

prevention *Tactics*

Preventing Substance Abuse in Military Members and Their Families

By Gregory Leskin, PhD

Military service members sent to war oftentimes face life-threatening conditions in which they must survive in some of the most dangerous environments and conflictual circumstances. These experiences include armed combat, witnessing the death of others, as well as experiencing daily, even constant, threats of injury or death. The military family back home may experience strain due to separation as well as distress and worry about the service member's safety during a combat deployment. For a military family member, the absence of a parent or sibling might increase the possibility of alcohol, tobacco, and other drug (ATOD) abuse (Gilreath et al., 2013).

From 2003 to 2013, the US military was involved in multiple, large-scale deployments, including extended and repeated tours of duty to Iraq and Afghanistan. As a result of these combat deployments, thousands of service members have died or been injured on the battlefield. An even greater number of service members and veterans suffer from physical injuries and psychological disorders such as Post-Traumatic Stress Disorder (PTSD). The traumatic experiences of the military member often affect their family as well. Recent research suggests that families of National Guard members who suffer from PTSD may experience difficulties providing adequate positive parenting and supportive communication to their children (Gewirtz & Davis, 2014).

The focus of this prevention tactic is to examine the challenges that military members and their families experience that may result in an increased risk for substance abuse. The Tactic will also highlight best practices, prevention programs, and resources that specialize in serving military members and their families. Effective prevention programs and policies



that stress the importance of wellness, resiliency, and protective factors for military members and their families at risk for substance abuse will also be presented (Luthar, 2006). Promotion of these factors elicits connection to concrete support during times of need, including social connections as well as skills and knowledge about ways to resist substance abuse. Programs that target youth from military families ensure that the youth are sufficiently supported and connected to positive peer programs and caring professionals, especially during difficult transitions and family separations. In the following sections, the Tactic outlines the scope of substance abuse problems in military settings for service members and their families, and recommends some evidence-based prevention programs and policies.

Scope of the Problem: Service Members

Members of the armed forces and their families have historically suffered with substance abuse problems, including difficulties with alcohol, tobacco, and other drugs. Recent data suggests lower illicit drug use within the military when compared to the rest of society. However, there are indications of heavier alcohol, tobacco, and prescription drug use. Among 88,205 service member respondents of the 2008 Department of Defense Health Behavior Survey who recently deployed to Iraq, 12% to 15% of the respondents reported experiencing difficulties with

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Tactics (Tak'tiks) n. 1. a plan for promoting a desired end. 2. the art of the possible.

drinking excessive alcohol (Bray et al., 2010). This rate represents roughly double the 7% incidence of alcohol use disorders among adults in the US estimated by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2013). In an analysis of psychiatric data from the 2005 Survey of Health Care Experiences (SHEP) administered by the Veterans Health Administration, 36% of National Guard and Reserve members serving in Iraq or Afghanistan were determined to be at risk for the misuse of alcohol after returning from deployment (Burnett-Zeigler et al., 2011).

Alcohol and Other Drug Use and Abuse Among Service Members

In the 2008 U.S. Department of Defense (DoD) Survey of Health Related Behaviors Among Active Duty Military Personnel, the estimated prevalence rate among active duty service members actively using illicit drugs was 12%, prescription drug misuse was 11%, heavy alcohol use was 20%, and tobacco, including smokeless, was 31% (Bray et al., 2010).

In the 2004 Land Combat Study, the number of soldiers and Marines who responded positively to a survey question that asked "Have you used more alcohol than you meant to?" increased from 17% before deployment to 24-35% after overseas combat deployment to Iraq or Afghanistan (Hoge et al., 2004).

The Millennium Cohort Study surveyed military members returning from combat deployment and found that these military members engaged in binge drinking at a rate of 54% with new onset rate of alcohol use at 26% (Jacobson et al. 2008).

Military deployments are associated with higher rates of tobacco initiation and recidivism, especially among those troops with extended or multiple deployments (Smith et al., 2008).

