

Chapter 14

The Health Psychologist Role in Providing Services to the Military Families and Parenting



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1 Military Parenting

The US Military offers opportunities and benefits, such as job security, a sense of purpose, community, and several challenges (Kritikos et al., 2019). Military members face a barrage of threats during their deployment. Most service members have shared their most significant source of stress is not related to combat, but instead the separation from their family (Sorries et al., 2015). During the wars in Iraq and Afghanistan, approximately three million military families were affected (Gewirtz et al., 2017; Nolan et al., 2019). After the draft ended in 1973 and the US military became completely voluntary, the number of military service members declined from 1.9 million to 1.3 million in 2018. However, the number of women serving in the military increased from 2% of enlisted forces and 8% active duty commissioned officers corps to 16% and 19%, respectively (“Demographics,” 2020). In 2010, it was estimated that 44% of military service members were parents. Of the two million American children with a parent in the military, about 37% were under the age of 6, many of whom have experienced their parents leaving for several deployments (Walsh et al., 2014). While military families tend to function generally well, there are unique service-related vulnerabilities that may contribute to an increased risk for mental health concerns and maladjustment (Kritikos et al., 2019; O’Grady et al., 2018). Furthermore, the active and extensive engagement of the military in Iraq and Afghanistan for over

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15 years has shed light on the health and adjustment variables during post-deployment for both military members and their families (Kritikos et al., 2019). This chapter will focus on such concerns and provide recommendations on how clinicians may help military members and veterans.

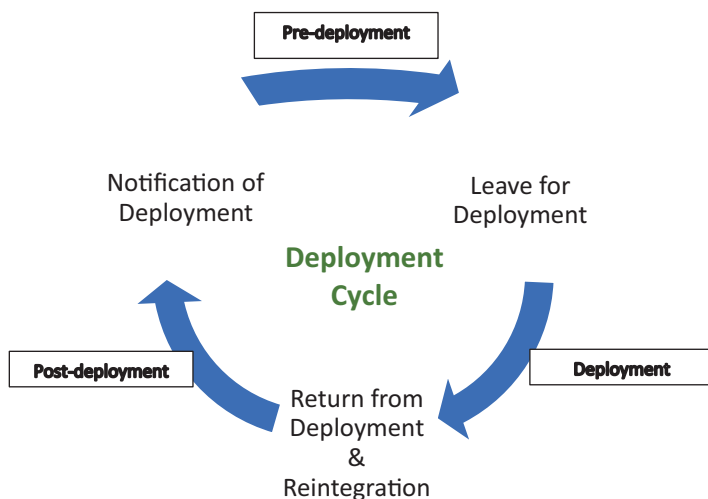
1.1 Military Families

According to the US Department of Defense (2015), about 2.7 million American troops were deployed to Iraq or Afghanistan, and roughly 48% had children under the age of 6. Many military members who return to the United States after deployment do not meet cutoff criteria for the diagnosis of post-traumatic stress disorder (PTSD) but instead exhibit subclinical levels of the disorder. Parents who have been deployed indicated high levels of stress associated with their ability to adapt to family expectations after being trained to adapt to military expectations. High-stress levels are also associated with being separated from their families and the strong desire to be reunited with them (Walsh et al., 2014).

Huebner (2019) stated that the military workforce is highly comprised of younger individuals who marry and have children at a young age. Individuals in the military tend to have a higher income than their civilian counterparts, but this higher rate of pay comes with more stressors and demands than a civilian job. Military families are often separated or have to relocate to different locations in the world due to deployments. These relocations may result in a lack of employment opportunities for the partners of military personnel.

According to Padden and Agazio (2013), there are four significant stressors for children who are members of military families: frequent relocation, family separation, adaptation to danger, and adaptation to the military “institution.” The family’s ability to adapt to these factors may have a substantial effect on morale and job performance. Each deployment is its own unique experience in what the military member encounters while away from their family. The deployed family member may be exposed to unsuspected dangers, changes in location, and demanding tasks as a result of their deployment. Consequently, their family members may be stressed out of concern for their loved one and because of a lack of information. The stress the family withstands increases when the parent is fighting in a war zone as communication may be limited or non-existent. Thus, they may solely rely on the media. With the dearth of information, family members continuously struggle between hope and despair when it comes to their deployed family members’ safety. Unfortunately, family members may nervously anticipate information, such as the death of the deployed family member, which often significantly influences their current stress levels and emotional state (Padden & Agazio, 2013).

1.2 Parenting Cycle of Deployment



Active duty military personnel and their family members experience an array of emotions as they move through the deployment cycle, which may exacerbate their overall health and wellness. The cycle begins when a service member is notified of their future deployment. This event begins the pre-deployment phase, which ends the moment they leave for their assigned destination. After completion of their deployment, they return to their lives stateside, in which a host of new challenges may arise. Hence, it is essential to understand the needs of the military parent and their child(ren) as they navigate the deployment cycle, which may occur several times during the family's involvement with the military (O'Grady et al., 2018) (Table 14.1).

