

Understanding the Effects of Deployment on Military Families: Implications for Early Childhood Practitioners

Early childhood professionals can provide services and effective support to assist military families with healthy coping and functioning before, during and after deployment.

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American military families are a subculture that makes up a small percentage of the total number of American family units. The total force of military personnel comprises approximately 1% of the United States population, and nearly half of these individuals have children (Department of Defense, 2012). Forty percent of military children are under the age of 6, which can be an especially challenging age for families coping with deployment (Trautmann, Alhusen, & Gross, 2015). The lifestyle associated with this diverse population exposes them to unique experiences that differ drastically from those of civilian families in the U.S. Since 2001, military operations in Iraq and Afghanistan have led to the largest-ever call for American military troops. Operations Iraqi Freedom, Enduring Freedom, and New Dawn have involved military support in the form of the deployments of over two million service members (Baiocchi, 2013). These deployments have been frequent and long in duration, with the quality time at home between them kept short. Research shows that these wartime deployments cause significant amounts of stress that can negatively impact the family's ability to function (Chandra et al., 2011; Lester et al., 2010; Paris, DeVoe, Ross, & Acker, 2010; Trautmann et al., 2015).

The purpose of this article is to examine what is known about the effects of stressors associated with the military lifestyle and how they impact returning military members, the non-deployed at-home spouse, and the military child. In addition, research regarding the success of home-based intervention strategies for military families will be given special consideration. Finally, we will discuss implications and suggestions for early childhood

practitioners about how to provide services and effective support to assist with healthy coping and functioning.

Deployment and its Effect on Families

Military deployment is defined as the shifting and positioning of armed forces troops and their logistical support infrastructure to various corners of the world. For American troops since 2001, this has primarily referred to the Middle East, with a massive call-up of over two million U.S. service members. These wartime deployments have been lengthy, frequent, and stressful, not only for the active duty military members, but also for their families who are left behind.

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The Cycle of Deployment

Wartime military deployment is an experience unique to the military community, a challenging stressor, which in turn has effects on each member of the family. Upon receiving the news of an up-and-coming deployment, a military family unit will begin to go through a series of stages in preparation for the coming separation in what is referred to as the Cycle



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Early Childhood programs can support enhanced parent-child interactions.

of Deployment, outlined by Siegel and Davis (2013).

Stage 1. *Predicting difficulties with deployment* involves the family process of thinking about, analyzing, and assessing past problems experienced during a previous deployment or issues of family dysfunction in the past. The needs of the children, whether or not the family has recently relocated, or mental health issues of the at-home parent may all be factors foreseen as being difficult for the family during the deployment.

Stage 2. *Pre-deployment* is the stage in which the family may discuss the expectations and the responsibilities held by each family member during the upcoming deployment. The family often will develop plans or goals and prepare communication strategies.

Stage 3. The onset of the actual *deployment* involves the family initiating the plans outlined during the pre-deployment phase. The at-home parent may provide further support for children, helping to facilitate

their understanding that the deployment is finite. The family will maintain their traditions, along with developing new ones as needed as adjustment takes place.

Stage 4. *Sustainment* involves maintaining and/or establishing support systems surrounding the family (e.g., extended family, support groups, religious groups, or friends). The family will communicate with the deployed parent through email, letters, or phone. They may continue to watch their budget, and communication between the at-home parent and the children will be maintained.

Stage 5. *Post-deployment* consists of the family in the process of reintegration as all members readjust and begin restructuring their everyday lives to “fit” the returned parent back into the home routine. This stage is associated with easing the returned parent back into the family circle, taking time to communicate, and getting to know each other again. Generally, families will keep plans during this phase simple

and flexible. They may not schedule too many things during the early weeks of reintegration, and may also lower holiday expectations. It must be kept in mind that this entire cycle may last anywhere from a few months to a few years, depending on the deployment length and the family’s ability to reintegrate and function normally again. It may not run smoothly, and significant challenges may accompany any or all of the five stages. Researchers have shown that the stages involving the most heightened amount of stress are the deployment itself, as well as post-deployment and reintegration (Chandra et al., 2011; Lester et al., 2010; Trautmann et al., 2015).

