

# Chapter 16

## Lessons Learned and Future Recommendations for Conducting Research with Military Children and Families

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### 16.1 Background

The recent wars in Iraq and Afghanistan ushered in a period of heightened, near continuous stress for military communities. As a result, at no other time has there been such an opportunity and responsibility to understand the challenges faced by military children and families in order to better meet their needs. Prior to the start of combat operations in 2001, the scientific knowledge base about the impact of war-time service on children was extremely limited. It included less than 10 peer reviewed publications. Providers, senior leaders, and policymakers had to rely on outdated or limited research based on dissimilar populations (such as research on Vietnam era veterans with posttraumatic stress disorder (PTSD) and their families, and civilian traumatic brain injury (TBI)). Systems of care, both military health care facilities and community support programs, had not been developed to support a

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highly stressed population of families facing combat-related challenges. Existing services were characterized by general child psychiatry evaluation and treatment (provided by military treatment facilities (MTFs) or by TRICARE-funded civilian health care) and general child social service programs or universal prevention efforts. There was no system in place for comprehensive screening, early identification, or prevention programs for an all-volunteer, professional military with large numbers of dependent spouses and children engaged in a sustained war.

A broad range of individuals and organizations, both within and outside of the military, worked together in common interest to address the needs of this unique population. Key players included military and civilian health care providers (e.g., pediatricians and family physicians), behavioral health specialists (e.g., child and adult psychiatrists, psychologists, and social workers), and military community support professionals (e.g., chaplains, New Parent Support Program providers, Family Advocacy Program providers, and Military Family Life Counselors). Professional organizations (e.g., American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, American Psychiatric Association, American Psychological Association, National Association of Social Workers) educated their members, developing both the interest and capacity of these professional disciplines to support military children and families. Other invested entities included senior military commanders, congressional leaders, the White House Joining Forces program, federal and state agencies (e.g., the Substance Abuse and Mental Health Services Administration (SAMHSA), its National Child Traumatic Stress Network (NCTSN), and the Department of Education (DoE)), consulting firms and think tanks, policymakers, military family support organizations (e.g., National Military Family Association, Military Child Education Coalition, Blue Star Families, Tragedy Assistance Program for Survivors), other not for profit and non-governmental organizations (e.g., Sesame Workshop, Zero to Three), as well as military families themselves.

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Critical to this community response were the roles of scientists and researchers, whose major goals included the development and dissemination of knowledge to support military children and families. Early in the war, the research task involved playing “catch up” in understanding how best to sustain the health of a distressed population of military families facing the consequences of repeated combat deployments. Family exposures included extended deployment separations, reintegration challenges, combat-related physical and mental health conditions and, in rare circumstances, service member death. Scientists from public and private agencies, federal institutions, and higher education joined this community of professionals to bring the most effective science to policy and practice. Researchers played critical roles in educating the clinical and support community by translating existing studies of civilian populations and by informing and refining the methodology of research needed to fill in the gaps in science in order to inform and expand evidence-based practice. In fact, the partnerships that evolved between military and civilian academic researchers, clinicians, families, and leadership have arguably been the greatest accomplishment of the last 10 years in advancing the health of military families. Despite these advances, there continue to be challenges to conducting high-quality research with military children and families, and many scientific questions remain. The remainder of this chapter focuses on historical perspectives related to research on military children and families, challenges faced by researchers, strategies that support successful research, and a summary of lessons learned and future recommendations for researchers, military leaders, policymakers, and funders in anticipation of future combat operations.

## 16.2 Historical Events

The general public, as well as the scientific community, became increasingly interested in the health and well-being of the children and families of military service members after the start of combat operations in Iraq and Afghanistan. However, well-intentioned interest was commonly affected by media reports that told only one side of the story—vulnerable military families were suffering. Conclusions were drawn due to misinterpretation and bias based upon a lack of understanding of the military community or a stereotyped, rather than a nuanced, perception of this heterogeneous population (Cozza, Chun, & Polo, 2005). In fact, prior peacetime studies had shown that military children functioned comparably to their civilian counterparts. Several existing studies had examined the impact of parental deployment on military children during Operation Desert Storm (ODS), a conflict that was relatively short lived and resulted in few casualties and deaths. While moderate increases in internalizing and externalizing symptoms were noted in children whose parents were deployed to combat areas (Rosen, Teitelbaum, & Wethuis, 1993), those children rarely required clinical attention and those who did were more likely to have a past history of mental health treatment (Rosen et al., 1993). It remained to be seen how the more recent highly stressful and diverse war experiences would variably impact children and families.

The challenge of war presented several conditions (e.g., lengthy and repeated deployments, prolonged period of war, resultant combat-related physical and

psychiatric illnesses) that created inherently novel scientific questions for collaborative study and planning. A new level of connection for families to the front lines modified the context of combat deployments. The Internet and cellular telephone service made it feasible to maintain daily contact between service members and their families, resulting in both positive and negative consequences for families and mission readiness.

Over the past several decades, a robust civilian research base on developmental systems, resilience, traumatic stress, and family-based prevention science has developed to help inform planning and guide research questions and opportunities (Cozza & Lerner, 2013a), but scant efforts had been made to apply this knowledge to the military community prior to 2001. To what degree would these findings from the civilian community apply to the military population? In addition to basic understanding of community responses to war, the adaptation and testing of empirically supported interventions for military children and families became a major task of the last decade.

