

Chapter 1

Introduction: Military Families under Stress: What We Know and What We Need to Know

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Abstract This volume is the product of an invited symposium of scholars studying issues relevant to military families. The impetus for organizing the symposium and producing this volume was the belief that together we could teach one another and then strategize about the most pressing issues facing military families. Beyond that, we wanted to stimulate multidisciplinary scholarly discussion in order to deepen our mutual understanding of military families and generate strategies for the pressing challenges they face. We intentionally cast a wide net. Represented at the symposium were leading military and civilian scholars from family studies, child development, medicine, marriage and family therapy, and psychology. This chapter outlines how far we have come in our knowledge of issues related to military families and the areas in greatest need of attention as the war continues to place heavy demands on service members. In line with the symposium, this volume focuses on four aspects of military family life: marital and family functioning, parenting and child outcomes, family sequelae of wounds and injuries, and single service members. In this chapter we preview each of the chapters in the volume and summarize the recommendations of symposium attendees regarding the most urgent needs for future research and training.

At the time of writing, the United States is engaged in the most prolonged period of large-scale deployments in decades. About two million service members have been deployed to Iraq or Afghanistan. Over 5,000 have died and somewhere between 36,000 (Department of Defense, 2010) and 52,000 (Powers, 2010) have been injured. Millions of spouses, children, parents, siblings, and others have experienced the deployment of someone in their family to hazardous overseas duty. President Obama, Vice President Biden, and their wives have all publicly acknowledged the sacrifices of military families and their commitment to ensuring they

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receive adequate support. The Bidens' commitment is both personal and political, as their own son Beau serves in the military and completed a deployment to Iraq.

War-related separations challenge families in many ways, both positive and negative. Lengthy separations test the personal, social, and economic coping resources of families at home. The worry and uncertainty associated with combat deployments provoke anxiety. Numerous studies of the current conflict have noted that significant proportions of service members returning from deployment struggle with symptoms of psychological health problems (Smith et al., 2008; Tanielian & Jaycox, 2008; Milliken, Auchterlonie, & Hoge, 2007). Service members and their spouses also are concerned about their intimate relationships, during both deployment (Mental Health Advisory Team (MHAT) VI, 2009) and the months following return (Bliese, Wright, Adler, Thomas, & Hoge, 2007). A growing number of studies have established the impact and consequences of deployment and reintegration for family members of military service men and women (Chandra et al., 2010; Faber, Willerton, Clymer, MacDermid, & Weiss, 2008; Renshaw, Rodrigues, & Jones, 2008).

Thanks to medical advances, many service members who previously would have died of their injuries are returning from the conflicts to live long, though sometimes altered, lives. They and their families must adjust to living with the sequelae of their physical and/or psychological wounds. At levels unprecedented in recent memory, families with members serving in the National Guard and Reserves are now sharing these experiences. In response, the Department of Defense has substantially expanded its efforts to support service members and families before, during, and after deployment regardless of where they are located. These support efforts focus on medical care, mental health care, preventive education, and logistical support.

Understanding the needs of military families and how best to help them is a complex challenge, which is what prompted the Military Family Research Institute at Purdue University and the Center for Deployment Psychology to invite leading scholars to gather to discuss cutting-edge research and the most pressing needs for future research and training. This volume contains the products of the symposium – both the presentations made and the results of the subsequent discussions. Our impetus for this effort was the belief that it is important for researchers to have opportunities to engage in scholarly discussion and debate about the insights and challenges emerging from cutting-edge scientific knowledge. Beyond that, we also wanted to disseminate this information to try to assist others who share our commitment to understanding and helping military families. We intentionally cast a wide net when selecting scholars for the symposium, reaching out to both civilian and military scholars from family studies, child development, sociology, economics, medicine, marriage and family therapy, and psychology. In addition, we invited military policy makers who design and implement programs that affect the quality of life for families. Together, these experts brought a diverse and deep well of knowledge to their discussions.

The symposium focused on four topics: marital functioning, parenting and child outcomes, family sequelae of wounds and injuries, and single service members. Each session consisted of several research presentations, followed by structured

breakout discussions and reports back to the entire group. During each discussion, we asked attendees to consider two questions: First, “What are the most urgent research needs related to military families, and why?” and second, “What findings from recent research related to military families are most important to include in the training of military members and those who serve them, and why?” Answers to the latter question have informed the refinement of the trainings conducted by the Center for Deployment Psychology for military and civilian providers who serve military families. Simply put, we wanted to learn what the most recent research was telling us about military families, and how those research findings could be used to develop new research priorities, improve training for those who help military families, and ultimately make support efforts more successful.

