2021

Lived Experiences of Returning Service Members Reintegrating With Their Children on the Autism Spectrum

Bridget Hennessy
Walden University

Walden University

College of Social and Behavioral Sciences

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Bridget Hennessy

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Review Committee
Dr. Eric Youn, Committee Chairperson, Human Services Faculty
Dr. Kristin Ballard, Committee Member, Human Services Faculty
Dr. Kelly Chermack, University Reviewer, Human Services Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
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Abstract

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MPhil, Walden University, 2019

MA, Liberty University, 2014

BA, University of Massachusetts- Lowell, 2010

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Services

Walden University

August 2021

Abstract

Military deployments of a caregiver have a powerful and potentially damaging impact of the attachment bond between the service member and their child with autism spectrum disorder (ASD). Research has shown that children with ASD react to their caregiver's departure, that they direct more social behavior to the caregiver than to a stranger, and that many of them increase their proximity seeking behavior after separation from the caregiver. Military children with ASD were underrepresented in previous attachment and reintegration research. This qualitative study explored the lived of experience of the military caregiver attaching or reattaching to their child with ASD after a prolonged absence. Using Ainsworth and Bowlby's attachment theory, the study examined four military caregivers who had deployed for a period of 6 months or longer while leaving a child with ASD behind. Data from the interviews with four active duty Navy service members were analyzed to identify relevant themes among the returning service members, which were then broken into structural and textural descriptions thus forming the essence of their experiences. Results of this study indicated that children with ASD separated from their military caregiver for more than 6 months had increased behavioral challenges. In addition, military caregivers discussed the difficulties in finding programs to assist them with returning home to their child with ASD. Professionals supporting military families with children diagnosed with ASD may be able to recognize and provide interventions to address the emotional needs of the exceptional family member along with offering parental support to the military caregiver after a prolong absence.

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Acknowledgments

I cannot express enough thanks to my committee for their guidance: Dr. Eric Youn, Dr. Kristen Ballard, and Dr. Kelly Chermack. I offer my sincere appreciation for the learning opportunities provided to me by each of you.

The completion of this project could not have been accomplished without the support of my mentor and friend: MJ. You have given me confidence and inspired me in so many ways.

My gratitude is also extended to my dear friends, Amanda and Rosh. Giving thanks will never be enough for all that you both have brought into my life over the years. From the bottom of my heart, I want to thank you for your treasured friendships.

To Ryan, thank you for your humor and moral support. Without you, and the memories we created in places like Nashville, Orlando, Atlanta, Savannah, and St. Pete, I may have graduated sooner.

Dave, not only did you find the strength to sacrifice 21 years of your life for our country, but you have found enough strength to support me, believe in me, and encourage me. I am forever grateful to you for walking into my office and never walking out of my life.

Lastly, I want to thank my papa. His pride in me knew no bounds, and his memory was very much part of this process.

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Chapter 1: Introduction to the Study

For nearly 2 decades, the United States military has engaged in the most prolonged period of conflict in its history. The on-going wars in the Middle East contributed to the need for multiple deployments and impacted the behavioral health of service members as well as their families (Johnson, 2013). With deployments varying in lengths, one aspect of the current conflict that differs from previous eras of war is most of the United States military force is married with children. Attachment theorists like Ainsworth and Bowlby (1991) have researched attachment in the formative years. Johnson (2013) estimated that nearly 2 million children in the United States have had a parent serve or currently have a parent serving. Military children have had to endure parental absences, the anxiety associated with a parent potentially experiencing harm, as well as the aftermath of serving in a conflict zone, including physical and psychological injuries to their parent and sometimes even death.

In this study, I evaluated the experience of returning military service members attaching or reattaching to their children with autism spectrum disorder (ASD) to better understand the variables that aid or reverse the attachment process. In gaining a better understanding, professionals supporting military families may be able to assist families in similar situations with developing the skills necessary to overcome relevant challenges. Lastly, it may be used by professionals who work with military families and those responsible for creating or enhancing current intervention methods used to prevail in attachment barriers.

In this chapter, I explain existing research associated with the topic of this study and cover the literature gap that correlates to the topic. I discuss the concerns with the gap and how this study addresses the gap. In addition, I detail the research problem, how that problem relates to human services, and how addressing the problem may contribute to social change. In regard to the study's purpose, I discuss the phenomenon and theory I used to guide the study. Also included in this section is a list of key definitions, as well as the assumptions and limitations that provide context to the phenomenon. The chapter ends with how this study may contribute to additional knowledge in human services, specifically military families and culture.

Background

According to the Department of Defense (DoD, 2015), an estimated 3 million military dependents found themselves impacted by the deployment of over 2 million service members since 9/11. Of those 2 million troops, half are married, and 40% have children. Previous research conducted by the DoD concluded that the emotional and behavioral well-being of military families is affected by the deployment cycle. With the degree national security depends on the support of military dependents when it comes to the service member being able to support the mission, supports were created to ease the stressors of military life.

Freuler and Baranek (2016) conducted a study on military spouses caring for children with ASD while the service member deployed. They were more likely to use coping strategies that met the need of their child with ASD while seeking hope despite

chronic stressors. The study concluded that spouses who simultaneously took on the role of primary caregiver and spouse faced incredible challenges.

Deployments not only affect the service member but also hurt the rest of the family. Louie and Cromer (2014) researched military families with children and found they faced unique psychological and relational challenges during reintegration as a result of attachment disruption. For service members individually, these problems increased psychological distress. Returning service member concerns regarding their reintegration included incongruity of parental roles, feelings of disconnect felt amongst spouses and children, as well as shifts in responsibilities and relationships.

Understanding the military caregiver's experience of returning home is significant to understanding the development of relationships between the service member and their children. Riggs and Riggs (2011) discovered the attachment of the caregiver influenced the child's ability to develop a *secure attachment*, when an individual showed distress upon separation from a caregiver yet sought comfort during the absence and was easily comforted upon the caregiver's return. Furthermore, they found that when a parent deployed, the primary caregiver's style of attachment correlated to the amount of emotional distress endured by the one(s) left behind.

Saltzman et al. (2011) researched how repeated deployments of parents in times of conflict impacted familial relations. As a result, military health systems shifted focus to family-centered care. UCLA and Harvard School of Medicine developed Families OverComing Under Stress (FOCUS) as part of a U.S. Navy initiative to promote resilience among military families. The study describes resilience-enhancing mechanisms

in detail and how the data collected from the program's first 2 years in operation supports the proposed model of mechanisms that mobilizes and enhances resiliency in military families.

According to Spencer's (2011) research, there were almost half a million children younger than five living in a military family. Within these familial units, the non-deployed caregiver experienced the stress of caring for young children while the military caregiver was away. Spencer determined that mothers experienced a different level of parental stress than fathers. Out of all the service branches, Army soldiers experienced a higher level of parental stress, whereas National Guard members experienced the most parent-child conflict. Lastly, Spencer explored readiness programs geared toward the military to gain insight into whether or not the programs were tailored to meet the needs of the individual families using them as resources.

The experience of service members returning to their children with ASD is vital to understand because of the challenges children with ASD face when attempting to attach to a non-primary caregiving parent. It is also essential to explore how parents compromise the differences in parenting or navigate the barriers as a result of prolonged absences so they could come together to meet the needs of their EFM. Although previous research focused primarily on primary caregivers and their attachment to children with ASD, I found no research that profiled the reintegration and attachment after a prolonged absence of service members with their children who have ASD.

The focus of this study is to have a better understanding of the experiences service members have when it pertains to attaching or reattaching after a prolonged absence with

their children who have ASD. This study expands the knowledge regarding challenges military families with children who have ASD face due to deployments or absences. Most previous research addresses typically developing children (TYP) and their reactions and responses to deployment and reintegration. From a caregiver's perspective, most literature to date explored the challenges of the non-deployed spouses face during deployment and reintegration as opposed to the experience of service members trying to attach or rebuild the attachment to their children with ASD. Increasing knowledge of the challenges military families face not only offers insight into the military community but also lends an opportunity for programs to implement measures to alleviate some of the barriers. Furthermore, it may also inform providers of issues before they arise in military families. Families with knowledge of reintegration are less apt to feel isolated in their struggles, so they are more likely to seek help with their situation before it becomes unmanageable.

Problem Statement

Dependents with exceptional needs in military families represent a unique subculture in the United States. The DoD defines exceptional needs in a military dependent as being a physical, cognitive, educational, or behavioral need (Federal Register, 2019). According to Freuler and Baranek (2016), more than 23,000 military dependents, most of whom are children, have been diagnosed with ASD. Service members who had to leave their child due to deployment may experience changes in the parent-child attachment as the result of the prolonged absence. Historically, there has been an assumption that children with ASD do not form attachments to parents because

of their social difficulties (Pehlivanturk, 2004). However, recent research suggested that children with ASD responded preferentially to familiar people versus unfamiliar people (Vivanti & Nuske, 2016). *Attachment* occurs when a deep and enduring emotional bond connects one person to another across time and space (Ainsworth & Bowlby, 1991). With this generation of military families experiencing longer and more frequent deployments since the induction of the all-volunteer force (Hosek et al., 2013), a service member's chance of having to leave while working on initially attaching may be increased.

Previous researchers explained that children who have at least one parent deployed were more likely to experience challenging behaviors during the time of the absence and then subsequently face attachment-related issues when the parent returns (Alfano et al., 2016). Autism, as Klin et al. (2015) defined it, already impairs a person's ability to socialize and communicate, in addition to hindering their capacity to learn and perform necessary daily living skills and even heightened the likelihood of behavioral challenges. For military families with children who have the diagnosis of ASD, deployments may further impact the attachment relationship between the child and returning parent and have implications for parenting.

Wadsworth et al. (2016) explained how separations from loved ones, especially during a time of conflict, challenged the foundations of a secure attachment relationship. Children with ASD bring unique attachment challenges to families raising them due to their severe and pervasive impairments in the development of social interaction (Klin et al., 2015). Still, I have not been able to find research on how the challenges affected the attachment relationship with a military caregiver. This study addressed the gap in the

literature between the returning service member's integration and attachment with their exceptional family member (EFM) and how professionals can best intervene, which may prove valuable to existing resources through exploration. A study that targeted the gap in research may create an opportunity for professionals who work closely with exceptional families (EF) to better support those experiencing relational issues because of gaining a deeper understanding of the variables affecting attachment.

Purpose of the Study

The purpose of this phenomenological study was to understand the lived experiences of service members returning from a prolonged absence while they reattach to their children who have ASD. By understanding the lived experiences of reintegrated military caregivers attaching or reattaching to their children with ASD, important factors for the reintegrated caregiver can be identified. Furthermore, variables or barriers that may exist for service members within the realm of their relationship with the child who has ASD can be better understood. This study may build awareness of the challenges reintegrated military caregivers face regarding relationships with their children by increasing the knowledge base of professions who work with service members and their families. Finally, awareness was built among the military community regarding the differences children with ASD have regarding attachment with the returning military caregiver, may help alleviate parental frustrations and perhaps encourage families to seek help with reintegration among returning service members and their child(ren) with ASD.

Research Question

What are the lived experiences of service members returning from a prolonged absence reattaching to their child with ASD?

Theoretical Framework

The theoretical base for this study was Ainsworth and Bowlby's attachment theory. Ainsworth and Bowlby (1991) explained that, as infants, children developed a sense of security or insecurity based on how the caregiver responded to their cues. If a securely attached infant were in the presence of their caregiver, the child would not cry in their presence, but for an insecurely attached child, this was not the case. Progressing into the toddler stage, Ainsworth and Bowlby noted that insecurely attached children were not concerned over their caregiver's absence but securely attached toddlers upset easily. Furthermore, Ainsworth and Bowlby paid close attention to the continuum of attachment that occurred when a stranger entered the room without the caregiver being present.

Ainsworth and Bowlby (1991) cautioned that attachment has more to do with how a caregiver responded to a child's cue and less about the amount of time spent with the child. Ainsworth and Bowlby's theory suggested that the first stages of life development, 0-36 months, were crucial in developing attachment bonds, but for a study involving ASD it did not make sense to explore caregivers who were unavailable during that time to see if he or she experienced limitations when trying to attach or reattach to their child during those months. Although the Centers for Disease Control and Prevention suggested ASD could be detected at 18 months or younger with a reliable diagnosis by age 2, many children do not receive a final diagnosis until much later (Lord et al., 2006).

Understanding the experiences and processes returning service members go through when attempting to attach or reattach to their child with ASD is critical in drawing an understanding of what it takes to rebuild those bonds. Attachment theory by Ainsworth and Bowlby served as the guide to using the service member's experience to connect the previous exploration about attachment through literature. The goal of applying this theory was to uncover the correlation to the experience the returning service member had with their child with ASD and the importance of caregivers being sensitive to the needs of their child following a prolonged absence.

Nature of the Study

The nature of this study was interpretive phenomenology to highlight the course of attachment or reattachment of returning service members with their child who has ASD. Although the aim of phenomenology is to identify the critical components of the phenomenon or lived experiences of people that made them unique from others, interpretative phenomenology encourages the explanation of personal experience and engagement with an existing theory that correlated to the matter explored (Matua & Van Der Wal, 2015). Matua and Van Der Wal (2015) pointed out that interpretative phenomenology involved a detailed examination of the participant's life and appeared to be a better fit to explore the experiences compared to other types of qualitative studies.

Definitions

The below definitions were imperative to define for this study:

Attachment: Lasting psychological connectedness between human beings (Bowlby, 1969).

Attachment behavior: An individual's response when the connection is stressed between a child and the caregiver (Bowlby, 1969).

Attachment-in-the-making: Occurs in infants up to 8 months of age. During this phase, the infant shows a caregiver preference (Bowlby, 1969).

Attachment injuries: A specific type of betrayal that is characterized by abandonment or violation of trust in an insecure relationship (Johnson & Whiffen, 1999).

Boundary ambiguity: Explains the perception of who is physically as well as psychologically present within the family system or who is absent (Boss, 1980).

Clear-cut attachment: A phase lasting until the child is approximately 2 years old. During this phase, the child exhibits signs of separation anxiety by clinging to the caregiver or by using the caregiver as a safety net when attempting to explore the surroundings independently (Spencer, 2011).

Combat stress reaction: The acute stress reaction following a traumatic event that causes a functional breakdown on the battlefield that limits an individual's ability to function in a combat role (Solomon, 1993).

Epoche: Removing all preconceived notions to see a phenomenon with clarity (Moustakas, 1994).

Ethological approach: The study of behaviors in a natural setting (Ainsworth & Bowlby, 1991).

Exceptional Family Member Program: A DoD program that enhances and improves support for military families with special needs which includes medical, behavioral, and educational challenges (Federal Register, 2019).

Insecure attachment: Avoidance of connecting with a caregiver or the struggle of attaching to a caregiver who is not present physically (Riggs & Riggs, 2011).

Intentionality: Consciousness as a process (Moustakas, 1994).

Internal working models: Infants learn how to relate to others early on from their attachment objects. This leads them to build a set of expectations about themselves in relation to others (Bowlby, 1969).

Lower ambiguity: When a family acknowledges the physical presence of a caregiver yet has psychologically accepted the absence of that individual (Davis, 2010).