## 16.3 Challenges

The recent period of combat deployments revealed significant challenges to conducting research with military children and families, which are described below.

### 16.3.1 *Structural Challenges to Research*

Multiple structural barriers have slowed the field in effectively conducting research. For example, regulatory policies often required that research protocols be reviewed and approved by multiple institutional review boards (IRBs), both within the DoD, as well as civilian academic institutions. Since DoD—civilian university collaborative efforts were relatively new, there were few satisfactory models for collaborative or partnering studies. As IRBs are autonomous agencies, differences of opinion between IRBs were not uncommon. But there were few mechanisms for resolving these disagreements, placing research scientists in the difficult position of arbitrating satisfactory solutions, slowing the research process. In addition to institutional IRB reviews, DoD-funded research required second-level regulatory review that added time to protocol approval. Moreover, at the start of the war, military IRBs had less experience than their civilian academic counterparts with protocols involving children, and were often hamstrung by more stringent federal regulations governing research with children, making the progress of protocol acceptance even more cumbersome.

### ***16.3.2 Challenges Related to Wartime Research***

The nature of war, similar to disaster scenarios, creates a highly dynamic environment, making it challenging to conduct “just-in-time,” responsive research. At the start of the war, military leadership was challenged with rolling out evidence-based programs to respond to the evolving needs of military families. Whereas civilian models were available to help inform planning and to guide research questions and opportunities, little research had been conducted testing these programs with military families. The adaptation and testing of empirically supported interventions became a major task of the last decade, creating a constant tension between an urgency to gather rigorous evidence and a pressure to offer solutions to the community. In addition, research funding and regulatory procedures lacked the ability to flexibly respond to evolving needs in this dynamic environment. One author (SC) related his example of a comprehensive intervention trial funded by DoD entitled FOCUS-CI (a refinement of the FOCUS program—see below—for combat injured families) that intended to recruit combat injured families from two large DoD medical centers. Changes in the constellation and numbers of combat injured families during the grant period made it necessary to make changes to the original DoD grant statement of work and the research protocol. Given the inability of regulatory agencies to rapidly make these required changes, the population of injured families dwindled, recruitment became untenable, and the study was prematurely closed before the intervention could be adequately tested.

### ***16.3.3 Challenges Engaging Military Communities***

Other research challenges were related to difficulties in engaging the military family population. Cultural differences existed between civilian researchers and military organizations and personnel. Even though most civilian researchers were sensitive to military cultural uniqueness, experience with and understanding of the population required time. Military populations not infrequently harbored distrust of researchers’ (both military and civilian) motivations or questioned their perceptions of military family life (e.g., “they see us as victims rather than as serving by choice.”). In addition, commanders were not always comfortable with the scientific method, particularly when their interest was to provide programs to support their families. As a result, installation culture viewed control conditions as unacceptable alternatives to experimental conditions, and randomized control trials (RCTs) were viewed skeptically by military partners. It became far more acceptable to conduct RCTs (e.g., *After Deployment: Adaptive Parenting Tools/ADAPT*, *Families OverComing Under Stress—Early Childhood/FOCUS-EC*, *Strong Bonds*, and *Strong Families Strong Forces*) in civilian-dwelling military populations rather than through on-installation trials, limiting access to research populations and slowing science that could support evidence-based programs. Of note, most federally (i.e.,

National Institutes of Health/NIH) funded research with military children and families has been conducted in civilian-dwelling military populations rather than those living on installations. These populations are not equivalent in their demographics, structure, or needs, to installation-based military families.

### ***16.3.4 Challenges Related to Military Population Mobility***

Although the military is often viewed as a monolithic and unchanging organization, it is quite dynamic in both its composition as well as geographic locations. Approximately 11% of active duty service members leave the military each year, either through retirement or expiration of term of service (ETS). In addition, National Guard (NG) and reserve service members typically activate for periods of 4–12 months, after which they deactivate for unspecified periods of time and return to their civilian homes and jobs. Even when service members remain in the active duty, they and their families incur routine residential moves, or permanent changes of station (PCS), every 2–4 years to installations both within and outside of the continental US. As a result, military families are a highly transient population, moving from active to veteran status and from one geographic location to another, making involvement in research challenging. Family transitions are also greatly impacted by the deployments of a partner/parent, during which up to 50% of families choose to relocate in proximity to extended families (Flake, Davis, Johnson, & Middleton, 2009).

Rapid transitions among military personnel can result in a lack of continuity in research, especially in longitudinal studies or intervention trials. Service or veteran families affected by combat injury, combat-related psychiatric illness (e.g., PTSD), or service member death may be particularly hard to reach. Ethnic minority families, non-English speaking families, or single parent families pose additional recruitment and retention challenges. Changes in authorities (e.g., commanders) who partner with researchers in support of scientific studies can also complicate study completion. After a change of command, the new commander may be hesitant or unwilling to support the research agenda that was developed in collaboration with the prior commander.