An important recent trend among service members is use and addiction to prescription medications. In 2009, military doctors ordered about 3.8 million prescriptions for pain medications (Zoroya, 2010), which is approximately four times the number of prescriptions written before military deployment in 2001. These prescriptions are written to address medical issues related to injuries suffered during combat and

other military-related activities. Heavy drinking and addiction to pain medications appear to be linked to mental health issues including post-traumatic stress, adjustment disorders, anxiety, depressive disorders, and suicidal ideation and attempts.

Scope of the Problem: Military Families

There is growing literature to suggest that military families can also be negatively impacted by the stressors associated with military life, especially the frequent transitions and separations associated with military life and combat deployment (Van Winkle and Lipari, 2013). Research suggests that most military spouses and youth are resilient and adapt well to military lifestyle demands, especially those family members who have strong support systems. However, military families may experience challenges which may expose them to risk for behavioral health issues, including substance abuse. For example, a military youth may experience difficulties adjusting to the absence of their deployed parent. This challenge may be influenced by a number of factors including the number of deployments, the length of deployment, and parental distress (Lester et al., 2010). Sixty-eight percent of military service members report that their child experienced separation anxiety associated with their deployment and 63% reported that their child experienced ongoing worries and fears associated with the parent's involvement in combat situations (Chandra et al., 2011). Military youth who experience the death or injury of a military parent are at a higher risk for mental health and substance abuse disorders.



Emotional problems experienced by military families may be accompanied by substance use and abuse issues. The rates of ATOD use are significantly higher among youth with either a currently or recently deployed parent than for youth with parents not in the military (Acion et al., 2013). This difference was consistent across age groups including youth in 6th, 8th and 11th grades. Further, youth with a deployed parent who were not living with a parent or relative were, overall, at the greatest risk for substance abuse issues.

California Healthy Kids Survey Findings on Children of Military Parents

A recent study (Gilreath et al., 2013) examining data from the 2011 California Healthy Kids Survey revealed that an increase in the number of parental deployments was associated with increased substance abuse (lifetime and recent) among military youth. This study found that among 1,338 military youth, 41.1% had tried alcohol in their lifetimes and 21% had used alcohol in the past 30 days. Further, about 15% of these youth reported using marijuana in the past 30 days. Those youth who reported having a sibling in the military had the highest rates of both lifetime alcohol use (45.8%) and marijuana use (30.1%).

Resilience Within Military Culture

Most military families show tremendous courage and resilience as they contend with complex challenges and stressors. Military families typically share an enduring effort to remain adaptive and flexible in response to intense responsibilities, sacrifices and family separations. Psychological resilience may be described as the combined product of the positive interactions between individuals, their families, their communities, available resources, and growth opportunities. Despite the potential hardships, military youth exhibit resiliency related to a strong sense of belonging, contributions to a greater good, sense of sacrifice for one's beliefs, and a shared mission and values. Youth with parents who are deployed may build self-confidence and maturity by taking on new responsibilities. Some military youth describe frequent moves throughout the world as a great and unique adventure to gain a wide range of perspectives on culture and society (Easterbrooks

et al., 2013). Additionally, military families may grow closer together during challenging times. Military youth may learn a greater sense of independence and responsibility through these shared family experiences.

In the 2013 Military Family Lifestyle Survey report by Blue Star Families, 77% of parents reported high levels of confidence that they can set appropriate routines and responsibilities for their children despite the challenges of separation during deployment. In this study, parents stated that positive traits associated with being a military child included adaptability, independence, and resilience.

Challenges to Resilience due to Deployment Transitions and Reintegration

The stress and strain of military life and deployment can challenge resilience. Family members experience worry and anxiety for their loved ones who are deployed into combat environments that present dangerous situations and unknown hostilities. Military family members describe feeling alone to contend with the emotional upheaval of living through many months of combat deployment, taking care of a household as a single parent, facing financial hardship, and experiencing other social challenges. Military youth also suffer from similar worries and anxieties, somatic complaints, depressive illnesses, as well as interruptions in their academic and social lives. The returning service member may struggle to reintegrate back into the family and society as a result of exposure to traumatic experiences suffered on the battlefield and the prolonged absence from their families and communities. Alcohol and drugs may become a means to escape the traumatic and/or conflictual experiences during combat or to relieve the intense anxiety and/or "triggers" when they return home.