1.2.1 Pre-deployment Phase

Partners and spouses of the military parent often feel their life is stalled once they are notified of their future deployment. Upon notification, the family begins thinking and planning for when the service member is away. It may be hard for families with young children to prepare their kids for what is to come. Due to their age and cognitive development, young children often have difficulty understanding why the parent is leaving and have a hard time sharing their feelings (O'Grady et al., 2018). During this phase, service members must attend to the needs of their family if possible, as they may not be given ample time to process and plan before their departure.

Table 14.1 Challenges associated with each phase

Phase of deployment	Parents	Children
Pre-deployment	Life is “on-hold” Preparing and making arrangements for deployment Hardest phase for parents with younger children	Anticipation of separation Difficulties understanding why parent is deploying, especially young children
Deployment	Increased parenting demands and household responsibilities of the at-home parent	Dealing with separation Increased anxiety and concern Grief reactions
Post-deployment	Re-negotiating roles, Changes in family routines Re-establishing relationship with child who has experienced growth/developmental milestones	Readjustment Re-establishing relationships, roles, routines Grief and anger related to military parent missing important life events

1.2.2 Deployment Phase

After the parent is deployed, additional stress is placed on the at-home parent as they are now solely responsible for caring for their family and household. The at-home parent has increased parenting and domestic responsibilities and is attending to their child(ren) who are experiencing their own reactions and grief due to their parent’s deployment (O’Grady et al., 2018; Walsh et al., 2014). Consequently, at-home parents may feel worried, anxious, depressed, and experience an increase in sleep difficulties and overall adjustment difficulties (O’Grady et al., 2018; Walsh et al., 2014). Children may also experience anxiety and worry. Typically, children turn to their at-home parents for support, comfort, reassurance, stability, and warmth. Older children may feel a sense of obligation and responsibility to share the burden of managing the household and assisting the at-home parent. Child adjustment is influenced by factors, such as age, cognitive ability, family expectations, and prior experience with deployment (Nolan et al., 2019; O’Grady et al., 2018). The youth’s adjustment is also affected by their parent’s mental health and the parent’s sensitivity and responsiveness toward their children (O’Grady et al., 2018). Children are likely to experience elevated stress and anxiety when their caregivers are less responsive versus when parents are more attentive. As parents become attuned to their children’s needs, children learn to depend on their parents for support and nurturance, which fosters a sense of stability and security (Walsh et al., 2014).

1.2.3 Post-deployment Phase

While the service member is away from their family, their children continue to grow and develop and reach various developmental milestones. Thus, their emotional and relational needs also change, which creates a unique reunification experience once

the service member returns (Walsh et al., 2014). These struggles are often private, and many military members do not receive adequate support in this area. There may be a mix of relief, joy, and stress as the service member returns and assimilates back into family routines. Reintegration involves re-establishing relationships with their partner and children. Household responsibilities and parent roles are re-negotiated and re-instated (O'Grady et al., 2018; Walsh et al., 2014). Studies have found that factors such as duration of deployment and missed life events contribute to the increased depression of family members (Nolan et al. 2019). In a study conducted by Walsh and colleagues (2014), military service members, who were also fathers, reported in their interviews that they felt regret over missing portions of their child's life due to deployment. More specifically, the fathers shared they needed help and support with expressing emotions, managing their anger, and nurturing their children.

2 Risk Factors

Military families reside in a unique subculture that is distinct from their civilian counterparts. For example, military families lead nomadic lifestyles consisting of frequent moves and changing school districts. These continuous shifts in geographic location make it difficult to settle and establish long-term friendships and community, which may add to the stress of the family (Walsh et al., 2014).

2.1 Children

2.1.1 Effects of Deployment

Military family members are subject to risk factors that engender vulnerabilities in this population. Children of military parents often have similar life experiences. Military families are sent to various parts of the USA and the world; therefore, their children must relocate and attend different schools, be separated from their parents for prolonged periods, and become accustomed to new cultures. Interestingly, children from military parents often form bonds with other military kids with the same lived experiences, and they may be more likely to enlist in the military in the future than their civilian counterparts (Huebner, 2019). Frequent family relocation exacerbated negative responses to parental deployment in children (Nolan et al., 2019). Children of service members are influenced by the number, length, and frequency of deployments, especially with the subsequent shifts in the family's routine, parental roles, and associated concerns about deployments. Furthermore, these factors tend to increase levels of depression, anxiety, and isolation within the child (Gewirtz et al., 2011; Sories et al., 2015).

According to the Office of the Deputy Under Secretary of Defense for Military Community and Family Policy (2012), children who depend on military service members surpassed one million, with more than 750,000 around the ages of birth to 10. Julian and colleagues (2018) found that children of military parents are at a higher risk of having mental health struggles as they rely on their parents to help them cope with difficult emotions and look to obtain guidance when it comes to certain behaviors. However, due to the nature of military life and the stress that comes with it, their parents may not be as physically or emotionally available for their children. Children of military parents (ages 4–17) who were deployed exhibited higher levels of depression and stress than those in families where a parent was not deployed (Jensen et al., 1996). Studies found approximately a 19% increase in behavioral and stress disorders and increased numbers of outpatient psychiatric or behavioral care visits in children between the ages of 3 and 8 who were affected by military deployments (Gorman & Hisle-Gorman, 2010).