### ***16.3.5 Funding Challenges***

It remains unclear to what degree funding for research focusing on military children and families will be sustained, especially as combat deployment tempo decreases. Beginning in 2002, the DoD supported several studies of military children and families. Although such funding continues, it is unclear to what degree the DoD will continue to support family research in the future. Alternate sources of funding are critically important. Early in the war, non-DoD federal funding (e.g., Institutes

within the NIH, such as National Institute on Drug Abuse/NIDA, National Institute of Child Health and Development/NICHHD, and National Center for Complementary and Integrative Health/NCCIH) of projects was less robust for several reasons. First, many such agencies did not have military children and families “on their radar.” They may have considered military family health concerns as the responsibility of the DoD, reserving their own agency funding for research relevant to the broader health needs of the nation’s children. In addition, early answers to questions about the impact of parental deployment on children were not adequately substantial to support the need for intervention trials. Furthermore, military cultural and systems issues that are difficult for civilian scientific review panels to appreciate may have reduced the number of funded applications in this area.

More recently, active collaborations have emerged across federal funding agencies to focus on military children. For example, the Substance Abuse and Mental Health Services Administration’s/SAMHSA’s National Child Traumatic Stress Network/NCTSN has added military communities as a population of interest, and has partnered with the DoD (e.g., DoD’s Military Community and Family Policy office and the Uniformed Services University of the Health Sciences/USUHS Center for the Study of Traumatic Stress) to highlight military family needs, and to bring evidence-based trauma-focused efforts to the DoD. In addition, since 2014, DoD and NIH have been collaborating to develop joint portfolios of military family research and have convened NIH and DoD-funded researchers to present in-progress reviews of their projects. The NCCIH Council Working Group Report, *Strengthening Collaborations with the U.S. Department of Defense and U.S. Department of Veterans Affairs: Effectiveness Research on Mind and Body Interventions* (<https://nccih.nih.gov/about/naccih/military-report>), provides another example of a cross-agency federal effort. Despite progress, military child and family research would still benefit from the development of a broad and coordinated federally funded portfolio.

## 16.4 Responses, Strategies, and Scenarios

### 16.4.1 Collaborative Relationships

Several strategies have contributed to successful research outcomes with military and veteran families. Most importantly, active networking among scientific and military professionals allowed researchers to develop understanding of populations-of-interest, gain access to study samples, and develop mechanisms of funding to support research, ultimately producing collaborative research opportunities. As an example, one author (LG) described how the University of Michigan (UM) joined with Michigan State University and the Michigan National Guard in 2008 through a UM affiliated philanthropic opportunity. The philanthropist’s initiative, *Welcome Back Veterans*, sought to involve the general population in a nationwide campaign

to support Centers of Excellence in developing and providing services for returning OIF and OEF veterans. UM brought additional clinicians and researchers to the project, ensuring a robust clinical and research opportunity (Dalack et al., 2010).

Other partnerships between research scientists at civilian universities and military organizations were similarly fruitful. Another author (PL), a UCLA expert in the area of family prevention research, partnered with senior program managers in the Department of the Navy to develop and implement a military family resilience program to support Navy and Marine Corps families who were challenged with ongoing deployments and military life transitions. Families OverComing Under Stress (project FOCUS) incorporated existing family resilience science from evidence-based preventive interventions that had been conducted with families managing parental depression and HIV. Researchers successfully adapted and implemented this work for at-risk military families. Program data evidenced positive effects for family members (Lester et al., 2016) and, as a result, FOCUS has now been incorporated as part of family support programming across the DoD. Program success led to NICHD funding for an RCT of FOCUS-Early Childhood (FOCUS-EC), a study of FOCUS in military families with younger children.

In collaboration with the Minnesota National Guard (MN NG), another author (AG) developed and tested a group-based parenting program: After Deployment: Adaptive Parenting Tools (ADAPT) for NG and reserve families (Gewirtz, Pinna, Hanson, & Brockberg, 2014). ADAPT is based on social interaction learning theory and draws from family stress models; the program is an adaptation of the evidence-based parent management training-Oregon model. NIH (NIDA) funded a randomized controlled trial of the program, and results indicated that ADAPT was effective in improving observed and reported parenting, and in reducing child behavioral and emotional problems (by parent, teacher, and child report; Gewirtz, DeGarmo, & Zamir, 2017). Moreover, improvements in parenting self-efficacy as a result of the program led to reductions in parents' own depression, PTSD symptoms, and suicidality (Gewirtz, DeGarmo, & Zamir, 2016) as well as improvements in children's peer adjustment (Piehler, Ausherbauer, Gewirtz, & Gliske, 2016). These findings have resulted in two subsequent DoD-funded studies, one of which, ADAPT4U, compares three different versions of the ADAPT program including an online-only program format, as well as a virtual interaction (telehealth) option so that the program will be able to reach families who are unable to travel to a group program. A recently funded study will extend ADAPT for active duty service members, including Special Operations personnel, who continue to deploy frequently. Both the MN NG and active duty components have requested broader implementation of the ADAPT program for military families. Both the FOCUS and ADAPT programs demonstrate the success of partnered studies conducted by established researchers utilizing multiple funding options to promote long-term programs of research in military families.