Deployment Related Challenges for Children and At-Home Parents

Several researchers have investigated the challenges faced by children and the at-home parent during the deployment stage (Gorman, Eide, & Hisle-Gorman, 2010;

Lester et al., 2010; Paris et al., 2010; Trautmann et al., 2015). Research suggests that children of all ages are affected by the wartime deployment of a parent and that regardless of developmental stage, stress accompanies the experience.

Chandra et al. (2011) studied the impact on 1,507 school-age children and their at-home parents from military families to shed light on the reported effects of deployment. As compared with data from national samples of U.S. youth from the same age groups, military children in the study had higher levels of emotional or behavioral difficulties. Approximately “34 percent of at-home parents reported elevated emotional or behavioral problems in their children, compared with only 19 percent of children within this age group in the general population” (Chandra et al., 2011, p. 24). Parents also reported challenges in academic engagement and engagement in risk behaviors such as alcohol use, fighting or getting into trouble at school. The children in the study sample also reported on their own emotional and behavioral difficulties, with 38 % reporting having a moderate to high range of difficulty. Thirty percent of children reported elevated anxiety symptoms, compared with half that percentage of youth in civilian studies. Children in the study sample also reported on what they felt were the most difficult deployment-related challenges. Three of the most frequent concerns voiced by the children were:

- “dealing with life without the deployed parent
- helping the at-home parent deal with life without the deployed parent
- not having people in the com-

munity who know what deployment is like” (Chandra et al., 2011, p. 32).

School-age children are not the only age groups affected by parental deployment. Research reveals that younger children are also affected by the wartime deployment of a parent and that regardless of developmental stage, stress accompanies the experience (Trautmann et al., 2015). Infants born to spouses of a deployed military member had mothers with twice as many depressive symptoms as women whose spouses were at home (Paris et al., 2010). Since very young children are in the process of building healthy attachments in the context of available, reliable, and nurturing caregivers, a lack of consistency due to the prolonged absence or compromised emotional status of the returning military parent (e.g., due to combat-stress related symptoms) may cause young children an inability to form this healthy attachment. Further, research suggests that separation due to deployment could compromise healthy functioning and development for children under the age of five (Gewirtz & Zamir, 2014; Lester et al., 2010; Paris et al., 2010; Trautmann et al., 2015). In fact, a study by Gorman, Eide, and Hisle-Gorman (2010) showed that toddlers had higher emotional reactivity, anxiousness, depression, somatic complaints and withdrawal symptoms, with mental and behavioral health hospital visits increasing by 11 percent during parental deployment.

Not surprisingly the degree of stress on the at-home parent appears to be the biggest predictor of how the child functions during the deployment cycle. Thus, the impact on the at-home parent’s mental health is important to understand. Some of the challenges faced by at-home

parents were related to the stress of finding time to take care of an increasing number of responsibilities at home, including primary care of the children and helping them deal with the absence of the deployed parent. Additionally, parents reported struggles associated with the marital relationship and the changing roles in the marriage (Chandra et al., 2011; Lester et al., 2010; Trautman et al., 2015).

While both the children and the at-home parent face their own individual deployment-related stresses, parents’ adjustment can directly impact the experience of the children. Chandra et al. (2011) found that at-home parents who were functioning well were much more likely to have children who fared well during the deployment and post-deployment experiences. Conversely, children of at-home parents who struggled with deployment stressors exhibited more difficulties functioning and communicating. Siegel and Davis (2013) also reported that at-home parents and children were ambivalent regarding their desire for access to the deployed parent. They reported comfort in talking to the wartime parent on the computer, while also universally identifying media coverage as a source of significant stress.

