

JOINING FORCES

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RESEARCH NEWS YOU CAN USE

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IN THIS ISSUE

We are pleased to have Delores Johnson, MSW, Family Programs Director, US Army Community and Family Support Center (CFSC) as our guest contributor. Ms. Johnson provided a seminar at the Uniformed Services University of the Health Sciences (USUHS) in which she described the operation of the Pentagon Family Assistance Center that was organized in response to the September 11th terrorist attack. There were many lessons to be learned from her presentation. Among these were leadership, site selection, family needs and services, and the dynamics of the staff.

The second guest contributor is Brian Leidy, Ph.D, Family Life Development Center, Cornell University. He discusses the findings of the needs assessment methodology interviews and survey that were held at the ACS Annual Conference in Williamsburg, VA in February 2002.

Responding to the September 11th Pentagon Attack

Delores Johnson, MSW

Army Community Services (ACS) has a mobilization and deployment mission that requires the establishment of family assistance centers (FACs) to respond to national disasters and

deployments. Almost immediately upon hearing the news of the attack on the Pentagon on September 11th, the Military District of Washington set up a FAC at Ft. Myer. Phone lines were activated and staff were mobilized. This became the site for our operations. During the first 24 hours, an array of services was organized. Volunteers and members of the CFSC headquarters staff performed duty in shifts and answered telephone queries.

Heightened security went into effect immediately, so getting on and off the post was very slow. Usually, FACs are set up on the post anticipating that military family members have easy access. That assumption was immediately changed because of the security considerations.

Each of the services established operations similar to the FAC to respond to family members of victims. Because the Norfolk Fleet and Family Service Center staff had the most recent experience of supporting the families of the USS Cole victims, they were asked to help the DoD staff put a joint FAC together. During the first 24 hours, staff at Ft. Myer answered phones. (All calls were logged.) Family members wanted to know what we knew about missing individuals. For most of them, the question could not be immediately answered and it was necessary

to call them back.

In the meantime, DoD staff were busy locating a safe haven in the local community. When a safe place was found outside the Pentagon, the FAC was set up at a local hotel. The FAC provided a sanctuary for the families, civilians and active duty personnel, including those of the American Airline victims. If we had tried to continue our operations at Fort Myer, the families might not have felt comfortable. Having the psychological barrier created by going through security everyday would have been an unpleasant reminder of the horrific experience. Families who came to the FAC had meals and received twice-a-day briefings.

Leadership

On September 11th, the most senior person available to provide leadership to the FAC was an Army general officer. He took control and brought order to the operation. An early and important lesson that we learned was a senior member of the military who can

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communicate care and concern and get things done was essential.

Family Services

For the first few hours of operation, the primary concern was what our Army families needed and how we were going to meet those needs. We were a policy office at CFSC taking on an operations function. Our concern was what we could offer to families and how could we be sure that we were doing the right

thing. There was the feeling that the Army wanted to “take care of its own” to ensure that Army families received the support services they needed. However, within a matter of 48 hours DoD and all the services joined forces and the Pentagon Family Assistance Center (PFAC) was formally established. This was accomplished by the 12th of September, which was a very quick response requiring all the military services to work together. Prior to 11 September, there was no unified local command and there was no agreement among the local military family services agencies on how to work together.

The Pentagon FAC services that were established were similar to those at any Army installation FAC, but with some major additions. For example, other government agencies, such as Department of Justice and the Social Security Administration participated. It was critical to have Social Security there as this allowed people to apply for benefits on-site. A lot of other services needed by families were also provided. There were 41 agencies on-site providing almost any kind of assistance families needed. Later in the operation, DNA samples were collected from relatives to help in the identification of the victims. Everything was available within the hotel. After the first week, the families set up a memorial table. They brought pictures and memorabilia which stayed until the very end.

Families were briefed daily. Several days passed before we could provide any concrete information about the number of

victims that had been identified. I thought the general did a very good job of dealing with the many issues, concerns, and problems experienced by the families. A question of when it would be appropriate to stop searching for remains and say that the missing were probably never going to be found or identified surfaced. These were very emotion-laden discussions with many family members saying, “I am going to believe and have hope to the very end.” Questions from the family members were handled sympathetically and directly without being argumentative. It was our policy to let families ventilate as long as they needed. It was gratifying to see how well the amount of emotion and tension that emerged during the briefings was managed by the staff.