The ideas exchanged by the thoughtful and energetic scholars at the symposium yielded a showcase of cutting-edge information. In this chapter we provide readers with an overview of each chapter and the scholars’ recommendations for future research and for training. We use as an organizing framework the same four major areas of military family life that guided the organization of the symposium: marital and family functioning, parenting and child outcomes, family sequelae of wounds and injuries, and single service members.

Priorities for Research on Military Families

Over the last century, scholarly interest in U.S. military families has ebbed and flowed with the scope of military operations. Bursts of research, sometimes prolonged, are especially evident following World War II (Hill, 1949) and the Vietnam conflict (Figley & McCubbin, 1983). In the 1990s, research was associated with peacekeeping operations around the world (Schumm, Bell, & Gade, 2000) and to a lesser extent with the first Gulf War (Jensen, Martin, & Watanabe, 1996; Schumm, Hemesath, Bell, Palmer-Johnson, & Elig, 1996). Although studies of military families associated with Operations Iraqi Freedom and Enduring Freedom have only recently begun to appear in the scientific press (e.g., Huebner, Mancini, Wilcox, Grass, & Grass, 2007; Castaneda et al., 2008; Faber et al., 2008; Warner, Appenzeller, Warner, & Grieger, 2009), many studies are underway (Institute of Medicine, 2010).

Methodological Considerations

The seasoned scholars gathered for the symposium identified several priorities for future research. First, more extensive “mining” of existing data and records is desirable. Tapping into these data sources could provide important information without imposing the burden of additional interviews and surveys on military members and their families. When it is possible to invest time and resources into studies of

service members and their families, investigators should aim to conduct longitudinal research that will produce information about the processes that operate within families over time. Toward that end, the scholars at the symposium acknowledged the importance of using analytic techniques that effectively examine families as systems, as opposed to focusing only on individuals or even dyads. Research on military families is important for understanding and supporting them, but it also provides useful opportunities to learn about vulnerability and resilience because military families are subjected to frequent demands for adaptability, but are also selected and trained to be ready to exercise that skill. Thus, researchers must pay close attention not just to vulnerability and pathological outcomes, but also resilience, growth, and healthy adaptation.

Populations Needing Increased Attention

Symposium attendees agreed that there are several populations within the military who deserve greater attention in future research and programming for prevention and intervention. Children of military members are a population of prime interest because of concerns about the impact of parental deployments on children and parent/child relationships (Chartrand & Siegel, 2007). There is no lack of interest in studying this vulnerable population, but the logistical and regulatory hurdles can be substantial. The largest gap in knowledge regarding military children pertains to children aged 0–5, although there are gaps in knowledge about military children at all developmental stages from birth through adolescence. Research on parent/child relationships is also important to pursue, especially the relationships between military mothers and their children. Because women are such a minority in the military, relatively little is known about these relationships.

Single service members are a diverse population within the military in terms of age, history of intimate relationships, and other personal characteristics. They also comprise a large group – almost half of the total force. What is sometimes overlooked, however, is that single soldiers, despite not being married, have families, intimate relationships, and needs that may be distinct from other segments of the military population. They are also a diverse population, comprising both never-married and previously married service members. Specific issues about which there are gaps in knowledge include the needs and concerns of service members' support networks, including parents, siblings, and others and their intimate partners – especially important in times of war when these network members may be called upon to care for a service member who has been wounded or injured. Another needed area of focus is the experiences of single parents within the military.

Finally, symposium attendees agreed that members of several other population subgroups deserve greater attention. The first is members of the National Guard and Reserves, who have been heavily utilized in the Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) conflicts, and are unique in that they live and work in civilian communities when not deployed. They also have been shown to be

at higher risk for psychological health problems following return from deployment. Another important group is service members who deploy with a unit other than the unit to which they are permanently assigned in order to fill manpower shortages, or individual augmentees. Deploying with a different unit can make it difficult for individual augmentees to experience the unit cohesion that has been recognized to be so important for service members to adapt to deployment. It can also be difficult for individual augmentee families to receive services when they are so far away from the headquarters of the deploying unit. Families with diverse structures, such as stepfamilies, extended families, or other less traditional structures should be recognized and included in research, training, and services. Gay service members face unique circumstances of serving in the military with a “don’t ask, don’t tell” policy, although the tide may be changing 10 years after the implementation of this policy. And finally, service members who experience sexual assault may experience disruptions in their family lives that should be better understood.

Priorities for Training for Military Families and Those Who Serve Them

Throughout this chapter we present the symposium attendees’ recommendations for training regarding specific issues faced by military families. Training is used here as a broad term including programming delivered directly to service members and their families or training for service providers who work with military families, including both civilian and military professionals (e.g., medical providers, chaplains, school personnel, social workers, psychologists, and therapists). Before addressing specific issues, we note several implications for reaching military families and for training providers.