Pre-attachment: Occurs from birth to 6 weeks when an infant begins to recognize its mother by the sound of her voice and scent (Spencer, 2011).

Reciprocal relationship: Begins after 2 years of age when a child's anxiety is decreased during a caregiver's absence because the child has an understanding the caregiver will return (Spencer, 2011).

Resiliency: A positive adaptation despite adversity (Fleming & Ledogar, 2008).

Secure attachment: When an individual shows distress upon separation from a caregiver yet sought comfort during the absence and was easily comforted upon the caregiver's return (Bowlby & Ainsworth, 1991).

Separation anxiety: Occurs when a child is missing an attachment figure, and that fear may be a motivating factor towards an attachment figure or consequently, it could cause the child to grow resentful of the attachment figure (Ainsworth & Bowlby, 1991).

Stages of deployment: From preparing for the departure to working through reintegration, each phase of the deployment is characterized by time and emotional

challenges specific to where in the deployment process a service member and the family are at (Logan, 1987).

Trauma: Damage that occurs as the result of a distressing event (Crawford, 2013).

Upper ambiguity: Happens when a military family views the deployed caregiver as psychologically present but physically absent (Davis, 2010).

Assumptions

The first assumption I made in this study was that participants would feel comfortable with me and, therefore, would be honest. I assumed this to be true because I work on military installations and have extensive experience in lending support to the Exceptional Family Member Program (EFMP). EFMP is a DoD program that enhances and improves support for military families with special needs (Federal Register, 2019). Furthermore, I understand military culture and what it means to be an EFM. Without honesty in the interview portion, the themes that were addressed would not have been accurate and results would have been inaccurate and not helpful for future studies.

The second assumption of this study was that deployments present challenges to the dynamics of the familial unit. One researcher interviewed eight military wives whose spouses participated in Operation Iraqi Freedom (OIF) to gain a better knowledge of how deployments impacted the husband and wife relationship (Chambers, 2009). From the interviews, the author was able to identify how one spouse's behaviors affected the attitude and responses of the other spouse (Chambers, 2009). Chambers (2009) concluded that when one spouse is away, it impacted the family in various ways.

The third assumption was that reintegration and deployment are experienced differently for each military family. Each military family who experiences a deployment has different rules and dynamics. If every military family experienced deployment and reintegration similarly, professionals may have a less complicated way of assisting families experiencing reintegration challenges.

The fourth and final assumption was that service members want an opportunity to discuss their experience with attaching to their children with ASD. In doing so, they could potentially help inform those who work closely with military families. Additionally, it may allow those who experience challenges attaching or reattaching to their children with ASD to expand awareness among families not included in the study's sample experiencing related barriers to attachment.

Scope and Delimitations

The scope of this study was limited to individuals who have experienced a deployment while having a child with ASD. A phenomenology study was chosen because I was not able to locate research conducted on returning service members with children who have ASD. To build a foundation for addressing the challenges military caregivers have when attaching to their children with ASD, there needs to be a better understanding of the challenges the military caregivers overcome to have a successful attachment to their child.

Since there was little to no previous research directly related to the subject, it was unknown whether the military caregiver's service branch would show significant differences in this study's results. The potential transferability of this study was

addressed by evaluating how individuals from different service branches approach attaching to their children with ASD. Researchers who would like to explore the reattachment process among returning service members and another sample population may also find the transferability of this study useful.

A specific service branch was not targeted for this study, but rather I left it open to service members who were able to meet the criteria. The service members who participated in this study had experienced at least one deployment lasting 6 months and did not have physical contact with their child(ren) with ASD during that time. Lastly, they had experienced reintegration with their child(ren) with ASD.

Although attachment theory was chosen for this study, I also explored another theory to determine the most appropriate. The first theory assessed for this type of research was Piaget's cognitive development theory. The core assumption of this theory was that children are active thinkers who attempt to construct a better understanding of the world by passing through different stages (Piaget, 1952). The reason I considered cognitive development theory is that, according to Piaget (1952), children are said to be continuously developing their perception and cognitive abilities. For children with ASD, though, this theory was difficult to apply. Cognitive development theory, as described by Piaget, involved development that was not always atypical in children with ASD, such as language and imagination.

Limitations

The first potential limitation was that the phenomenological study's sample did not refer to an empirical sample as a subset of a population. As a result, the findings

cannot be generalized to all military families with children who have ASD. This study, though, could be seen as a foundational study that gives insight into future studies on the factors affecting military caregivers' abilities to attach or reattach to their children with exceptional needs extending beyond ASD.

This study may also have been limited because it depended on my ability to capture what was being said by the participants during the interviews and to have an understanding of what was being reported. One way I addressed this limitation was through member checking, which is explained later. As the researcher in this study, there was potential for bias due to my professional work experience around service members and their families. My firsthand experience working with military families may have impacted my perception of responses during the study.

Significance

Bowlby (1980) described attachment in four different styles and patterns: secure, anxious-ambivalent, anxious-avoidant, and disorganized attachments. Ainsworth and Bowlby (1991) noted that children developed their attachment to caregivers according to the quality of care they receive. Children who experience prolonged absences of one caregiver may experience disruptions to their attachment relationship with that individual (Lester et al., 2016). As a general rule, children with ASD have difficulties in dealing with disruptions to their daily routines (Rutgers et. al, 2004). Deployments can bring about changes within the familial unit as the result of the absence of one caregiver and the possibility of the primary caregiver becoming vulnerable to the burdens of deployment (Green et al., 2013). Furthermore, my intent of this study, as the researcher,

was to aid military families enrolled in EFMP, due to a diagnosis of ASD, in being proactive with their dealings of a prospective separation.

One theme already identified by research on the military's EFMP conducted by Cornell and The University of Kansas indicated that many families need help not only accessing services but also advocating for their family's needs (DoD, 2013). The study further showed that continuity of care during transitional times is critical to the well-being of the EFM. Therefore, creating further awareness could also be a catalyst for more appropriate EFM programs as well as increased attendance in such programs.

Summary

This research focused on understanding the perspectives of service members returning or reattaching to their children with ASD after a prolonged absence. It was important to increase knowledge surrounding the deployment challenges faced by military families with children who have ASD. Although some studies have addressed military children's reactions to deployment and reintegration, as well as military spouses, there was a lack of information surrounding the service member's experience with rebuilding relationships with their children who have ASD. This study increased knowledge about the challenges EFs faced and increased awareness for the military community as a whole so resources could be implemented that addressed the challenges. Furthermore, the professionals who work with military families could have additional information that aids in assisting families before issues arise.

The subsequent chapter discusses the literature relevant to the study and the role of attachment theory, such as an explanation of the exploration of the insight into

attachment theory used by clinicians as well as its core doctrines. The review also includes journal articles that address the responses to deployment from military family members, as well as reactions to reintegration. Furthermore, the review encompasses the rituals and programs military families rely on for assistance with the challenges of deployment and reintegration. Included in the review is information regarding child development in TYP and children with ASD to understand the attitudes of the children regarding deployment and reintegration. Also included is information on the caregivers' interaction with the children at a developmentally appropriate level. The chapter concludes with information about the stigma surrounding mental health and asking for help because of the effect it has on military families receiving services for the trials they experience.

Chapter 2: Literature Review

Introduction

Military families face many challenges as a result of the stress they experience attributed to their unique lifestyle. Deployment is one of the most significant stressors service members and their families endure. Pincus et al. (2001) broke down the emotional cycle of deployment into five distinct stages: pre-deployment, deployment, sustainment, redeployment, and post-deployment. Although the military life creates some challenges due to frequent moves, families face many issues stemming from the onset of deployment, and sometimes the problems continue even after the military caregiver returns (Institute of Medicine, 2013). A period of detachment and withdrawal may occur as the deployment of the service member grows closer even long before the person is physically gone (Institute of Medicine, 2013). Each stage of the deployment cycle comes with unique emotional challenges and, when not dealt with appropriately or adequately, leads to significant strife both for the service member as well as the family members (Pincus et al., 2001). Part of the coping techniques used by service members preparing for deployment or returning from deployment suggested by Pincus et al.'s study involved adapting strategies for rebuilding relationships.

Children with ASD and the parents raising them may be at a higher risk of developing insecure attachment patterns (Hudson et al., 2017). *Insecure attachment* occurs when there is an avoidance of connecting with a caregiver or the struggle of attaching to a caregiver who is not present physically (Riggs & Riggs, 2011). Although much of the research on attachment focused on the importance of attachment during a

child's formative years and attachment with the reintegrated parent (Bowlby & Ainsworth, 1991; Stayton et al., 1973), exploration of service members reintegrating and rebuilding attachment bonds with their child on the spectrum turned up very little information. Attachment plays a critical role in helping relationships that are stressed. Bowlby and Ainsworth, through years of research, emphasized the importance of caregiver attention during a child's first year of life and how it directly impacted the social development and sense of self as the child matured (Ainsworth, 1989).

The purpose of this literature review was to provide an understanding of the themes that help others achieve knowledge of the critical need to understand the lived experiences of returning service members forming an initial attachment or re-attachment bond to their child with ASD. To be aware of the complexities when it comes to the formation of relationships, one must first have a working knowledge of the way attachment works and what lasting effects it has on children. This literature review explores numerous variables that aid in the security of attachment between returning service members and their children with ASD such as the caregiver's own style of attachment and mental health status, as well as the relationship between the military caregiver and the non-military caregiver responsible for caring for the child while the service member was absent. The next section of this chapter will include an overview of those topics.

Literature Search Strategy

Through Walden University's library, with the assistance of a liaison librarian, I used the following search terms: *cycles of deployment, military caregivers, resiliency,*

war, deployment, autism spectrum disorder, combat zones, EFM, post-deployment, current military conflicts, War on Terror, Iraq, Operation Iraqi Freedom, Afghanistan, Operation Enduring Freedom, attachment, attachment disorders, attachment theory, parent-left-behind, and military dependents. Combination of terms included: *military OR service member OR armed forces AND attachment, military AND attachment AND autistic OR special needs OR disabilities OR handicap AND child OR kids OR family, OIF and parent-left-behind, autism spectrum disorder and deployment, and service member and EFMP*. Furthermore, I searched the internet to determine whether the military was conducting a study of this nature.

When I was unable to locate a study, I sought insight from EFMP at the 6th Medical Group (6 MDG) as well as the Military and Family Readiness Center's (M&FRC) EFMP- Support Team on MacDill Air Force Base. The 6th MDG is responsible for handling the incoming and out processing of active-duty Air Force families enrolled in EFMP. They ensure services are available to meet the healthcare needs of the EFM at the receiving base. M&FRC coordinates resources such as education, childcare, respite, and activities that bring EFMs together from the area. Both resources denied knowing whether research was occurring on this specific topic. From the initial search for articles and using the resources available to me, such as the library staff and base agencies, I was able to single out studies that were applicable to this study and were to be used for discussion later on in the literature review.

Theoretical Foundation

Attachment theory, which dates back to John Bowlby and Mary Ainsworth's mid-20th century research, was the groundwork for this study. The theory was viewed within the context of relationships between returning service members and their children with ASD, which excluded children without ASD, non-military caregivers or spouses, and service members who have not experienced a prolonged absence such as a deployment. Attachment theory emphasizes the importance of early caregiver-child relationship when it comes to the development of appropriate social, emotional, and cognitive growth in children. As I discuss in this section, attachment theory points out the expectation for emotional connectedness in future relationships and how that correlates to the original relationship with the caretaker.

Attachment theory, according to Bowlby, was an *ethological approach* to personality. He focused on behaviors in a natural setting rather than in an unnatural setting such as a laboratory (Ainsworth & Bowlby, 1991). Bowlby initially noticed *attachment behaviors* during his tenure with children who were considered to be maladjusted (Ainsworth & Bowlby, 1991). It was during his experience that he noticed some children lacked affection, which was attributed to their unstable maternal relationships while other children appeared anxious and held fast to him (Ainsworth & Bowlby, 1991).

Despite Bowlby's theoretical orientation, he eventually moved away from psychoanalysis and placed his focus on real-life events (Ainsworth & Bowlby, 1991). Freud and Klein, two vital experts on psychoanalysis, stated that the relationship between

parent and child forms as a result of survival instincts rather than from connection and love (Freud, 1922). In order to test his theories further, Bowlby conducted other research studies such as observing 44 troubled youths at the London Child Guidance to assess maternal relationships and their impact on the child's behaviors (Ainsworth & Bowlby, 1991; Bowlby, 1944). Bowlby deduced that the absence of maternal bonds was more common in the control group of at-risk youths, which further supported his ascertains in the importance of attachment (Ainsworth & Bowlby, 1991).

Further, in his research at the Tavistock Clinic, Bowlby conducted retroactive and prospective studies. In the retrospective study, Robertson and Bowlby (1952) assessed the physical separation from family of 66 children from the ages of 1 to 4. Contrastingly, Ainsworth observed child behaviors in an array of institutional settings in the same study (Robertson & Bowlby, 1952). In 1951, Bowlby had a study published by the World Health Organization about known factors of children without consistent familial care (Bowlby, 1951). These studies contributed to Bowlby's assertion of the critical need children have for consistent relationships.

To better understand his findings, Bowlby searched psychoanalytic literature. When he was unable to identify any literature that supported his findings, Bowlby turned to imprinting, as theorized by Lorenz because his findings in birds were similar to what Bowlby observed in children. Lorenz determined that birds who were without mothers showed distress as well as the desire for closeness (Lorenz, 1937). Furthermore, Bowlby used some of Harlow's infant monkey studies to show additional indication of a child's need to be close to their mother (Ainsworth & Bowbly, 1991).

In his extensive research, Bowlby determined that *separation anxiety* occurred when a child is missing an attachment figure, and that fear may be a motivating factor towards an attachment figure or consequently it would cause the child to grow resentful of the attachment figure (Ainsworth & Bowlby, 1991). Despite his typical psychoanalytic approach to thought, Bowlby compared a child's way of grieving to that of an adult. Bowlby concluded that children, like adults, can also experience yearning, annoyance, and even despair stemming from the loss of a loved one, and they have the ability to process thoughts and display behaviors similar to their adult counterparts (Ainsworth & Bowlby, 1991).

According to Riggs and Riggs (2011), the *internal working models* in children act as a blueprint throughout their lives in the sense the models dominated the child's understanding of themselves as well as others based upon relationships created during the formative years. Riggs and Riggs determined that individuals who were securely attached were more inclined to possess positive self-images and have positive interactions within their fundamental relationships. Furthermore, securely attached individuals were more inclined to practice responsive parenting.