The suspension of normal rules of operation was a procedure that allowed us to improve the services we provided to families. As already noted, the families of persons killed aboard the American Airlines flight participated in the PFAC.

The potential was present for a lot of public visibility. However, access to the PFAC was very tightly controlled and the press was never allowed on-site. If family members wanted to respond to the press, they did it on their own. No one had to worry about cameras being stuck in their face. I do not ever remember having a television camera anywhere near the center and certainly none were allowed inside the building. Members of the President’s Cabinet visited. It was

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gratifying to receive visits by members of the Army staff who were usually accompanied by their wives. Many celebrities also visited the site to offer their support to the families. There was a tremendous outpouring of support and gifts.

Phase I lasted from the 12th of September until the end of the memorial service at the Pentagon on the 11th of October 2001. This was the "24-7" operation that provided food, sleeping accommodations, and a number of other benefits. It was the most intensive phase and lasted for the first 30 days. The purpose was to create a focal point that families and staff could come to everyday to get information. CFSC provided staff to help support and manage the center, to support the casualty assistance officers, to provide information about services in the community and how connections to them could be made.

The mental health component was handled by the Surgeon General's office. There were mental health personnel from all the services at the site. Licensed social workers and psychologists were a part of the mental health team. There were additional people who served as escorts, did intakes, and provided assistance.

Phase II started the day after October 12th coinciding with the Pentagon memorial service. It was difficult because we had to tell families that the services were going to be scaled down and the PFAC would be moved to another location. The new facility was close to the hotel, but it was not

what families had been accustomed to. Also, there were still several families that had not been notified. Among some of these families, there was a sense that they were not getting the same services that everyone else had gotten. At the new site, additional security procedures were required. Getting into the building was somewhat like passing through a maze and security badges had to be shown at numerous locations. The PFAC staff was essentially in one room. Each of the services had casualty and legal representatives present. They also continued to operate the phone service. The 41 agencies were no longer there and the lodging and meals ceased, although Red Cross agreed to provide snacks for people who came into the building. Child care was also discontinued. Although many of the services were diminished, the families could still generally get whatever they needed.

An interagency committee representing the family service centers of the Army, Air Force, Navy, and Marine Corps developed memoranda of understanding on how to conduct the bulk of the necessary follow-up services. They put together referral resource books that contained the information the families were getting on-site. The books could be mailed to families and the materials were placed on the web, on CDs, and provided in hard copy.

During Phase III, which began in November, the goal was to ensure that families were aware of a network of available services and the location of installation-based family service centers. During

Phase III the important task was the reinforcement of the need to prepare casualty assistance officers for the responsibility of helping families.

The staff who worked at the PFAC had some very interesting observations of the human dynamics of the operation of the PFAC. One of these was how people viewed their work environment. Sometimes, we tend to think about work in a detached manner. We spend a lot of time at work. However, we do not necessarily know how connected all of us are to our colleagues and the work environment until something like September 11th happens. While operating the PFAC, we were frequently reminded of the importance of our relationships with our subordinates and our work.

Ms. Johnson responded to the following questions from the audience.

Q: What do you think about the timing of each phase of the response?

DJ: I think the time was too short. We could have stayed longer at the hotel and had a more gradual decrease in services. Perhaps we could have avoided the perception of some families that their loss was not as important as the loss of other families. We need to find out more about the optimal length for each phase.

Q: What was the impact of the work on your staff?

DJ: We were committed to the PFAC mission, had our regular

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jobs at CFSC headquarters, and the country was at war. There was work at CFSC that we needed to do. Because we were immediately responding to the PFAC mission, we did not have time to accomplish our regular jobs or to deal with the personal impact of the attack, what we were personally going through. Therefore, it was important for us to have debriefings. It was often difficult to pull my staff out of the PFAC. Once a person went there, they wanted to remain there longer than their shift. It was hard for them to do their eight hours and leave.