Accessibility is a major issue for busy military families, especially those who do not live on or near military installations such as many National Guard or Reserve families. Rapidly expanding online resources may be helpful, but the evidence base so far is limited, and there are many examples of online resources that are poorly maintained. It is important, however, to offer multiple delivery mechanisms so that families can be served regardless of their personal characteristics, preferences, or location. In addition, greater outreach efforts appear to be necessary to extend training about military families into schools, primary care offices, and military units. Support from military command is essential in this regard.

Training for Providers

Providers serving military families are diverse. Some are uniformed providers working in military facilities on installations and at deployed locations. Some are civilians contracted by the military to serve military families on or off installations.

And some are civilians working in communities around the world who serve military families, sometimes without knowing it. For example, a pediatrician or schoolteacher in a local community may have the child of a National Guard or Reserve member as a patient or pupil without even knowing it. All providers serving military families should be well trained to use systemic, evidence-based interventions that recognize the entire family as the “patient.” All providers also should be well versed regarding when and where to refer patients or clients elsewhere. For example, many civilian providers are not well prepared to deal with combat-related issues and should consider referring to a military or VA facility.

In order to establish effective working relationships with their military patients or clients, civilian providers in particular need to be at least somewhat knowledgeable about issues specific to military families. These issues might include military culture, the major demands of military life, and the major support mechanisms available to military families. And of course it would be helpful for community providers to take steps to become aware of the military families they are serving.

There are many resources available to help providers serve military families effectively, but many providers are not aware of them. In addition new clinical treatment guidelines are sometimes slow to migrate into widespread use. Greater efforts to engage, educate, and support civilian providers may be needed.

Organization of the Book

Like the research symposium that was its inspiration, this volume is organized into four sections, each containing several chapters focused on an issue of particular relevance to military families. The first section focuses on marital functioning. Fueled in part by media stories, federal legislators have expressed concern about the viability of military marriages. From a research perspective, the strategies and responses of marital partners as they experience deployment-related separations and reunion are highly instructive opportunities to learn about key marital processes. From a training perspective, better understanding of the intricacies of marital processes surrounding deployments will lead to education, prevention, and intervention strategies that are based on stronger evidence.

Marital and Family Functioning

Nearly half of those serving in the Armed Forces are married. The stability and quality of military marriages has received considerable attention as anecdotal evidence has mounted that the pressures of deployment are causing couples to divorce. Thinking beyond simply marital stability, we know that the challenges of deployment and of military life in general can present challenges to family relationships. On the other hand, it is also true that the military devotes enormous resources

to supporting military families, including housing allowances, subsidized child care, marriage enrichment training, employment support for spouses, and many other initiatives. The chapters in this section present evidence regarding the impact of deployment on marital stability and quality, as well as about the effectiveness of programs intended to promote healthy marital and family functioning.

Amid speculation that increased operation tempo and multiple deployments are causing more military marriages to end in divorce, and that the divorce rate in the military is higher than in the civilian population, the empirical findings remain mixed. In Chapter 2, Karney and Crown explore the impact of deployment on marital dissolution, reviewing evidence from prior wars that has found little to support the notion that deployment leads to divorce. The authors used an impressive database containing information about all U.S. military personnel married during the 4-year period following 9/11, and applied survival analysis to examine the incidence of deployment and marital dissolution. Among soldiers who were married after enlisting, greater time deployed actually decreased the likelihood of divorce. Contrary to popular belief and counter to crisis theory, deployment appeared to provide a protective effect for those most at risk: couples married at a younger age and those without children. One finding that did not receive as much attention relates to the fragility of women's marriages in the military. Marriages for female soldiers were much more likely to end during the time span studied than for males. Data regarding the relationship between deployment and divorce remain incomplete, however, given the short time that Karney and Crown were able to follow marriages in their study.

Erbes addresses the interplay of PTSD and couple functioning in Chapter 3. Erbes synthesizes the empirical literature on PTSD and the impact on family relationships and uses emotional processing theory to elucidate the process whereby couple relationships can promote the development or maintenance of PTSD. Two studies of National Guard soldiers deployed to Iraq are presented in this chapter. The first study utilized hierarchical multiple linear regression to study pre- and post-deployment predictors of family concerns and PTSD symptoms. The second study involved a smaller sample of NG soldiers and their partners and included self-report measures as well as interviews and behavioral observation tasks. Both studies underscore the importance of family functioning and support in the context of deployment as well as the reciprocal influence of relationship functioning and individual symptomatology. Findings indicate that pre-deployment family functioning is predictive of post-deployment outcomes, emphasizing the importance of systemic support for service and family members beginning with activation for deployment. Additionally, this study adds to evidence that service member psychopathology has important implications for family relationships, substantiating the need for appropriate family services.