While deployment is not infinite, the problems and stress associated with the experience do not simply go away after the military parent returns. The following section outlines specific challenges faced by military families during post-deployment, or the reintegration process.

Reintegration Challenges for the Family and the Returning Military Parent

After deployment, the effects of war and combat-related stress may

take its toll on the psychological well-being of the returning military parent. Just as every soldier's wartime deployment experience is different, thus are his or her emotional and behavioral responses upon returning. Siegel and Davis (2013) reported that these responses might range from typical, short-term distress (e.g., such as decreased feelings of safety, a change in sleep pattern, or social isolation) to the development of more serious psychiatric disorders (e.g., clinical depression, Post Traumatic Stress Disorder [PTSD]). Siegel and Davis further explain that over 30 percent of returning soldiers have suffered a traumatic brain injury or experienced either PTSD or depression, and co-morbidities such as alcohol abuse or aggression manifest themselves in nearly half those with an impairment. These unhealthy complications related to war and combat-stress are detrimental for the returning military parent, and can also complicate family life for the children and the at-home spouse.

In fact, military children have reported specific challenges associated with reintegration after the return of the deployed parent including:

- “getting to know the deployed parent again
- fitting the returning parent back into the home routine
- and worrying about the next deployment” (Chandra, et al., 2011, p. 35).

Paris et al. (2010) reported that returning soldiers with PTSD may become numb and avoid interactions with others which can interfere with parenting. PTSD can disrupt the parental Reflective Functioning (RF) ability which is an “attachment-based concept which refers to the capacity to understand behavior in light of underlying mental states and intentions” (Paris et al., 2010, p. 612). RF essentially helps a parent to be conscious of his or her child's emotions while understanding the context of the behavioral interac-

tions, which may be altered in the form of inconsistent behavior and disrupted development. In addition to RF, combat-stress may cause marital discord between the returning parent and the at-home parent as they struggle to “re-connect” (Siegel & Davis, 2013). The negative implications for a child's well-being in the presence of marital discord is widely understood, as is the equally negative effect it has on a family's ability to function, and in the military family's unique case, to reintegrate. Researchers have also reported a greater likelihood of child maltreatment and neglect during the post-deployment period as returning soldiers may experience increased mental health issues (Hisle-Gorman et al., 2015; Paris, et al., 2010; Trautmann et al., 2015).

While the cycle of deployment is a difficult experience for military families, utilizing supports and services to ease transitions and promote healthy, adaptive coping strategies may prove beneficial. The various support

