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# Creating a community of support for National Guard and reserve military families

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Creating a Community of Support for National Guard and Reserve Military Families

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A research project submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

Partial Fulfillment of the Requirements

for the degree of

Educational Specialist

Department of Graduate Psychology

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## Dedication

This project is dedicated to all the brave military families who serve our country and to my parents, William and Jan Atwood. I am forever grateful for their dedication to our family, and for teaching me that the most important things in life are relationships.

## Acknowledgements

Dr. Anne Stewart, I am grateful for the opportunities you have given me to grow as I completed this project. Thank you for your dedication, guidance and support. You have both challenged me and been a warm, encouraging presence.

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## Abstract

This project provides community mental health professionals with information regarding the current supports and difficulties National Guard and Reserve military families face and the resources available to them. Literature on the stresses confronted by National Guard families, social support, the deployment cycle, and needs of National Guard families is reviewed. The current study investigated social support using the Social Support Questionnaire (Short Form) (Sarason, Levine, Basham, & Sarason, 1983). Participants reported the number of people they could really count on when they needed help and how satisfied they were with the help. In addition, qualitative written responses and interviews provided information on personal experiences with community support through the deployment cycle. Recommendations for future research focus on increasing participants and incentives. Recommendations and resources for community mental health workers providing support are also presented.

## CHAPTER ONE

For a community to be whole and healthy, it must be based on people's love and concern for each other. -Millard Fuller

### Introduction

As the child of an officer in the United States Public Health Service, I moved every two to three years to a different Native American reservation, where my father would provide dental health care. Though my father was not likely to be called overseas to war, he was active duty, and there were times when his bags sat packed in our home, ready for deployment. My father was not deployed from the time I was born until his retirement from the military. Despite this fact, our family did experience stress related to his career, mostly due to our many moves.

At my father's retirement in 2007, he was surrounded by his fellow officers, honored and praised for his dedicated service. Throughout the ceremony, my mother and I stood by his side at the front of the reception hall. We, too, were thanked for our dedicated service to our country, through our support of my father. No one had ever thanked *me* before, and I never could have imagined the impact. Tears welled in both my mother's and my eyes as a room full of people seemed to understand the stress we had experienced and looked gratefully upon us. That moment of understanding and recognition is one that satisfied a need I did not even realize I had.

Now as an intern in counseling, I am renegotiating my identity, learning who I am as a professional. Part of that identity is inextricably linked to being the daughter of a military officer. During my training, I had the opportunity to volunteer at the local National Guard Armory once a month. While Family Readiness and Support Group

meetings were held, students from our graduate-level psychology programs would do activities and play-based interventions with the children. These National Guard families have expressed much gratitude for just a few hours of our time a month. Feeling as though I could empathize with the continuous stress these families undergo, volunteer work with the National Guard became my way of honoring the families that serve our country, while practicing my counseling skills.

The purpose of this Ed.S. research project is to study National Guard and Reserve families' experiences regarding deployment and social support. The project uses qualitative interviews, written qualitative questions, and a measure of social support. The hope is that readers will gain an increased understanding of challenges and supports National Guard and Reserve families face, as well as identify and act on types of support National Guard and Reserve families still need.

Chapter 2 will summarize the literature. The literature review will include information and statistics about the National Guard, a description of the deployment cycle and its emotional effects on families, a definition of social support, along with previous research on the topic, and needs service members have identified.

In chapter 3 the reader will find a description of the participants, procedures for data collection and instruments used. The instruments described include the Demographic Questionnaire, the Deployment History, Social Support Questionnaire, Qualitative Written Questionnaire and the Military-Induced Separation Qualitative Questionnaire.

Chapter 4 will review the results found in the current study. A description of the primary variables of interest is provided, including perceived social support and



satisfaction with social support, followed by an analysis of the data obtained.

Participants' responses to the qualitative written questions and samples of responses from the qualitative interview are presented.

Chapter 5 will include a discussion of the results, and will weave the results from the current study together with the current literature on National Guard and Reserve families, deployment and social support. Additionally, ideas will be presented on ways mental health providers can offer National Guard and Reserve families support. Resources are identified that will be helpful to both mental health workers and military families. In the appendices, the reader will find books and workbooks appropriate for children, websites offering educational materials, as well as information regarding rights, benefits, services and supports.

## CHAPTER TWO

### Literature Review

#### The National Guard

At 373 years, the National Guard is the oldest branch of the armed forces in the United States. With roots tracing back to the early English colonies in America, the National Guard is a dual state-federal force. Historically, the Guard has offered protection of life and property to each state, and has been committed to protect and defend the United States worldwide. Although the guard still serves the states, since the terrorist attacks on September 11, 2001 the National Guard has been increasingly active in defending the United States abroad. Between 2001 and 2007, there were 254,894 National Guard troops deployed, and tens of thousands of National Guard soldiers are currently deployed, serving in Iraq and Afghanistan (Official Website of the National Guard, n.d.).

Many of these men and women, who have committed themselves to serving the United States, are also mothers and fathers. According to the Department of Defense (Military Homefront, 2005), 46% of service members are parents. There are an estimated three quarters of a million children under the age of five who have a parent (active duty, Guard, or Reserve) currently deployed (Military Homefront, 2005). National Guard families frequently experience major stressors, such as caretaker absence, dramatic lifestyle changes, mobility, and the threat of war.

National Guard members and their families often do not receive the same military support other branches of the service do. For example, most National Guard families do not live near other military families or military installations. A survey conducted by the

National Military Family Association found that less than 50% of the 1,600 service members surveyed had regular family support through the deployment cycle. An additional 17% said they had no support. This survey highlighted the need for increased social support among military members and their families (NMFA, 2005).

### Social Support

Social support is typically viewed as a means of coping with chronic stressors, such as the deployment of a family member (Cohen & Wills, 1985). Resources may be found within the context of relationships to reduce stress, foster self-esteem, and enhance feelings of belonging and security (Sarason, Levine, Basham, & Sarason, 1983). Though social support may most often be thought of as an interpersonal network of friends, family, neighbors, organizations and community members, it extends to various types and kinds of support. While a large body of research indicates that social support is a highly effective means for dealing with stress, the term social support is difficult to define because it is a complex, multidimensional construct that is often used broadly in literature to refer to some aspect(s) of social relationships (Sarason, Levine, Basham, & Sarason, 1983). There are many conceptualizations of social support, this section will highlight three prominent definitions. The reader will also be introduced to studies examining stress induced by the military life style and social support.

One conceptualization of social support states that social support occurs when an individual is involved with reliable people who provide the individual with care, love and a sense of worth (Caplan, 1974). Another conceptualization of social support asserts that social support occurs when individuals' basic needs are met by others (Kaplan, Cassel, & Gore, 1977). In this conceptualization the construct is further defined and separated into

types of aid. The categories of aid include socioemotional, instrumental and structural aid. Socioemotional aid refers to affection, sympathy, understanding and acceptance. For example, a community mental health worker may provide traditional counseling, in which the mental health worker builds a relationship with the family, listens to their concerns and communicates understanding from a non-judgmental stance. Instrumental aid refers to advice, information, help with family or work and financial aid. To provide instrumental aid, a community mental health worker may offer educational workshops or groups covering the feelings families often experience as they go through a deployment, or may connect military families to other community resources that suit their needs, such as financial advisors. Structural aid refers to the type of relationship through which support is provided: friends, family, neighbors, church members, etc. Providing social support is not an act that is limited to the mental health profession. Those who are not mental health workers, and mental health workers who prefer to contribute personally rather than professionally, may find they are able to support military families with whom they already have a relationship in the community. This type of support could take many different forms including child care, providing meals, or simply offering words of encouragement (Kaplan, Cassel, & Gore, 1977).