Mounting evidence indicates that spouses of veterans with PTSD are vulnerable to psychological and marital distress related to veterans' experiences of combat-related post-traumatic stress symptoms. There are indications that spousal distress is directly related to the severity of the veterans' symptoms, but little information pointing to how the distress develops. In Chapter 4, Renshaw, Blais, and Caska introduce

mechanisms by which military spouses may develop these problems. The authors delineate the Interpersonally Oriented Cognitive-Behavioral Model of Spouses' Distress including veterans' and spouses' behavior and spouses' cognitions to explain the distress experienced by military spouses. Renshaw and colleagues conclude that spouses' perceptions of service members' PTSD symptoms are keys to the development of psychological and marital distress. When spouse and service member reports of PTSD symptoms correspond, the spouse is at lower risk for distress than when the reports differ. Spouses' psychological and marital distress may increase due to partners' PTSD. In turn, the spouses' psychological and marital distress may aggravate the service members' PTSD symptoms.

Chapter 5, by Heyman, Slep, and Nelson, describes the creation and implementation of North Star, an Air Force program designed to address "secretive problems." Suicidality, family maltreatment, and alcohol and drug abuse are seen as significant behavioral health threats to force protection and are primary concerns in the military population due to their prevalence and monetary and societal costs. Because these problems are so heavily influenced by social factors, the authors posit that prevention and intervention efforts necessitate a community-level response. As such, North Star, a research collaborative based at Stony Brook University, was founded to guide the implementation of these prevention and intervention efforts as well as evaluate the efficacy of such efforts. One strength of this program is that existing infrastructures in the Air Force were tapped to both assess community needs and functioning as well as implement new programming through the Integrated Delivery Service (a coalescence of all helping agencies on each Air Force base). The chapter concludes with results of a randomized controlled trial conducted at 24 Air Force bases. Twelve of the bases that received the North Star intervention showed a significant reduction in suicidality, prescription drug misuse, and partner physical abuse compared to the 12 control bases. This study provides evidence that utilizing existing military frameworks can be an effective method of reducing dangerous and secretive problems in the military.

Implications for Research about Marital and Family Functioning

This section outlines research and training efforts needed to prevent or address marital problems and bolster family relationships. Many of these recommendations are also applicable and important for service members who are involved in non-marital romantic relationships.

Symposium attendees argued strongly that longitudinal studies of marital and family functioning should be a priority for future research. Such studies should pay close attention to relationship processes within the military context. In contrast to the "snapshots" provided by cross-sectional studies, longitudinal studies can provide "feature films" that reveal the processes through which marital satisfaction, dissatisfaction, and dissolution evolve. Especially important about longitudinal studies is the ability to examine lagged effects that may take considerable time to

emerge. Better understanding of the “time structure” of processes in military families will not only support the development of more effective prevention and intervention efforts, but may also provide useful insights about civilian families dealing with challenges that share some of the features of military life, such as separation, relocation, or dangerous occupations.

Marriage has been found to be a buffering or protective factor in some life domains. Researchers must continue to explore both the risk and protective factors of marriage and the relevant mechanisms in the military given policies and programs that differ from those in the civilian community. For instance, there may be protective factors that suppress divorce rates in the military. There has also been increased interest in the risk associated with spouse symptomatology. Identifying these mechanisms allows others to conceptualize and test the direct and indirect pathways that veterans’ symptoms may lead to spousal distress and to establish why some spouses develop distress and others do not.

Support has been touted as a factor that can mitigate stress associated with deployment and reintegration. Several types of support may be important to explore: marital support, cohesion in military units, and support from or connections to other military families. Conference participants also identified potential moderators and mediators that should be considered in future research: gender of the service member, whether or not the service member is a parent, whether the service member is in an officer or enlisted pay grade, and the service member’s military occupation.

Implications for Training about Marital and Family Functioning

There was consensus among symposium attendees that dyadic approaches to prevention or intervention that address couples or families as systems, as opposed to treating individuals in isolation, are much more likely to generate sustainable effects. Such approaches can help couples and families learn to share experiences and deal with shared challenges such as reuniting following deployment and handling contentious exchanges. Providers accustomed to working with individuals may need additional training to serve couples in this capacity.

Deployment presents couples with a variety of challenges. During deployment, each spouse is likely to face unique and challenging experiences that may later be hard to discuss or express feelings about. Discussing combat experiences with family members appears to be especially challenging for service members. Normalizing this difficulty is an important part of pre- and post-deployment briefings, but teaching spouses how to disclose symptoms and experiences after deployment may also be important. Providers who practice in the civilian sector may need basic information about military family life and the contours of deployment in order to serve military families effectively. This is especially important because some military families prefer to seek help from civilian providers.