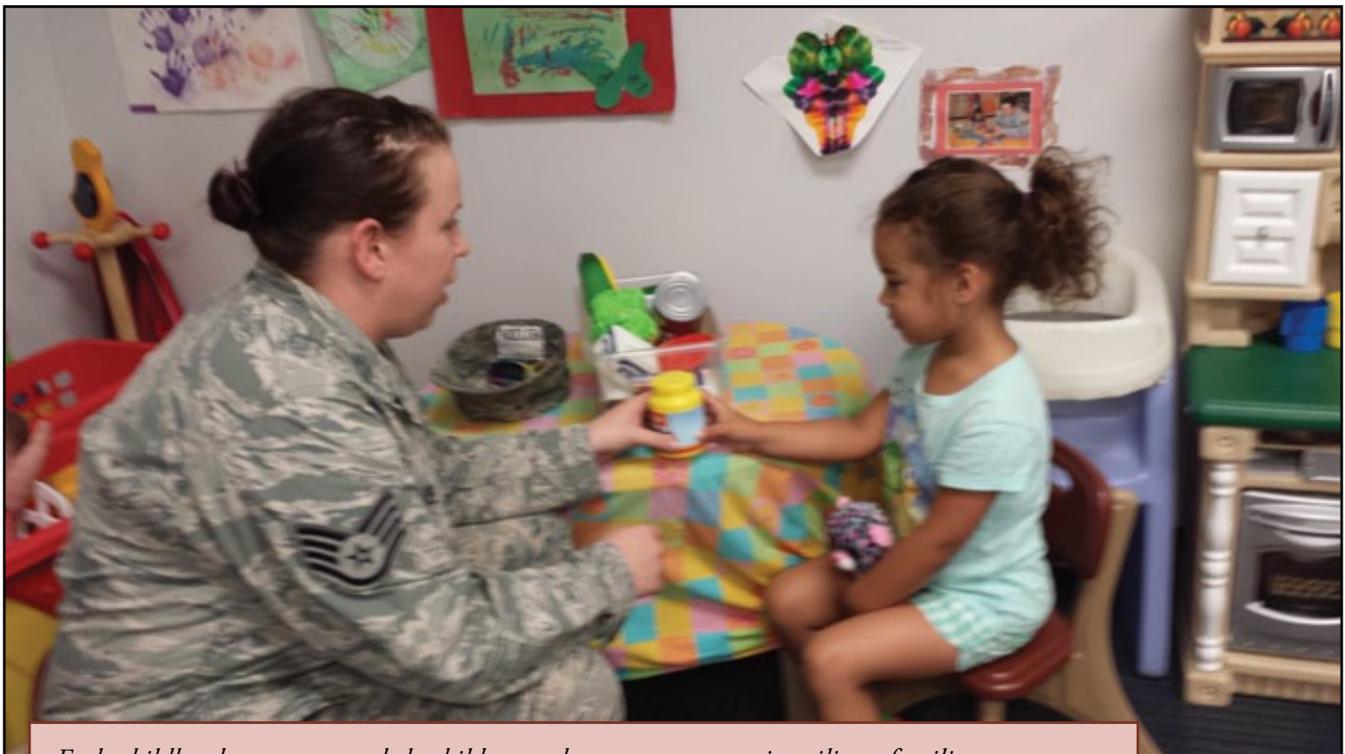


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Early childhood programs can help children and parents reconnect in military families

systems available for and used by military families are examined in the next section.

Effective Home-Based Support Programs for Military Families

Savant and Toombs (2009) conducted the Family Support Program survey with more than 800 military families and provided specific insight into what services military families used most often, as well as which family programs they considered most useful and valuable. The survey showed that the three most frequently used programs were family readiness or support groups, the Department of Defense-funded program *Military OneSource* (2014), and recreation/fitness centers. These results reflected an increase in the overall use of family support programs as compared with past National Military Family Association surveys. The surveyed families emphasized that they relied heavily on the support these programs provided, particularly when dealing with deployment-related stress. They also reported that they found it frustrating and difficult when and if they relocated to a base that did not offer the programs from which they had previously received assistance. According to both the survey results and additional research, family support programs have proven extremely successful in assisting military families, particularly those programs that involve home-based intervention strategies (Paris et al., 2010; Savant & Toombs, 2009).

Home-based interventions have been successfully utilized in military families since 1984 (Inouye, Cerny, Hollandsworth, & Ertipio, 2001; Paris et al., 2010) to assist families

with the reintegration process. Military families may feel safer receiving services in the home than going to hospital or mental health facilities to address the stressors that might be associated with deployment or post-deployment. These home-based interventions have also been credited with lowering the overall reported rates of child abuse in the military community across numerous states (Inouye et al., 2001; Kelley, Schwerin, Farrar, & Lane, 2006).

The *Strong Families Program* and the *New Parent Support Program* are some of the earliest family support programs that have been adapted for use with military families and are still utilized today (Paris et al., 2010). What these successful support programs have in common is their use of intervention strategies that take place within the home. The programs take a strengths-based approach to intervention and focus specifically on military-life related family challenges including isolation, deployment, stress management, communication between family members, sibling rivalry, and discipline.

Early childhood practitioners have a particularly significant role in supporting military families.

