Virtual school might be the only option
- Non DoD Schools Program (NDSP)
  - ❑ Challenge to find a new school if not in DoDEA area (schools have wait lists)



# Education



- Lack of continuity in education programs
- Potential limitations in special education and therapy services due to geographic isolation and staff turnover

- Educational and Developmental Intervention Services (EDIS)  
[educational and not medical focused therapy]
  - ❑ Early Education Specialists, Speech, Occupational, and Physical Therapy
  - ❑ Early Intervention Services (less than 3, parent education focused)
  - ❑ Related Services (3 and old school based services)

- EDIS impacted by staffing complexities
  - ❑ Contracts
  - ❑ Overseas time of service rules
  - ❑ Lengthy government hiring process
  - ❑ Army/Navy/US Air Force (USAF) following different staffing models

# Exceptional Family Member Program (EFMP)



- Mandatory screening and enrollment if eligible
- Service specific process
- Missed screenings
- Human Resources Command (HRC) overrides

# Exceptional Family Member Program (EFMP)



- Can be seen as punitive
- Avoid EFMP enrollment due to the paperwork and HRC challenges
- Some actively circumvent the system (Facebook groups)

# Early Return of Dependents (ERD) and Compassionate reassignment



- ERD: Service member stays while family returns to USA.
- Compassionate reassignment: Service member and family return to USA.
- Both are command initiated with medical offering support recommendations.
- EFMP and command can force a dependent to return.

# COVID-19 Challenges



- Social isolation
  - Restriction of movement
  - Group size and household restrictions
  - Mask requirement
  - School transition to virtual
  - Closure of borders
  - Severe restrictions to family travel from outside Europe and restrictions on travel to USA

# COVID-19 Challenges



- Less access to non-emergent care by host nation
- Behind on dental care
- Routine surgeries are postponed
- “Delivering in Germany during a pandemic seems to be nerve-racking for moms” (Dr. Nina Fakhori, personal communication)



## Ideas to help:



- Expanded Tele-health options
- Global Teleconsultation Portal specialty consults
- Supporting EFMP screening
- EDIS staffing issues

## Ideas to Help:



- Increase training for recognition and treatment for adjustment disorders
- Increase childcare and respite options
- Recommend maximizing established variety of programs (art, music, theater, sports, academic games) at school and in community so when a child moves, this part of their life can still be available
  - For instance, in Qatar my sons were unable to continue with wrestling.

# Ideas to Help:



- Protective factors may include:
  - effective support systems
  - living in a military community
  - military programs designed to address relocation challenges:
    - family newcomer orientations
    - command sponsorship programs
    - programs intended to assist children in connecting with peers at the prospective duty station before the move. (Huebner et al, 2019)

# Key Takeaways



- Children of military families have many social, medical, and educational challenges but also demonstrate increased resiliency.
- OCONUS locations result in an increase in psychosocial stressors.
- Medical and behavioral health resources are limited in scope and quantity OCONUS.
- Educational resources are limited in choice and availability.
- EFMP helps to mitigate suboptimal care and services and need for reassignment.
- Community programs can support families in a challenging environment.

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# Questions?



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  - a. If you have previously used the CEPO CMS, click login.
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3. Click “ENROLL.”
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