### ***16.4.2 Community-Based “Grassroots” Efforts***

The application of grassroots, community-based methods in research design for military populations represents an important innovation for military-related research. But, there is a need for more “out of the box” thinking to address sustainability and implementation issues. Such community-based methods incorporate active communication and engagement with supportive commanders, as well as military family service recipients. Successful researchers provided ongoing consultation to commanders and their staff, as well as education, outreach, and other support services for military families, making recruitment more successful. In developing Strong Families Strong Forces, a family-based reintegration program, another author (ED) described an effective “bottom up” community-based approach that was very successful for engagement and outreach in military families with young children. The study team used a home-based approach for all research and intervention sessions—which resulted in very low no-show/missed appointments and high dose of intervention. Findings from the first efficacy trial of Strong Families were promising with reductions in service member parent distress and parenting stress (DeVoe, Paris, Emmert-Aronson, Ross, & Acker, 2016). With additional DoD funding, this author has partnered with the STRONG STAR Consortium at Ft. Hood Army installation to conduct a second RCT assessing Strong Families with active duty families with upcoming deployments.

This same author also stated that their project was highly subscribed by families interested in participating in Strong Families Strong Forces (Ross & DeVoe, 2014). However, families not eligible for their research study were unable to be offered programmatic support. Given the magnitude of need in some populations of military families (especially in the first years of the war), researchers were sometimes challenged by maintaining positive engagement with communities while conducting their studies. The NG placed a greater priority on providing programs to their populations-in-need, rather than focusing on science.

Researchers in Michigan faced similar challenges. Early in the war, the National Guard recognized the need for additional supports and reintegration programs but did not have the resources in family programs to support the operational tempo. Between 2006 and 2008, faculty and doctoral students from Michigan State University volunteered hundreds if not thousands of hours to address existing needs. Often, research was of secondary interest to military communities, making evaluation of programs difficult, if not impossible. The use of a randomized control group was largely unacceptable in these circumstances.

## 16.5 Results

### 16.5.1 *Embracing Quality Methodology*

A recent edition of the Princeton University and Brookings Institution's *Future of Children* series reviewed the evidence base regarding military children and families (Cozza & Lerner, 2013a). There have been several limitations of existing scientific studies of military children and families. For example, most studies have employed small convenience samples, groups of easily accessible people who volunteer their participation, but who may not be representative of the broader population. In addition, most studies have focused on children's deficits rather than their strengths. Research on the development of military children that focuses on the potential risks of a parent's deployment to their well-being does not describe how these experiences can also contribute to strength and resilience in facing such challenging circumstances. Approaches that move beyond military children's purported deficits to recognize and examine the broad impacts of both challenges as well as strengths in military children, families, and communities are required. Moreover, researchers have yet to fully identify and assess the resources for positive development that exist in these children's families, in their schools, in the military, and in their civilian communities. Existing reports of military children and families offer only a limited depiction across their respective life courses, and certainly not a representative one (Cozza & Lerner, 2013b).

### 16.5.2 *Suggested Research Strategies*

Chandra and London (2013) reviewed several strategies to advance research on military children and provide a more comprehensive picture of their strengths, vulnerabilities, and responses to challenging circumstances in a broader and more representative fashion. They suggest that three types of data could help researchers examine military children's health, cognitive and academic development, and social and emotional well-being: large national surveys, administrative records, and smaller studies that focus on unique populations or circumstances.

The National Survey of Children's Health and the National Education Longitudinal Study are examples of large national surveys that could incorporate questions pertaining to military status, deployments, and other military exposures, to examine these effects on military children. Similarly, administrative databases, such as TRICARE-dependent health care data, can be linked to data within the Defense Manpower Data Center. Some studies have incorporated these methods, providing important information about the impact of deployment on the mental health of military spouses (Mansfield et al., 2010) and children (Mansfield, Kaufman, Engel, & Gaynes, 2011). The California Healthy Kids Survey, another administrative data set, is the largest statewide survey of resilience, protective

factors, risk behaviors, and school climate in the nation and includes information about military affiliation. Results have been used to compare military to civilian children regarding well-being, suicidal ideation, victimization, and weapons carrying (Cederbaum et al., 2014; Gilreath et al., 2013, 2016).

Two promising longitudinal research studies focusing on military families include the Millennium Cohort Family Study and the Deployment Life Study. The Millennium Cohort Study (Crum-Cianflone, Fairbank, Marmar, & Schlenger, 2014) is a DoD-sponsored study under the direction of a multidisciplinary team of investigators at the Naval Health Research Center, Abt Associates, Duke University, and New York University. Its major objective is to “evaluate prospectively the associations between military experiences (including deployments) and service member readjustment on families’ health and well-being” (Crum-Cianflone et al., 2014, p. 322). The strength of the study includes its size (>10,000 military service member and spouse dyads), broad representation (including military family members from all services across the globe), and its planned extended period of follow-up (21+ years) that will include time when the service member is within the military, as well as after the service member departs the military.

The Deployment Life Study, conducted by the Rand Corporation (Tanielian et al., 2014), was jointly sponsored by the Office of the Surgeon General, US Army, and the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) in 2009. The study surveyed military family members at varying intervals throughout the deployment cycle (before, during, and after deployment) specifically assessing marital and parental relationships, physical and psychological health of family members (both adults and children), as well as attitudes toward the military. A summary of findings of the longitudinal assessment of 2742 military families is available through the Rand Corporation (Meadows, Tanielian, & Karney, 2016).