2.1.2 Younger Children

The accumulation of risks beginning in childhood may have long-lasting consequences for children regarding depression and anxiety (Wadsworth et al., 2016). Younger children appear most vulnerable. Considering that the first five years is essential for attachment, socio-emotional development, and learning, these early years also create the template for behavioral responses, social skills, adaptation to changes in the environment, and regulation of emotions and stress. Young children may be most reactive to deployments, which may be attributed to their lack of coping skills and resources.

The impact on younger children is important to consider as many military families have children under the age of 6. Service members will be hesitant to re-enlist if their children are having behavioral problems and are negatively affected (Stepka & Callahan, 2016). Younger children experience an increase in tantrums, attention-seeking behaviors, and problems with sleeping and eating from the deployment phase to the reintegration phase. Accordingly, there was an 11% increase in the use of mental and behavioral health visits, an increase in ADHD symptoms, and a higher rate of utilization of medications during the deployment period. Parents shared that the pre-deployment phase was the most painful because they found it challenging to discuss and prepare young children because of their limited understanding (Stepka & Callahan, 2016).

2.1.3 Older Children and Teenagers

Consistent with the literature, children of deployed parents experience increased feelings of sadness and depression and fear. Between the ages of 5 and 12, children who had a deployed parent with mental health concerns experience higher rates of child maltreatment by their parents. Children of deployed parents are also at risk for

attention problems, behavioral problems at school, and social difficulties (Chandra, 2016). In an analysis of parenting style based on Baumrind's framework of authoritative, authoritarian, and permissive parenting, military parents were more likely to be classified as authoritarian than their civilian counterparts. Furthermore, military mothers tended to be less nurturing and more restrictive.

Children and adolescents typically observe and model the behavior of their parents. This is particularly important during times of transition and high stress as problem-solving techniques and communication can significantly affect overall stress and emotion management (Chandra, 2016). Parental deployment also adds stress to the relational dynamics of the family, particularly the parent-child relationship and the absence of the military parent. In a study in which the researchers implemented focus groups, teens of military parents reported a sense of loss and uncertainty. They expressed specific concern regarding if they will ever see their parent again (Chandra, 2016). The teenagers also indicated a climate of greater emotional intensity and conflicted parent-child interactions during deployment, which is likely influenced by both parent and child anxiety.

2.1.4 Relocation

Relocation is a part of military life, and many families experience it. Padden and Agazio (2013) found that military families move at a rate of 2.4 times more frequently than civilian families. During this process, children may transition to new educational institutions up to nine times before they turn 18-years-old. Millegan et al. (2014) found that increased mental health encounters may be more common for military youth after a geographic move within 12 months of the relocation. They also discovered an increase in emergency room visits and that psychiatric hospitalizations often occurred after relocation. However, while deployments are transitions that may increase stress levels in families, they are also related to increased resilience in military children. Such optimistic outcomes also include reductions in school problems and increased positivity regarding the move for some children (Clever & Segal, 2013).

2.1.5 Separation from Parent

Children experiencing the separation and absence of their parents due to deployment are at a higher risk for internalizing (e.g., anxiety and depression) and externalizing behaviors (e.g., defiant and aggressive behaviors). Regarding family separation, one study found an 11% increase in the number of behavioral and mental outpatient visits of children ages 3–8 years old (Gorman & Hisle-Gorman, 2010). Infants, toddlers, and preschool-aged children who have one parent deployed are more prone to anticipate and worry about potential future separation from their caretaker, which may increase symptoms of separation anxiety (Lester et al., 2010). Additionally, due to these deployments' unexpected nature, parents may lack the

time and ability to prepare the child to say goodbye to the military parent being deployed. There may be limited time to properly prepare the child to adapt to new care routines. As a result of these unanticipated transitions, the child's perception and worry about their parent's safety and welfare may be intensified (Lieberman & Van Horn, 2011). Mustillo et al. (2015) found that kids between the ages of 3 and 5 years had increased levels of anxiety. An increase in peer and behavioral problems was observed in children between the ages of 6 and 10 years old. Children between 6 and 12 years old compared to civilian children were found to have increased levels of depression, anxiety, and externalizing symptoms, which were highly associated with their parent's risk of endangerment (Lester et al., 2010). Additionally, the researchers observed an increase in antidepressant and anxiolytic use and a rise in well-child visits (Gorman & Hisle-Gorman, 2010).

2.1.6 Mental Health

Problems adapting to transitions requiring a child to be separated from their parents, such as starting a new daycare or school, may present a more significant challenge for children who have previously experienced the deployment of a caregiver (Lester et al., 2010). Due to the lack of coping skills when it comes to separations related to deployment, children in military families may struggle to adapt to changes in family structure or routines. These struggles may continue even after the deployed parent has returned home (Hodges & Bloom, 1984).

Overall, there is a higher susceptibility to developing anxiety, depression, and substance use disorders in youth related to their maladaptive response to deployment (Gewirtz et al., 2017; Wadsworth et al., 2016). Consistent with research previously mentioned, children exposed to a separation from their parent due to combat-related deployment are at elevated risk for a variety of negative consequences including both internalizing and externalizing behaviors (Wadsworth et al., 2016), and higher rates of anxiety, depression, and substance use disorders (Cederbaum et al., 2014; Gewirtz et al., 2017, Kelly et al., 2001). Studies found that younger children are at higher risk of increased social and emotional adjustment problems when their parents have been deployed (Gorman et al., 2010). Deployment is also associated with a variety of challenges for children, related to the changes in roles and relationships in the family, and behavioral and mental health problems of the parent who stays at home (Lester et al., 2016).