Each of these conceptualizations contributes to the ongoing process of defining social support. For the purposes of the current study a definition of social support that was closely associated with the measurement tool was desirable. The current study is based on the idea that social support is defined by enduring ties with other individuals, which maintain the psychological and physical stability of the individual over time. Sarason and Sarason (1983) defined social support as the “existence or availability of

people on whom we can rely, people who let us know that they care about, value and love us” (p. 127). The construct of social support will be measured by the perceived number of others available to provide support when the individual is in need and the individual’s satisfaction with the identified support (Sarason, Levine, Basham, & Sarason, 1983). Sarason and Sarason’s (1983) definition is particularly useful for the study in that it helps researchers and mental health professionals begin to understand military families’ current amount of support and their corresponding levels of satisfaction.

Hiew (1992) examined deployment stress and coping skills of children who were separated from their fathers due to training activities or military deployment. Sixty-six children, ages 8 to 11, participated. The fathers of the children had been away within the past 8 months. The children were interviewed to examine their coping behaviors. Children reported their stress levels at each stage of deployment and indicated the coping skill used. Three types of coping skills were identified: problem-focused (managing or changing the situation), emotion focused (regulating emotions) and social support seeking (a mixture of problem and emotion focused). Children reported experiencing the most stress during the actual absence of their fathers, and most frequently utilized coping skills during the absence. For example, children reported talking to their mother about their feelings surrounding their father’s absence and thinking about the last time their father was away. The most common skill used was emotion focused coping. Children used emotion focused coping, attempting to regulate their emotional distress, by trying to forget about the absence and wishing their father did not have to leave. Children who used social support seeking as their main method of coping had fewer acting out problems at school and were more likely to also use problem focused coping skills while

their fathers were deployed and when they returned. The researcher concluded that while a parent is away the most useful coping strategy is social support seeking.

Spouses of military members are also greatly affected by deployment stressors. Klein, Tatone, and Lindsay (2001) examined the relationship between the dimensions of social support, locus of control and temperament, and military wives satisfaction in life, considering the amount of change they had faced. Sixty wives of active duty, non-commissioned officers or enlisted men, who lived on or near a large military base participated. The women ranged in age from 18 to 49 years. Researchers used the Procidano and Heller's Perceived Social Support from Family (PSS-Fa) and Perceived Social Support from Friends (PSS-Fr) scales (1983) to assess social support. The PSS-Fa assesses the support perceived from spouses and children, while the PSS-Fr assesses support received from friends. Both are 20-item, 4-point scales ranging from *statement strongly describes my relationships* (4) to *statement does not at all describe my relationships* (1). Participants who reported greater levels of perceived support from family and friends also reported less fear and distress. The study found the wives who reported having social support also reported feeling satisfied with military life (Klein, Tatone, & Lindsay, 2001).

Like their family, service members have also been shown to greatly benefit from social support. In a study on mental illness and social support among patients of the Veterans Affairs health clinic (Kilbourne, McCarthy, Post, Welsh, & Blow, 2007), researchers found that veteran patients diagnosed with either schizophrenia or bipolar disorder reported lower social support than those patients who had not been diagnosed with a mental illness, indicating a negative correlation between mental health and social

support. Participants had received care from the Veterans Affairs health clinic and had been diagnosed with bipolar disorder, schizophrenia or neither disorder. The participants completed the social support section of the VA's Large Health Survey of Veteran Enrollees (LHSV). The LHSV included nine questions referring to structural, instrumental and emotional support, the social support approach promoted by Kaplan, Cassel and Gore (1977). In addition, the social support questions were strongly correlated with measures of physical health related quality of life and mental health related quality of life.

With the compelling literature on social support, there is good reason to believe that community support for military families, especially National Guard and Reserve families, who sometimes miss the support of other military families, is extremely beneficial. National Guard and Reserve families tend to be less integrated into the military network than other active duty service members (Burrell, Durand, & Fortado, 2003). Often National Guard and Reserve families do not live near other service members or a military installation, where additional resources can be found, and they experience quick and sometimes unexpected changes (NMFA, 2005). Hoshmand and Hoshmand (2007) called for greater support of military families in civilian communities and cited a lack of involvement via practice and research on the part of community mental health workers. With more than two thirds of the military living in the civilian community, there is a need for increased community support.

Community mental health professionals have an opportunity to act as a secure base or a safe haven for our military families. As military families experience new and challenging situations, community mental health professionals are able to offer support.

Support may take various forms, such as pro bono counseling, completing research and exploring families' needs to promote a broader range of available support, volunteering at a local armory, creating a counseling group, or simply delighting in and seeking ways to celebrate the military families' service to the United States.

### Deployment Cycle

In order for mental health workers to work effectively with military families, it is important to understand the cycle of deployment and the challenges each stage of the cycle poses for family members. It is helpful for mental health workers to educate themselves and the families with whom they work on this topic so that families are able to anticipate challenges and are better prepared to deal with them. It is also helpful for families to understand that their reactions to these stressors are normal and have been felt by others going through the cycle of deployment.

The first stage is referred to as pre-deployment. Pre-deployment begins when the service member receives orders and ends when the service member is deployed. This stage can last anywhere from several weeks to a year. During this period, families often alternate between anticipation and denial. It is common for family members to have difficulty accepting the news that their loved one will be away, and likely in danger, for an extended period of time. It is an overwhelming idea, especially for those who have not experienced deployment before. Family members may feel a great deal of anxiety and want to be both closer to the service member and distance themselves. It is likely that families will want to cherish the last weeks with their loved one, and place great importance on making everything special. For example, holidays, birthdays, meals and parties may all suddenly carry a great deal of weight as family members realize the



possibility that each could be the last, and therefore, should be the best. During this time, the service member is away more and more training and bonding with fellow service members. Frequently, additional distance comes in the form of arguments. For those who have experienced multiple deployments, they may come to recognize a pattern and be able to predict deployment related arguments. Unfortunately, an argument at this stage can feel like a disaster (Pincus, House, Christenson, & Adler, 2006).

The next stage is deployment, which is defined as the first month a service member is deployed. Again, family members may experience conflicting feelings including anxiety, anger, disorientation, relief and sadness. While it can be relieving to have the certainty of knowing what has been so highly anticipated is actually happening, it is also a time when most of the “what if’s” are asked by those still at home. At this time, the service member is both psychologically and physically deployed, and families may begin to have wonderments such as, “What if I can’t handle taking care of the kids by myself” or “What if my dad dies while he is overseas”. This speculation can cause excessive anxiety, sadness and difficulty sleeping. Loved ones at home may feel anger, stress and disorientation as they attempt to navigate what it is like to function with part of the family unit absent. In addition, families often wait anxiously for the first communication from the service member. Sometimes the waiting period is lengthy, increasing the amount of stress and worry. It is also likely that initial phone calls will be emotionally intense (Pincus et al., 2006).