Strong Families Program

The *Strong Families Program* utilizes home visitation to enhance the engagement of recently reunited military families with young children

(Ross & Devoe, 2014). Engagement in this case refers to the process of identifying a problem in regard to family functioning, recognizing the need for treatment, following through to treatment completion, and ending in disengagement. Due to a stigma and a negative connotation within the military community associated with seeking treatment, many families are reluctant to do so (Fallon & Russo, 2003). There are also often psychological barriers involved, such as a lack of a perceived need for treatment or avoidance behaviors, a common response for a person affected with PTSD.

In an attempt to encourage engagement, Ross and DeVoe (2014) designed the *Strong Families Program* to specifically address the impacts of both deployment and reintegration-related stressors, including separation, the returning parent's mental health symptoms, and parent-child relations. They stressed that it was a collaborative effort to assist children in the community, and they used a strengths-based approach to intervention. Researchers enrolled a total of 124 out of the 450 military families who had requested to participate.

The program content included eight modules, each taking place within the home over the duration of the program. *Modules One and Two* involved the elicitation of the family's hopes for the program, their motivation for participating, as well as their developmental and psychosocial history, specifically from a military perspective. In *Modules Three and Four*, the clinician focused heavily on each parent's individual experiences in the context of the deployment cycle, as well as the child's experience in regard to deployment and their reaction(s) during the



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Even very young children can experience the stress of deployment and reintegration.

reintegration process. The purpose of these activities was to aid the home visitor in developing the final goal-oriented modules (*Five through Eight*), ensuring that the outlined goals were both relevant and individualized to each family’s unique needs. Ross and DeVoe (2014) reported that only four families discontinued their participation after the initial engagement interview, and that over 90 percent of the enrolled families completed all program sessions and posttest assessments. Interestingly, the researchers found that participation in *Strong Families* seemed to have a secondary program effect, meaning that families used the safety, privacy, and flexibility offered by the home-based program to “test out” the process of receiving help and services. Many went on to seek out more or other types of support following their completion of the program.

New Parent Support Program

The *New Parent Support Program* was adapted for use with military

families in reducing the risk of child abuse and enhancing parent-child interactions (Inouye et al., 2001; Kelley et al., 2006; Marine Corps Community Service, 2015). The home-based program functions under the congressionally mandated Family Advocacy Program that targets child maltreatment and intimate partner violence in military families (Travis, Heyman, & Slep, 2015). The program offers outreach, prevention, and intervention with military families. The *New Parent Support Program* serves expectant families and families with children under the age of three by providing services such as childbirth classes, parenting classes, and supervised playgroups. Case managers provide services that include educational materials on child development, discipline, parenting, and home safety. The families are also connected to community or military installation services related to areas of need such as mental health, medical care, and substance abuse.

Inouye et al. (2001) conducted a study of the New Parent Support Program that was supplemented with telephone and video technology (i.e., telehealth) to reach 19 families at an Army medical center in Hawaii. Families were satisfied with the program and reported improved family functioning, parenting, and coping skills. The program not only provided home-based and telehealth supports but also community supports, including family fun festivals, parent education courses, and play groups (Inouye et al., 2001; Ross & DeVoe, 2014).

The *Strong Families Program* and *New Parent Support Program* have been shown to be effective for military families using home-based approaches. Also, their strengths-based and collaborative decision-making processes in terms of developing tasks and goals for treatment create a higher level of trust and rapport between the family and the home visitor, an important contributor to program commitment and

success (Inouye et al., 2001; Paris et al., 2010; Ross & DeVoe, 2014). Using a public health approach and shifting the focus to maintaining the safety and well-being of the *entire* military community also seems to be more effective in reaching military families and obtaining their interest in receiving services, as this subculture is known for being fiercely dedicated to helping to support one another.