Bowlby hypothesized that babies were born capable of behaviors that ensured adult attention, such as crying, cooing, babbling, and smiling (Bowlby, 1969; Spencer, 2011). Adults are naturally programmed to respond to the infant's signals (Spencer, 2011). The first 3 years of a child's life are a critical period for attachment. Within those 3 years, Bowlby (1969) recognized four stages in developing attachment: pre-attachment, attachment-in-the-making, clear-cut attachment, and the formation of a reciprocal

relationship. The pre-attachment phase occurred from birth to 6 weeks when an infant began to recognize its mother by the sound of her voice and scent (Bowlby, 1969; Spencer, 2011). Next, the attachment-in-the-making phase extended until the infant was 6 to 8 months old when he or she could show preference toward a caregiver (Bowlby, 1969; Spencer, 2011). The clear-cut attachment phase lasted until the child was approximately 2 years old. During this phase, the child exhibited signs of separation anxiety by clinging to the caregiver or by using the caregiver as a safety net when attempting to explore the surroundings independently (Bowlby, 1969; Spencer, 2011). Lastly, the reciprocal relationship began after 2 years of age when a child's anxiety is decreased during a caregiver's absence because the child has the understanding that the caregiver will return (Bowlby, 1969; Spencer, 2011).

Ainsworth was another theorist who played a critical role in the formation of attachment theories. After developing an interest in attachment during graduate school, she was encouraged to focus her research on security theory (Ainsworth & Bowlby, 1991). Security theory, as viewed by Ainsworth, hypothesized that security could be broken down into different stages (Ainsworth & Bowlby, 1991). One of the stages included immature dependent security since infants depend on others to meet their basic necessities (Ainsworth & Bowlby, 1991). As children grow, they develop dependent security before lastly achieving mature dependent security like interdependence (Ainsworth & Bowlby, 1991). As time went on, Ainsworth moved her focus away from security theory since she was not able to converge on the defense mechanisms that are

derived when people move through the different phases of security development (Ainsworth & Bowlby, 1991).

Ainsworth and Bowlby met when she began to assist his research team in London with understanding the behaviors and emotions of children separated from their mothers (Ainsworth & Bowlby, 1991). By 1954, Ainsworth was living in Uganda, bringing her closer to the findings from the London study. Whereas in Uganda, over the course of 9 months, every 2 weeks Ainsworth observed 28 unweaned infants in their homes (Ainsworth, 1967). Between interviewing the mothers about their principles and the infants' development, and her observations, Ainsworth categorized the infants as being securely attached, insecurely attached, and nonattached (Ainsworth & Bowlby, 1991). As the study progressed, Ainsworth determined that combining the nonattached group with the insecurely attached group was appropriate because of the delay in their attachment as a result of their mother's responsiveness (Ainsworth & Bowlby, 1991).

Ainsworth began a one-year study in 1962, of 26 infants' attachment behavior through Johns Hopkins University (Ainsworth & Bowlby, 1991). Ainsworth's study was motivated by her idea to view infants in a naturalistic setting until they reached one year of age, and then she hosted the infants in a clinical setting to be observed (Ainsworth & Bowlby, 1991). The clinical setting intended to introduce the infants to an unusual situation. As a result of the study, Ainsworth identified a mother's responsiveness and how the attunement to the infant's needs impacted attachment (Ainsworth & Bowlby, 1991).

According to Strickland (2011), Ainsworth's unusual situational study used a typical approach to viewing behaviors of attachment. Findings from the study showed increased distress in the children when their mothers left the room and unfamiliar people were brought in (Ainsworth & Bowlby, 1991). However, observation showed that the children who were securely attached could continue to play whereas, contrastingly, insecure children either ignored their mother upon return or completely latched onto her (Ainsworth & Bowlby, 1991).

Securely attached children as observed by Ainsworth were comfortable knowing that, despite their mother's absence, she was around and would eventually return (Ainsworth & Bowlby, 1991). Ainsworth also noted the defense mechanisms used by all the children when their mothers were not present. Ainsworth could observe the outward signs of anxiety or fear when the mother was not present, but the introduction of strangers occurred in the situation (Ainsworth & Bowlby, 1991). Ainsworth concluded that the differences in an insecurely attached child's attachment behaviors were based upon their indifferences. (Ainsworth & Bowlby, 1991).

Ainsworth's research attempted to bridge the gap in understanding what the attachment behaviors of typical infants and what caused inconsistencies in attachment styles of infants (Ainsworth, 1989). She concluded that attachment was influenced by both genetics as well as the environment, so it occurred both internally and externally (Ainsworth, 1989). Ainsworth acknowledged that infants used signaling behaviors not directed at anyone specific and, over time, they would start to recognize their caregivers

through reaching for them, following them, or even attempting to verbally communicate with that individual (Ainsworth, 1989).

Stayton et al. (1973) conducted another study that merited mentioning. They observed 26 infants with their mothers throughout the child's first year. The study's purpose was to gain insight into the responses of the infants that were elicited due to separation from their mothers as well as to explore how separation impacted the infant in regard to attachment, fear, and anxiety. In the study, four teams of researchers observed the family's routines every three weeks for four hours each time. During the observation period, the researchers paid careful attention to the infant's style of attachment behavior through comparison of the responses derived from people leaving the room, which included its mother, siblings, and strangers. Stayton et al. concluded that infants were left most by their mothers during 30–33 and 45–48 weeks of age.

Stayton et al. (1973) deduced that the infants cried 26.6% of the time after being put down as opposed to just 15.1% when the mother left the infant. The researchers attributed the differences in the percentage of time spent crying to the infant losing physical contact with their mother. However, more mobile infants were likelier to go after their mother when she left compared to the non-mobile infants who cried in response.

Literature Review

This analysis of key concepts within the relevant literature is discussed further in this section because of the perception of secure attachment style and how that reduces the self-stigma of seeking help among service members. The key concepts had implications

for understanding how personality factors of service members impact who and where they go for support, which influenced their decision to seek help with attachment issues. Military life differs from civilian life and varies among the five service branches. Furthermore, the different service branches experience mental health stigma. Other stressors that impact the military lifestyle that are discussed in this next section include components of deployment stages and stressors not just for the service member, but also for the family.

Because military children with ASD were part of this study, including information about child development as it pertained to ASD was imperative. Additionally, reintegration, as it related to the service member, spouse, and children, is individually addressed to identify potential risk factors surrounding attachment or rebuilding the attaching between the service member and the child with ASD. Lastly, I addressed support factors to understand routines families could implement to lessen reintegration complications, as well as to identify support programs accessible to military families.

Attachment Issues

Not only does attaching allow a child to become close to and trust a significant adult, but it predicts how a child will form attachment bonds as an adult. Many variables affect attachment. Understanding the way different factors influence attachment was imperative to this study.

ASD and Attachment

Other researchers use attachment theory to develop an understanding of other populations, such as children with ASD. Ainsworth and Bowlby (1991) concluded that

the bond formed between infants and their caregiver served as a foundation for future attachment responses and behaviors. Once an infant can verbally or nonverbally communicate their need for contact or reassurance during periods of anxiety and frustration, a child showed maturity in the sense they can leave the caregiver's side to explore new surroundings (Rusk & Rothbaum, 2010). Whereas most would expect infants and their caregivers to form a bond, some parents found themselves struggling to form the appropriate bond. According to several researchers, for parents with children diagnosed with ASD, creating that bond can often be an exhausting and confusing undertaking (Coyne et al., 2006; van IJzendoorn et al., 2007).

Attachment was eminent in developing appropriate parenting skills. However, parents of children diagnosed with ASD often blamed themselves for their child's disorder (Coyne et al., 2006). The anxiety, depression, and self-blame in response to their child's difficulties can sometimes extend into the home life. It subsequently may have impacted the attachment relationship they form with their child (Chen & Kovacs, 2013). Research by Meirsschaut et al. (2010) suggested if an individual's mental status inhibited them from functioning in their role as a caregiver, they were more inclined to struggle to the exhibit sensitivity and insight required to form a secure attachment bond with their child.

Parenting Styles and Attachment

Additional attachment-based research suggested examining the benefits of an attachment relationship between an infant and their caregiver. This study assumed the definition of parental attachment, as demonstrated by Kamphaus and Reynolds (2006),

when they explained how parental attachment is the level of empathy, closeness, and understanding they have to their children. Attachment was considered the affection that connected individuals over time (Kamphus & Reynolds, 2006). Strickland (2011) found attachment behaviors in children exhibited when the bonds between the child and attachment figure became strained. Genetic make-up and the environment attributed to attachment, and Strickland believed this impacted one's basic need to survive. Furthermore, Strickland pointed out the influence parenting values have on attachment when it came to impacting the caregiver's attitude and behavior toward the child.

Historically, researchers examined attachment by observing the intra and inter-personal process. This process contributed to the internal working models regarding relationships while on the other hand, family system theories looked to relationships within the overarching concept of family because researchers believed attachment in one individual could impact the relationships within the entire family (Riggs & Riggs, 2011). Bowlby understood that children desired to connect for reasons other than just self-preservation with their caregivers. Bowlby asserted that children formed attachment bonds to caregivers just so long as that individual was available and stable (Ainsworth & Bowlby, 1991).

Attachment during the time of development extends beyond childhood. Research suggested that those who were insecurely attached may have internal working models about relationships that affected the way they interacted with others (Strickland, 2011). Strickland (2011) pointed out that insecurely attached individuals may react aggressively towards others, thus damaging relationships. Contrastingly, separation processed by

insecurely avoidant individuals made one appear unbothered (Strickland, 2011). However, the lack of response from insecurely avoidant individuals was attributed to the repetitive rejection or inconsistency from the caregiver (Strickland, 2011).

In addition, Strickland (2011) discovered insecure-ambivalent children also struggled with a lack of consistency from their caregiver; however, they learned that manipulation of caregiver's responses derived by the way the child was responding to the given situation. Supportively, Pastor (1981) added to the evidence attachment had on relationships when he observed 37 toddlers with their caregivers playing. In this study, Pastor determined the securely attached children played in unison with one another and also showed definite attachment to their caregivers and described the avoidant children as participating in playtime but noted they did not interact well with their peers or caregivers.

Attachment theory, as related to the present study, was used to decipher returning service members' experiences attaching or reattaching to their child(ren) with ASD. One facet of attachment theory lends insight into the internal working models of children that they have developed and how that correlates to the security and safety they feel in some of their first relationships during infancy and toddlerhood. Using attachment theory for the present study was advantageous in the sense military caregivers who experience absences from the children have missed meaningful time with their children who have ASD during a critical developmental time, which would later present challenges to building attachment upon reintegration.

Autism Spectrum Disorder

Leo Kanner (1943) first identified autism in a discrete population with specific characteristics. In his initial study, Leo Kanner observed 11 children and found them to have a lack of effective contact with people, resistance to change, repetitive routines, and idiosyncratic speech. By 1944, Asperger (1944/1991) observed a group of children who displayed naïve and inappropriate social interactions, idiosyncratic speech, fixation in circumscribed interests, poor body language, and motor coordination. Wing and Gould (1979) discovered ASD could appear in many different forms despite the previous work of researchers such as Asperger and Kanner. For example, some individuals with ASD were verbal while others mute; some have higher levels of intelligence while others were subnormal, so not all individuals fit Kanner's classic description.

The American Psychological Association characterized ASD as deficits in social communications and interactions and restricted insistent behaviors, interests, and activities (APA, 2013). Individuals with ASD though, shared three severe impairments involving their social interaction, ability to communicate, and their patterns of behaviors. According to the DSM-IV defined in The Diagnostic and Statistical Manual of Mental Disorders published by the APA (2013), there are two domains of impairment: social interaction and social communication and restricted interests and repetitive behaviors.

An individual must display a total of five out of the seven possible impairments with all three criteria under the social interaction, and social communication met and at least 2 out of four criteria under the restricted interest and repetitive behaviors being

displayed (APA, 2013). Additionally, the DSM-IV outlined by the APA (2013) required a severity rating as follows:

- Level 3: Requires very substantial support
- Level 2: Requires substantial support
- Level 1: Requires support (p. 52)

The differences in levels do not determine eligibility for services but do help professionals recognize the severity of the individual's ASD.

Social Impairment

The social impairment component of ASD affects an individual's ability to form social relationships. Wing and Gould (1979) realized that ASD existed in diverse forms and identified three types of impairments as being aloof, passive, and odd. In their study, Wing and Gould determined the aloof group as being completely indifferent when it came to social interaction unless there was something they wanted, and after receiving it, they typically went back to being aloof. The passive children accepted social approaches, but would not initiate it. On the other hand, the odd group made inappropriate social approaches. Howlin (1998) supported Wing and Gould's findings by agreeing that children with ASD exhibited signs of social impairment. Furthermore, according to Howe (2006) and Coyne et al., (2006), the social impairments of a child with ASD were linked to lower parental attachment to that child.

Impairment of Communication

Some children with ASD had some form of delay in language acquisition and language development (Rapin & Dunn, 1997). In some cases of children with ASD, they

had little to no speech abilities. For others with speech abilities, it came in the form of delayed echolalia, unusual intonation, and stereotyped speech (Lord & Paul, 1997). On the other hand, for some individuals with ASD, communication was manifested by the absence of any desire to interact verbally with others. In contrast, others were only able to express their needs and wants (Rapin & Dunn, 1997). Lastly, other features of communication impairment included poor eye contact, lack of facial expressions, inability to gesture, as well as awkward body language (Frith, 1989).

Attachment as a Psychological Construct in ASD

In the 1980s, researchers began to delve deeper into whether or not children with ASD express attachment behaviors similar to their typically developing peers (Sigman & Ungerer, 1984). These initial studies concluded that children with ASD did not respond preferentially to their caregivers as opposed to a stranger (Sigman & Mundy, 1989). Children with ASD would also spend most of their time directing social behaviors toward their caregivers. If the child and caregiver became separated yet remained in the same room, the children would seek proximity to their caregiver (Sigman & Mundy, 1989). Ainsworth and Wittig (1969) observed children with ASD who used their caregivers as a secure base, and as a result, they engaged in exploratory behaviors as long as the children did not feel threatened. However, if a stranger was present, then the children increased their attachment behaviors and decreased their exploratory behaviors (Ainsworth & Wittig, 1989).

ASD and Parental Involvement

Children can start showing signs of ASD by the age of two (McConachie & Diggle, 2006). As a result of their symptoms, children with ASD pose challenges to their parents and need additional assistance to develop early skills in the establishment of joint attention, communicating interests and needs, understanding the language of others, enjoying the company of others, as well as tolerating change (McConachie & Diggle, 2006). Involving parents in implementing intervention techniques designed to help their children with ASD has a long history. Estes et al. (2015) recognized early intensive behavioral intervention as a beneficial approach for improving outcomes in young children with ASD.

McConachie and Diggle (2006) believed that parental training and involvement in early intervention were better for children. By increasing the parent's skills, McConachie and Diggle found this created additional opportunities for children with ASD to learn. Training parents as co-therapists allowed for more consistent handling of behaviors to ensure intervention enhanced the child's earliest social relationships (McConachie & Diggle). Parents benefitted from the training with increased skill sets, renewed confidence, and reduced stress (McConachie & Diggle, 2006).

A review of early interventions for children with ASD revealed 52% of the interventions supported parent-child relationships while 59% of the interventions involved parents in the delivery of the methods (Schertz et al., 2013). Whereas the intensity, form, and function of parental involvement in ASD therapies vary greatly, caregiver participation in treatment appeared imperative (Granger et al., 2012). Studies

conducted on the outcomes of parent training show decreased mental health concerns, enhanced understanding of the child's challenges and barriers, improved parent-child interactions, as well as improvement in the child's outcome measures of social behavior and communication ability (Matson et al., 2009; McConachie & Diggle, 2006). However, for a military caregiver having the opportunity to be trained is not always possible due to service commitments.