Stage three of the deployment cycle is sustainment. The sustainment stage may be thought of as the time when families demonstrate their resilience, finding strength and support. At this time, families have typically adjusted their schedules and routines to

accommodate their new situation. They find sources of support, whether it be other military families, friends, relatives, neighbors, church or counselors. As with all other stages, communication is very important during sustainment. While use of the internet has improved the frequency and ease of communication, it is also easy to misinterpret messages where tone of voice and the ability to respond immediately to one another are not present (Pincus et al., 2006).

Re-deployment is the month before the service member comes home. This stage is often defined by anticipation. Family members are excited about their loved one's return and generally have some concerns too. For example, a spouse may wonder if all the decisions made while their partner was gone will be accepted by the partner upon their return. As in the pre-deployment stage, family members will likely have high expectations for the return and put great pressure on themselves to make everything perfect (Pincus et al., 2006).

Post-deployment begins when the service member returns home. The duration of this stage varies from family to family. The stage typically begins with "the honeymoon period" when much praise is given to the service member and family members affectionately greet each other. However, this is not always the case. At times, schedules are not able to be rearranged or the service member's arrival is changed so many times that the family is not able to be present for the initial return. When families are not able to greet service members it can be quite disappointing and anticlimactic for the service member. Even when families are physically reunited, it may take time to become emotionally reunited. Each family member, including the deployed member, will have to navigate what it means to have the deployed member back and functioning as part of the

family unit. Routines, support systems and decision making are all issues that will have to be renegotiated by the unit (Pincus et al., 2006).

In addition to understanding what the families may be experiencing during the deployment cycle, it is important to hear from the National Guard and Reserve families what kind of additional support they feel is needed. The next section provides a summary of responses from these families in a survey administered by the National Military Family Association.

#### Needs of Service Members

The National Military Family Association (2004) conducted a survey asking military families, “What do you feel is needed for military families in order for them to continue to be successful before, during and after the deployment cycle?” Some of the information gleaned from the survey pertains only to the United States military, however, many of the needs identified are ones that community mental health professionals can address. Several categories of concern were identified as a result of the survey. Those categories include communication, deployment length and frequency, continuous training of support providers, and support of the entire family.

#### *Communication*

For many military families, the logistics of communication became a struggle. Seventeen percent of people who responded to NMFA’s (2004) survey said that communication was the biggest challenge they faced during deployment. Many responses suggested that they believe good communication is also essential for those providing support to the families. Service member’s spouses, children and extended family wanted to know there is someone who cares about them and understands what they are

experiencing. Family members also wanted to understand what the deployed member is experiencing, and indicated this would help in the reintegration process. There were ever-present challenges, such as worry about expenses associated with the internet, postage, phone cards and phone bills, as well as the frequency and duration of calls allowed by the military. Reports in the media were often negative and created additional stress for the family when communication with the deployed family member became less frequent. The desire for communication with other military families was significant. Many respondents believed that support groups provide families with opportunities to learn from one another. Data from the survey showed a positive correlation between families' participation in support groups and the families' success in dealing with subsequent deployments. Families said they need consistent support throughout the deployment cycle. Respondents believed it would be helpful to have consistent, clear and direct communication with other military families, the deployed service member and any individual providing support.

#### *Deployment Length and Frequency*

Army National Guard and Reserve units are often deployed for 18 months, a lengthy time for families to be separated. Service members' families reported concern over the effects such long separations have on the family unit. Only 47% of respondents reported having support available to them during each stage of deployment. Sixteen percent said support was available during the deployment phase only, and 17% said there was no support available to them. Respondents suggested having training sessions on coping skills throughout the deployment, not just at the pre-deployment phase. Often the bulk of information families received was given out during the beginning stages of

deployment. Since these stages are characterized by emotional intensity, it would be helpful for families to receive information during other phases, too. Families specifically stated the reunion phase was a critical time for support. A group or training session to help families successfully reintegrate the service member was requested. Those surveyed acknowledged counseling was an option, and reported interest in a confidential means of support, in which the professional has knowledge of the military. Nearly half of respondents said they would have used or would use counseling in the future. Families who have experienced multiple deployments were more likely to be interested in counseling. Specifically, families thought couples counseling, couples retreats, and counseling for children to help them bond with an absent parent would be useful. In addition to needing these types of resources, families also expressed a need for help with finding the resources (NMFA, 2004).

#### *Continuous Training of Support Providers*

While the National Guard and Reserve do have some resources, such as family readiness groups, community support would be a valuable supplement, and in some cases would be the only support option. Families described a need for support not only during deployments, but whenever they are separated from the service member. While service families are sometimes able to organize and support one another, it can be a draining commitment for family members who are already stretching themselves thin and are experiencing their own stress of having a member deployed. Group leadership positions are often not funded, and any expenses for support groups frequently come from spouses of the deployed members. Those who haven't experienced deployment before, and some who have, felt they needed leaders of these support groups to be consistently available

and well trained. This could be great deal of pressure, and many respondents expressed concern for their group leaders' stamina. Some of the stress could be alleviated by community mental health professionals either taking on group leadership roles or providing training and support to military group leaders (NMFA, 2004).

#### *Support for the Entire Family*

Family members who responded to this survey also suggested that services could be improved by offering support to extended family and loved ones in non-traditional situations. For example, sometimes a service member is deployed and children will be sent to live with their grandparents. Situations such as this have been overlooked in the past, and effort could be made to reach out to all affected loved ones. Support should not depend on the type of relation to the deployed service member. As community mental health workers consider expanding on current available resources for military families, they may also consider expanding on the target population for those resources. For example, there may be special support groups created for parents or friends of deployed service members (NMFA, 2004).

## CHAPTER THREE

The current data was collected in an effort to expand the body of information concerning National Guard and Reserve families. In order to better serve National Guard and Reserve families, mental health professionals, the military and communities must first learn more about the difficulties and supports for these families. Specifically, this study will examine perceived, available social support and satisfaction with identified social support, as well as specific personal experiences with community support.

### Methods

#### *Participants*

Participants in this study were National Guard and Reserve families in a rural Mid-Atlantic region with a child (or children) between the ages of 3 and 16, who have experienced at least one deployment of a primary caregiver. A total of 31 parent-child dyads from 13 family units completed the project. Participants included 20 parent-child dyads (64.5%) identified from the National Guard component of the armed forces and 11 parent-child dyads (35.5%) from the Reserve component.