2.1.7 Parents

Throughout the deployment cycle, the at-home parent is likely to be stressed and feel the impact of the partner leaving, especially with parenting and household responsibilities. The at-home parent's ability to adjust to the separation may be either a risk or a protective factor for the children. The military parent faces heightened challenges, particularly in the reintegration phase, as they return to their family

system. The reintegration phase places the family and couple dynamics at risk for impaired marital and familial functioning, financial stress, problems with intimacy, co-parenting difficulties, altered parent-child alliances, conflicts with new roles and responsibilities, and the children having difficulties adjusting to the return of the parent. The child may perhaps not respond as warmly or are fearful of the military parent (Gewirtz et al., 2011; Nolan et al., 2019). Moreover, there may also be marital disturbances that may indirectly affect the child. The result of these marital conflicts may be that parents are not emotionally available or responsive when needed by their children (Paley et al., 2013).

Furthermore, military parents' health and mental health are also critical factors that are influenced by war-related trauma, physical and mental health issues, and readjustment concerns. The military parent is at higher risk for drug and alcohol abuse (Gewirtz et al., 2017; Lipari et al., 2017). Cumulatively, these risk factors may lead to impaired parenting practices and poor child adjustment (Gewirtz et al., 2017). Research has shown that depression, trauma-related disorders, and emotional numbing from PTSD may skew the veteran's perception of their children and engender adjustment problems (Lipari et al., 2017). Inconsistent parent involvement is connected to a higher risk of substance abuse, tobacco use, and nonmedical use of psychotherapeutic drugs among adolescents (Lipari et al., 2017).

2.1.8 Parental Traumatic Stress

It is meaningful to take a closer look at military members and their trauma exposure. Overall, PTSD symptoms are connected with the development of maladaptive responses to deployment as the related stress and severity of symptoms depletes the family's resources to cope (Kritikos et al., 2019). Of note, combat-related PTSD versus PTSD from other traumatic events has shown to be less resolved and longer-lasting in military members. PTSD symptoms, such as hyperarousal and marked changes in sleep and mood, may lower parental engagement, consistency, and responsiveness and affect children's overall psychosocial functioning during deployment (Kritikos et al., 2019). There are mixed findings as to how parental PTSD may influence family functioning. Some studies found an increase in family dysfunction, and other studies demonstrated that parental PTSD was negatively associated with family problems reported by the children (Kritikos et al., 2019). Additional studies indicate that fathers with low inhibitory control skills are more likely to have PTSD symptoms and associated maladaptive parenting behaviors (Monn et al., 2018).

Furthermore, while it has been noted that children with deployed parents are more likely to exhibit internalizing and externalizing behaviors, if these same children have a parent diagnosed with PTSD, they then have a higher risk of engaging in problematic behaviors (Monn et al., 2018). These risks may likely be due to fewer displays of sensitivity, warmth, and social responsiveness and increased verbal aggression, demeaning statements, coercive parent-child dynamics, and dismissive actions by the parent (Monn et al., 2018). The parent's PTSD symptoms of

avoidance, hypervigilance, and intrusive thoughts may interfere with their ability to regulate their emotions and hinder positive relational dynamics. Other areas of parenting that may be affected are child supervision and consistency of discipline. In another study, 42% of military parents reported parenting stress classified in the clinically significant range, and 29% of service members reported trouble with reconnecting with their children upon returning from their deployment. High parenting stress and stress of deployment are also associated with divorce, higher suicide rates, and child maltreatment (Walsh et al., 2014).

2.1.9 Protective Factors

Military life brings many challenges to families, and simultaneously strengthens familial bonds. According to Easterbrooks et al. (2013), several studies found positive outcomes related to being a part of a military family and community, such as strengthening the family bonds while a member is deployed and enhanced social connections due to shared experiences. Meadows and associates (2016) found that improved functioning was related to socialization with other military children during the deployment process; this socialization was also viewed as a protective factor.

The US Military provides resources for families to assist them with coping for deployment, but access to these services may vary. National Guard family members tend to live in civilian communities, whereas active-duty families often live on or near a military base, which offers easy access to services and support (Gewirtz et al., 2017; O'Grady et al., 2018). Research indicates that positive relationships improve the reintegration of the military parent (Nolan et al., 2019). Military parents that engage in relationship-building activities (e.g., helping with homework and problems and spending time with their children) also tend to have open communication, offer warmth, and are emotionally responsive. Overall, intentional engagement with their children promotes healthy child development. These activities and attitudes are also reflective of an authoritative parenting style (Lipari et al., 2017).