Symposium attendees also agreed that providers who serve military families should be well prepared to deal with anger, outbursts, and power conflicts. Such exchanges do not routinely occur in military families, but there is evidence that the risk for hostility and violence is higher among veterans who are experiencing trauma symptoms related to combat. Practitioners should become familiar with the mechanisms that produce anger, techniques for managing it, the risk factors for domestic violence and appropriate responses to them, and be prepared to use that knowledge in treatment as well as in educating others.

Parenting and Child Outcomes

There is much to learn about how deployment experiences impact children and their relationships with their parents, in both the short and long term. There are few studies and little evidence so far to suggest that parent–child relationships suffer long-term effects as a result of physical separations like deployment, but studies consistently suggest that children experience elevated levels of a variety of psychological symptoms. Consequences for children appear to be more severe when their military parent experiences psychological problems as a function of their combat exposure (MacDermid Wadsworth, 2010).

In Chapter 6, Gibbs et al. summarize the current literature and empirical findings on child maltreatment in military families. The authors discuss the association between deployment and child maltreatment, noting that increased parental stress and child behavior problems appear to increase the risk of child maltreatment during deployments, especially combat deployments. The prevalence and the response of the military to cases of child maltreatment are compared with civilian communities. For instance, the military can remove an abusive parent from the home where the children live, in contrast to civilian communities where the children may be removed. The authors also address the co-occurrence of spousal abuse, substance abuse, and child maltreatment. In light of their finding that military children suffer from maltreatment, but not necessarily at higher rates than civilian children, as well as evidence that the military provides protective and risk factors for child maltreatment, the authors offer suggestions for supporting military families at risk.

Attachment scholars have classified children's reactions to parental separation and the potential impact of separation on parent–child relationships and children's development. In Chapter 7, Posada et al. extend these ideas to include the context of deployment and its potential effects on child-caregiver relationships and child outcomes. The chapter describes a study of attachment relationships in child-mother dyads from military families. In addition, the authors raise concerns about the nondeployed parent's ability to respond sensitively to children's needs. The authors give a detailed synopsis of attachment theory and related empirical evidence. In a study of 172 nondeployed mothers whose husbands had been deployed at least once, the authors found that quality of maternal care was a key predictor of outcomes of child security. Increased stress was linked to decreased maternal care,

whereas increased social support was linked to increased maternal care. Furthermore, quality of maternal care was linked to children's security, and both care and security were linked to children's social competence with peers.

Chapter 8, by Lester and colleagues, is a review of the potential risk and protective factors related to military children and families in the context of multiple deployments, and parental psychological and physical injury. The authors paint a picture of the daily experiences of a military family vis-à-vis the characteristics and demands of the military lifestyle and deployment. Noting that the vast majority of military families do well despite these challenges, the authors make a strong case for preventive intervention aimed at building family resiliency. The FOCUS (Families OverComing Under Stress) program is described. FOCUS is a family-centered program aimed at supporting family resiliency, destigmatizing psychological problems, and reducing barriers to care and has been implemented on Marine and Naval bases for families with at least one child over the age of five. Some of the strengths of this program include its sound theoretical and evidence base and its careful adaptation to military culture.

In Chapter 9, Chandra, Burns, Tanielian and Jaycox provide a review of the impact of deployment on service members and their families with specific focus on child academic and mental health outcomes. The authors conclude that while important research has been conducted on child outcomes, most of this research focuses on prior conflicts, and thus little is known about how children are functioning during OIF and OEF. Moreover, the findings are mixed about the well being of children and adolescents before and during deployment and after returning home. The authors describe a pilot study examining the experiences of military children and adolescents and their at-home caregivers during deployment and reintegration. Two strengths of this study are the inclusion of data from active-duty and Guard/Reserve component families as well as the use of children and at-home caregiver's experiences during the deployment and reintegration phases. The findings of the study highlight some key differences in the experience of deployment and reintegration for Guard/Reserve families (vs. active component families) including a sense that others did not understand what military life was like. Another finding indicates that younger children had more difficulty with homework while their parent was deployed.

Being the child of an active component service member can mean moving to a new duty station and home every few years, living in different countries, having a parent who works very long hours, sometimes 7 days a week, growing up around other military children, and at times watching your parent leave for deployments and then waiting with great anticipation for him or her to return. Being the child of a National Guard or Reserve service member can mean experiencing a fairly predictable life in terms of where one lives and goes to school, having a parent who has a civilian job and then leaves one weekend a month and a few weeks a year for training, not knowing many other children or families who have a member in the Guard or Reserve, and at times watching your parent leave for deployments and waiting with great anticipation for him or her to return. These scenarios only scratch the surface of what it is like to be the child of a military member, but are

meant to depict the ways in which these children are living in contexts that differ from those of civilian children. They are more complex when both parents serve in the military.