Implications for Early Childhood Practitioners

It is clear that military families face numerous challenges related to the deployment cycle. Considering the large number of military families with children five years of age and younger and the potential significant effects that deployments can have on the development of young children (Gorman et al., 2010; Paris et al., 2010; Seigel & Davis, 2013), early childhood practitioners may have a particularly significant role in supporting and being responsive to the specific needs of military families with young children.

First, early childhood practitioners should be aware of common developmental issues that may be related to the deployment cycle (Paris et al., 2010). They must recognize the potential effects of deployment on the functioning of the adult caregiver (e.g., higher rates of depression), developmental trajectory of the young child (e.g., attachment with deployed parent, behavioral challenges, difficulties in development of critical social-emotional skills), as well as the reciprocal relationship between caregiver and child. Greater awareness of the potential effects of deployment on military families with young children may help early

childhood practitioners provide intentional supports in response to the unique experiences of these young children in the home and child-care environments, as well as identify caregivers and children who may need additional support from outside resources.

Home intervention strategies are beneficial in meeting the needs of military families.

Next, one cannot overstate the importance of responsive caregiving that supports the development of strong relationships between the family and child, out-of-home caregivers and the child, and between the family and out-of-home caregivers. Evidence-based models, such as the *Teaching Pyramid* (Fox, Dunlap, Hemmeter, & Joseph, 2003), could provide guidance for early childhood practitioners in implementing strategies that develop responsive and high quality supportive home and child-care environments for all young children. They also provide needed targeted and intentional supports for the development of social-emotional skills (e.g., expressing and regulating emotions) in young children who may be experiencing challenges related to the deployment cycle. The *Teaching Pyramid* (Fox et al., 2003) also provides guidance for identifying young children who may need more intensive individualized interventions related to social-emotional skills.

Finally, early childhood practitioners must know where to find additional resources, and, when

necessary, the process for referring families to these supports (Seigel et al., 2013). For example, families and practitioners can access resources specific for military families of young children through professional organizations such as *Zero to Three* (<http://www.zerotothree.org>). The *Military Child Education Coalition* (<http://www.militarychild.org>) provides resources for professionals and families related to how children and families experience the military, educational information and supports. *Military Kids Connect* (<http://militarykidsconnect.dcoe.mil/>) provides resources for teachers and families of young children in school-age programs. The American Psychological Association also provides supports for professionals working with military families through their psychology help center (Palomares, 2011). Although many resources are easily accessible for caregivers seeking information, some families and children may require more intensive supports. Early childhood practitioners need to be aware of evidence-based home and early childhood intervention programs that are effective for military families with infants, toddlers, and preschoolers (Paris et al., 2010), how to connect families to these programs when needed, and how to work as part of a team with other professionals such as counselors, who may be supporting military families to ensure cohesiveness and consistency of supports.

Conclusion

The unique experiences of military families revolving around the highly stressful cycle of deployment and the research regarding its effects on families, both as a unit as well as on individual members, must be kept in mind in order to effectively provide

proper support and assistance to those struggling to cope or function in a healthy manner. In addition, research suggests that evidence-based home intervention strategies that address military-specific family stressors including attachment relationships, deployment, reintegration, parental combat-stress, and military culture are beneficial for meeting the needs of military families. By becoming familiar with the special needs of military families and resources that civilians can use to support them, early childhood practitioners can provide meaningful and appropriate support to these children and their families.

Family support programs that utilize these services such as the *Strong Families Program* and the *New Parent Support Program* should continue to be funded. Further, the concern expressed by military families regarding the issue of the services and programs they depend on being offered on some bases, but not others, to which they are relocated and stationed should be considered. It could be argued that a concern such as this is alarming. These services and programs should be accessible and available on a nationwide scale for military families, regardless of which base they find themselves. Distress regarding whether or not the services on which they depend will be available following their family's relocation is unacceptable. These issues must be addressed through increased funding for military family support programs and awareness of personnel working with these families.

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