3 Clinical Recommendations for Deployment Cycle

3.1 Pre-deployment

Individuals who provide support to these families may find it important to recognize the different parts of the emotional cycle of deployment to provide better services. Understanding the deployment cycle assists clinicians with meeting the needs of these families and providing psychoeducation about what they are experiencing (Padden & Agazio, 2013). These stages may last 6 months or longer and may bring up different emotional challenges. The pre-deployment stage is where families are first notified about the upcoming deployment of the family member. Thus, families may experience feelings of denial and may anticipate the worst outcomes (death of the individual being deployed). The individual being deployed must also begin to

prepare themselves to be separated from their family for a period perhaps ranging from 4 months to many years. This stage may bring high levels of stress. Families would benefit from finding other supportive adults who may assist with an array of responsibilities, such as caring for the children, helping with matters related to schooling, finding new employment for the at-home parent, cancelling leases, or finding storage for their belongings. Notably, one of the most challenging parts of this process is for the parent who is being deployed to pull back from the day-to-day care of their children because they will not be able to accomplish these tasks once they are deployed (Gewirtz et al., 2011; Padden & Agazio, 2013).

3.1.1 Recommendations

Health care providers allow and encourage families experiencing the pre-deployment stage to discuss fears that may arise as a result of deployment. They may benefit from providing emotional support by actively listening and providing guidance on how to access resources and additional community supports. Consider encouraging the military parent to spend time with their children and assisting them with articulating an age-appropriate explanation as to why they will be gone for an extended time. It is suggested to provide children with the prospective deployment location, if possible (Padden & Agazio, 2013). Clinicians may consider assisting the family with creating realistic expectations during deployment and having open conversations with the child about what changes they can expect.

Tip: Create a list of household rules, rewards, and consequences so that parents and children understand their expectations and responsibilities.

Clinicians may consider building on the military family's strengths and resilience by eliciting and processing the following information (Gewirtz et al., 2011):

- As a parent, what are your strengths?
- As a parent/family, what are your core values?
- What are your children's strengths?
- What are your parenting goals?
- Connect the parent's values and strengths to their goals.
- How has the family persevered, successfully confronted, and grown from previous significant life events (military and/or general stressors)?
- Connect existing, useful practices and skills the family utilizes in times of stress to create a plan on how they will address and navigate the upcoming deployment.
- During a family therapy session, facilitate family goal planning so parents and children are on the same page and may identify avenues of support both within and outside the family system.

3.2 *Deployment Recommendations*

As the military parent leaves, the deployment stage begins. The partners/spouses become stressed in response to being the sole provider and now managing the numerous responsibilities they have inherited. Spouses may experience a mix of emotions, including feeling empty, alone, sad, or abandoned. Heightened levels of anxiety and issues with sleep have been reported along with feeling overwhelmed with worry and concern for the deployed member. Hence, these intense emotions further escalate their emotional dysregulation (Padden & Agazio, 2013).

3.2.1 Recommendations

It is beneficial for health care providers to validate the range of emotions each family member is experiencing. Clinicians may take time to understand how each person feels and processes. Each member of the family will have their personalized ways of coping with the flood of emotions that arise once the parent is deployed. The family members would benefit from reminders and reassurance that they are not going through this process alone. Identifying and correcting underlying misconceptions and unhelpful thoughts may be necessary for children. Some children (depending on age) may feel guilty because they believe they are the reason their parents left. Like the pre-deployment phase, it is vital to provide the family with a safe space to express and discuss their emotions and guide them to the proper resources (Padden & Agazio, 2013).

Tip: Parents and children will benefit from receiving validation as well as learning how to validate each other's emotions. This will especially help parents acknowledge and reflect the emotional state of their child. The child will then feel heard, seen, and understood.

3.3 *Sustainment of Military Parent and Family Members*

During this period, the parent who is deployed must distance themselves from the daily lives of their family, as too much involvement may distract them from their current mission, which may put them or members of their squad in danger. The deployed parent navigates managing their feelings and concerns regarding their children. During sustainment, families will eventually become accustomed to their "new normal." However, this does not minimize their concern, which may be further aggravated by how the media portrays the military or the lack of support by community members. Spouses may be affected by this stage the most. Studies have indicated they may begin to develop psychological symptoms such as depression, anxiety, nightmares, irritability, acute stress reaction, adjustment disorder, or increased alcohol use. Some of these symptoms may also manifest physically

through sleep disturbances, fatigue, headaches, appetite changes, weight changes, or back pain (Padden & Agazio, 2013).

According to Wexler and McGrath (1991), over 50% of military spouses reported adverse emotional reactions such as anxiety, loneliness, sadness, and worry. The symptoms reported by these military spouses are often associated with the deployment of their significant other; it has also been found that these spouses are at a higher risk of developing a mental health disorder during the deployment of their husbands. Mansfield et al. (2010) found that compared to nondeployed spouses, wives with deployed husbands were 18–24% more likely to develop a depressive disorder, 21–40% more likely to develop a sleep disorder, 25–29% more likely to develop an anxiety disorder, and 23–39% more likely to have an acute stress reaction and adjustment disorder. Military families may face economic challenges that include periods of food insecurity (Huebner, 2019).

3.3.1 Recommendations

Due to the nature of the demands of deployment, members of the military may feel they have to limit their exposure to their family and their typical, day-to-day happenings, as it may distract them from their mission. It is recommended that members who are deployed should maintain a constant line of communication with their families. This is done to keep a sense of normalcy and connection for service members. It is important to note that family members should not overwhelm services members with problems they cannot solve from a distance because these may overwhelm or frustrate them (Padden & Agazio, 2013).