Challenges to Resilience due to Frequent Dislocations

Another common feature of military life that can influence families and youth is the experience of living a transient lifestyle with frequent physical relocations. On average, military families change residence every two to three years (U.S. Department of Defense, 1998). For some families, relocation is a very positive experience and provides family members opportunities to grow and adapt to new

environments and cultures. For some families, frequent relocation has a potential negative impact. For example, geographic mobility has been found to be related to the reduction of academic success (Temple & Reynolds, 1999) and difficulties with emotional and/or behavioral adjustment (Simpson & Fowler, 1993). Further, adult children of military parents report that geographic relocation is the single most stressful aspect of growing up within the military culture (Ender, 2000). Studies have found that family separations can be stressful for the spouse and for youth, including difficulties with depression, loneliness, and shifts in roles and responsibilities (Coolbaugh & Rosenthal, 1992).

Service members and their families may use substances as a means to relax, reduce stress, socialize, or escape bad feelings associated with traumatic experiences. Some common reasons military family members report using alcohol and drugs include sleeping better, decreasing the emotional pain associated with separation, decreasing sadness, connecting to others, increasing pleasurable experiences or sensations, and forgetting about previous losses or upsetting memories. Substance abuse can cause problems with family relationships, mental well-being, decision making, finances, and self-esteem. Discovery of substance abuse can lead to difficult and life-altering legal and even criminal problems with military and non-military authorities. The effects on the family may be worse as substance abuse plays an important role in domestic violence among soldiers who abuse their spouses (Martin et al., 2010) indicating a hazardous link between alcohol use and domestic violence.

Major Prevention Programs in the Military for Service Members and their Families

In 1971, Congress enacted a law that required the Secretary of Defense to develop programs that identify, treat, and rehabilitate drug dependent persons in the Armed Forces as a result of the increased rate of substance use during and following the Vietnam War. Each branch of the Armed Forces was required to provide substance use prevention programs to service members. Currently, substance abuse education is mandated for all military members. Many of these programs adopt prevention frameworks proposed by the Institute of Medicine (IOM) Committee for Prevention of Mental Disorders (Munoz, Mrazek, & Haggerty, 1996). In the IOM model, substance abuse prevention approaches are structured across three population targets that consist of 1) universal



prevention that targets whole populations, such as an entire military service branch or the entire installation or base family population; 2) selective prevention that targets those groups with an increased risk for developing a substance use disorder; and 3) indicated prevention that targets individuals with identified early symptoms that put them at risk for a later diagnosis of a substance use disorder. Further, many of these programs were developed based on principles of effective prevention programs (Nation et al., 2003) such as:

- taking a comprehensive approach that addresses decreasing risk and increasing resilience across multiple settings (school, community, home);
- fostering opportunities to engage with positive role models and receive peer support;
- ensuring interventions are appropriate to the individual's developmental stage so that programs provide the maximum support for a healthy lifestyle; and
- appreciating and being culturally responsive to military lifestyles and structures.

Military Substance Abuse Prevention Programs for Service Members and their Families

This section describes each of the major military substance abuse prevention programs for service members and their families along with contact information for each. Each branch and component develops specific policies related to prevention for service members and family members. These programs actively provide prevention efforts such as education and training about the effects of ATOD. Family members and youth can receive education and prevention resources related to living drug and alcohol free. These programs provide structured supportive environments and opportunities that

deter drug or alcohol seeking behaviors. Many of these programs are available on or near military bases or can be accessed through community-based ATOD programs.

Additionally, military family members are encouraged to seek confidential services through the military medical services, behavioral health systems, military-based community services, family counseling centers, and chaplains.