The majority of the participants (61.3%, 19 participants) were mothers, and the remainder (35.5%, 11 participants) were fathers and a grandmother (3.2%, 1 participant). Nineteen (61.3%) female children and twelve (38.7%) male children participated in the study. The average age of parent participants was 35.6 years, with a range in ages from 24 to 57 years, while the average age of child participants was 8.0 years, with a range in ages from 3 to 15 years. The majority of parent participants identified themselves as Caucasian (83.9%, 26 participants), along with 6.5% (2 participants) African-American, and 9.7% (3 participants) identified as two or more races. Participants were asked to

report the education level of both parents and income level. The father's education level ranged from GED (9.7%) to college education (29.0%), with two missing participant responses. The mother's education level ranged from GED (6.5 %) to post-college education (3.2%). Family income level ranged from below \$20,000 annually to over \$100,000 annually (M= \$66,588). Participants identified their religious affiliation. The most common were Methodist (19.4%), along with 16.1% Baptist, 16.1% Christian, 12.9% Catholic, 12.9% Presbyterian, 6.5% Lutheran, 6.5% Not Applicable, and 3.2% Interdenominational. Two participants chose not respond to religious affiliation. Parents were asked how many individuals were living in the home, and responses ranged from 2 to 6 with an average of 4.35 individuals. The number of children living in the household ranged from 1 to 4 children, with an average of 3 children.

Participants were asked to identify the family member deployed. Thirteen participants (41.9%) identified themselves as the family member deployed, while 32.3% reported father, 9.7% reported brother, 6.5% reported step-father, 3.2% reported mother, 3.2% reported sister, and 3.2% reported step-son.

#### *Procedures for Data Collection*

Prior to the study, permission from the university institutional review board (IRB) was granted to conduct the research project. Participants for this research (n=31) came from a National Guard armory and Reserve armory and were contacted via a National Guard Project investigator and/or National Guard Family Readiness Group or Family Assistance Program. Participants were notified about the possibility of taking part in the National Guard Project via announcements at National Guard Family Readiness meetings



and contacts and connections within the community. Prospective participants signed up to be contacted at a future time to further discuss participation in the project. The families were contacted and provided with more information and were given the opportunity to ask further questions about the project. Appointments were scheduled to complete the project at a local university community mental health clinic, a nearby National Guard armory, a community public middle school and/or home.

The parents and children were asked to complete informed consent and assent, a demographic questionnaire and deployment history form, and a measure of perceived support and satisfaction with the identified support. When the parent was finished completing the forms, the parent also completed qualitative interview questions related to the experience of separation and reunion. After completing the measures and tasks and barring any questions from the parent, this concluded participation in the study.

### *Instruments*

*Demographic Questionnaire.* Parents provided the following information about family demographics: relationship to the child, participant's age and gender, ethnicity, parents' education levels, parents' occupations, take-home income, religious affiliation, and the number of persons living in each household. The parents were also asked the child participant's age and gender, special needs of the child and typicality of interactions with the child following the parent-child measure (see Appendix B for a copy of the Demographic Questionnaire).

*Deployment History.* Parents provided the following information related to deployment history: person deployed, number of previous deployments, length of

separation(s), location of deployments, anticipation of another deployment, preparation of the deployment, and child(ren)'s response. The parents were also provided dates for the following: when you received Alert Notice for most recent deployment, when did you tell your family about the deployment, most recent deployment, and length of deployment (see Appendix C for a copy of the Deployment History form).

*Social Support Questionnaire.* Parents completed the Social Support Questionnaire – Short Form (SSQ). The SSQ assesses both perceived number of social supports and the satisfaction with the social supports available (Sarason et al., 1983). The number (N) score for each item is the number of support persons listed on the SSQ. The satisfaction associated with the support persons identified is rated on a Likert-type scale ranging from 6 (“very satisfied”) to 1 (“very dissatisfied”). This yields a satisfaction (S) score for each item. The overall N and S scores are obtained by dividing the sum of N or S for all the items by the total number of items. Studies investigating the psychometric properties of the SSQ suggest that the SSQ is a valid and reliable instrument. In a study conducted by Sarason and colleagues (1983), a sample of 602 undergraduate students was administered the SSQ. Results indicated that the alpha coefficient of internal consistency was .97 and the alpha coefficient for S scores was .94. Additionally, the test-retest correlations for N and S were .90 and .83, respectively. Scores on the Number and Satisfaction scales are negatively correlated with depression and anxiety. When the SSQ was compared with a structured interview the two approaches produced comparable results (Sarason et al., 1987). Studies have shown low social support is related to negative

life events, illness, external locus of control, relative dissatisfaction with life (Sarason et al., 1985; 1983) (see Appendix D for sample items from the SSQ).

*Military-Induced Separation Qualitative Questionnaire*©. Parent participants were asked to complete a qualitative interview portion of the study, assessing their experience of military-induced separation and reunion. Parents were asked to think about their most recent experience with separation and reunion and choose three words that described the experience. Parents were then asked to disclose a specific experience, particular day or incident that illustrated each identified word (see Appendix E for a copy of the Military-Induced Separation Qualitative Interview©).

*Qualitative Written Questionnaire*. Parents were asked to provide written answers to several questions on the deployment history form. Questions were related to preparation and response to the deployment and available resources to feel adequately prepared to discuss the deployment. In addition, questions explored how schools and communities may help children and families when a family member is deployed. Sample questions included ‘Who at the school has been helpful? What else would be helpful for the school to know or do? What else would be helpful for the community to know or do?’ Please refer to Appendix F for a copy of the Qualitative Written Questionnaire included with the Deployment History Form.

## CHAPTER FOUR

This chapter presents the results of the current study, beginning with a description of the analysis process, followed by an analysis of social support. The chapter also provides a qualitative summary of parent responses to the written questionnaire and samples of responses to the qualitative interview.

### Results

#### *Analyses*

All analyses were conducted using SPSS Version 16.0. Before analyses are presented, descriptive primary variables of interest are presented. Variables of interest include perceived social support, and satisfaction with social support.

#### *Social Support*

The Social Support Questionnaire provided information about the number of social supports and the satisfaction with the social supports available. The range of social supports identified by adult participants on the Social Support Questionnaire was 0-8, with a total mean score of 3.16. The highest mean social support score possible on the SSQ was a 9.0. The range of satisfaction with the identified social support was 1.83-6.00, with a total mean score of 5.06. Satisfaction is based on a Likert scale of 1 to 6, with 1 being very dissatisfied and 6 being very satisfied. A mean satisfaction score of 5.06 corresponds to “fairly satisfied” on the SSQ.

#### *Parent Responses to Qualitative Written Questions*

A specific purpose of this project was to learn more about the difficulties and supports during deployment and how communities may help children and families when a family member is deployed. Parents were given the opportunity to share how they

discussed the deployment with their children, the resources that helped them to feel prepared to discuss the deployment, from whom they expected more help, as well as the type of help they were looking for. The personal written responses collected provided qualitative data related to preparedness and social support, important factors that have been determined to play an essential role in the adjustment of families to the deployment of a family member.

A qualitative, inductive content analysis was conducted and several themes were identified. The method for this content analysis included initially coding data and looking for categories, themes, or dimensions of the information (Creswell, 2007). Data were read, reviewed, and divided/coded into meaningful units based on the parents' experiences and the context of the experiences. A total of 18 parents participated in the study and provided responses to qualitative written questions.