Deployment of a service member during a child's early years can hinder a bond from forming with that caregiver and can also be challenging to a deployed service member even if their child was not born. Service members returning home from deployment have missed opportunities to establish a strong connection with the child or participate in the child's therapies, which could cause anxiety for the service member as well as the child, and drive the child to grasp the most familiar caregiver (Maholmes, 2012).

Child Development as it Pertains to ASD and the Absence of a Caregiver

Further research by Renner et al. (2000) examined whether or not high-functioning children with ASD had the same disassociation between explicit and implicit memory abilities as someone with medial temporal lobe amnesic disorder. Renner et al. presented children with ASD and TYP children with three memory tasks: perceptual identification, recognition, and recall. Children with ASD displayed intact implicit and explicit memory abilities, but they were only able to recall items from the end of the lists they were presented with. The findings suggested that children with ASD use different organizational strategies during encoding or retrieval of items from memory.

A typical deployment lasts anywhere from 90 days to 15 months, and the deployment process begins before the service member leaves and continues past the homecoming. Depending upon the service branch, deployments are not always to conflict zones. In each cycle of the deployment, the service members and their families experience various psychological and emotional barriers. Attachment during the early years of a TYP is pertinent and plays an essential role in a child's development, especially as relating to relationships and the regulation of emotions (Teague et al., 2017). Rutgers et al. (2004) conclude that, although children with ASD were less likely to develop a secure attachment to their caregivers compared to TYP, 53% of children within that study with ASD did form secure attachments to their caregiver.

Compared to TYP, children with ASD were more prone to anxiety disorders (White, 2009). Aside from the diagnosis of ASD, a study by Simonoff et al. (2008) revealed that 70% of children with ASD ages 10 to 14 were also diagnosed with another disorder. The comorbid diagnoses can be extremely debilitating at the time for individuals with ASD. The study revealed that children with ASD experienced more severe symptoms of phobias, obsessions, compulsions, and social phobias than other groups of children. Psychiatric disorders are not only common in children with ASD, but occur more frequently in multiple forms among children with ASD.

Children with ASD have difficulties with self-reporting symptoms of anxiety, but Gadow et al. (2005) found that teachers reported higher levels of anxious behaviors in children with ASD compared to their TYP counterparts. In their study of 301 children with ASD exhibited psychiatric symptom clusters at rates higher than children without

ASD. The children obtained significantly higher severity ratings in certain areas such as phobias, obsessions, compulsions, and social phobias than did the comparison group, which included regular education students. In terms of separation anxiety, 6.7% of boys and 7.1% of girls were above the screening threshold according to the parental survey, where the teacher report showed 13.8% and 8.0%, respectively. The study concluded from the parent and teacher surveys that children with ASD were the most psychiatrically impaired.

Mental Health Stigma Among Military Culture

When individuals join the military, boot camp removes them from civilian culture and immerses them into the military culture through a process of separation, transition, and incorporation of military values. Since moving away from the draft system used in conflicts such as the Vietnam War, Americans have felt a divide when it comes to the issues our military faces. Contemporary studies showed that some Americans had negative attitudes related to mental health treatment sought by service members and veterans due to the fact the United States is an all-volunteer force. In essence, the individual chose to enlist or become appointed into a career that posed a risk to their mental and emotional well-being (Gibbs et al., 2011; Gould et al., 2010).

Trauma, as explained by Crawford (2013) was the damage that occurred as the result of a distressing event. Accounts of psychological trauma symptoms appearing after military combat first appeared during the American Civil War (1861-1865) and the Franco-Prussian War (1870-1871). Around that same time, doctors attempted to address the problems of service members exposed to combat and trauma (Friedman, 2014).

Before the military's efforts, in 1761 Josef Leopold, an Austrian physician, described "nostalgia" among soldiers in the form of missing home, feelings of sadness, sleep problems, and anxiety (Friedman, 2014). Professionals used that model of psychological injury well into the Civil War (Friedman, 2014). Historically, medical professionals who studied Civil War soldiers believed a physical injury might have caused the symptoms of *soldier's heart*, marked by rapid pulse, anxiety, and difficulties breathing (Mackenzie, 1916). Often, soldiers would return to the battlefield after they received medication to help control their symptoms.

Previous researchers have suggested that the development of mental health stigma among service members dated back to World War I (Crawford, 2013). Back then, individuals described as being shell-shocked were said to function below the optimal level (Crawford, 2013). This idea derived from the negative perception of the public, peer, and self-views of mental health. More recently, researchers believed approximately 60% of service members who experienced mental health issues did not seek treatment despite the majority of them thinking they could benefit (Sharp et al., 2015). When an individual has a negative perception of mental health, Held and Owens (2013) identified internal turmoil that could hinder someone's ability to respond to the struggle.

It is not uncommon for mental health stigma to be present within the military's culture. Boot camp teaches recruits to be physically and mentally strong. Furthermore, recruits are encouraged to put other's needs before their own (Zinzow et al., 2013). Military mantras such as "The Only Easy Day Was Yesterday" and "Whatever It Takes" are standard across the military community and further imply that only the strongest

survive. One of the most common examples of the evolution of stigma among the military was during the Vietnam era when substance abuse was rampant yet after the Cold War substance abuse disqualified individuals from service (McFarling et al., 2011). As a result, those service members who used substances as coping mechanisms became fearful of seeking help due to the ramifications it would have on their careers.

Nonmilitary Caregiver and Mental Health

Military spouses are at an elevated risk for mental health issues before, during, and after deployments especially in times of conflict (de Burgh et al. 2011; Mansfield et al., 2010; Padden et al., 2011). To further support this, Blow et al. (2013) surveyed 600 National Guard couples post-deployment. They found that the non-deployed spouses experienced levels of mental health symptoms at similar rates to the service member (Blow et al., 2013). Of the spouses examined 21% reported symptoms consistent with depression (21% of service members experienced the same), 13% reported PTSD symptoms (13% of service members reported the same), and 11% reported excessive alcohol use (27% of service members reported the same). Concerns over the service member's safety, anxiety over the service member's return, and fears of being the sole caregiver during the service member's absence attributed to the non-deployed spouse's response to the deployment (Kees et al., 2015).

The non-deployed parent may think it is challenging to seek out assistance because of geographical difficulties or out of fear of ramifications to the service member's career (Crawford, 2013). Shifting from a two-parent household into single parenting can increase the stress level of the non-deployed parent. If that individual had

an insecure attachment, he or she would become more vulnerable to loneliness due to the role shift and overload, as well as the lack of emotional support (Riggs & Riggs, 2011). Some children with ASD required more time from their parents due to the dependence on adults exceptional children have, so parents needed to account for the increase in time. The increased time to care for a child with ASD increased the stress level for the non-deployed caregiver because it also took away time from TYP. By investing time into the children during the service member's absence, the non-deployed caregiver was creating a secure foundation. Still, consequently, this could have created a change for the returning service member that required a period of time to adjust to changes post-deployment.

Military Culture and Seeking Help

The military trains those in positions of power such as Officers and Non-Commissioned Officers (NCOs) in techniques that assist with survival; however, the same things they learn to survive can make reintegration difficult. For example, in combat service members use techniques that could come across as being aggressive or controlling, but at home, those characteristics can frighten one's family (Danish & Antonides, 2013). Reintegration can be a turbulent time for service members and their families, as the entire familial unit works to return to a functioning system, but there are programs available to educate service members on what to expect upon reintegration.

Military families face a plethora of barriers when it comes to accessing programs on-base such as educational briefings and town halls facilitated by military readiness centers and the EFMP. Reserve and National Guard families often live in remote areas away from military installations (Aronson & Perkins, 2013). Furthermore, Reserve and

National Guard families are waived from EFMP enrollment (Tricare, 2018) and therefore are not entitled to all the resources the program offers. On the other hand, some active duty families will try to surpass the EFMP enrollment requirements by not disclosing the family member's medical needs to the service branch, and as a result, they cannot utilize EFMP resources. Aronson and Perkins (2013) reported some families chose not to use DoD supported programs due to the stigma associated with seeking out services and resources for fear it would hurt the service members' career.

Stigmas are prevalent among service members who use mental health services. Zinzow et al. (2013) explored how many service members feared a diagnosis or treatment would impact their career progress. A diagnosis of a mental health issue could result in the service member being prescribed medication, which could potentially affect service duties. Public stigmas can develop when others around that individual are led to believe the service member is just trying to get out of job duties.

In a survey of nearly 80 service members, Zinzow et al. (2013), described barriers to seeking mental health treatment including concerns over being medicated, anxiety with conversations around mental health, military values, leader behaviors, as well as peer input regarding their own experiences with mental health treatments. However, on the contrary, those service members who had social support, positive leadership, and severe or persistent mental health issues reported were more likely to seek help. The research was hopeful that those who had positive experiences with mental health treatment would change the negative perceptions others had when it came to seeking assistance.

Zinzow et al.'s (2013) study showed that service members who had positive social support and a chain of command supportive of treatment might feel more inclined to seek treatment. Leaders who recognized the importance of mental health treatment were likelier to accommodate service members who needed to take the time to seek treatment. Furthermore, the study revealed that when a leader models the importance of seeking mental health, it broke down the stigma and enabled others to see that seeking help was acceptable. The participants disclosed that support and treatment, along with wanting to be better for their families, were the main driving forces behind seeking treatment.

When it came to determining what percentage of service members with mental health issues got treatment, Zinzow et al. (2013) discovered it was somewhere between only 13% and 50%. In another study conducted by Danish and Antonides (2013), 38%-45% of service members with combat-related mental health issues had a desire to get treatment; however, only 23%-40% of them sought treatment. In an anonymous Post-Deployment Health Assessment of 1700 service members, participants surveyed were two to four times more likely to ascertain receiving mental health treatments compared to those who took the survey without remaining unknown.

Danish and Antonides' (2013) study discussed the anti-stigma campaign launched by the military. They believed its launch was the direct result of two Army Generals who openly shared their struggles with mental health issues that stemmed from combat (Danish & Antonides, 2013). Currently, many of the service branches offer free counseling through The Military and Family Counseling Program. This non-medical and

non-clinical resource provides the services of a trained counselor to deliver face-to-face counseling that does not require reporting. The military is hopeful that this approach to services will encourage service members and their families to seek help.

Stages and Stressors of Military Deployments

Many service members return home struggling with physical or psychological injuries that affect their ability to reintegrate back into their family. The stressors of military deployments, along with the disruption to attachment bonds among family members, can lead to increased psychological stress for service members. Understanding the phases of the deployment cycle was essential to this study in order to reveal risk and resilience factors that may impede or promote attachment relationships.

During the 2000s, Operation Enduring Freedom (OEF) and OIF posed various challenges to returning service members compared to previous conflicts. Service members deployed to those conflicts experienced longer and more frequent deployments, along with being placed at an increased risk of physical injury (Esposito-Smythers et al., 2011). To better understand each of the challenges associated with the stages of deployment, each stage must first be defined and discussed in-depth.

The Emotional Cycle of Deployment theorized by Logan (1987) and later adapted described the series of transitions that service members and their families encountered from the moment a service member received notification of deployment until the service member returned home and spent time reintegrating. Logan divided the *stages of deployment* into several stages:

1. Predeployment

2. Deployment
3. Sustainment
4. Redeployment
5. Postdeployment, now called Reintegration

The military family experienced the most challenges during the reintegration period. Upon the service member's return home, Esposito-Smythers et al. (2011) described having to redefine boundaries, feelings of abandonment, and the anxiety of a future deployment. Military families should also consider responsibilities to determine the expectation of the service member when looking at reintegration challenges.

Time also needs to be spent on exploring the emotions and attachment concerns correlated to the service member's return home. The reason for this was to inform the caregiver of the attachment the child built during their absence. Esposito-Smythers et al. (2011) found there was an increased risk of difficulties for service members reintegrating when their deployment time increased. When deployment stressors grew, families had a higher level of need for programs. National Guard and Reservist families were at a disadvantage when it came to accessing programs and services, according to Esposito-Smythers et al. (2011) because they often were geographically displaced and attended different pre-deployment preparation briefings.

Mateczun and Holmes (1996) broke down the return into three distinct categories: return, readjustment, and reintegration. During the return phase, the service member had physically returned to the family. Readjustment occurred when the changes the service member experienced due to deployment became recognized. Lastly, the reintegration

period began when the service member started to adapt to the differences in new roles and rekindles relationships.

Reintegration with the family was considered to be the most challenging aspect of returning from deployment. Demers (2011) concluded that service members and their families experienced tension stemming from the possibility of a deployment occurring shortly. Some service members reported they asked for permission to remain behind if they felt like they did not have enough time in between deployments; however, that caused additional stress due to the negative reputation that would follow if permission was granted.

Collins (1998) researched the civil-military cultural gap and determined that by the military being an all-volunteer force, fewer families have a military affiliation. Demers (2011) pointed out that part of the reintegration struggles service members face was the result of the cultural differences between the military and civilian life. Service members did not think they received the respect they should by their civilian counterparts, and many of the changes service members go through were not noticeable except to family and friends (Demers, 2011). It is then that they developed a keen sense of self-awareness (Demers, 2011). On the other hand, some service members recognized that despite communication with their family absence, there was still a disconnect. Since they were not physically there to participate (Demers, 2011). As a result, it caused them to question their identities and social dynamics within the home (Demers, 2011). The confusion surrounding their identities and social networks at home leads to feelings of uncertainty.

Deployment Reactions and Reintegration

This next section was used to explore how family members react to deployment and reintegration. One family member's reaction not only shows the personal impact but also the impact the deployment and reintegration had on the entire family. Furthermore, reactions to deployment and reintegration in some studies demonstrated the predisposition of potential risk factors for service members reattaching to their children. The risk factors may impact the experiences of this study's sample population.

Service Member Parent

Military service often requires the service member to be absent for long periods throughout their child's development. Separation can occur due to training schedules, and hospital stays as a result of injuries, or even deployment. Regardless for the reason of the separation, service members must prepare their children for the transition, negotiate the parent-child relationship during an absence, and then work on reintegration into the child's life and family system upon return (Stepka & Callahan, 2016).

In a previous study by Willerton et al. (2011), a sample of 71 military fathers was used and accessed to explore their perception of the role of being a father. Willerton et al. also looked at the connections the fathers had with their children before they deployed, the communication they had with their children while deployed, and homecoming. The study broke father involvement into engagement, accessibility, and responsibility (Willerton et al., 2011). According to Willerton et al., engagement was undeviating communication with their children, accessibility occurred when a father was available for interaction, and responsibility occurred when a father was attuned to the child's welfare.

In the study, Willerton et al. acknowledged little information was available about the fathers' perceptions about their deployment. This was a critical element used to understand the process of reconstructing attachment bonds after deployment among military caregivers and their children. The study concluded with concerning findings over the fathers' relationships with their children because of deployment.