Relevant to our purposes, the Deployment Life Study offered several suggestions for future research related to military families: data should be collected from multiple family members at the same time; future resources should prioritize longitudinal studies of military families; studies should collect real-time data—data that are “capable of tracking changes in the historical, political, and social climates”; research methods should be developed and implemented that better address unique and complex relationships between deployments and their outcomes; and future research should examine the interactions between military life (e.g., promotions, deployments) and other family-timed events (e.g., marriages, births; see Meadows et al., 2016).

### ***16.5.3 Opportunities for Primary Data Studies***

Considerable information can be gleaned from work that makes use of large data bases or data from national studies; however, smaller primary data studies can explore important niche areas, as well as enrich, expand, and inform future efforts

while incorporating rigorous science (e.g., longitudinal design, multiple-methods, multi-informant data, developmentally informed methodology). Opportunities for smaller studies also allow scientists to bring established lines of research to the military family populations and are likely to encourage the development and mentoring of future military family researchers that will enhance the field. Such opportunities could encourage collaboration with land-grant universities by leveraging their extension offices as well.

There are other arguments in support of smaller primary data studies. Large or national studies typically cannot include a range of variables or methods (e.g., behavioral observations, physiological data) that may be required to address questions or processes specific to military families. For example, examination of communication dynamics in military couples affected by mental health issues might be better addressed in a study using specialized measures that are not practical for larger scale studies (e.g., Knobloch, Ebata, McGlaughlin, & Theiss, 2013). Other populations of interest are unique, smaller, and harder to access. Those individuals are not likely to be reached through a large national study or through an existing data set. Families impacted by combat injury, TBI, PTSD, or service member death are faced with unique challenges that would be better understood by studies that can more carefully address those conditions.

In addition, there are populations within the military that are not well represented in the overall community, but may be uniquely affected by military life—such as nontraditional families (e.g., Gay, Lesbian, Bisexual, Transgendered, Queer/GLBTQ, single parent families), or families in which English is not the primary language. In addition, young children (infants, toddlers, or preschoolers), or children with developmental, learning or medical conditions are important members of the military family community, but underrepresented in research studies. Participants from all of these groups would need to be carefully recruited and data collection should be uniquely tailored to answer research questions of interest. Special research methods, including observational assessment of very young children and caregiving relationships, should be employed, when appropriate.

### ***16.5.4 Implications for Developmental Studies***

The study of development involves describing changes within people across their lives, as well as comparisons among people in how they change across life (Baltes, Reese, & Nesselrode, 1977; Lerner, 2012). Obviously, the methods that are used to study development need to be appropriate for assessing change. For instance, measures should be designed to be sensitive to changes across age levels and research must be designed in manners that allow the collection of information about change. Longitudinal designs, which involve repeated testing of individuals across different times in their lives, are necessary. Unfortunately, there are few examples of the use of change-sensitive measures and designs in the study of military children. In fact, there has never been a national longitudinal study of the normative development of

these youth. There are many different types of longitudinal designs that generate the multiple observation points necessary to index change (e.g., see Baltes et al., 1977; Nesselroade & Baltes, 1979). Other types of designs of research (e.g., assessing one group of people at one point in time, or assessing groups of differently aged people at one point in time, that is, using a cross-sectional design) are not useful for measuring change. These latter designs do not assess change and, therefore, provide no data about development (Baltes et al., 1977; Molenaar & Nesselroade, 2013). Simply, change can only be detected across multiple times of measurement, and therefore longitudinal research is essential.

However, selection of a longitudinal design is not the only research design consideration. Researchers should also determine when in life individuals should be observed. Time (usually age) is the x-axis in developmental research, and the facet of development that is assessed in a study is displayed along the y-axis. Most developmental research that has been conducted divides the x-axis on the basis of convenience or feasibility (Lerner, Schwartz, & Phelps, 2009). In many studies of youth development annual time points are used (e.g., youth may be sampled at the beginning of Grades 5, 6, and 7). These selections are often made because the budget of a project may not allow more frequent assessments or because the size of a sample may make it difficult to collect data more often. However, the processes of development do not necessarily unfold in ways that correspond to these x-axis divisions.

For example, consider military youth involved in an out-of-school-time program designed to enhance their academic skills. To assess the development of an individual's sense of mastery of these skills, theory or past research might suggest that x-axis divisions be spaced on the basis of phases of her involvement in the program (e.g., attending an information session to learn about the program, the beginning of the curriculum, midway through the program, at the end of the program, and in long-term follow-ups). The point is that theory or inferences from past research should dictate the design of times of observation; however, such bases for x-axis selections rarely occur (Lerner et al., 2009). Furthermore, in studying the developmental process as it may evolve in the context of a specific set of experiences (e.g., the deployment, return, and redeployment of a parent, or the engagement of a young person in an academic program versus a sports or community service program), selections of temporal division should also take into account variables such as the nature of the experience and any special characteristics of the youth being sampled (e.g., children of wounded warriors or children with special needs).