Parents were asked about resources that helped them feel prepared to discuss deployment with their children. These responses were divided into six categories, representing six themes and accounting for 89% of the responses. The majority of the responses included more than one theme. One identified theme was military families/unit, including responses such as other military wives, deployed service members, people/families who have been through it, etc. Approximately 33% of parents sought advice from military families/unit. Another identified theme was support groups, such as family support and readiness group. Approximately 28% of parents reported that support groups helped them feel prepared to discuss the deployment with their children. The internet was an identified theme, accounting for 22% of parent responses. The internet

theme included online support forums and own research online. Another theme identified within parent responses was resources/guides. Resources/guides included National Guard resources and Sesame Street program (ex. Talk, Listen, Connect). Approximately 22% of parents identified resources/guides as helpful. Communication was a theme acknowledged in parent responses, accounting for 17% of responses. For example, some parents felt that increased communication from the military concerning the deployment and increased communication with the deployed family member would be beneficial. The last theme identified was professionals, including counselors and pediatricians. Approximately 11% of parents found professionals to be helpful when discussing the deployment with their children. Two responses did not include any of the identified themes, and instead one reported that nothing really helps and the other reported receiving very little information. A complete list of the responses coded for this written question is located in Appendix H.

Parents were asked to identify whom they expected more help from during the deployment. These responses were divided into four categories, representing four themes and accounting for over 72% of the responses. One identified theme was family, including parents and ex-husband. Approximately 22% of parents reported expecting more help from family members. Another identified theme was friends, accounting for approximately 17% of responses. Another theme noted in responses was the school, including teachers and guidance counselor. Approximately 17% of parents reported expecting more help from the school. The last theme identified was military components, including the National Guard and The American Legion. Approximately 11% of parents

expected more help from components of the military. Approximately 11% of parents reported not expecting any help, while 22% of parents did not respond or indicated not applicable to this written question.

Parents were asked to identify the type of help they were seeking. Three themes were identified, emotional support, physical support and communication, accounting for over 72% of the responses. The most prominent theme was emotional support. This included responses such as talking/counseling sessions, mental health check-ups, being there for birthdays/holidays, etc. Approximately 44% of parents endorsed emotional support as the type of help they were seeking. Another theme identified was physical support. Physical support included child care, household chores, etc. Approximately 33% of parents were looking for help through physical support. The last theme identified was communication which included information and correspondence. Approximately 11% of parents identified communication as the type of help they were seeking. Approximately 28% of parents did not respond or indicated not applicable to this written question.

#### *Qualitative Interview Responses*

Another purpose of the current study was to better understand National Guard and Reservist families' experience of military-induced separation and reunion. Parents were asked to choose three words that described their most recent experience with separation and reunion due to deployment. Parents were then asked to provide a specific experience, or particular day or incident that illustrates what they meant by each word. The verbal responses collected gave voice to families' struggles and adjustments, and provided qualitative data related to personal experiences of deployment. The following

participants' responses were representative of the range of comments from the families and help illustrate the common themes and unique experiences of participants.

When asked to state three words used to describe the separation associated with the deployment one parent reported "stressful, depressing, and strengthening." When asked to illustrate what was meant by stressful, the parent responded,

*"Well, we had the ah water from the washing machine that was supposed to be flowing out through the pipe back up, back through the pipes, up through the kitchen sink, across the counters on to the floor, and back on to the floor in the laundry room. So, I had to clean up the laundry room, which is our storage room, so there was so many boxes, and you know, there were decorations from the birthday party in there and all kinds of things, and I had to try to get that straightened out, so [laugh] yeah. So that was probably the most stressful thing. Normally, he would've been there to help and I had to deal with that. It was at the end of a long day, so I was already tired and the kids had just gone to bed so."*

When asked to illustrate what was meant by depressing, the parent responded,

*"Well there was one day [sigh] we were talking on the computer and we had an argument and it was just something small, I don't even remember what the argument was about but it was just a matter of all of the trying to be strong and help the kids and deal with everyday situations and help him because you know he was dealing with stress adjusting and things they were doing and umm it just really felt down. It was a very depressing*



*evening. I ended up just going and having [laugh] a good long cry because you know I hadn't had any time to really just break down and deal with everything so it was just, it actually, that kind of mood hung over for a few days after that so."*

When asked to illustrate what was meant by strengthening, the parent responded,

*"Well, it was after the depressing period and I just decided that you, he had mentioned that he really needed me to help him through that. You know he needed to get through this, I needed to get through this, and I decided that I can either just keep fighting things and just dealing with it that way, which obviously wasn't working, or I could choose to say that this is what we had to do and simply deal with it as we went, and umm I don't know if it's necessarily specific but it just seemed like there was some kind of point where I just said you know what, we can do this. We're going to do this, and so I feel a lot stronger now. I don't know why [laugh] cause you know nothing really changed except my outlook. I just decided, you know, we've got to do this, there's no choice. I'm not getting out of it by doing anything so just time to be strong and deal with it."*

This mother's responses illustrate several common experiences of military families, as cited in Pincus et al. (2006). For example, she described the stress of navigating day-to-day with her husband absent, a common theme during the deployment phase. This mother noted that had her husband been home, he would have been able to help. The mother also noted a conversation via the internet, in which she and her husband

argued, a common theme in the sustainment phase. While she did not give specific details of the argument, she identified feeling depressed as a result. Finally, this mother explained that she found strength as her outlook began to change, and she decided she could and would get through the deployment, also a common theme in the sustainment phase.

Some families reported high levels of parenting stress that fell in the above normal range. One such parent offered these three words to describe the separation associated with the deployment: “left behind, distant, and overwhelmed.” When asked to illustrate what was meant by left behind, the parent responded,

*“Umm, I can’t. He’s just, he’s gone off to go do something and I’ve been left to just do everything, to just continue everything.”*

When asked to illustrate what was meant by distant, the parent responded,

*“When I mean distant I mean relationship wise as far as talking, distancing myself from him to avoid acknowledgement of him leaving. And that occurred maybe three months before he was deployed, gone from the house..”*

When asked to illustrate what was meant by overwhelmed, the parent responded,

*“I mean, everyday its overwhelming, the fact that I have to maintain a household, yard, cleanliness of the house, every aspect of child care, having to know at all times where all children are, having to take care of everything and still find time to spend time with the kids and to give them*

*the time that they deserve. Good quality time when I have nothing else to do just think about them.”*

Though this second mother appeared to have a much higher level of stress than the first, we again see some common themes. This mother feels left behind and is also attempting to navigate day-to-day events without her husband’s presence, a frequent experience in the deployment phase. Unlike the first mother, this mother reported feeling distance between herself and her husband even before he was deployed, a feeling often reported beginning in the pre-deployment phase. Finally, she communicates that she is overwhelmed by all of the responsibilities with which she has been left, also common in the deployment phase.

These parents’ responses were also examined in relation to the reunion phase of deployment. The three words used to describe the reunion associated with the deployment by the parent who reported high levels of parenting stress were “excited, anticlimactic, and readjustment period.” When asked to illustrate what was meant by excited, the parent responded,

*“Well before we left “F” was getting ready to turn two so she helped me color a big poster to have hanging up when we got home and umm we were just very excited. He was graduating AIT and just so happy to finally be at the end of him being gone and just, she and I both, you could just feel the excitement. We’re going to get daddy, it was just so.”* (Initials used in place of names to protect participant confidentiality.)