In Willerton et al.'s (2011) study, the data was broken down into three themes. Behavioral themes included things such as responsibilities and roles within the family, while affective themes involve feelings such as acceptance, anxiety, distress, and emotional withholding. The cognitive themes that emerged from Willerton et al.'s research focused on the father's views of his own father's role while being raised, as well as his role in parenting while he was absent. Willerton et al. concluded that some fathers believed leaving their children was trying since the children did not understand the absence while other fathers felt it was easy because the children did not have an awareness of the absence.

During reintegration, the fathers recognized a transitional phase which occurred when the family adjusted to him being home. Fathers with younger children expressed concern whether or not the children would recognize them while others worried about their ability to play a paternal role (Willerton et al., 2011). Willerton et al. (2011) described how some fathers also admitted to withholding emotional contact with their children out of fear that the emotions would have a negative impact on the mission when one father was quoted to say, "As much as you want to be a part of your kid's life, you can't do that if you are dead" (Willerton et al., 2011). The most significant challenges

fathers faced postdeployment was identified as how to resume a parental role and figuring out how to reconnect with their children (Willerton et al., 2011). On the other hand, some fathers identified positives with deployment such as having an opportunity to focus on spending quality time with their children and having a more in-depth understanding of the development of their children (Willerton et al., 2011).

Willerton et al.'s (2011) study offered implications for this study due to the awareness about how fathers view their role throughout deployment and then again after reintegration. The insights derived from Willerton et al.'s study were essential to this study because they identified why some service members experienced barriers when it came to reattaching to their child. Limitations to Willerton et al.'s study included the use of focus groups leading to incorrect answers to questions because of social desirability as well as the sample involved could potentially include fathers more willing to parent as opposed to those who refrained from volunteering.

Research suggested that over 1.8 million service members had served in Afghanistan or Iraq, and of those between 31% to 86% have been exposed to firefights (Cohen et al., 2011). Previous research disclosed combat causes emotional distress and psychopathology, and while some reactions to war were acute and occur on the battlefield, others occurred in the aftermath of combat. Cohen et al. (2011), pointed out that the most common acute stress reaction is *combat stress reaction* (CSR). CSR, as it related to the military, was the acute stress reaction following a traumatic event that caused a functional breakdown on the battlefield that limits an individual's ability to function in a combat role (Solomon, 1993). During a CSR episode, an individual's

normal coping mechanisms did not function properly. Instead, Cohen et al. explained that an individual could experience distress in the forms of emotional, behavioral, and mental during a CSR. Using a MANOVA, Cohen et al. assessed the impact CSR had on the service member's contentment and functioning as a parent (Cohen et al., 2011). Service members with CSR reported lower parental functioning $F(2, 274) = 12.11$, $p < .001$ and lower parental contentment $F(1, 284) = 24.23$, $p < .001$ (Cohen et al., 2011).

Another study, which identified 114 veterans receiving treatment for PTSD determined 80% of the sample preferred their family's involvement with treatment (Khaylis et al., 2011). The research also discussed concerns a sample of 100 National Guard members had about parenting children after deployments. In the study, 80% of them admitted they had considered counseling for the family and noted concerns about getting along with their children.

Service members' reaction to deployments can also impact their effectiveness to parent suitably. The Department of Veterans Affairs (2018) released recent data that pointed out veterans' risk for suicide was 22% higher than non-veteran adults. With male veterans at a 19% higher risk than non-veteran adult men, and veteran females 2.5 times higher than female non-veterans (Department of Veterans Affairs, 2018). Compared to their civilian counterparts, veterans were at a higher risk of suicide because of reintegration challenges such as individuality, purpose, and belongingness (The Department of Veterans Affairs, 2018). Furthermore, some veterans faced overcoming barriers brought on by the onset of PTSD as a result of combat (The Department of

Veterans Affairs, 2018). Patience, as well as time, is needed by veterans when reintegrating back into family life due to these unique circumstances.

Severe PTSD symptoms can be detrimental to the overall quality of life and functioning of an individual at many different levels, including biological, psychological, and social levels. The social implications of PTSD correlated to attachment theory and the disruption of ways in which individuals can relate to others in their social support system. Numbing was said to be the primary cause of relationship troubles after war trauma (MacDonald et al., 1999; Rosen- heck & Thomson, 1986). Avoidance and numbing responses were likely to interfere with the parenting of children with special needs. A caregiver's hyperarousal and hypervigilance may result in what Cozza and Lieberman (2007) described as reactive parenting responses because the reaction was not consistent with the intensity or content of the child's behavior.

Spousal Response

Attachment is not only crucial to the role in which military caregivers reattached to their children, but it also plays into a service member's capacity to manage deployment for their entire family. As previously mentioned, attachment styles were believed to develop in childhood, and the attachment style was then carried on into adult relationships, including romantic relationships. Jones and Cunningham (1996) found that attachment styles influence adult relationships in areas such as quality, trust, interdependence, commitment, intimacy, and self-disclosure.

Attachment styles are considered important in developing lasting, healthy relationships, and combat exposure can influence the way a service member perceives the

world. By having a secure attachment with an attachment figure, a service member could use this as a foundation to try to understand their military involvement because they have confidence in the other person even when trials presented themselves in that relationship (Jordan, 2011). Contrastingly, individuals with anxious attachment styles displayed a harmful amount of dependence that created unnecessary levels of stress regarding relationship statuses during prolonged absences and caused the individual to look for support in other ways (Jordan, 2011). Individuals with avoidance attachment styles viewed deployment as a means to develop further distance and created boundaries; however, this style of attachment potentially created barriers during the reintegration process (Jordan, 2011). According to Jordan (2011), individuals who were said to have avoidance attachment styles were more likely to become insolvent to manage their fear of losing the relationship.

Individuals encounter trauma in different ways. What may be a traumatic experience for one person may not be traumatic for another. Those spouses with poor attachment styles prior to the deployment were believed to deal with trauma while the service member was deployed (Crawford, 2013). Crawford (2013) stated individuals with poor attachment styles were likelier to sustain attachment injuries. *Attachment injuries* occur in insecure relationships when feelings of seclusion, helplessness, and desertion are exhibited (Crawford, 2013). With attachment styles formed in childhood, further research suggested adult attachment begins with finding closeness in relationships and using that as a secure space to foster the relationship (Crawford, 2013).

When separation occurs within those relationships, the secure feelings allowed for the individual to express emotions over the feeling of being abandoned to obtain a sense of dependability in the relationship (Crawford, 2013). Crawford pointed out that insecure-anxious attachment styles in adults lead them to preserve relationships to circumvent the anxiety over losing them. Crawford projected insecure driving forces might be the reason for service members to have had lower satisfaction in marriages and higher divorce rates.

The attachment styles of non-deployed caregivers have an impact on the attachment of the children. According to Riggs and Riggs (2011), non-deployed caregivers tend to rely heavily on their own network of personal attachment since they took on additional parental responsibilities in the service member's absence (Riggs & Riggs, 2011). Without a secure attachment system, the non-deployed caregiver was likelier to encounter struggles with parenting, and maintaining a hopeful outlook on their marriage (Riggs & Riggs, 2011). Therefore, Riggs and Riggs concluded an insecure attachment style contributes to an increased risk of disconnects in the attachment of caregivers and their children.

For the non-deployed spouse, attachment history was a critical element in their exchanges with the children. The non-deployed spouse experienced mental health issues over the deployment, such as depression which also lead to developmental delays in children (Spencer, 2011). However, parents of children with ASD endured more stress than parents of TYP children, to begin with (McKinney & Peterson, 1987). In other words, an attachment can be a child's way of measuring their confidence in the caregiver.

Child Response

Several reports indicated an increase in mental health services for military children during the last decade. Over five years, the DoD reported a 50% increase in the number of military children seen in both inpatient and outpatient settings (Alfano et al., 2016). In one study, researchers reported a 10% increase in risk for pediatric psychiatric hospitalization during the year following the deployment of the caregiver (Millegan et al., 2013). Among children ages 3 to 8 years old, the research found outpatient mental health visits increased during deployments (Gorman et al., 2010). Larson et al. (2012) noted that children who had a parent deployed the previous year had an increase in mental health visits, a 17% increase in antidepressant prescriptions, and a 10% increase in antianxiety prescriptions. For children with attention-deficit/hyperactivity disorder aged 4 to 8, evidence suggested a 13% increase in mental and behavioral health visits during the period of deployment (Hisle-Gorman et al., 2014). The emotional stressors a child experienced while their parent was deployed coupled with the service member's stressors such as poor parental emotional health, the worry of safety while deployed, and financial concerns also impacted attachment bonds due to the feelings the child experiences regarding inadequate security (Esposito-Smythers et al., 2011).

A child's response to separation from their parent as a result of deployment varied and was based upon many factors such as their developmental level, the attachment bonds formed prior to the absence, their attachment to the non-deployed caregiver, as well as the attachment of the individuals in the child's life while the military caregiver was deployed (Riggs & Riggs, 2011). Younger children were inclined to display

behavioral responses of fear such as crying, clinginess, and digressing with toilet training (Pincus et al., 2001; Spencer, 2011). In addition, older children showed aggressive behaviors or had low academic performance (Pincus et al., 2001; Spencer, 2011). On the other hand, a child with ASD who felt anxious would more likely engage in ritualistic behaviors such as counting, checking, repeating, tapping, rigid adherence to routines, and repeatedly use certain words, facts, or expressions (Nadeau et al., 2011).

When military families can make sense of deployment and find meaning in the separation, there was a higher likelihood that they would adapt to the circumstances because the family not only felt a sense of purpose but also recognized the deployment was only temporary (Riggs & Riggs, 2011). Families with higher levels of cohesion and functioning can rely on their attachment for support, thus allowing them to be more resilient to adversity. Riggs and Riggs (2011) cautioned that typical attachment responses to reintegration would likely include some variety of uncertainty and pull back, regardless if the attachment was secure or insecure.

In a study of Vietnam War spouses, the wives reported internal tension as a result of a yearning to connect with their husbands, but they also harbored some opposition and hesitation for emotional connections when their service members returned (Riggs & Riggs, 2011). Research suggested that spouses with a secure attachment were likelier to produce positive outcomes during the reintegration period as opposed to those with insecure attachment (Riggs & Riggs, 2011). For service members who deployed frequently, little time remained between deployments, and therefore they ended up missing large portions of their children’s lives. In their study, Riggs and Riggs (2011)

disclosed the lack of research conducted on developmental and contextual factors for resilience in children who have endured deployments.

The child's development level was a factor in how the child will respond to the returning service member. According to Riggs and Riggs (2011), the reattachment time depended on the length of separation. An infant was less likely to have a memory of the parent, so the child responded out of fear as though the returning parent is a stranger (Riggs & Riggs, 2011). On the other hand, an older child who had already attached to their parent found themselves to have had emotional distance to manage the deployment and even used it as a means to protect themselves after the service member's return (Riggs & Riggs, 2011).

Previous research on ASD indicated that parental stress and marital satisfaction related more to a child's behavioral problems than the actual intellectual delay (Freedman et al., 2012). The activation of more Reservists and National Guard during the past decade have caused unique challenges for these types of service members and their families. Reservists or Guardsman were likely to have received less training, felt less part of the military community, and were older (Pfefferbaum et al., 2011). In addition, according to Pfefferbaum et al., 2011, due to their part-time service status Reservists and Guardsman were less likely to think they would deploy and more likely work other in other career fields. With less training and feeling disconnected from a sense of military community, Reservists and Guardsman were at an increased risk of developing mental health issues, which could subsequently add additional stress on their families (Pfefferbaum et al., 2011).

In a study completed by Pfefferbaum et al. (2011), National Guard families in Oklahoma were assessed to determine their reactions to deployment. Researchers interviewed the families at different intervals of the deployment cycle. The Guardsmen were gone anywhere from 226-386 days. Pfefferbaum et al. used BASC-2 and identified the children's risk behaviors grew during deployments, but after reunification, the levels returned to around the pre-deployment numbers. The children between the ages of 6 and 17, said they worried about their family's future (r = .66), had intrusive thoughts about what it would be like to experience life as a civilian (r = .55), and experienced anxiety over the deployment of their parent due to uncertainties regarding safety (r = .65) (Pfefferbaum et al., 2011). Even though the study lacked a representative sample, the study showed adaptive coping by the children since the post-deployment scores were higher than the pre-deployment ones when it came to adjustment and adaptive skills (Pfefferbaum et al., 2011).

Resiliency, as defined by Fleming and Ledogar (2008), is a positive adaptation despite adversity. Historically, resiliency research focused on gaining a deeper understanding of the individual; however, as time progressed, research had made a shift toward environmental and cultural factors and how that impacted one's capacity to subdue trauma (Fleming & Ledogar, 2008). Fleming and Ledogar determined a child's ability to adapt during reintegration depended on the relationship between the caregivers, their practices of parenting, and the family's overall functioning. The parents' marital relations for various reasons may be weak as a result of parental insecure attachment. One factor of resiliency was the mental health status of the parent(s). Riggs and Riggs

(2011) discovered in a study of soldiers that those who were experiencing symptoms of PTSD were likely to move experience insecure attachment evidenced by relationship avoidance. People exhibited these behaviors by using poor communication, and through displaying distrust, isolation, hostility, and self-absorption (Riggs & Riggs, 2011). With many of these behaviors leading toward a strained parent-child relationship, additional factors that impacted internal and external behaviors affected a parent's ability to connect with their child (Riggs & Riggs, 2011).

Spencer (2011) used Bronfenbrenner's knowledge base of the ecological perspective, boundary ambiguity, and attachment theory to look at the relationship's returning military caregivers had with their children under six. In the study, Bronfenbrenner (1986) identified that the parents less likely to be consistent with their children were those who did not have consistent supports. *Boundary ambiguity*, as defined by Boss (1986), is the confusion that existed in families surrounding relationships, roles, and what constitutes a family member. The confusion was displayed in reintegration through the use of attachment behaviors such as clinginess, regression in basic skills, and defiance toward the returning parent (Bronfenbrenner, 1986). Spencer used a Parent Relationship Scale and Parental Stress Scale to research the relationship service members had with their kids and the challenges they faced with those relationships during reintegration.

Family Response

The experience of war can lead to dysfunction within the family such as marital problems, aggression, and instability (Cohen et al., 2011; Mendoza, 2011). The

relationship between the service members and their children can cause them to struggle with balance in areas of discipline, love, and control. Stress theory suggested when families view the returned caregiver struggling to reintegrate, it causes confusion and resentment among the family's boundaries, which then lead to confusion as to what the returned caregiver's role was (Cohen et al., 2011).

Insecure attachments in adults cause worry, fear, and distress to become activated in vulnerable situations (Simpson & Rholes, 2017). Simpson and Rholes (2017) determined when an adult feared their significant other would not be available to them in a time of need, they ended up distancing themselves in the relationship. How an adult responds to attachment styles was believed to stem from the internal working models they developed as a child. Research typically shows that traumatic events impacted styles of parenting, but secure attachment styles proceeded with the challenges that would generally result from traumatic episodes (Simpson & Rholes, 2017). It is important to note that one limitation evident in Simpson and Steven Rholes' study was highly anxious individuals were less inclined to behave in line with their insecure working models when they were more dependent on their partners. As a result, this prevented the causality of variables such as attachment styles significantly affecting parental functioning and satisfaction (Simpson & Rholes, 2017).