Clearly, the issues involved in using a change-sensitive design in regard to studying positive youth development raise issues of sampling as well. Samples must be selected on the basis of their potential to change during particular portions of development and/or because they are involved in experiences (e.g., intervention programs involving participation in sports) wherein it is appropriate to expect systematic change (plasticity) due to the experiences. For instance, if one wanted to study the effect of menarche on youth development, one would not select a sample of high school seniors to study. Similarly, if one wished to appraise the impact of a specific academic-enhancement program, one would need to select youth who are beginning their first such program as compared to youth who have long and diverse histories

of involvement in such programs. Sampling within a military family context might incorporate the timing of deployments, moves, and transitions as they affect family life.

Research must also analyze scores derived from change-sensitive measures with statistical procedures suitable for identifying within-personal change. Statistics that assess if groups remain the same or change are of use in studying change. However, whether individuals within a group all change in the same way cannot be known by just looking at changes in average scores for a group. In the current study of human development, methods are being developed to focus first on the study of patterns of change for each individual in a group. These person-centered analyses, which are also termed idiographic analyses, are then used in subsequent, group-oriented analyses of change (Molenaar, 2014; Molenaar & Nesselroade, 2013; Rose, 2015). These statistical procedures enable researchers to describe both group changes and, as well, the specific changes for the individuals in a group. In short, then, contemporary research methods in the study of development are combining change-sensitive measures, change-sensitive research designs, and change-sensitive statistical analysis procedures that, together, enable the changes within individuals to be described and compared to the changes seen among other individuals. [LRM1].

Other innovations in developmental research are also occurring. For instance, researchers are increasingly interested in using multiple-informants and multiple-methods of data collection (e.g., Cicchetti & Valentino, 2007). Military family studies to-date have often focused on single informants within a family (e.g., one parent, typically a mother; Gewirtz & Youssef, 2016). Concerns about the complexities of IRB approval may have stymied researchers interested in gathering self-report data from children. However, high-quality developmental research requires an understanding of the child from as many perspectives as possible—and gathering data from multiple-informants (e.g., parents, children, teachers, peers) also lessens shared method variance.

It is also far more robust to gather multiple method data that can be analyzed at multiple levels both within and beyond the individual (Cicchetti & Dawson, 2002). As an example, understanding emotion communication within families is important for examining how parents with PTSD symptoms might socialize their children's emotions. Asking parents and/or children (via self-report) might only access one aspect of this construct (i.e., parents'/children's perceptions of their emotional communication). Gathering parent-child observations would enable an understanding of observable dyadic or triadic communication (via, for example, facial or relational emotion coding of emotionally challenging discussions). Simultaneous measurement of aspects of physiology, such as heart-rate variability, allow for an understanding of what is happening "beneath the skin" for parents as they attempt to navigate potentially challenging emotional interactions with their children. Objective measures of executive functioning, such as inhibitory control or working memory, would also help shed light on whether individual differences in executive functioning might serve as vulnerability or protective factors both for parenting, and for PTSD. Studies of one of the authors (AG/ADAPT) have incorporated all these

measures in efforts to understand child and family functioning at multiple levels across time in the wake of deployment and related stressors.

## **16.6 Lessons Learned**

More than a decade of experience building a broad, collaborative, multidisciplinary program of research to better understand and meet the needs of military children and families has resulted in several “lessons learned” that should guide future efforts in this field. We believe that these lessons will sustain the collaborative efforts; they should not be forgotten.

### ***16.6.1 Understanding and Respecting Military Family Culture***

Researchers who work with military populations should recognize the unique and rich culture of military family life which can also be military branch specific (e.g., Knobloch & Wehrman, 2014). Dependent spouses and children, like their military service members, serve their country and do so with a sense of dignity and purpose. Recognizing and respecting this unique culture, being mindful of one’s own biases (e.g., expecting a sense of victimization among military family members), and understanding that this population possesses multiple strengths (while it faces challenges) will support a fair and effective research agenda. Given the ever-evolving nature of military life, military family needs are likely to change, as well, and the research agenda should reflect those changes.

### ***16.6.2 Building Trust Within the Community***

Military family researchers have responsibilities to both themselves and the military community. During the last decade, sizeable funding was made available to researchers to develop and implement studies that would further understanding of military children and families. Those funds also provide incentives for researchers to sustain their own programs of research. While there are no inherent conflicts between these two goals, researchers must be prepared to answer to their intentions and to promote trust within the communities that they plan to study. Military community values emphasize service and, as a result, principles of service need to be effectively communicated by researchers who choose to study these populations. Indeed, one of the authors (AG) examined the motivation of families to join a military family prevention study; the majority of families reported that their primary motivation for participating was to help other military families. Even experienced researchers may be viewed (fairly or not) as opportunistic in their approaches and may inspire little trust

in their studies or promote little willingness to participate. Trust is best developed by communicating with all members of the community (command and community partners, as well as potential study participants) about the purpose of the study and the expectation that the study will benefit the community that supports it.