When asked to illustrate what was meant by anticlimactic, the parent responded,

*“Well we came home and he ended up driving us home from South Carolina and umm it wasn’t, you know we had been so excited and it was just very, you know, quiet ride back. We talked about different things and ah he saw the poster and said eh nice [laugh] and just went on. So you know, it wasn’t quite the, didn’t quite expect him to be quite as low key as he was.”*

When asked to illustrate what was meant by readjustment period, the parent responded,

*“Well I kind of umm had this idea, he had been gone for so long so we would, you know, that first few days to a week where we would just be doing things as a family and having dinners together and spending time talking and just, and you know, what you do, this is what I did, just really going down through everything and umm one day he had gone over to the next door neighbor’s and you know, we were good friends with them but he went out there and he talked with the guy over the fence for an hour, hour and a half, [laugh] and I had had dinner waiting and so I’m sitting in here and I didn’t want to go out there and have to, you know, honey you need to come inside, we’re ready for dinner. You know, he hadn’t seen the guy in a long time and wanted to tell him how things had been going and thank him for you know watching out for us while he was gone, but I was so angry by the time [laugh] he got back in the house and just, you know, really had a tense moment there [laugh]. So there was definitely a*

*disconnect between what I had expected and what actually ended up happening.”*

This mother's described normal emotions experienced during the re-deployment and post-deployment or reunion phase. There was excitement that her husband and child's father was home. There were also high expectations. Many families anticipate the return of the service member and imagine perfect celebratory arrivals. However, most families find themselves having to readjust to accommodate the family member and the changes that have taken place during the deployment.

The three words used to describe the reunion associated with the deployment by the parent who reported high levels of parenting stress and were “joyful, stranger, and relief.” When asked to illustrate what was meant by joyful, the parent responded,

*“The day that he came back was joyful, and it was an anticipated day and it was just joyful.”*

When asked to illustrate what was meant by stranger, the parent responded,

*“Umm, maybe two, two to three days after he, you know, came back and we were at home and it was kind of like there was a stranger in the house and things would be moving and I know I didn't do it and then I, you know, someone would walk by and I'd think well who was that and then just talking to him in general. Point of views changed. Umm just thoughts and people change over a year and you have to get to know them again regardless of how often you talk to them on the phone. And physical contact is strange.”*

When asked to illustrate what was meant by relief, the parent responded,

*“I had relief in the fact that he was home and no longer in danger. And relief in the fact that now there was someone else to help me, whose responsibility it was to help maintain and care for the children.”*

This mother also described mixed emotions when her husband returned. After being gone for year she felt joyful to have her loved one home. Some adjustment also had to take place. As she wisely noted, despite a good deal of communication, people change over a year’s time, and it is important to accept that and spend time trying to understand the changes. Finally, with her husband’s return came additional support in raising the children, and a decrease in stress, as she no longer had to worry about his safety.

These examples of responses from the qualitative interview portion of the current study support the literature. The responses show that although each family has a contextually unique experience, there are some common themes, and there are similar emotions experienced during specific phases. These particular responses highlight mixed emotions, struggling to navigate without the entire family unit, and finding strength and resilience. Next, the Discussion chapter will focus on implications for the results of the current study.

## CHAPTER FOUR

### Discussion

The primary objective of this study was to identify current levels of social support and satisfaction with social support experienced by National Guard and Reserve military families when a family member is deployed, as well as to present the families' needs and highlight the ways community mental health workers may provide support. This chapter provides a discussion of the results, limitations, implications and recommendations for future research.

Participants' mean satisfaction with social support received was positively skewed. This could be due to the fact that the majority of the participants in the current study were members of an active social support network, holding monthly meetings at a local armory. The meetings were held by the Family Readiness Group, which facilitated local families coming together to offer one another support through sharing stories and experiences, making efforts to support the deployed service members and sharing information related to a number of pertinent concerns, such as finances. The families would hold a potluck dinner and meet for several hours. This created a consistent means of social support at least once a month, and many of the families were also in communication with each other throughout the month.

The majority of participants identified having at least some social support, which could indicate satisfaction with social support is not dependent on quantity. It is also possible that these National Guard and Reserve families have found ways to successfully navigate deployment without additional resources outside their families. Additionally, the families may have been unaware at the time of the study what other support was available

or could have been made available to them. It should be kept in mind that the sample size ( $N=31$ ) was relatively small.

According to the parents' responses to the qualitative written questions, much of the support parents' have found helpful and the additional support they need involve services that community mental health professionals are well qualified to provide. Families identified contact with others who are going through or who have already been through deployment, support groups, the internet, resources and professionals as support that would help them feel more prepared to discuss deployment with their children. To address this need community mental health professionals could create and facilitate a support group, inviting members of the community who have had a family member deployed, were deployed themselves or who currently have a family member deployed. In addition, community mental health professionals could create packets of information, including useful community and internet resources for the military families. Quite often, community agencies already have lists or manuals of local resources available. These lists or manuals could be edited by adding or subtracting information so as to make it pertinent for military families specifically. Community mental health professionals will find online resources and books useful to educate themselves and to include in resource guides for the military families (see Appendix G).

Parents also identified people and organizations from which they expected more help during deployment. Family, friends, school and the military combined to make up over 72% of the responses. A community mental health professional may intervene here by offering education to non-military community members about social support. The



education may take the form of a workshop or an article in a local newspaper. It may also include educating the military families to help them know what support is available, for which they may request. Schools, like the community as a whole, have the opportunity to act as a secure base or safe haven for the children of deployed service members. School counselors may find various ways to honor and attend to service members and their families. One example would be creating a group for children who have a loved one deployed.

In the future, further attention may be directed toward support received via religious affiliations. Although 87.1% of participants endorsed having a religious affiliation, participants did not name that type of support when identifying resources which helped in discussing deployment with their children or as an organization which they expected more help from. It is unclear what role participant's religious affiliation has played in offering support.

Community mental health professionals may find traditional and non-traditional ways of contributing support. Again, one strategy may be education for all community members on various types of support. For example, community members may come together to help families by providing child care, collecting mailing supplies to help families keep in touch, organizing a parade to honor the families, or helping out with home maintenance tasks. A more traditional approach may involve providing pro-bono counseling sessions to family members (for an explanation of appropriate treatment modalities please see Appendix H).

Another form of support community mental health professionals might offer is further contributing to the current literature and research regarding National Guard and Reserve families. In the future, data from the current study could be analyzed utilizing different methods. Future research projects may obtain stronger results with more participants. Recruiting participants for the study was time consuming and once families were identified as possible participants, it was difficult to find families willing to participate. Consideration should be given to the fact that deployment is a particularly emotional subject and many of the families contacted to participate were currently going through deployment. Participants' incentives in the current study were to provide information that could be used to help other families in the future and a certificate for a free pizza. Stronger incentives may have increased participation. In addition, in order to participate in the study many families were required to drive a half hour or more to a clinical setting. Finding a way to make the data collection more convenient for families would likely increase participation.