It is suggested for mental health professionals to encourage families to develop and maintain routines as much as possible, which is especially emphasized for families who have young children. This is a stage where creativity can be a great resource. It is recommended that parents empower their children to find innovative ways to keep the deployed parent up-to-date with their lives. This may be done through drawings, pictures, video recordings, and apps. It is also encouraged to provide younger children with adult companionship that matches the gender of the deployed member, such as uncles, aunts, grandparents, or other close relatives and friends.

Tip: Consider recommending an app that helps facilitate connection between the family and the deployed parent.

Social support becomes imperative during this stage, and there may be times where caretakers need a break from childcare and parenting, but do not know what resources are available to them that may allow them respite. During these times, it is recommended that parents seek out military-specific services such as Family Readiness Groups in the Army, Fleet and Family in the Navy, and Family Support Centers in the Air Force (Padden & Agazio, 2013). These services are most knowledgeable about issues that arise during deployment and can readily assist family

members with any issues that are specific to their branch of the military. Furthermore, according to the social theory of action and change (SOAC), connections with both informal (e.g., friends, neighbors, extended family members, colleagues) and formal networks (e.g., professionals, organizations, agencies) create a community around the family that provides acceptance, reciprocity of help and support, and close relationships with others in which the family can draw strength and support from during times of transition and crises (O'Neal et al., 2018).

Tip: If the military family has an under-developed community, it may be beneficial to assist the family with expanding their network over time. Consider associations, agencies, faith-based organizations, interest groups and other avenues for added support.

Health care professionals are also recommended to encourage families to develop and maintain routines. The at-home parent and family would benefit from accepting they do not have total control of the deployment process, and their focus should be on the things they can control such as themselves, the well-being of their family, and their employment (if they are employed). Social support should be heavily emphasized by the professional and encourage families to seek out support from members of their support system such as friends, and family. If these are not available, they should be provided with different support groups and service organizations. Lastly, it should be emphasized that the family keeps an open line of communication with the deployed member (Padden & Agazio, 2013).

3.4 Notification of Return from Deployment

This is a period where the at-home parent is notified that the deployed member is returning back home. This period may provide a sense of relief to the family member as it signals an end to the deployment. In the midst of the exciting news, partners may also feel conflicted. On the one hand, they may be enthusiastic that their significant other is returning home. They may also feel apprehensive about re-establishing a new routine that involves the deployed family member. They may need to become accustomed to losing their newly gained independence and role as sole decisionmaker (Padden & Agazio, 2013).

3.4.1 Recommendations

The mental health professional may first explore the range of feelings the at-home partner is experiencing. Normalization and validation of their thoughts and feelings will set the at-home parent at ease and also prepare them to engage in purposeful

discussion about how to navigate the return of the military parent. Mental health professionals may validate and commend family members for their ability to adapt to the different changes that deployment has brought to their family, as well as their ability to cope with the separation. The strengths-based approach will also highlight their willingness to be autonomous and taking on added responsibilities for the overall well-being of the family. The clinician may consider engaging the family in mentally and emotionally preparing and focus on communication skills that will enhance the reintegration of the service member. The family member must acknowledge their apprehension and expectations while also embracing their partner's expectations about returning home. Fostering open discussions will help the family transition more smoothly (Padden & Agazio, 2013).

3.5 Post-deployment

The clinician may find it beneficial to prepare the family for some of the physical and emotional symptoms the service member may present with upon their arrival to the United States. Military members may experience post-combat fatigue or stress reactions. Sleep struggles are common, and members may become extremely sensitive to loud noise, have difficulties transitioning back into their home culture, and quickly become irritable. In severe cases, the service member may present with symptomatology that is parallel to long term stress reactions or post-traumatic stress disorder (PTSD). Service members may need additional space to mentally process, as they may become overwhelmed with adapting to the demands of their household. They may need added flexibility and more extended periods to reintegrate to family life and responsibilities fully. Clinicians should be alert as to how these symptoms and transition difficulties may affect spouses. Spouses are likely to observe these changes and not understand how or why their military partner seems different.

The family members at home will now experience another transition. While they are excited to welcome back the military parent, they may also experience some grief over having to change their role from single parent and sole decisionmaker to co-parenting and shared responsibilities. Padden and Agazio (2013) recommend that this is a time where families need to work together to establish a "new family normal," which may require vast amounts of effort and time. Families should expect younger children to experience a more extended period of adaptation to this transition, as the child may have been too young to have any memories of the deployed member. Deployed parents often have to form a new bond with their child when they return from deployment, as the child may be in a different developmental stage. Adding to these difficulties, the child may be cautious or even fearful of approaching their parent. As the parent patiently re-establishes their connection and becomes attuned to this child, they may also need to acquire age-appropriate parenting skills and techniques to manage the child's behaviors (Julian et al., 2018). Clinicians may consider validating the military parent and providing support through psychoeducation and parenting skills.