Implications for Research about Parenting and Child Outcomes

Symposium attendees agreed that the safety and welfare of military children is a primary concern. Several studies using large military samples have shown that deployment is related to increases in rates of child maltreatment, including both physical abuse and neglect (McCarroll, Fan, Newby, & Ursano, 2008; Gibbs, Martin, Kupper, & Johnson, 2007). Studies have not yet revealed, however, exactly how the nature and incidence of maltreatment change over the course of the deployment cycle (such as the differences between maltreatment during versus following deployment). It is also not yet well understood how the processes that lead to maltreatment in association with deployment are similar to or different from the processes that produce maltreatment at other times or in other families.

Another area of concern regarding research about children of military parents is secondary traumatization, the transmission and/or secondary effects of parental exposure to trauma on children. Although studies suggest that spouses and children both can be strongly affected by a service member's combat-related symptoms or injuries (Calhoun, Beckham, & Bosworth, 2002; Solomon et al., 1992), the mechanisms through which these influences occur are not yet well-understood and it is not clear whether secondary traumatization can itself produce diagnosable post-traumatic stress disorder or other psychological disorders.

Symposium attendees also emphasized that parents can model not only distress but also coping skills for their children. More research is needed regarding the effects of specific parental coping strategies for children with particular characteristics. Anecdotal evidence suggests, for example, that military children report taking on more responsibilities during deployment. While this can be a positive aspect of deployment leading to maturity, research examining the impact of "adultification" on children of different ages is needed. Much of this research would generate insights that would be relevant to nonmilitary populations of children and parents in difficult circumstances.

Implications for Training about Parenting and Child Outcomes

Symposium attendees' recommendations for training about parenting and child outcomes centered largely on increasing parents' knowledge about typical patterns of development in children, and effective coping strategies to model for children. In the domain of child development, specific topics include behaviors that are reasonable to expect of children at different developmental levels, the development,

maintenance, and implications of strong attachment relationships between parents and children, and children's typical and atypical reactions to parent separation and reunion.

In the domain of coping skills, symposium attendees suggested that parents be trained to model constructive coping skills for their children. Dyadic coping, coordinated between parents, is a useful tool not just for within the marriage, but for the entire family. Parents can also learn effective strategies for maintaining a connection between children and service members during deployments and reestablishing the connection when the deployed parent returns.

These "core" educational topics can provide a foundation for additional training for parents regarding stress, resiliency, and parenting skills specifically related to the defining experiences of military life, deployment among them. Ideally, parents also would be educated about the symptoms of depression among children and adolescents, and knowledgeable about their treatment options. Finally, parents should know the risks and signs of child maltreatment and where to turn for help.

Family Sequelae of Wounds and Injuries

Researchers are only just beginning to thoroughly explore the long-term consequences of physical and psychological wounds for service members' family relationships. Family members often become caregivers, sometimes to the exclusion of their previous roles as spouses and partners, which can lead to relationship difficulties and caregiver burnout. It is important to understand the processes through which families adapt to their new lives and renegotiate their roles in the aftermath of serious wounds and injuries.

Chapter 10 provides evidence that veterans with trauma-related psychopathology are at increased risk for perpetrating interpersonal violence (IPV). Taft, Walling, Howard, and Monson use social information processing models to suggest the mechanisms through which social skills and information processing deficits prevent partner-violent men from effectively dealing with social stimuli. The authors describe current interventions used with men who engage in IPV and discuss the success and limitations of each, noting that no empirically validated intervention exists for military members or veterans. In addition, the authors include a description of two prevention/intervention programs. The Strength at Home programs are offered in both a couple format and in a men's group. The former is for couples who are at-risk but have not experienced IPV. The latter is for OIF/OEF veterans who have perpetrated IPV in the past year. The authors conclude that intervention and prevention programs for IPV must address PTSD in order to be efficacious.

Badr, Barker and Milbury focus in Chapter 11 on the role of intimate partners in the psychosocial adaptation of wounded service members. More so than in previous wars, service members are surviving war injuries. The emotional and physical repercussions can be enormous and long lasting both for the service member and

for their families, who may become primary caretakers. The authors review literature related to the impact of hallmark war wounds on couple's functioning. Emerging from these studies are findings that couples have difficulty reconnecting and reestablishing intimacy after suffering a combat wound. Alternatively, couples who are able to maintain their relationships make better adjustments. From here the authors emphasize that identifying key relationship processes is an important step in encouraging future scholarship to focus on couple interaction and the impact on closeness and adaptation. Several theoretical frameworks, dyadic stress and coping models and relationship process models, are described. The chapter concludes with strong recommendations for future study including major issues that need to be explored and important moderators to consider.