Huebner et al. (2007) explained that ambiguous loss was a challenge military families experienced throughout the deployment cycle. *Upper ambiguity* occurred when a military family viewed the deployed caregiver as psychologically present, but physically absent (Huebner et al., 2007). Contrastingly, *lower ambiguity* occurred when a family had

acknowledged the physical presence of the military caregiver, yet had psychologically accepted the absence of that same individual (Davis, 2010; Huebner et al., 2007).

Barriers military families experienced when seeking mental health care included the stress of finding childcare, requesting time off from work, as well as the cost of care if TRICARE did not cover the service in full (Davis, 2010). The family may not have sought guidance from a specialist because they were under the impression that their primary care manager could treat mental health issues (Davis, 2010). Their ethnicity and culture determined another component of a family's agreement to receive behavioral health treatment — for example, service members who identified as African American may have relied on their faith, community, and family connections where someone of Latino or Asian descent may have looked at their family and tried to figure out a way to incorporate them into the military culture (Davis, 2010). On the other hand, those who identified as Caucasian relied on individual, family, and community programs (Davis, 2010).

Resiliency factors in families who could overcome the stress related to reintegration understood deployment impacts, unrealistic developmental expectations, poor communication, lack of parental expertise, disruptions in the organizational structure of the family, and no guiding belief system (Saltzman et al., 2011). Reintegration is a stressful time and can raise already heightened stress levels by 39% in returning service members and their spouses, which inadvertently impacts the children (Satlzman et al., 2011). For example, caregivers who experienced depression-like symptoms may be seen as being detached or impassive because of the lack of awareness

others have regarding deployment and reintegration. If the same family received training on the reasons for stress reactions, they were more likely to respond with flexibility and patience, giving appropriate time and space for the caregiver to recover while also championing. It is also important to recognize that a child's behavior could be affected by deployment and reintegration. Education about a child's response based on development is essential. Saltzman et al. (2011) pointed out a child's response can vary from stranger anxiety to regressive behaviors such as not wanting to sleep alone to defiance.

A caregiver's response to a child depended on several variables, but fatigue impacted several areas of parenting. Parenting children with ASD can be more stressful than parenting a TYP. Across current literature, parents of children with ASD reported higher levels of anxiety (Giallo et al., 2013). Cooklin et al. (2011) found that caregiver fatigue had an impact on parental competence, parental stress, and in some cases, caused parents to experience diminished levels of patience. Giallo et al. (2013) examined 50 mothers with children ages 2–5 years with ASD. They found that compared to mothers of TYP, mothers of children with ASD reported significantly higher levels of fatigue (Giallo et al., 2013). High-level factors in caregiver fatigue included poor maternal sleep quality, a high need for social support, and poor quality of physical activity (Giallo et al., 2013). Physical and mental fatigue can be challenging for parents since it creates barriers to accessing their coping resources, thus putting them at a higher risk of experiencing stress (Giallo et al., 2013).

Communication is essential in every relationship to overcome stressful situations, but it can become challenging for the relationship when one party leaves for an extended

period. For example, when a military caregiver deploys, the family who remain behind continue to create memories. At the same time, the service member may experience situations that would be difficult to share in the future. To close the gap between the different experiences, families may need time and forbearance along with the capacity to communicate. Still, they also require sensitivity since each family member has to manage deployment and reintegration feelings and reactions.

Subsystems which lacked connection on an emotional level led to challenges with communication upon reintegration, as noted by several studies (Riggs et al., 1998; Saltzman et al., 2011). Saltzman et al. (2011) pointed out military caregivers and spouses experienced an increased risk of depression when the trust became compromised. Without trust, Saltzman et al. cautioned that some couples exhibited resentment if the returned service member emotionally retreated. The factors Saltzman et al. covered also lead to problematic parenting because conflicts in marriage caused tension when co-parenting and also has contributed to the increased risk for child abuse as well as neglect. Lastly, Saltzman et al. identified authoritarian parenting styles to be less effective in building resilience because that style of parenting does not offer flexibility in roles, which caused a lack in certitude and a level of disrespect between caregivers when it came to parenting.

Contrastingly, other research suggested that parents who paid attention to their children's needs were better able to help the children cope with the stress associated with deployment (Saltzman et al., 2011). Attuned parents could rebuild the attachment bonds with their children and could defeat the challenges related to deployment and

reintegration. The non-deployed caregivers who discerned the trials which occurred while the service member was deployed and upon reintegration, were more likely to be favorable during the deployment cycle. Families who understood the purpose of deployments used the meaning to better understand and used the knowledge as comfort throughout the deployment. When those who were left behind were not able to understand the purpose of deployments, they were likelier to be confused and defeated, and exhibited signs of resentment (Saltzman et al., 2011). These types of emotions can subsequently cause strain on the familial unit.

Support Factors

Additional research further clarified the need for military families to have interventions to support them. During times of uncertainty, research supported the need for children and parents to have routines, rules, and rituals (Gewirtz et al., 2011). During the pre-deployment phase, the deploying parent may make an effort to celebrate any holiday or birthday before leaving (Willerton et al., 2011). Gewirtz et al. (2011) noted the significance of creating a predictable routine during this period for activities such as meal and study time because it provided an opportunity for families to engage together and assured the deployed caregiver of what would be occurring in the home during the absence (Gewirtz et al., 2011). Establishing rules and limits represents stability in the face of stress (Gewirtz et al., 2011). Furthermore, family rituals such as reading at bedtime or by playing a pre-recorded bedtime story read by the deployed caregiver provided a shared family experience of reassurance and stability for the children left behind (Gewirtz et al., 2011).

Given the unique stressors associated with military families and their culture, several preventative intervention approaches currently exist aimed to support military families with children (Gewirtz et al., 2014). Families OverComing Under Stress (FOCUS) is a widely utilized resilience-enhancing program for military families with children ages 6–17 (Gerwitz et al., 2014). The majority of programs focused on older children; however, Strong Families Strong Forces' (SFSF) purpose was to bring clinicians into military families homes to aid in the reduction of parenting stress (DeVoe et al., 2017). Similarly, Baby Boot Camp came into existence for first-time expectant military wives, thus providing them with a month-long childbirth and parenting class based upon the resilience paradigm and encompassed information and resources specific to military families (Schachman et al., 2004). After completion of Baby Boot Camp, the participants showed an increase in internal and external resources (Schachman et al., 2004).

Service members and their family members alike need mental health services. Joining Forces was one program that used a public health model to foster a community of care for military children. Former First Lady, Michelle Obama, and Dr. Jill Biden promoted the initiative because they recognized the need to address the challenges military families faced. Even though the program terminated at the end of the Obama administration, many lessons about communities of care derived. First, too often, military children were invisible (Kudler & Porter, 2013). Secondly, there should not be a single approach to serving military children because they come in all ages, live in diverse communities, have parents at different parts of the deployment cycle, and have various

levels of need and access to resources (Kudler & Porter, 2013). When more than one program was available to serve military children, it was to everyone's advantage to seek synergy rather than to offer competing approaches (Kudler & Porter, 2013).

Early Intervention

Two types of interventions that were established to support the mental health needs of deployed service members are Combat Operational Stress Control (COSC) and Trauma Risk Management (TRiM). Both of the programs supported psychiatric care, early identification of mental health issues, brief and immediate interventions, as well as follow up care (Adler et al., 2009). Trauma goes beyond the way an individual thinks, feels, and behaves as a result of an event and can have lasting impressions on those around (Crawford, 2013). Crawford (2013) pointed out that military families may endure secondary trauma as a result of the reactions their returning service might have regarding their experience as well as what the service member disclosed.

Walter Reed Army Institute of Research (WRAIR) developed post-deployment training that focused on the reintegration following combat. According to Adler et al. (2011), BATTLEMIND training used examples that resonated with service members, and placed focus on cohesion, identified what peers and leaders could do to help service members transition to home life, and suggested specific actions. BATTLEMIND taught service members to reframe reintegration difficulties and reinforces adaptive cognitions (Adler et al., 2011). By using this approach, WRAIR hoped service members would realize the techniques used to keep them alive in times of conflict, can be harmful to their lives at home (Crawford, 2013).

Similar to BATTLEMIND, the Army created the Comprehensive Soldier Fitness (CSF) model, which was designed to increase psychological strength and positive performance to hopefully reduce the incidence of maladaptive responses (Cornum, Matthew, & Seligman, 2011). Unlike other approaches, CSF was proactive. Instead of waiting for an adverse outcome to follow stress, CSF provided ways of improving resilience (Cornum et al., 2011). Like other resiliency training offered by the military, CSF aimed to take the negative responses to trauma and adversity and turn them into lessons of personal growth (Cornum et al., 2011).

Crawford (2013) conducted a review on TRiM, BATTLEMIND, and CSF. The study was relevant to this current study because it provided a foundation for individuals work with military families on how deployments affected family dynamics. Furthermore, Crawford included an assessment of how one's ability to attach to their child was influenced by trauma stemming from deployment experiences. Lastly, the service member's attachment style impacted their deployment experience and also hindered the deployed caregiver's capability to attach or reattach to their child with ASD (Crawford, 2013).

Research suggested there was a divide between military and civilian cultures. Many veterans noted the difference in structure, a loss of purpose, and unsupportive institutions (Ahern et al., 2015). Civilians that interact with the military or veterans can do their part to ease the challenges of reintegration. They can achieve this by working to build stable substructures for those impacted by service. Support groups can offer

veterans a place to share their stories and can also be a place for outsiders to learn about military culture (Demers, 2011).

Studies Related to the Research Question

In one study pertaining to this current study, Hinojosa et al. (2012) connected how operational security (OPSEC), technology, and other means of communication contributed to challenges for the service members and their families. The study revealed one possible factor in the role of service members reattaching to their children. Finally, Hinojosa et al. concentrated on the experiences of the service member, which was the approach I used for my study's research questions.

Hinojosa et al. (2012) used a grounded approach to interview 20 Soldiers and Marines about their deployment and reintegration experiences. Although there were many factors that impacted attachments, military families faced distinct challenges when it came to dealing with separations. However, technology allowed for phone and video interactions, thus alleviating some of the barriers service members faced when it came to developing relationships with their children. There were still challenges, despite the technological advances, due to OPSEC, which prevented service members from disclosing information about the mission (Hinojosa et al., 2012). Having to follow OPSEC can lead service members into isolation, which further impacted their reintegration. Hinojosa et al.'s research questions included:

1. Tell me about your interactions with your family while deployed.
2. How did you prepare for deployment?
3. How did your family prepare for deployment?

4. What family/friendship/relationship issues arose while deployed?
5. How did you try to resolve them?
6. Were they resolved?
7. Did deployment affect your family relationships?
8. What was different or the same when you returned?
9. Were there aspects of your deployment experience that made interacting with family members difficult?
10. Did pre-deployment preparations help with reintegration? (Hinjosa et al., 2012, p. 192-193)

The authors used retrospective interviewing; however, this type of interview style was said to cause limitations because of the amount of time that elapsed between when reintegration occurred, and when the interview took place.

In another study that correlated to the research question of this study, Davis (2010) took a phenomenological approach to gain knowledge of the experiences Army families with young children had during deployment. The questions in Davis' study focused on the experience military parents with school-aged children had during an absence, how a parent perceived the impact of separation, parental views of the changes in their child's behavior during the absence, as well as the views of family identity at the homecoming.

Davis (2010) used a pre-interviewing technique to confirm the study's participants were a good fit. The pilot study used different groups such as cultural, socioeconomic, and ethnic, to validate the study's instrument (Davis, 2010). By

conducting a pilot study, Davis was able to determine which process was needed to control personal bias and judgment about the main problem. Grouping similar information from the participants provided Davis with the opportunity to identify trends, cluster data into themes, remove the data not relevant to the study, record information about the participant's perception of the phenomena, and even prepare the transcript for later on.

Davis (2011) focused on the parental subsystem's experience with TYP school-aged children while the current study examined the military caregiver's experience upon reintegration with their children who have ASD. In Davis' study many of the same limitations of this current study existed, including the potential flaws that occur in qualitative research. Research bias was a threat to qualitative research not only because of the researcher's interest in the outcomes, but also because the researcher was required to engage with the participants and then interpret their responses accurately. In order to control external validity, Davis used a definition of the study's population and also ensured that the sample had a realistic approach to the study's focus. Internal validity was achievable using a semistructured interview when the researcher had more control over themselves and participant bias.

In another relatable study, Demers (2011) conducted semistructured interviews and created focus groups in order to look at the way communities affect reintegration. The open-ended questions allowed Demers to see how deployment impacted the sample population and how it played into the interactions among family members. Furthermore, it created an opportunity to better understand the support service members received when

returning home (Demers, 2011). To establish credibility, Demers used peer debriefings and member checks during the interview process. Next, a neutral individual categorized 15% of the data and then compared it to the themes Demers had identified to achieve dependability. The demographics of the members were assessed to establish transferability in addition to conducting in-depth interviews with the participants (Demers, 2011).

Like the current study, Demers (2011) focused on the service member's experience when reintegrating. Even though the present study did not use focus groups, Demers' took a more in-depth look at the experience of service members and explored their perception regarding responses that hindered attachment. By understanding potential reactions from the military caregivers in regard to the increase or decrease in ability to attach or reattach to their children, there was an opportunity for Demers to look too far into the reactions and responses of the participants as opposed to taking the information as it was from the participants. By looking too far into the reactions and responses of participants, as opposed to just accepting the information as is there leaves room for bias to develop or for the information to be manipulated.

According to DeVoe and Ross (2012), the high percentage of employed service members taking care of dependent children is typical of the US Armed Forces. This includes almost 42% of the active members and those in reserve. Furthermore, reports state a large number of children affected by the active military deployment after the tragedy of September 11, 2001 when the World Trade Center crashed. Taking these statistics into account, an emotional cycle of military deployment was created to outline

the difficult cluster of emotional experiences that military personnel, their spouses or partners, and their children may endure as a result of this transition. According to DeVoe and Ross, the phases of the model are the following: (a) predeployment, (b) deployment, (c) sustainment, (d) redeployment, and (e) postdeployment, also known as reintegration.

Within the predeployment phase, there is the anticipation of the military personnel and their family when the news is received that a deployment is impending, but the actual deployment has not yet taken place. This is also the phase during which there is a great amount of preparation both the military service personnel and the remaining parent. During the deployment phase, the military service actually departs for the deployment mission. During the sustainment phase, the military service member is absent from the home—the period of waiting until the service member returns home. For some, but not all service members, the sustainment phase is followed by a redeployment phase. Redeployment happens in cases when the US Armed Forces members are assigned for another mission. The post deployment stage, in this case, is the period when a service member returns from the mission. Among the military deployment cycles, the more critical ones were the following: predeployment, deployment, and post deployment, since the deployment stage already encompasses sustainment and redeployment.