4 General Clinical Recommendations and Tips During the Deployment Cycle (Gewirtz et al., 2011)

- “The Three R’s” during times of uncertainty: maintaining predictable Routines, clear Rules or limits, and family Rituals, also create a cohesive and shared family narrative that supports family stability.
- Assist the parent in establishing a daily routine.
- Assist the parent with establishing rules, consequences, and limit-setting that are age-appropriate.
- Support the parent with consistent implementation of a predictable routine and rules to improve the child’s sense of security. The parent will likely benefit from psychoeducation, skill-building, practice, and regular feedback.
- Build emotional regulation skills of parents to address family stressors during deployment. Consider implementing mindfulness and DBT skills to promote stress management and reduction techniques.
- Teach and foster problem-solving skills and effective means of communication between all family members.
- Facilitate and teach parents to become more attuned with their children. Parents will benefit from learning how to recognize, understand, and sensitively respond to their child’s intense emotions.
- Encourage parents to maintain a united parenting front and facilitate dialogue about roles, responsibilities, expectations, and transition planning.
- Implement and practice positive and neutral approaches to interacting with children.
- Assist parents with intentionally spending quality time with children that promotes attunement and building stronger relationships.
- Create balance between encouragement and discipline through the use of token systems, tangible rewards, praise, incentive charts. It is suggested to provide psychoeducation on the effectiveness of the 5:1 ratio (five positive, encouraging statements for every one correction and/or consequence given to the child). This will equip parents with creating a nurturing environment versus a coercive climate.

5 Recommendations, Interventions, and Resources

The following are various parent–child and family-based interventions. In a needs assessment conducted with National Guard Soldiers who returned from deployment, there was a strong preference for family-based services over individual therapy (Gewirtz et al., 2011). Given the extensive research on deployment and reintegration of military members and the large number of risk factors and family

stressors, a crucial component that has been identified is an emphasis on parenting practices (Palmer, 2008). The Social Interaction Learning model suggests that parenting practices, associated child behaviors, and overall health are influenced by stressful life events. The impact of stress on parenting practices leads to high levels of coercive parent-child interactions and infrequent positive communication (Gewirtz et al., 2011). Hence the need to provide military members and veterans with parenting practices that are positive and provide increased attunement between the parent and child. Of note, the following considerations should be taken into account before starting treatment:

- If a military parent/veteran is experiencing significant distress, they may need individual therapy first.
- Military member/veteran has clinically significant PTSD, depression, or substance use concerns and may primarily need individual therapy first before engaging in other services.
- Families with injured or ill military members may require more intensive individual and/or family treatment.
- Families who have lost a parent in combat may first need grief-focused/trauma-focused individual and family-based treatment.
- If deemed appropriate, parenting strategies can serve as an adjunct to the above conditions and treatment when the individual's symptoms lower in intensity.

5.1 FOCUS

The Families Over Coming Under Stress (FOCUS) provides families with resilience training, which is geared to strengthen families and couples to better face obstacles brought by military life such as deployments, stress, injury, and other transitions. It was originally developed by the University of California, Los Angeles and Harvard Medical School. The FOCUS program is provided for active duty military families and couples. During sessions, families will learn skills to help them cope with different feelings, improve communication, and help with problem-solving and goal setting. Consultations with professionals regarding how military life may impact the family are also available; the main goal is to better understand behavioral changes in children during deployment or reintegration and trauma, grief, or loss issues. FOCUS incorporates skill-building groups and educational workshops that deal with stress management, developmental reactions to deployment, and other transitions. The main core components of FOCUS include psychoeducation, problem-solving, family communication, and emotional regulation skills (DiNallo et al., 2016).

5.2 *PMTO*

The Parent Management Training-Oregon Model (PMTO™) is informed by the social interaction learning model with well-supported parenting interventions. There are five specific parenting practices that are actively promoted by PMTO: effective family problem-solving, positive involvement, contingent skill encouragement, limit-setting, and monitoring children's activities. The practitioner engages the parents in these five principles through teaching, continuous practice, and support regarding implementation. Numerous longitudinal studies have demonstrated strong evidence of improved parent-child relationships and adjustment as well as family functioning. Notably, PMTO has extensive research on fathers. This is vitally important as most military parents that are deployed are men (Gewirtz et al., 2011).

5.3 *ADAPT*

The After Deployment: Adaptive Parenting Tools (ADAPT) Intervention is a 14-week parenting program focused on teaching six core-parenting skills: “teaching through encouragement, discipline, problem-solving, monitoring, positive involvement with children, and emotional socialization” (Gewirtz et al., 2017). ADAPT is an extension of PMTO and was created by Dr. Abigail Gewirtz to address adjustment concerns in children (ages 5–12) of families in the National Guard and Reserve. ADAPT strengthens parents' capacities to regulate their children's emotions (DiNallo et al., 2016). The ADAPT program had moderately positive effects on observed parenting six months after the program; these positive effects resulted in improved child adjustment (Gewirtz et al., 2017). Additionally, the curriculum and materials, including role-play exercises and audio-visual materials, are relevant and appropriate to military culture. ADAPT focuses on post-deployment trauma symptoms of irritability, avoidance, and hypervigilance (Gewirtz et al., 2011).