### Conclusion

Community mental health workers have access to useful resources and have valuable skills to contribute in the support of National Guard and Reserve military families. Many service members are still being deployed, and many of those men and women have children. As evidenced by the literature and the current study, National Guard and Reserve military families value social support. Social support can involve a variety of contributions. It may be offered in the form of research, traditional, pro-bono counseling services, organization and facilitation of support groups, volunteering to help

with childcare, home maintenance, aiding families in communication and correspondence with the deployed service member or finding ways to celebrate the families' that serve the United States of America. However community mental health workers choose to offer support, previous surveys and the current study clearly demonstrate that there is a need for the community to increase the support of National Guard and Reserve military families.

On one occasion, while volunteering at a local National Guard Armory, one of the Family Readiness Group (FRG) leaders was obviously tense. The leader, who typically had a very gentle and sweet nature, was short, made little eye contact and used a harsh tone of voice with the volunteers. It was just after Thanksgiving, and the FRG was meeting to put together packages for their deployed family members. Near the end of the meeting, I was able to speak privately with the FRG leader and learned that she had not yet heard from her husband who had been deployed, while others had already heard from their loved ones. In addition, she had been struggling with several very emotional and concerning family issues and was unable to rely on her husband for support. This leader attempted to hold her sadness, anger and anxiety, while providing support to the other families in the unit. This example demonstrates that even when there are established support networks in place, outside support will continue to be useful. This FRG leader provided excellent support to the group, and to continue to provide excellent support, she needed to take care of herself, and she needed someone to support her. It is important to remember that the families of deployed service members are navigating with different and sometimes fewer resources than when the service member is present. This woman

was a wonderful leader to the other families in the unit, as she clearly understood what the families were experiencing, and as she experienced continuous stress along with the other families, additional community support allowed her to sustain the support she gave to others.

In order for the information in this document to be most useful it must be disseminated in the community. Possible means of dissemination include publication in professional journals, presentations to community and school mental health providers, creating a website and providing copies of the document to military groups, such as the FRG, community mental health agencies, volunteer organizations and established military support networks, such as Military OneSource. It is my hope that those who receive this information will consider the identified needs and commit to providing at least one method of support.

## Appendix A

### Consent to Participate in Research

#### *Identification of Investigators & Purpose of Project*

You are being invited to participate in a project conducted by Kelly Atwood, B.S., Danielle Budash, M.S., Anne Stewart, Ph.D. and Mishay Whitsitt, B.S. from James Madison University. The purpose of this project is to investigate how National Guard families are adjusting to the challenges associated with deployment. More specifically, the project will look at the influence of parental stress and social support on the quality of parent-child interactions. This project will help identify strengths and factors that help families cope with military-induced separation. The project is being completed as part of the student's doctoral dissertation.

#### *Project Procedure*

Should you decide to participate in this project, you will be asked to sign this consent form once all your questions have been answered to your satisfaction. You will be asked to complete questionnaires about your child's emotions and behaviors, your family's level of stress, and your support systems. The questionnaires ask for written or verbal responses. You will also have the opportunity to complete structured play-based activities such as parent and child sing a song together and parent and child join legs and walk. The play activities are designed to allow you and your child to enjoy one another and have fun. You and your child(ren) will be asked to provide answers to a series of questions related to the impact of deployment, preparation for deployment, and positive family

support. You and your child(ren) will be videotaped, but only with your permission.

Portions of your participation will be video recorded for coding purposes.

### *Time Required*

Participation in this project will require approximately 1.5 – 2 hours of your time.

### *Risks*

The investigator does not perceive more than minimal risks from your involvement in this project. Some questions asked may make parents feel uncomfortable, and this could be considered a risk of involvement.

### *Benefits*

Potential benefits from participation in this project include identification of supports that promote positive family coping when faced with the deployment of a family member.

The supports include identifying resources within the community that may be helpful to families. Additionally, you and your child will have the opportunity to interact in a fun, loving way.

### *Confidentiality*

The project's results will be presented in a doctoral dissertation research paper. The results of this project will be coded in such a way that your identity will not be attached to the final form of this project. The researcher retains the right to use and publish non-identifiable data. While individual responses are confidential, aggregate data will be presented representing averages or generalizations about the responses as a whole. All data will be stored in a secure location accessible only to the researcher. Upon

completion of the project, the data will continue to be used for research and training purposes with your consent. Final aggregate results will be made available to participants upon request.

There are some limits to confidentiality, including the disclosure of abuse or injury to a child. If this information is shared, the researcher will be required by law to report this abuse to the appropriate authorities.

#### *Participation & Withdrawal*

Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time without consequences of any kind.

*Questions about the Project*

If you have questions or concerns during the time of your participation in this project, or after its completion or you would like to receive a copy of the final aggregate results of this project, please contact:

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*Questions about Your Rights as a Research Subject*

David Cockley, Ph.D.

Chair, Institutional Review Board

James Madison University

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*Giving of Consent*

I have read this consent form and I understand what is being requested of me as a participant in this project. I freely consent to participate. I have been given satisfactory answers to my questions. The investigator provided me with a copy of this form. I certify that I am at least 18 years of age.

I give consent to be videotaped for data coding purposes. \_\_\_\_\_ (initials)

I give consent for my videotape to be used for research/training purposes. \_\_\_\_\_  
(initials)

\_\_\_\_\_

Name of Participant (Printed)

\_\_\_\_\_

Name of Participant (Signed)

\_\_\_\_\_

Date

\_\_\_\_\_

Name of Researcher (Signed)

\_\_\_\_\_

Date

Appendix B  
Demographic Questionnaire

Participant # \_\_\_\_\_

\_\_\_\_\_ Relationship to the child (ex. mother, father)

Parent Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Child Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Ethnicity/Race (please check all that apply):

\_\_\_\_\_ White

\_\_\_\_\_ Black or African American

\_\_\_\_\_ American Indian or Alaska

Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Native Hawaiian or Other

Pacific Islander

\_\_\_\_\_ Other Race

\_\_\_\_\_ Two or More Races

\_\_\_\_\_ Hispanic

Occupation: \_\_\_\_\_ (mother) \_\_\_\_\_ (father)

**Mother's** highest level of education **completed**:

High school   GED   Technical/training school   College   Post-college

**Father's** highest level of education **completed**:

High school   GED   Technical/training school   College   Post-college

Write your take-home income:

\$ \_\_\_\_\_/week OR

\$ \_\_\_\_\_/month OR

\$ \_\_\_\_\_/year

Religious Affiliation: \_\_\_\_\_

Who lives in your household?

Name	Age	Gender	Relationship to child
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

Appendix C  
Deployment History

Participant # \_\_\_\_\_

Person Deployed: \_\_\_\_\_ (ex. self, mother, father, brother)

# of Previous Deployments: \_\_\_\_\_

Length of Separation(s): \_\_\_\_\_

Location of deployments: \_\_\_\_\_

*Please provide dates for the following questions:*

When you received Alert Notice for most recent deployment: \_\_\_\_\_

When did you tell your family about the deployment? \_\_\_\_\_

Length of preparation: \_\_\_\_\_

Most Recent Deployment: \_\_\_\_\_

Length of Separation: \_\_\_\_\_

Do you anticipate another deployment? \_\_\_\_\_

If yes, when? \_\_\_\_\_

How did you discuss the deployment with the child(ren)?