Military Substance Abuse Prevention Programs for Service Members and their Families

The U.S. Army Substance Abuse Program (ASAP)

<https://acsap.army.mil>

A commander's program to help monitor and improve the personnel readiness of soldiers through education and resources to promote substance abuse prevention. The ASAP program identifies Unit Prevention Leaders (UPLs) who have the primary mission to assist the soldiers and their families with substance abuse prevention trainings and services. ASAP is responsible for providing Army-wide alcohol and drug prevention, education, and training programs. The Risk Reduction Program incorporates substance abuse prevention and intervention into a framework that supports the Army's four institutional outcomes of performance, readiness, retention, and recruitment.

The U.S. Marine Corps (USMC) Substance Abuse Program

<http://www.marines.mil/Portals/59/Publications/MCO%205300.17.pdf>

Includes an integrated plan for substance abuse prevention and training for prevention staff including Substance Abuse Control Officers/Specialists (SACO/S). The main goals of substance abuse prevention in the USMC is to enhance mission readiness and provide knowledge about the effects of alcohol and drug abuse to assist Marines and their family members to make responsible decisions.

The U.S. Navy Alcohol and Drug Abuse Prevention Program

http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/nadap/Pages/default2.aspx

Provides a wide range of educational and training materials about alcohol and drug abuse prevention, including awareness and prevention tools (e.g., DUI prevention, Safe and Sober weekends).

The U.S. Air Force Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program

<http://www.nellis.af.mil/shared/media/document/AFD-110406-053.pdf>

Promotes readiness, health, and wellness through prevention and treatment of substance abuse. The goals of the program include minimizing the negative consequences of substance abuse to Air Force personnel, families, and the organization. The ADAPT program provides comprehensive education and treatment to individuals who experience substance abuse problems.

The National Guard Counter Drug Program

<http://ngbcounterdrug.ng.mil/programs/Pages/PreventionTreatmentOutreach.aspx>

Provides prevention, treatment, and outreach (PTO) and has coordinators in all 54 states and territories to assist commanders in their drug and alcohol abuse prevention efforts, including conducting evidence-based prevention education, supporting commanders with referring service members to community-based providers for prevention and treatment services, and conducting prevention activities for family members and community partners.

The Drug Education For Youth (DEFY) Program

http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/nadap/DEFY/Pages/default2.aspx

Improves combat readiness by providing a drug demand reduction and comprehensive life skills program designed to improve resiliency and strength of military youth.

Strength Based, Youth Centered Intervention Approaches to Support Military Families

Many outstanding community-based programs provide positive and supportive structured activities and environments to support military youth. For example, the Boys and Girls Clubs of America (BGCA) partners with the military across the U.S. to help military youth face the unique challenges of military life. There are over 500 BGCA-affiliated youth centers on U.S. military bases globally, helping thousands of military youth with after-school programs, educational assistance, leadership, and extracurricular activities. BGCA sponsored activities include sports; science, technology, engineering, and mathematics (STEM); and the arts. The Military Child Education Coalition (MCEC) offers peer support programs throughout the nation including student-to-student peer support programs that focus on substance abuse, bullying, and school violence prevention programs for military youth. Other important resources to assist military youth are the 4-H Youth Development Program (4-H) and the Children, Youth, and Families at Risk Program (CYFAR). These programs address topics such as ATOD abuse, violence, mental/physical abuse, building healthy family relationships, career exploration, and individual/civic responsibility. Contact information for each of these programs is provided in the Resources section.

FOCUS: A Best-Practice Clinical Program for Military Families

The University of California Los Angeles (UCLA)-Harvard University developed FOCUS program has assisted thousands of U.S. Navy and Marine Corps families and their children to contend with the stress of multiple deployments. Some of the core prevention components of the FOCUS practice include: 1) psycho-education on developmental reactions, combat, and deployment stress reactions in the family; 2) emotional regulation 3) goal setting and problem solving skills; 4) traumatic stress reactions and traumatic reminders 5) impact of deployment stress on parenting practices; and 6) understanding the emotional experience of each family member throughout the deployment cycle. Outcomes from FOCUS show clinical effectiveness to reduce anxiety and improve family cohesion and a greater sense of overall ability to address problems

as a family unit. While FOCUS does not specify reduction in substance abuse as a result of this approach, results do suggest that the program increases family support overall which serves an important protective function against the use of substances (Lester et al., 2010).