5.4 *Strong Military Families Intervention*

The Strong Military Families (SMF) program (Rosenblum & Muzik, 2014) was created to aid families in reducing problems related to mental health in military families with young children (birth to age 6). The program is mainly geared toward families who often experience geographic isolation and have fewer opportunities to connect with other military families (National Guard and Reserve Families). The main goals of MSF are to promote parent resilience and to enhance parenting skills during the Post-Deployment phase (Dodge et al., 2018). The SMF program comprises 13 sessions that are broken down to three individual family sessions and ten multifamily sessions. The five core components are attachment-based parenting,

positive parent–child interactions, self-care, social supports, and developing community resource (Dodge et al., 2018; Rosenblum & Muzik, 2014).

5.5 Sesame Street for Military Families

The Sesame Street for Military Families Initiatives is a bilingual (English/Spanish) multimedia experience that helps military families cope with the challenges that military deployments pose. The program focuses on building resilience when children are separated from their parent. Additionally, the program has workshops geared toward multiple deployments, homecomings, injuries, self-expression, and grief. Sesame Street for Military Families is an initiative that is under the Sesame Workshop, a leading expert in developing programs and materials for building resilience in children and families. Another program under Sesame Workshop is the Talk, Listen, Connect (TLC) program. TLC addresses deployment, military parent injury, and parental death. The program was found to be beneficial for military families and their children (Gewirtz et al., 2011; Sherman et al., 2018).

5.6 Child–Parent Psychotherapy

Child–Parent Psychotherapy (CPP) is a form of treatment used when young children go through behavioral, attachment, or mental health problems as a result of experiencing a traumatic event such as being separated from a primary caregiver (Osofsky & Chartrand, 2013). This form of treatment emphasizes the relationship between the child and parent/caregiver and aims to strengthen it. The goals of the treatment are to restore the child’s sense of safety, to support the attachment relationship, and to improve the child’s cognitive, emotional, and social functioning. CPP has been found to help military parents respond in a more sensitive manner to emotional cues presented by their children, as well as anticipating situations that may bring distress to both the parent and child while building empathy in the process (Osofsky & Chartrand, 2013). CPP significantly reduced stigma related to seeking mental health resources, as the program is provided at military bases.

5.7 Family Advocacy Program

The Family Advocacy Program (FAP) (Military OneSource, 2017) provides families with resources to prevent abuse and assist families if abuse has occurred. FAP consists of professionals who assist with families in many ways, including workshops and support programs for parents. FAP conducts investigations when abuse is alleged. New Parent Support Program uses licensed clinicians, nurses, and

home-visit specialists who assist families with young children and provide them with resources (home visits, parenting classes, and community and department of defense resource information) to help with the parenting process and to lower the risk of abuse in the future.

6 Mobile Apps

Military deployments and the long distance can now be addressed through the use of mobile apps. Technology offers various components, such as messages, pictures, and video features that may enhance communication between the military members and their families.

6.1 Babies on the Homefront

This is an educational tool to assist parents with considering the age and developmental stage of the child and how they may be responding to their parent's deployment. The app also provides recommendations on how to respond to various behaviors the child may be exhibiting. Since younger children generally have a harder time than others, the caregiver can hone their attunement skills by watching and appropriately responding to their child's emotional state. The information presented in the app is based on the child's age and the deployment status of the military member. The app allows the at-home parent to share photos, videos, and messages with the deployed parent (Nolan et al., 2019).

6.2 The Big Moving Adventure

This app focuses on the relocation aspect of military life, which may cause significant stress for certain children and teens. The app offers a cognitive reframe for moving: an adventure. The app allows users to build an avatar and work through the process of identifying and exploring feelings, saying goodbye, and making new friends. The child chooses an emotion the avatar may be feeling and is then able to explore the other interpretations related to moving. This mechanism acts to bring balance to the child's negative cognitions. Additionally, this app offers psychoeducation to parents and incorporates discussion points related to informing the child about the move, moving, starting a new school, and managing emotions. This app may be helpful to enhance treatment and to promote practice and application outside of the therapy sessions (Nolan et al., 2019).

6.3 *Sandboxx*

One of the challenges of the military parent being away is that family members feel disconnected from their loved ones. Studies have shown that contact with the deployed parent reduces stress, supports healthy coping, and lowers the risk of the military member from developing PTSD and other mental health disorders. The app was developed by a team of civilians, military members, and veterans. Users are able to:

- Communicate with the military member
- Securely send messages and pictures between each other
- Scroll through news feeds with military news, articles, and other materials
- Print letters, track and overnight the letter with a return envelope to any recruiting base via *Sandboxx*
- Receive updates and milestones as recruits progress through basic training

It is recommended that the military member and family practice using the app as they prepare for deployment (Nolan et al., 2019).

There are a number of other apps, YouTube videos, and other resources available for military families. The clinician would benefit from exploring the resources and adding it to treatment to not only to enhance clinical services but to also provide a broad range of psychoeducation, tools, and skills. Parenting is a difficult task. Parenting in the midst of deployment and relocation is even more grueling and complicated. As military families face these encounters, they can use technology coupled with therapy and community resources to navigate and facilitate these unpredictable transitions. The mental health professional and other health care providers may also rise to this challenge by coming alongside these families with compassion, guidance, and wisdom as they traverse these challenges together.

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