Just as little has been written about veteran couples dealing with wounds, even less literature is available on children of wounded veterans. In Chapter 12, Mazur describes two studies of family disability experience that establish a solid foundation for thinking about the impact of veteran wounds on children and adolescents and on parent-child relationships. Using the social model of disability and Felner's transitional events theory, Mazur explored negative and positive disability related-events by interviewing parents, children, and professionals. Interviews asked about the types of disability-related events that were encountered and whether these were perceived as positive, negative, or ambiguous. Mazur found that parents and adolescent children reported more positive than negative disability-related events and found evidence that adolescent children had adapted well to having a parent with a disability. However, consistent with the transitional events model, frequency of stressful life events puts both parents with an acquired injury and their adolescent children at risk for developing internalizing and externalizing behaviors and poorer positive adjustment.

In Chapter 13, Cozza and Guimond provide guidance for working with combat-injured families. The events that unfold for families after the injury of a service member involve enumerable changes. The authors emphasize that the changes after an injury affect the entire family system in significant ways, which may challenge their physical, psychological, and emotional well-being over time. The authors carefully detail the ways in which the injury to a family member may impact family relationships. Special consideration is given to children of injured service members across developmental stages. To effectively help military or veteran families confronting transitions related to injury the authors strongly recommend the use of family-based interventions in addition to psychological first aid.

Wounded service members are surviving combat-related injuries now more than any previous conflicts. Some of the signature injuries of this war are traumatic brain injury (TBI), spinal cord injury, burns, blindness, hearing loss, and injury to limbs requiring amputation. Some of the less visible injuries, such as post-traumatic stress disorder, anxiety, and depression, are being detected at high rates during post-deployment screenings. While the physical and financial repercussions of these injuries are somewhat straightforward, very little is known about the long-term consequences of these injuries for military families. Injuries, whether visible or invisible, bring change to the family system.

Implications for Research about the Family Sequelae of Wounds and Injuries

One of the primary concerns of symposium attendees regarding research on wounds and injuries is the paucity of data regarding the implications for service members and families beyond the military career. Some injuries are so severe or debilitating that the service member must be discharged from the military, but little is known about how their experiences before leaving the military connect to their later experiences, including their experiences with the Veterans Health Administration. Other injuries or symptoms of psychological distress are not severe enough to require leaving the military, but it is nonetheless important to observe service members with these “subthreshold” symptoms as they continue to serve, in order to understand their long-term processes of adjustment and changes in health and well-being over time.

In general, the literature about acquired wounds and injuries contains many gaps in terms of attention to processes of family adjustment. There is a great deal of emphasis on caregiver burden, but much less attention to processes of adjustment in parent–child relationships, or to positive implications for spouses or caregivers.

Finally, symposium attendees agreed that it is important to explore the aspect of social support in adjustment to wounds and injuries. Some injuries may make it difficult to sustain social support because of impaired mobility or other sequelae. Families may be required to move to a different location for long-term treatment, also challenging existing systems of support. And changes in personality or temperament may make it difficult to build new relationships. As with other aspects of adjustment to wounds and injuries, there are many gaps in this knowledge base.

Implications for Training about Wounds and Injuries

Symposium attendees agreed that much of the training needed to help families adjust to living with the sequelae of wounds and injuries is similar to the training needed for a variety of challenges. For example, similar to their experiences during deployment, families may need assistance adjusting to new roles, but in the case of wounds and injuries, the adjustments are likely to both take longer, as recovery may be prolonged, and last longer, if the service members’ abilities are permanently altered. Families may need special support to deal with the fear, anger, frustration, and grief that can result from a life-altering injury. Attendees also agreed, however, that considerably more work is needed to create and validate effective programming for families dealing with wounds and injuries. For example, there is little programming available to help children adjust to a parent’s altered condition and capabilities. In addition, many civilian providers may need special training to be able to support wounded service members and their families in collaboration with existing resources for service members and veterans.

Single Service Members

Although single service members do not usually spring to mind when considering military families, about half of the members of the Armed Forces are unmarried and therefore likely to rely on parents, siblings, and other family members for support as much as or more than married service members. Relatively little is known, however, about the family circumstances experienced by single service members, who are a diverse group comprising both never- and previously married individuals. One of the innovative contributions of the chapters in this section is exploration of the diversity of the population of single service members.

In Chapter 14, Hosek and Martorell detail findings from their inquiry into the differential effects of deployment for service members based on their marital status. Using an economic framework, the authors analyzed databases of survey data and administrative data to explore whether deployment had an effect on the decision to reenlist for married service members versus single service members. This study explores the connections between hostile deployment and work stress, personal stress, intentions to reenlist, and actual reenlistment by way of linear probability regression analysis. The results indicate the effect of deployments is typically positive for married service members and negative for single service members. Further, the authors explain that assortative mating will lead service members with a higher “taste” for military life to marry while enlisted and choose mates who also have a higher taste for military life, whereas singles who do not enjoy the military lifestyle will postpone marriages until they reenter the civilian world.