Summary

Military service members and their families endure hardships related to military deployment, integration, relocation and transition. Recent data would suggest that there is a growing trend among service members to increase their use of alcohol following deployments and that addiction to pain killers and stimulants is on the rise. Each military service branch has developed comprehensive substance abuse programs that provide universal, selected, and indicated prevention services for service members and their families.

Prevention counselors and specialists can support military families avoid substance abuse issues. It is critical that health providers receive appropriate professional development training to understand military culture in order to prepare providers to appreciate and be sensitive to the unique issues (e.g., sacrifices, losses, separation) that military families endure. Providers should provide training and education to professionals that work in law enforcement, schools, mental health, and hospitals about the potential increased risk of ATOD use following deployment or separation from the military. Identifying potential or existing risk factors early-on can assist with the implementation of preventive services. Effective substance abuse prevention policy should be supported by enforcement strategies in the military and in the community, including random drug testing and Driving Under the Influence (DUI) checkpoints. Finally, collaboration across military, public, and private organizations to prevent substance abuse among military service members and families allows change to take place at the community level. Community providers should seek and create opportunities that 1) identify military service personnel and family members that need support, 2) provide targeted prevention education and services, and 3) collaborate with existing programs that can preserve the resiliency and honor that military families deserve to ensure health and success.

Resources

Available online trainings for community based providers that serve military families.

These programs educate providers about the needs specific to military families:

- **Mental Health First Aid for Veterans, Service Members and their Families**
www.MentalHealthFirstAid.org/cs/veterans-military
- **National Child Traumatic Stress Network**
www.nctsnet.org
- **Center for Deployment Psychology**
www.deploymentpsych.org

These programs provide an overview of substance abuse policy in military settings:

- **Military OneSource: DoD Substance Abuse Policy**
http://www.militaryonesource.mil/crisis-prevention?content_id=268706
- **From Department of Defense: Drug Awareness**
<http://www.defense.gov/specials/drugawareness/dahome.html>

The following are substance abuse prevention programs in the military:

- **US Army Substance Abuse Program**
<https://acsap.army.mil/index.jsp>
- **U.S. Marine Corps Substance Abuse Program Policy**
<http://www.marines.mil/Portals/59/Publications/MCO%205300.17.pdf>
- **U.S. Navy Alcohol and Drug Abuse Prevention (NADAP)**
http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/nadap/Pages/default2.aspx
- **The U.S. Air Force Alcohol and Drug Abuse Prevention and Treatment Program (ADAPT)**
<http://www.nellis.af.mil/shared/media/document/AFD-110406-053.pdf>
- **The Drug Education For Youth (DEFY) Program**
http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/nadap/DEFY/Pages/default2.aspx



General information about Substance Abuse Disorders and Prevention Approaches in Military and Veteran Populations:

- **Veterans Affairs (VA)/DoD Clinical Practice Guidelines: Management of Substance Use Disorders (SUDs)**
<http://www.healthquality.va.gov/guidelines/MH/sud/>
- **VA/DoD Clinical Practice Guidelines: Management of Opioid Therapy (OT) for Chronic Pain**
<http://www.healthquality.va.gov/guidelines/Pain/cot/>
- **Substance Abuse Mental Health Services Administration (SAMHSA): Strategic Prevention Framework**
<http://captus.samhsa.gov/prevention-practice/strategic-prevention-framework>
- **Institute of Medicine: Substance Use Disorders in the U.S. Armed Forces**
<http://www.iom.edu/Reports/2012/Substance-Use-Disorders-in-the-US-Armed-Forces.aspx>

Youth Programs

- **Boys and Girls Clubs of America (BGCA)**
<http://www.bgca.org/meetourpartners/Pages/MilitaryPartnership.aspx>
- **4-H Military Partnerships**
www.4-militarypartnerships.org
- **FOCUS Program**
<http://Nfrc.ucla.edu/ProjectFOCUS>
- **Military Child Education Coalition (MCEC)**
www.militarychild.org



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