Q: Is there going to be any formal follow-up with families to get their perspective on what was helpful or not helpful? How things could be done differently?

DJ: We did query the families in terms of what kind of assistance they wanted and what they thought they needed. It was somewhat unclear who would take the lead in any possible follow-up. As far as we know any follow-up that is related to continuing problems rests with OSD. They have a group to explore that issue.

Q: Were records kept of the contacts with the families and their problems, the agencies they used, and the services that were provided?

DJ: There are a number of records maintained by DoD and Army. I had to file an Army report each day with the Army operations center and we had to annotate how many mental health visits and other contacts we referred. That area needs tremendous

improvement. It was difficult trying to keep up with the numbers. We also had difficulty getting the big picture relative to the different services that were provided to families. I am sure that we are not finished with the mental health needs of a lot of the families.

Q: Has anyone captured the lessons learned for distribution relative to planning for a possible next attack? What would be the operational way to establish a family assistance center? Also, has anyone captured the general's leadership style in order that these lessons can be passed on or made available to other leaders who may have to be in charge of disaster sites?

DJ: The Army historian is collecting that information now and has been collecting it since the process started. There is a lot of information and there are a lot of memorabilia. I have an appointment with him next week.

ACS Needs Assessment Survey

Brian D. Leidy, Ph.D

The Family Violence Trauma Project at the USUHS and staff from the Cornell University Strong Families, Strong Soldiers Project will conduct a pilot study this year to produce a needs assessment survey instrument for ACS. This survey is to be developed and piloted at one Army post and then revised for possible implementation. Work will also begin on the development of a survey at one site in Europe.

At the recent ACS Annual Conference in Williamsburg, VA, briefings were conducted to inform ACS Directors and other staff of the status of the project and to request their input on how best to proceed. Those attending the sessions were also asked to complete a one-page survey about their experiences in conducting needs assessments. The following is a summary of that discussion and their responses to the survey.

We learned that there is great variation across installations on how the same service/program is delivered. Programs change based on the populations they serve. About half of the ACS Directors reported that they had conducted or currently are conducting some form of needs assessment. Among those with experience doing needs assessment, there was considerable variation in their level of expertise, comfort, and confidence. They recommended having multiple strategies for seeking community input. Suggestions included putting surveys in newspapers and newsletters, and asking people at the Commissary and PX to complete surveys. Among their requests for us were to provide survey instruments and easy-to-use software for statistical analyses.

Those who took the survey were mainly ACS Directors. Of those responding, 72% were from ACS sites in the continental United States and 38% were from overseas. Only a few indicated the time period they were using to respond to our survey, evenly split between 12 and 24 months.

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The survey that they took asked them to indicate all ACS services about which they had attempted to gather information and the assessment methods that they had used. The survey began with a grid of 10 ACS programs and five needs assessment methods (consumer surveys, focus groups, key leaders, review available civilian services and percent of respondents who used some method for this service). Seven out of eight respondents reported using at least one method to do needs assessment for at least one ACS service. Respondents checked an average of 14 service/method boxes, but this ranged from 0 to 38, and the median was 11 boxes checked. Forty-six percent of respondents averaged less than one needs assessment method per ACS service. Twenty-five percent averaged between one and two needs assessment methods per ACS service. Nineteen percent averaged between two and three methods per ACS service, and ten percent averaged between three and four per ACS service.

The most common method of doing needs assessment was a consumer survey followed by a review of program statistics, and then interviews with key leaders.

Financial Readiness, Family Advocacy, and Relocation Readiness programs were the most frequently surveyed programs that had been the focus of a needs assessment. It was rare that someone reported a service/method needs assessment that they did not regard as useful. The general pattern was that the more

heavily used services were rated the most useful. The notable exception to this pattern was the consumer survey. Respondents reported using it more than any other method of gathering data, but ranked it as the least useful method.

While respondents reported using the consumer survey more than any other method of gathering data, they thought that the most useful methods were focus groups, reviewing program statistics, interviews with key leaders, and reviews of civilian services.