Riviere and Clark explore differences in post-deployment well-being between married and single (never married and previously married) service members in Chapter 15. Questions have been raised about whether marriage really is a protective factor for military members. The authors explain two theoretical perspectives that attempt to explain the relationship between marriage and greater well-being. In addition the authors explore group differences in risk taking behavior. Riviere and Clark describe their study of 4,346 active duty Army soldiers 3–4 months after return from deployment using data from the Post-Deployment Health Reassessment (PDHRA). The authors were able to appreciate differences among soldiers according to their relationship status. Married soldiers fell in between the two groups of single soldiers in terms of well-being; previously married soldiers reported the poorest well-being, both physical and psychological, while never-married soldiers reported the most positive well-being. Being married was generally associated with lower incidence of risk behaviors.

Bray, Spira, and Lane examine the influence of family status on substance abuse, stress, and mental health in Chapter 16. This study not only considers differences for single and married service members, but differentiates married members who are not accompanied at their duty location by their spouse. The authors bring to the light the important finding that not only were single service members at higher risk of substance abuse and mental health issues, but that unaccompanied married members behaved in some ways more like single service members, with higher levels of

alcohol, drug, and tobacco use and rates of depression, PTSD, and suicidal behaviors than accompanied married members.

Kelley, Doane, and Pearson address the unique stressors faced by mothers in the military. Chapter 17 reviews literature specific to women in the military noting that it is more common for females in the military to divorce than males (a finding echoed in Chapter 2 by Karney and Crown). In addition, the proportion of single mothers in the military is greater than the proportion of single fathers. The authors focus their study on the psychosocial functioning of Navy mothers and their children. The sample included both married and single Navy mothers, and compared those with an upcoming deployment to those with no anticipated deployment. Using path analysis with pre- and post-deployment measures, the authors found a strong association between maternal psychological adjustment and child behavior. Single Navy mothers experiencing more psychological symptomatology had children that exhibited greater internalizing and externalizing behaviors, but this was not true for married Navy mothers and their children.

Implications for Research about Single Service Members

Some important research questions about single service members involve learning more about how their individual circumstances affect their adjustment. With rising concerns about service member mental health and suicide risk, the examination of support systems among single soldiers is vital. Social support for single service members can be wide ranging, from friends, to intimate partners, to parents, to members of their unit. It is important to understand more about who is a part of the social support structure of single soldiers and how they function so that prevention and intervention programming can be targeted appropriately. Research should look at the social support needs of single service members and how the presence or absence of social support affects single service members. For instance, a research question might ask whether the presence of family members influences the likelihood that single service members will seek out and utilize support services. It is also important to understand more about what logistical challenges single service members encounter. For example, how does the mobile nature of military service impact single service members?

Implications for Training about Single Service Members

Training implications for single service members emphasize that this diverse group can face just as many challenges as married members. Programming offered to single service members should be developed to accommodate people from their social structure such as parents, siblings or intimate partners. For instance, a program

or service developed for parents should be inclusive of service members who are single parents. This may require existing programs to adapt their training and intervention services accordingly.

Conclusion

It is encouraging to reflect on the amount of work completed and in progress that addresses the experiences and needs of military families. This chapter has summarized the current landscape of research and training regarding military families and reveals that while much work remains, we have clear direction for attending to the most urgent issues. Research should have an important role in informing programs, policies, and practices, as well as future research regarding the well-being and needs of military families. To close, we have chosen the top ten most pressing action items identified by conference attendees as needing attention from scholars and practitioners. We hope that students, scholars, policy-makers and practitioners all find them instructive.

Top Five Priorities for Research about Military Families

1. Examine family and marital relationships longitudinally (even after service members leave the military), focusing on quality, process, outcomes, and lagged effects as well as risk and protective factors in those relationships.
2. Study the effects of deployment on child well-being and parent–child relationships. Specifically, more needs to be known about how deployment affects different age groups, gender differences among children, and what characteristics of parent–child relationships (both deploying and at-home parents) seem to buffer the effects of deployment.
3. Study renegotiation processes in military families. Examine *how* military families adapt to transitions to and from deployment and examine the conditions under which families navigate these transitions successfully.
4. Learn more about families of service members with subthreshold symptoms, and those coping with psychological or physical wounds and injuries.
5. Investigate the impact of family member presence or absence on help-seeking among single soldiers.

Top Five Priorities for Training about Military Families

1. Train providers about military culture and climate, as well as issues specific to military families and specific military subpopulations.

2. Use systemic and evidence-based approaches that maximize impact in addressing individual or relational problems.
3. Teach adults skills that will have “trickle-down effects” on the entire family.
4. Educate service members and spouses about the importance of parent–child attachment as well as the warning signs of child psychological health problems.
5. Tailor training to single service members that recognizes their unique needs and their diversity.

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