How did the child(ren) respond?

How well prepared do you believe you were to discuss deployment with your children?

1	2	3	4	5
Not Well		Moderately Well		Well

What resources helped you feel prepared to discuss the deployment (ex. people, NG resources, guides, web-based resources)?

We are interested in learning how schools and communities may help children and families when a family member is deployed.

Who at the school has been helpful? (Please specify role - ex. teacher, counselor, principal)

In what ways have they been helpful?

Who did you expect more help from?

What type of help were you looking for?

What else would be helpful for the school to know or do?

What else would be helpful for the community to know?

## Appendix D

## Social Support Questionnaire (Short Form)

## SSQSR

**Sample Item:**

1. Whom can you really count on to be dependable when you need help?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

2. How satisfied?

6 – very	5 – fairly	4 – a little	3 – a little	2 – fairly	1 – very
satisfied	satisfied	satisfied	dissatisfied	dissatisfied	dissatisfied

## Appendix E

## Military-Induced Separation Qualitative Interview©

Parents:

*Separation:*

Think about your experience with separation due to deployment. Please spend a moment thinking about your most recent separation. Choose 3 words that describe your most recent experience with separation due to deployment.

One word you used to describe the separation associated with deployment was (word).

Please give me a specific experience, or particular day or incident that illustrates what you mean by (word). (Re-ask the question twice if necessary to get episodic memory.)

*Reunion:*

Now, think about your experience with the deployed family member's homecoming.

Please spend a moment thinking about your most recent reunion. Choose 3 words that describe your most recent experience with reunion.

One word you used to describe the reunion associated with deployment was (word).

Please give me a specific experience, or particular day or incident that illustrates what you mean by (word). (Re-ask the question twice if necessary to get episodic memory.)

## Appendix F

## Summary of Qualitative Written Questions

*What resources helped you feel prepared to discuss the deployment (ex. people, NG resources, guides, web-based resources)?*

---

Themes	%	Number of Responses
Military Families/Unit	33.3%	6
Support Groups	27.8%	5
Internet	22.2%	4
Resources/Guides	22.2%	4
Communication	16.7%	3
Professionals	11.1%	2
Unidentified Themes		

---



*Who did you expect more help from?*

---

Themes	%	Number of Responses
Family	22.2%	4
Friends	16.7%	3
School	11.1%	2
Military Components	11.1%	2
Did not expect help	11.1%	2
No response		

---

4

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*What type of help were you looking for?*

---

Themes	%	Number of Responses
Emotional Support	44.4%	8
Physical Support	33.3%	6
Communication	11.1%	2
No response		5

---

## Appendix G

### Resources

Channing Bete Company: This company provides fun workbooks for kids, such as *We Get Ready for Deployment*, *The Deployment Issue*, *The Reunion Issues*, and *Reunions Are Special*. <http://www.channing-bete.com>

Children, Youth and Families Education and Resources Network (CYUFERnet):  
<http://www.cyfernet.org/hottopics>

*Coming Home: A Guide for Parents, Extended Family Members, or Friends of Service Members Returning from Mobilization/Deployment*. This booklet is available from the American Red Cross. <http://www.redcross.org>

Department of Defense Military Children and Youth Program:  
<http://www.defenselink.mil/mapcenter/children.html>

Military Child Education Coalition: <http://www.militarychild.org> including school transfer checklist: <http://www.militarychild.org/checklist.asp>

Military Family Resource Center: <http://www.mfrc.calib.com/policy.htm>

Military OneSource: Supported by Department of Defense, Military OneSource is a comprehensive website linking military family to services, including counseling and educational materials. <http://www.militaryonesource.com/skins/MOS/home.aspx> - help available 24/7

*My Life: A Kid's Journal Coloring Book* – available online through Tricare

<https://www.hnfs.net/common/newsResources/Kids+Journal+News+Release.htm>

National Military Family Association: Information regarding rights, benefits and services

Operation Purple: A partnership between the Department of Defense and Johns Hopkins School of Public Health and the National Military Family Association that provides free summer camps that are held across the country for children whose parents are deployed.

<http://www.operationpurple.org> or <http://www.nmfa.org>

*Talk, Listen, Connect: Helping Families During Deployment.* This kit is funded by Wal-Mart includes a Sesame Street DVD, a parent and caregiver magazine and a children's activity poster <http://www.sesameworkshop.org/tlc>

#### Suggested Books for Kids:

*Surviving Deployment: A guide for military families* (by Karen Pavlicin)

*Life After Deployment: Military families share reunion stories and advice* (by Karen Pavlicin)

*Deployment Journal for Kids* (by Rachel Robertson)

*Daddy, You're My Hero! & Mommy, You're My Hero!* (by Michelle Ferguson-Cohen)

*While You Are Away* (by Eileen Spinelli)

*The Soldiers Tree* (by Stephanie L. Pickup)

*The Hero in My Pocket* (by Marlene Lee)

## Appendix H

### Explanation of Treatment Modalities

Cognitive Behavior Therapy (CBT) is the most researched and the most widely used modality for working with this population. Under the umbrella of CBT fall exposure therapy, relaxation techniques, stress inoculation therapy, systematic desensitization and anxiety management, all of which have been demonstrated to be useful when treating trauma. In addition, CBT provides helpful techniques to use with individuals who are better able to explore thoughts rather than feelings (Hall, 2008).

Solution-Focused Brief Therapy is an empowering modality, and very useful when it is not anticipated there will be many therapy sessions. Solution-Focused Brief Therapy focuses on client's strengths and allows them to be their own experts. In addition, the therapy uses the client's perspectives and language. This is helpful when working within the military context, especially for mental health workers who are less familiar with the military systems (Hall, 2008).

Family Systems Therapy provides a clear focus on the entire family. With this approach, it is important to remember that the military may act as an additional part or member of the family system. When considering family systems therapy, there are some basic principles to keep in mind. First, the family is viewed as a unit made up by each of its members. Second, therapists should be familiar with the concept of equi-finality: the meaning of an event is more important than the actual event. Third, behavior is grounded in communication. Fourth, families have rules or patterns which govern behavior. Finally, families experience and create homeostasis, the ways the family maintains the

current system, and morphogenesis, interactions that allow for change to occur (Hall, 2008).

When working with military families it can be difficult to engage with the entire family, however this is important. Although at least one member may be deployed, it can be quite therapeutic to find creative ways to help that family member become involved with counseling (Hall, 2008). Family structure is an important concept in therapy and provides a useful way to map out family members' roles. Hierarchy is a central theme in Structural Family Therapy: Parents should be in charge and in control of the family (Minuchin & Fisherman, 1981). This is a concept familiar to military families and may be broached through use of metaphor. For example, when speaking to a parentified child a therapist may say "When your father is gone, you get promoted to general" (Hall, 2008).

When working with any population, it is important to build and maintain a strong relationship with the clients. One study used qualitative interviews with clients to compile data on significant moments clients experience during therapy. Clients were asked to describe what was significant to them in therapy, specific moments and in the therapeutic relationship. While it was often difficult for clients to remember specific moments in therapy, clients emphasized the importance of care within the therapeutic relationship more than any other factor (Levitt, Butler & Hill, 2006).

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