We asked respondents what kind of technical support would be helpful for doing a needs assessment for their programs. It was not uncommon for all the technical support boxes to be checked. The support services that were requested were: determining what data to collect (75%), data analysis (75%), determining data collection methods (68%), interpretation of findings and integrating findings with other information (63%), data collection such as administering surveys (61%), data entry/storage/management (54%), using findings (51%), and disseminating findings (1%).

Nearly half (44%) said they had some experience conducting electronic surveys of the community they serve. These were mainly E-mail surveys (32%), but 5% had used computers, 7% had used web-based surveys, and 7% had used other electronic methods.

In describing problems encountered with conducting electronic surveys, problems identified by the ACS Directors included:

- Difficulties in selecting a random sample
- Non-participation and lack of response by commanders, lower ranking soldiers and their families
- Respondents' lack of interest in completing surveys
- The difficulty of trying to reach "at-risk" families
- Insufficient access of families and soldiers to computers
- The need for a variety of electronic data collection methods
- Reporting survey results to participating Army communities

We asked the respondents for suggestions and advice that could be used in going forward with our ACS needs assessment project. These were some of their thoughts.

The Process:

- "Give us feedback."
- "Don't take forever to get a useful instrument to the field for our use."

Standardize versus Customize:

- "Standardize the needs assessment but allow us to add installation-specific questions."
- "The individual programs we use differ based on our installation mission."
- "The survey should include questions about unusual programs."
- "Develop the survey so that it is specific to the Army Family Advocacy Program."

Getting Results:

- "I'm concerned about reaching isolated, at-risk families; they do not come to focus groups or answer surveys."

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- “Incorporate some type of incentive for individuals to complete the survey.”
- “Surveys should be completed by units, during training time.”
- “Needs assessment works more successfully when it has the emphasis of DA behind it. Communities respond better when a tasker comes from off-post.”
- “It should be short and simple, multi-focused, delivered at home and in the unit, and use computers and focus groups.”
- “The data should be broken down by rank, age, marital status, children, etc.”
- “Ask good questions about whether families really want certain programs.”
- “The survey should be behavior-based, not participation-based to enable managers to design services to meet the identified needs.”
- “Work backwards, decide what you want to know, and then figure out how to get the necessary information.”

Lessons Learned and Implications

The following are our conclusions and some possible implications.

1. While ACS sites are required to have the same program, there is variation across installations in how the programs are delivered. Implications: A needs assessment (NA) methodology will have to determine specific populations, their utilization, and satisfaction with services. One method of handling this problem might be to obtain general information about what is needed by each demo-

graphic group, what percentage utilizes a program, how to increase the utilization of that program, and their satisfaction with the program.

2: ACS has conducted a variety of needs assessments using a variety of methods. However, the targeted populations and surveys conducted were very large.

Implications: Some ACS personnel are experienced in conducting NA while others have little experience. The process of NA needs to be as simple as possible. It is better to have a simple process that leads to results that can be understood and used rather than a complex methodology that (1) may never be finished, or (2) when finished may not be translated into improved ACS programs.

3: ACS personnel are likely to know what their clients think about their program, but little or nothing about what is needed in the community or how to reach people who do not use it.

Implication: Methods for getting data from non-users will be difficult to obtain and interpret. The survey should have some questions in it for non-users that explore (1) what programs they need and would use, and (2) why they do not use programs that currently exist.

4: A relatively small number of respondents had conducted NA using focus groups, interviews with key leaders, or review of available civilian services. Within each group, some services were explored more than others.

Implication: Perhaps some ACS personnel feel more comfortable

assessing needs in some programs than in others. Some programs are harder to assess than others. Different members of the Army community need different services. The absence of data will not indicate an absence of need.

5: Electronic surveys have been tried by some, but the results have not been impressive.

Implications: E-mail surveys are likely to be the method of choice if a way can be devised to make it work. E-mail surveys may not be a part of the general methodology, but people should be encouraged to develop this method on a local basis.

6: It is difficult to get commanders to respond to anything except what the boss requires.

Implication: Probably the best methodology to get good input from commanders will be regular focus groups and not surveys.

We acquired good information from those who participated in the survey. We will try to use their suggestions to develop an effective needs assessment methodology.

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