### ***16.6.3 Fostering Lasting Relationships Within the Community***

The most successful military family researchers have developed relationships with communities that have extended beyond the specific activities of an individual study. Researchers who support the community beyond the study objectives (e.g., by providing information, giving lectures, offering consultation, and/or reporting findings back to the community) are far more likely to be successful in recruiting participants. Several of us have had success using community and command participatory models where research objectives are shaped in collaboration with members of the community, building a sense of shared purpose and commitment to completion of a study. Collaborations are best developed when researchers and community members share study objectives. Most rewarding, the establishment of community–research partnerships often leads to a series of successful research studies within those communities, progressing the science that feels most relevant to the study population.

### ***16.6.4 Building Collaborative Multidisciplinary Academic Research Teams***

The last decade of military family research has led to opportunities for highly successful collaborations among academicians who possess a broad range of experiences, knowledge, approaches, and skill sets. Professional experiences include time in the active duty military (Army, Navy, Air Force, and Marines), civilian and military academic expertise, as well as clinical and research experience with both military and non-military populations. Collaborations have incorporated interdisciplinary input from military personnel, service providers, pediatricians, family practitioners, psychiatrists, clinical psychologists, researchers, social workers, nurses, and chaplains, bringing a richness to discussion, research, and scientific products. The breadth of the resultant research agenda reflects the diverse backgrounds of the collaborators: epidemiology, basic science, family and relationship studies, resilience, developmental sciences (including infancy, early childhood, and adolescence), positive youth development, prevention, traumatology, and intervention sciences. The collaborative academic network that has developed across public and private organizations over the last decade is as much an important product as the research studies themselves. Partnerships and team efforts that draw from leveraged expertise



more capably address the research agenda and require the collaboration of active duty military experience. Efforts between civilian researchers and military researchers are vital to the proximal success of the scientific enterprise, as are partnerships between established scholars and junior scholars. A key task is to nurture subsequent generations of scholars focused on military family issues so that the field remains innovative in the face of the future conflicts. In sum, an interdependent network of expertise must be sustained, developed, and mentored into the future.

### ***16.6.5 Sustaining a Scientific Military Family Program of Research***

As described throughout this chapter, a considerable amount of work has been accomplished in developing an initial scientific military family program of research. Much of its future depends upon the continuation of funding to support the effort. Multi-sourced funding should be encouraged and pursued. The well-being of military children and families is of national interest, and not solely a concern of the DoD. In addition to DoD funding, monies from NIH, and other federal sources (e.g., SAMHSA, DoE), as well as public and private research or granting agencies, should be sought. Even within a disciplined research agenda, science advances in a patchwork fashion. However, efforts should be systematic, and move from small to large studies, and from basic science to intervention science, always incorporating the most rigorous methodology. Existing evidence (including both military-specific as well as non-military relevant) should inform the research agenda, as well as policy and practice. Military family researchers must work collaboratively with command, policymakers and funders to bring the best science to practice in support of military children and families during wartime.

## **16.7 Recommendations and Future Directions**

We conclude this chapter by offering recommendations for child and family researchers; military leaders and policymakers; and private and public funders of research who will face future wars. Their joint task must be a collaborative one—to foster both the development and the dissemination of science that sustains military children and families through wartime and other challenges of military life, and that contextualizes that work within the broader body of research on American children and families.

### ***16.7.1 Recommendations for Researchers***

With respect to researchers, we encourage military family scientists to examine the variety of transitions that occur throughout military life. The US military is a dynamic and evolving organization. The nature of duty-related responsibilities and family member experiences are likely to change. As a result, the military family research agenda needs to incorporate studies of those evolving needs. Although sustained attention to the various stages of the deployment cycle is warranted, other areas relevant to military children and families must be addressed. For example, how military families navigate the process of leaving the military and adapting to veteran family life in the civilian community is, to-date, an understudied transition. Moreover, it would be helpful to understand the life course experiences of military children as they age, whether their pathways include vocational training, college, military service, or employment. We might expect, given their experiences, that military children uniquely contribute as US citizens; however, we currently cannot determine that effect. Longitudinal studies currently underway (the Millennium Cohort Family Study, for example) may answer some of these questions, but additional research is needed to examine positive growth in military-connected youth and their parents.

Significant gaps in the literature require targeted research focusing on nontraditional family forms. Military family configurations in particular need of attention include GLBTQ military families; single parent military families; military families including female service members, especially those military families in which mothers deploy; military families with infants and young children (0–3 years); military families with at-risk children, especially children with medical, developmental, or learning disorders; non-English fluent military families; and ethnic minority military families. Work along these lines will serve to enrich our understanding of all military families.

A third recommendation is to complement basic research with applied scholarship and translational efforts, including program evaluation research. Applied work is needed to investigate how existing support programs are used and whether such programs benefit the population. Are programs accessible? Are they grounded in evidence-based practices? Do they effectively accomplish their aims? What barriers stand in the way of their maximum effectiveness? Given the geographic dispersion and transitory nature of military families, we see particular value in employing technology for intervention delivery and collection of assessment data. Of course, the use of technology requires careful design, execution, and evaluation to determine its effectiveness among military families. Second, translational work is important for connecting research to policy. Although military family researchers may be well versed in publishing their findings for academic audiences, they may need assistance translating their results into policy recommendations and identifying the appropriate channels of dissemination. We encourage researchers to seek the counsel of key stakeholders to ensure that their results make a difference for military families.