Another finding concerning the phases of deployment relates to the level of psychological and physiological stress among children which is directly proportional to the length of development of the parent. The longer the service member parent is away, the greater will be the stress experienced by the children (Andres & Moelker, 2011). In addition to the socio-emotional outcomes of deployment, Andres and Moelker (2011)

report a number of other problems faced by children whose parents are deployed; these include often crying, problems with toilet-training and bedwetting, sleeping issues and stubbornness, and others. Sheppard et al. (2010) stated that there is an increased number of incidents of medical problems and child maltreatment in families with a deployed parent. The post deployment phase is the period during which the children often have the most difficulty reconnecting with the redeployed parents that have not taken part in their children's life for a long period of time. Such children display no desire to spend time with the returning parent and experience estrangement (Andres & Moelker, 2011; DeVoe & Ross, 2012).

The authority of a deployed parent is questioned by children. As mentioned in the study by Andres and Moelker (2011), authority-related issues are typical for interactions of parents that did not give much attention to their children and children that experienced lack of attention from their deployed parents. Attachment problems included those reported by Barker and Berry (2009): refusing to fall asleep without a redeployed parent and violent screaming when discussing deployment. A great number of studies are dedicated to analysis and interpretation of the impact the deployment of parents in the Armed Forces has on children. Deployment may refer to other areas than Armed Forces with regard to the problems experienced by their children. As such, Kelley et al. (2001) analyzed population involved in deployment. The study demonstrated that internalization and externalization of children's behavior can serve as the measurement tool to assess children with mothers deployed in Armed Forces contrasted to non-Navy and civilian parents of children.

Summary

Since the late 1950s, the value of relationships has derived from attachment theory. This study focused on returning service members' abilities to attach or reattach to their children with ASD. This chapter focused on the significant common themes in the existing literature that highlights the need to understand the military caregiver's experience so future programs can be developed and implemented to help EFs during the reattachment process.

Military culture is unique, and seeking assistance may come with a stigma. To effectively mitigate the barriers that relate to attachment, further education about the challenges should address the cognitive development in children with ASD since the symptoms were exhibited in varying degrees and may affect the way each parent approaches building relationships. The person or program assisting the families during the reintegration process should be knowledgeable enough to educate military families about what to expect from their child with ASD upon return from the prolonged absence.

The current study examined the experience of the returning military caregiver reattaching or attaching to their child with ASD after a prolonged absence. Knowledge of the deployment cycle was critical to this study because of the stressors that affected the way the service members interacted with their families. Also, it was necessary to note how the stressors impacted the other individuals in the family. As a result, it was essential to evaluate the potential reactions of all family members to determine how the reattachment process is affected by dynamics.

In current literature, the gap centered around the need to understand the service members' experiences attaching or reattaching to their child who has ASD. It was unknown what factors affected a military caregiver's ability to attach or reattach to their children with ASD. The literature review showed the importance of attachment for TYP. It was determined that prolonged absences cause challenges with rebuilding the relationship for the absent parent. Furthermore, the literature explained possible responses to the separation and reintegration by individuals within military families and helps to better detail the variables that create further barriers during the reattachment process.

In previous presidential terms, the success of military families have been a priority for national security. Programs emphasized advocacy efforts because they could aid military families in overcoming some of the challenges they face. Past research by Chandra et al. (2011) identified the need for support services for families experiencing emotional distress or cognitive deficiencies, resources for caregiver support especially for non-traditional military families (e.g., remote locations, National Guard, or Reserves), programs available throughout the deployment cycle, mental health screenings after the service members return, and continuous systematic research and evaluation.

Mental health and stigmas surrounding seeking help were discussed because of the challenges and stress caregivers endured while trying to raise an EFM in a military household. Although stressors increased for the non-deployed caregiver and the TYP children, those children with ASD were more likely to be experiencing additional stress due to the separation from the deployed parent. Spencer (2011) identified the need for

input from military families about the supports required during deployment and the impact deployments have on service members and their families. Having a better understanding of the needs of military families, especially among military children, was essential because of the vast number of children who resided inside of military homes (Spencer, 2011). The programs aimed at helping military families during deployment and reintegration should consider the developmental levels of children because each family with a child who has ASD experience variations during all phases of the deployment cycle. In conclusion, the current study assessed the returning caregiver service member's experience as they attached or reattached to their child with ASD, so education with other EFs can be coordinated better through readiness centers and programs staffed with family support coordinators and case managers.

The chosen phenomenological approach will be discussed further in depth in Chapter 3. Not only does it include the rationale for the research design, but also how participants were recruited and then ultimately selected for participation. Lastly, the chapter addresses the data collection and analysis as they are associated with the research question.

Chapter 3: Research Method

Introduction

The purpose of this phenomenological study was to explore the lived experiences of service members attaching or reattaching to their children with ASD after a prolonged absence. In the previous chapter, I described existing literature associated with military culture including relationships, parenting styles, reintegration, and even discussed ASD. I used a qualitative phenomenological approach to address the research question based on a paradigm of the personal knowledge and subjectivisms of the participants. As such, by describing their perspectives and interpretations, I explored and captured a better understanding of the distinctiveness of the participants' experiences. The process for a returning service member to reintegrate is a challenging endeavor. Despite existing literature relating to the reintegration process, a gap focused on the experience of military caregivers' reintegration with their child diagnosed with ASD. In this chapter, I examine the central research question. I discuss the research design and rationale, as well as the role of the researcher, the methodologies, the participant selection process, the data collection instrument and source, and the data collection processes. I conclude the chapter by covering the issues of trustworthiness that incorporated credibility, transferability, dependability, confirmability, and ethical procedures.

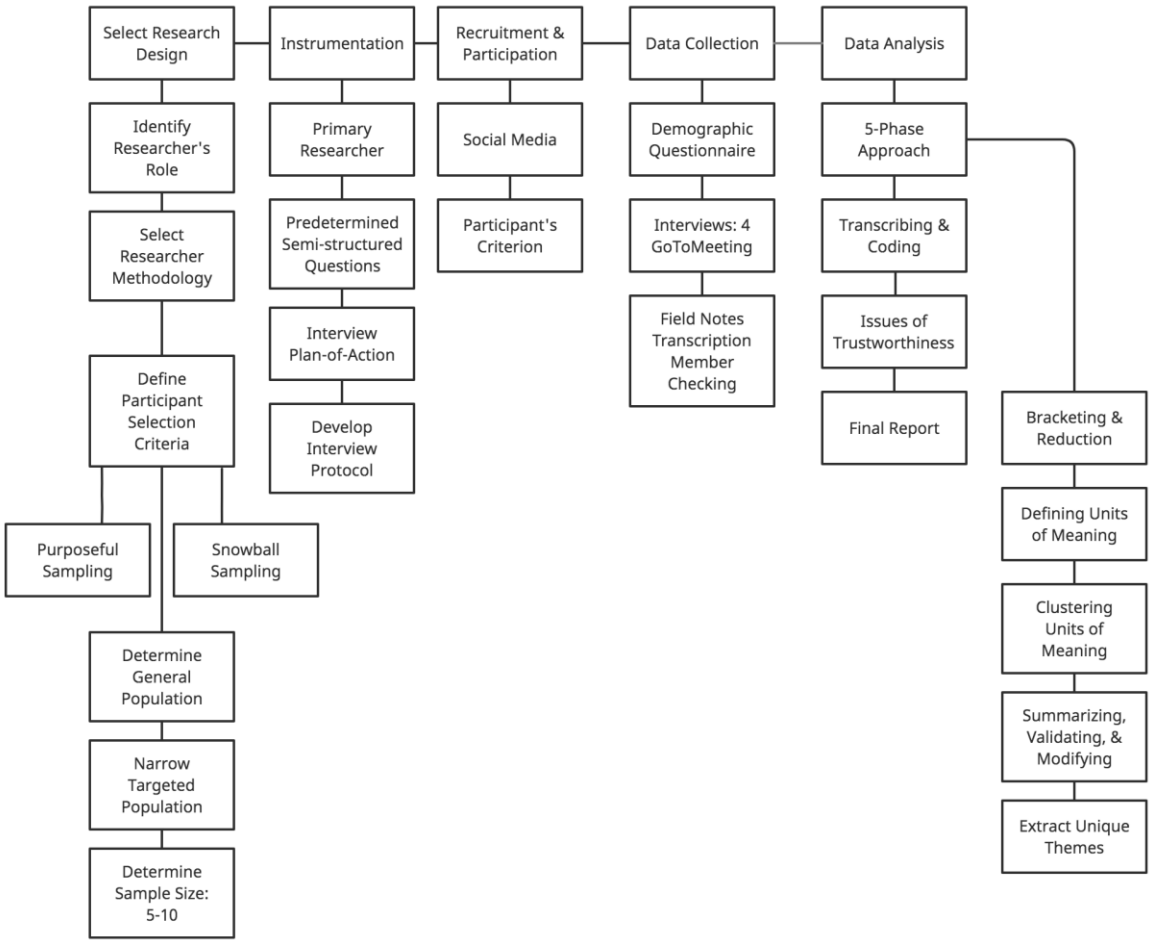
Research Design and Rationale

In this study, I posed a single overarching question: What are the lived experiences of service members returning from a prolonged absence reattaching to their child with an ASD? I answered this research question using a qualitative

phenomenological approach (see Figure 1). The objective of the study was to capture, gaining a greater understanding, the lived experiences of military caregivers as they struggle to address transitional challenges with reintegration with their child with ASD. I used an open-ended technique to explore the lived experiences of the military caregivers. This study was foundationally tailored to allow for exploring, gaining more excellent knowledge of, and documenting the lived experiences of four military caregivers with children diagnosed with ASD. By examining the participants' experiences, I was able to uncover the impact of and highlight any unreported issues relating to the military transition and bonding with their child with ASD. Qualitative research assisted in exploring interpretations and viewpoints to uncover and understand the meaning participants assigned to their experiences (Bevan, 2014; Davidsen, 2013; Englander, 2012; Finlay, 2013; Moustakas, 1994).

Figure 1

Graphic Illustration of Qualitative Phenomenological Method



Role of the Researcher

A phenomenological researcher examines the way individuals make sense of their experiences in order to create a way of perceiving the world (Mann, 2016). It is the role of the researcher to get as close to the experiences at hand, without interfering, in order to gain a better understanding of the occurrences (Mann, 2016). In this study, I did not have any relationships, personal or professional, with any of the participants.

Guba (1981) explained that qualitative inquiries required the researcher to be the instrument. In a qualitative study, the researcher is responsible for conducting interviews, data interpretation, and recognizing the reoccurring themes. In addition, according to Moustakas (1994), the researcher in a phenomenological study is committed to finding knowledge about the phenomena from the way those who have experienced it view the phenomenon.

Chan et al. (2013) maintained that researchers serve in the role as the primary instrument. Stake (2010) asserted that the researcher's role was potentially biased based on their experiences, resulting in subjective interpretations. My role in this qualitative phenomenological study was to collect data from four military caregiver participants and to interpret and analyze that data to uncover associated themes and document any categories and themes (Bevan, 2014; Davidsen, 2013; Englander, 2012; 121 Finlay, 2013; Moustakas, 1994). As the primary mechanism for collecting the data, I aimed to access the thoughts and feelings of the participants and attempt to transform the data to illustrative formatting representing their accounts of their lived experiences (McCusker & Gunaydin, 2015). Sutton and Austin (2015) emphasized the importance of personal reflection, which does not mean that I overlooked or attempted to avoid any biases. Sutton and Austin (2015) maintained that reflexivity requires researchers to articulate their position and perspectives clearly so readers can understand the lens in which to ask questions, collect data, and analyze. As a qualitative researcher, I attempted to adequately record and then have transcribed the essence of those lived experiences in writing, resulting in a comprehensive description of the phenomena (Sanjari et al., 2014).

I had significant previous experience working with EFMs through my work as a DoD contractor, thus making it imperative to conduct a self-assessment to acknowledge viewpoints, philosophies, and preconceptions, as recommended by Sanjari et al. (2014). Because I had personal and lived experiences of working with military caregivers and their children with ASD, there was the potential presence of preconceived bias. Previous research on epoche and bracketing required the researcher to be open about the experiences other individuals had (van Manen, 2014). Epoche, as defined by van Manen (2014), means to refrain from judgement. To avoid bias in my research, it was vital that I made every effort to effectively bracket and not to allow any biases to shape the ways to view, understand, and interpret the data (Chan et al., 2013). Bias and partiality were not necessarily adverse but were inescapable due to my previous experiences (Chan et al., 2013). In a phenomenological study, it is essential to recognize and reduce any potential bias as well as understand the impact prior knowledge has had during data collection and analysis (O'Halloran et al., 2016).

Chan et al. (2013) proposed bracketing to lessen the possibility of influencing the participants' perspectives or knowledge of the phenomenon. The findings could resonate with the reader, so the data needed to incorporate the participants' interpretation and verbiage describing their experiences allowing me to report vivid language and provide insight resulting in the transferability of the findings (van Manen, 2014). I maintained a reflexive journal to document my views and interpretations to ensure accuracy in presenting an unbiased explanation of the transition and reintegration experiences of military caregivers with their children with ASD. Sanjari et al. (2014) maintained that, in

phenomenological research, one of a researcher's critical roles is to understand and capture the participants' experiences based on shared perspectives, accurately transforming that data to report the participants' lived experiences. My role was to translate the participants' experiences into words and themes, documenting the essence in writing and an all-encompassing narrative of the phenomenon (Sanjari et al., 2014; Speziale et al., 2011).

Methodology

In this study, I used a qualitative phenomenological approach to explore the lived experiences of four military caregiver's experience of transitioning from a prolonged absence into reintegrating with their child with ASD. I interviewed individuals until I achieved saturation. The sample size for this study was four military caregivers who had experienced an absence of 6 months or longer while leaving behind a child with ASD. In qualitative research, four participants are sufficient based on the concept of data saturation, which is a crucial point wherein data became cyclic (Fusch & Ness, 2015). In this study, to determine data saturation, the interview data was analyzed until the repetition of themes was distinguished. Burmeister and Aitken (2012) maintained that four participants are usually adequate because saturation is not based on the selection of a large or small sample but rather on the complexity of the data. In the event that I uncovered unique findings after conducting the four interviews, I left the posting up on social media for 2 weeks to garner any additional interest; however, there was none.

Participant Selection Logic

The method used to select the participants was purposeful sampling. Purposeful sampling was appropriate because it allowed me to successfully identify those participants who had knowledge and/or experiences related to the topic of interest. I selected purposeful sampling over random selection for the following reasons: (a) to assist in ensuring the participants meet the specified criteria, (b) to aid in accounting for the variations in the participants' experiences, and (c) to enable me to answer the research question (Palinkas et al., 2015). The initial step of identifying the participants was to determine the type of population. Asiamah et al. (2017) described populations as general, target, and accessible.

Lazar et al. (2017) defined participants' attributes as data relating to demographics, educational, professional background, or a compilation of any of the characteristics. The next step was to determine the targeted population by narrowing the group to those individuals who had specific characteristics of interest and who contributed to the study (Asiamah et al., 2017; Bartlett et al., 2001). In order to participate in this study, the individuals needed to meet certain criteria. Firstly, the participant needed to have served in the U.S. military. Secondly, the individual needed to have experienced a deployment of at least 6 months. Thirdly, the individual had to have left behind at least one dependent child with an ASD diagnosis at the time of the deployment. Additionally, the population had to be able to communicate their lived experiences. This group was unique in comparison to the general population and who did not have any traits that invalidated the research hypothesis, context, or objective

(Asiamah et al., 2017). The accessible population was those individuals (e.g., four military caregivers who experienced a 6 month or longer absence from their child with ASD).