Finally, further collaborations between researchers who study adults and those who study children and families are required. We should be leveraging ongoing and new studies of military-connected adults to further our understanding of military children. For example, dozens of PTSD-related studies have investigated military service members and veterans, but they do not typically consider family-level data, nor the impact of PTSD on parenting or other family structure or functioning. Researchers could learn a great deal about children whose parents are suffering from PTSD, TBI, or other combat-related conditions if they collaborated with adult researchers in studies that were informed by family ecology. Adding value, this kind of collaboration could include mentoring of new investigators from multiple disciplines across child, adult, and family research arenas.

### ***16.7.2 Recommendations for Military Leaders and Policymakers***

Of primary importance, military leaders and policymakers must sustain interest in and support of military child and family research. Historically, military leaders have focused on service members. The recent wars have clarified that service members, veterans, and their spouses/partners and children share linked lives, and their experiences and stresses are mutually impactful (Cozza & Lerner, 2013a). Family-based research must continue to guide DoD leadership and policymakers in recognizing the interconnected effects of combat, families, and mission readiness. These areas of focus will minimize existing gaps of knowledge and empower military leaders to make informed decisions regarding the needs of military families to help promote service member readiness and family wellness.

Military leaders and policymakers must understand that research involves both the active development and dissemination of knowledge in support of practice. Whenever possible, they should implement programs with a rigorous evidence base that incorporate established outcome measures included in a well-designed and funded evaluation process. However, scientific evidence regarding program effectiveness is rarely present, and even well-tested civilian programs have not been systematically examined in military populations. Leaders and policymakers must be comfortable with simultaneously introducing evidence informed programs to meet the needs of their constituents, while supporting the randomized controlled study of other, newly proposed programs. As a result, not all programs can be available to everyone, nor should they be until they demonstrate their effectiveness. Service members and families within different branches, locations, and missions have distinct needs that cannot be addressed by DoD one-size-fits-all programming. Support to develop and adapt policies and programs that are specific to local cultural context, behavioral health problem, special populations (e.g., combat injured or grieving families) and military role are likely to be most productive.

Military leaders and policymakers are also in a unique position to break down barriers and positively impact studies by minimizing challenges faced by researchers. For example, they can develop connections with military families and communicate trust of researchers within military communities. Military leaders and policymakers should facilitate access and utilization of large DoD archival databases that would allow scientists to aggregate population-based data in order to answer military relevant questions (e.g., “how does deployment exposure interact with other military family variables to predict child maltreatment events?”). They should also advocate for the use of military identifiers in other large, national data sets that would allow researchers to compare military children with their civilian peers. Leaders and policymakers have the capacity to best support the collaborative efforts of military and civilian researchers, bringing civilian and academic expertise to bear in the military community, as well as encouraging the exportation of science from military families to the understanding and support of civilian families. In addition, leaders and policymakers could further facilitate timely response to wartime research efforts by employing established mechanisms for time-sensitive research incorporated by the NIH in disaster research settings, as well as simplifying research regulatory (IRB) procedures for collaborative efforts between military and civilian agencies.

### ***16.7.3 Recommendations for Public and Private Funders***

An underlying theme of this chapter is that science requires sufficient resources to make innovative and lasting contributions to military family readiness. Continued progress depends on the degree to which financial and social capital is available to support research. Of course, grant mechanisms can pave the way for more sophisticated research designs, longer observation windows, more representative samples, and ultimately, stronger scientific claims. At a broader level, programs of research benefit most when funding opportunities, particularly large grants from public/federal agencies, reflect coordinated efforts across multiple agencies. As stated earlier in this chapter, research focused on military children would greatly benefit from the development of a federally funded portfolio of research activities. Specifically, we see value in collaborative mechanisms that serve both military populations and civilian populations. Not only can research on military children and families provide valuable information about US families as a whole, but it also can generate insight into the dynamics of civilian families who face stressful circumstances, as well as the mechanisms that support resilience.

Private research funding from foundations, not-for-profit groups, individual or family donors and other contributors provide alternate sources of research support that lend unique opportunities for military family studies. Not infrequently, these funds come with guidelines that reflect special interests of the organization or individual donors, who may not always recognize needs within the field or understand how their contributions can bring the greatest good. Under such circumstances,

advisory boards can serve a useful role by allowing researchers, military leaders, policymakers, and representatives of the community (clinicians, community service providers, and family members) to guide privately funded contributions to efforts that can best serve the military community. Private funding often best assists by partnering with researchers or universities in targeting shared research interests or specialized populations in which studies have not been previously funded.

Money is not the only resource that funding agencies can provide to facilitate research on military families. Social capital, particularly in terms of interdisciplinary networking opportunities, mentoring and apprenticeship programs, and training mechanisms, would be exceedingly valuable for sustaining the momentum of the scientific enterprise. Both public and private funding have the opportunity to build research collaboratives, creating networks of military and civilian researchers with capacity for sustained research efforts. Examples of model programs include opportunities for interdisciplinary conference grants and multi-site or cross-agency research collaborative grants. The ability of military family science to address the pressing questions of the next major conflict depends—in no small measure—on the strength of the partnerships formed by key stakeholders in a position to provide resources, including DoD units, civilian funding agencies, private foundations, and nonprofit organizations.

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