I used purposeful sampling by receiving permission to post on social media pages where there were high numbers of potential participants such as AMFAS- American Military Families Autism Support Community, Military Autism Network, Hampton Roads Autism Connection, and Autistic Allies. The reason for targeting those communities was due their accessibility, knowledge, and experiences with the phenomenon of interest. Another critical aspect of purposeful sampling was the participant's accessibility and whether they possessed the inclination to participate (Bernard, 2002; Suri, 2011). It was also crucial that the selected participants shared their experiences and clearly expressed their interpretations related to their experiences (Spradley, 1979). Thus, purposeful sampling was the most appropriate technique for choosing the sample for this phenomenological study.

The basis of the criteria for selecting the participants, as mentioned above, was their military service, absence length, and diagnosis of child at the time of the absence. By establishing and using these criteria, a heterogeneous sample was provided, thus fostering variability in the processes. Initially, the participants' identification was through social media platforms; however, I was only able to identify three willing participants. As a result, I started asking those participants if they knew of anyone else who met the criteria and might be interested in participating. The use of snowball sampling assisted in identifying the final participant (Frogner et al., 2016; Robert, 2015). The process of

snowball sampling entailed the solicitation of information, from identified participants or organizations representatives, about other potential participants (Frogner et al., 2016; Robert, 2015). The final participant was selected based on their ability to meet the criteria. Participants were selected based on their willingness to openly share their experiences of serving in the military while returning home after a prolonged absence to their child with ASD.

Due to COVID-19, all interviews were held virtually on the conferencing platform GoToMeeting. The reason for utilizing GoToMeeting was because of its security features, ability to transcribe the audio-recordings, and allowed the participants to choose a quiet place they would be comfortable. In this study, I used phenomenological research methodology and concentrated on conducting interviews and reviewing documentation to gain greater insight into the obstacles returning military caregivers face while reintegrating with their child with ASD.

The research population for this study included a small group of four military caregivers who are known to have shared experiences, share one or more attributes of interest, and would provide the most useful information (Asiamah et al., 2017). The logic of selecting participants was to effectively identify and select information-rich instances as well as comprehensive knowledge (Palinkas et al., 2015; Reybold et al., 2012). The participant selection process incorporated a voluntary participation strategy. I briefed the participants during the initial telephone call as well as prior to the interview that they had the option of withdrawing at any time during the process. I contacted the participants using direct contact, which included GoToMeeting, phone, and the internet (e.g., email). I

also produced and posted a flyer on social media that provided information about the inclusion guidelines, study processes, and my contact information. I sent this information to community moderators on FaceBook.

Seidman (2013) maintained that relatively small sample sizes were appropriate for phenomenological interviews. It was essential to ensure that the selected sample size was large enough that saturation was not achieved before the collecting enough data to ensure that others can replicate the study, when I attained further data, or when I was unable to advance the coding processes (Fusch & Ness, 2015; Morse et al., 2014). One technique for achieving data saturation was to conduct interviews (Fusch & Ness, 2015). Fusch and Ness (2015) asserted that (a) data saturation was achieved at various points depending on the methodology and design, and (b) a researcher should not assume saturation was achieved based on the thorough review of sources. Burmeister and Aitken (2012) maintained that saturation was not based on the selection or a large or small sample but rather on the complexity of the data. Although I used a small sample size, the use of qualitative literature resulted in large volumes of information-rich participants' narratives (Morse, 2015). I achieved data saturation after collecting enough data that (a) other researchers could repeat the study, (b) no additional data could be gathered, and (c) it was no longer practical to continue the coding process (Fusch & Ness, 2015).

Instrumentation

In qualitative research, there are several instrumentation options (e.g., artifacts, archived data, interviews, and focus groups). As a qualitative researcher, I chose to create a data collection instrument. I used semistructured interviews for this study.

Semistructured interviews are the preferred method because of the flexibility it allows the researcher to have (Maccoby & Maccoby, 1954). On the contrary, I chose not to use an unstructured interview approach because McCann and Clark (2005) suggested that not having set questions allows for too much variation among participants. Lastly, unstructured interviews do not allow the researcher to explore topics that come up and may be relevant to the study (McCann & Clark, 2005). I recorded the interviews in an audio recording format on GoToMeeting. The participants documented their interpretations of their experiences. The instrumentation for this study included me as the primary instrument and a list of predetermined semistructured interview questions. All data were logged, compiled, and transcribed. Qualitative data could be collected using various methods ranging from questionnaires, interviews, focus groups, to observations (Morse, 2015).

The primary aim of qualitative phenomenological research was to explore, collect, and analyze the narrative data to report the lived experiences associated with a specific phenomenon (Moustakas, 1994). In this study, I used phenomenological research methodology and concentrated on conducting interviews and reviewing documentation to gain greater insight into the obstacles military caregivers faced after a prolonged absence when trying to attaching to their child with ASD (Moustakas, 1994). The study centered on participants' insights and views of events and the interpretations assigned to those encounters as communicated by the participants, including the integration and adjustment to the unknown and unexpected occurrences. The data for this study was collected utilizing semistructured virtual interviews on GoToMeeting and field notes. The

reasoning for utilizing a variety of sources was to ensure the unit of analysis was examined through various lenses to capture information-rich data (Baxter & Jack, 2008).

Procedures for Recruitment, Participation, and Data Collection

A description of the procedures used to recruit the participants and collect the data is in the following sections. The selection of participants was based on well-defined reasoning and logic as well as achieved a precise objective that resulted in the fulfillment of (a) addressing a specific phenomenon, (b) answering a question(s), and (c) filling a gap in existing literature (Collingridge & Gantt, 2008). The procedure of determining who the participants were, and the number required to answer the research question(s) adequately was dependent on "what you want to know, the purpose of the inquiry, what is at stake, what was useful, what had credibility" (Collingridge & Gantt, 2008)). Cleary, Horsfall, and Hayter (2014) maintained that I should select participants based on their experiences and understanding of a phenomenon.

Due to COVID-19, sensory parks and recreational centers with sensory nights, were not suitable for recruitment without putting myself or others at-risk for illness. Instead, I used social media pages in order to be able to follow CDC guidelines safely. A flyer (see Appendix B) was posted, with permission, on social media pages focused on support for families who have children with ASD. I used the Walden University Institutional Review Board (IRB) guidelines throughout these processes. Because the text for each needed to be approved by the IRB, I submitted the text as a component of the IRB Application. I used recruitment flyers on social media recruit participants. The flyers included my contact information and a volunteer invitation to those potential military

caregivers who experienced a prolonged absence while leaving a child with ASD behind. Those interested in participating were able to contact me via e-mail or telephone.

While there were no gender restrictions for this study, it did require the individual to have served in the military and completed a deployment while having a child with ASD. Previous research suggested that studies involving memory recall of attachments do not subject to distortion (Marsh 2007). Each military caregiver who decided to participate in the study contacted me by using email. Once identified, I invited them for a quick telephone interview to gauge their interest, answer any questions, and ensure they met the study's criterion. I also explained informed consent (see Appendix C) as well as confidentiality. All participants were told any names used would be changed to maintain privacy and any use of duty stations specifically would be omitted. Each participant verbally agreed to participate and provided me with their preferred dates and times for video interviews. Finally, a copy of the informed consent was sent to each of them via email, requesting that a signed copy be emailed to be 24 hours prior to their scheduled interview times. Upon receipt of the informed consent, I set up the meeting time on GoToMeeting, and sent the link to join the video conference so the participants could log-in at their scheduled time.

Data Collection

As a researcher, I was the primary instrument of data collection. Before starting the data collection process, I obtained approval, #08-20-20-0511701, from the Walden University IRB. I used a demographic questionnaire and semistructured interviews as the sources of data. I interviewed four military caregivers with children who have ASD

virtually in places they felt comfortable or had the most privacy. Small sample sizes were appropriate for phenomenological interviews because of the large amounts of available information-rich narratives (Morse, 2015; Seidman, 2013). Bevan (2014) maintained that I could collect, record, and document data by using handwritten notes as well as audio and or video-recordings that must be precisely transcribed. I used semistructured interviews as the primary data source for this study. I used an interview protocol illustrated in Appendix A, which included open-ended questions to obtain data that answered the research question. The findings of this study may be a valuable tool used to improve transition and reintegration challenges or experiences of returning service members reintegrating with their child with ASD or any other different abilities across all service branches, which can better inform reintegration counselors or programs.

In this study, I used phenomenological research methodology and concentrated on conducting interviews and reviewing documentation to gain greater insight into the obstacles female enlisted veterans face when transitioning from the military and reintegrate into private-sector employment (Moustakas, 1994). The study centered on the participants' insights and views of events and the interpretations assigned to those encounters as communicated by the participants, including the integration and adjustment to the unknown and unexpected occurrences. The data for this study was collected utilizing semistructured interviews and field notes. The reasoning for utilizing a variety of sources was to ensure the unit of analysis was examined through various lenses to capture information-rich data (Baxter & Jack, 2008). Neal et al. (2015) emphasized using audio recording during the interview process enhanced the transcription and analysis of

textual data and remained an appropriate standard. Qualitative scholars maintained that translating and evaluating audio-recorded data required extensive resources and could be time-consuming and labor-intensive (Britten, 1995; Halcomb & Davidson, 2006; Tessier, 2012). The purposeful and snowballing sampling processed drew from four military caregivers with children diagnosed with ASD at the time of deployment with one of the participants identifying a colleague willing to participate. The data collected were gathered from participants who were in various stages of their military career to provide an overview of perspectives on attaching or re-attaching to their children with ASD after deployment.

Interviewing

The primary methods of gathering data for qualitative research typically encompassed researchers directly engaging in direct and one-on-one me either engaging in direct and one-on-one interactions with individuals or creating a group environment in which he or she interacted directly with several individuals. Interviewing is one of the most widely utilized qualitative data collection techniques (McDonald & Simpson, 2014). Interviewing was part of society and culture and was not a simple mechanism of gathering data about who and what people were; it was a fundamental, constitutive component of individuals' everyday lives (Marshall et al., 2013). Bevan (2014) maintained that although interviewing was the leading technique for data collection, guidance for effectively conducting an interview was minimum. Although interviews conducted in a focus group setting could prove to be more adaptable thus creating a free-flowing of ideas and exchange amongst the interviewer and the participants, the method

was not appropriate for this study (Brockman et al., 2010; Fusch & Ness, 2015; Jayawardana & O'Donnell, 2009; Packer-Muti, 2010). The focus group method created the potential for groupthink resulting in an environment where the participants felt the need to align her perspectives to those of the group (Dimitroff et al., 2005).

The types of interviews most used in human services research were (a) structured, (b) unstructured, (c) semistructured, (d) narrative, and (e) focused groups (Alsaawi, 2014; McDonald & Simpson, 2014; Oun & Bach, 2014; Stuckey, 2015). Alsaawi (2014) maintained that the main variations were the overall objective and my level of influence during the interview. Although qualitative interviews varied in the method employed, they were similar in that I could develop the questions to gain a better understanding of the participants' interpretations, viewpoints, and philosophies relating to a phenomenon (Stuckey, 2015). Marshall et al. (2013) maintained that the best way to discover and gather the needed data was to establish a rapport with the participants and overcome a perceived hierarchically structure. Seidman (2013) asserted that I did not conduct comprehensive interviews to answer the research question(s) solely or to address concepts but also to obtain and report a greater understanding of the participants' experiences and the meaning they assigned to those experiences (Seidman, 2013).

I used semistructured interviews and posed the same questions, in the precise sequence, and the same phrasing to all the participants (Edwards & Holland, 2013). The use of a semistructured interview allowed minimal flexibility because the primary aim is to gather similar data from a large group of participants (Edwards & Holland, 2013). Holloway and Wheeler (2013) maintained that the semistructured interviews were useful

in that the same time, decreased any bias, and allowed me to regulate the topic, formatting resulting inefficiencies concerning the data analyzing coding and comparison processes. Although on the other hand, unstructured interviews allowed for more flexibility, and the questions were not predetermined (Brayda & Boyce, 2014; Schindler, 2019).

In qualitative research, semistructured interviews were the most typically used and allowed me to (a) incorporate the utilization of predetermined questions, and (b) openly ask the participants for further explanation of their responses (Doody & Noonan, 2013; Holloway & Wheeler, 2013). The semistructured interview process required that I ask a prepared list of interview questions using a uniform and logical approach, allowing me to probe further to obtain additional data if needed (Doody & Noonan, 2013; Holloway & Wheeler, 2013). Phenomenological techniques of qualitative research allowed me to explore a diverse grouping of themes to discover the deeper meanings the participants assigned to personal lived experiences (Doody & Noonan, 2013; Holloway & Wheeler, 2013; Moustakas, 1994). Through this process, I was able to validate the themes through the emerging, and all-encompassing exemplification of the participants' lived experiences. As a phenomenological researcher, I could utilize one, or more, methods of gathering information to develop a comprehensive picture to best inform the field of study.

Because of various constraints to include geographic locations, cost, and time to name a few, scholars and organizations transitioned from using traditional face-to-face interviews to conducting interviews using online tools such as virtual meeting platforms

(Janghorban et al., 2014). I chose to use them for this study due to the on-going pandemic. The GoToMeeting interviews were scheduled for 90 minutes as well. Janghorban et al. (2014) maintained that the procedures for conducting the various types of interviews could be simultaneously and nonsynchronous. GoToMeeting gave participants more flexibility and convenience, thus overcoming some of the obstacles associated with face-to-face interviews. The use of GoToMeeting aided in diminishing challenges associated with reaching potential vital participants, thus improving participation (Janghorban et al., 2014). Deakin and Wakefield (2013) emphasized that virtual interviews alleviated the potential of choosing an inappropriate environment that distracted from the interview and impacted the participants' contribution.

I recruited these participants in the same manner used for face-to-face interviews by circulating an approved flyer. Once I identified those participants who were willing to participate, I set up a quick telephone call with them and discussed their availability for participation. After receiving their informed consent back, I then responded back to them with the link for GoToMeeting to join and highlighted the date and time, as well as the planned duration. I sent the participants a reminder e-mail confirming their availability for the GoToMeeting interview. At the beginning of the session, I reminded, confirming approval, the participants about recording the calls. I addressed any potential ethical issues.

Interview Protocol

As part of the data collection process, I used the interview protocol included in Appendix A of this study, which encompassed semistructured questions. The questioning

process resulted in a conversational and inquiry-based construct. I ensured each question aligned to the research question and reviewed each for straightforwardness and transparency as well as the participants' ability to answer each question adequately. Castillo-Montoya (2016) emphasized that interviewing was both an examination and a conversation which he termed an inquiry-based conversation. Castillo-Montoya (2016) asserted that to create an inquiry-based conversation successfully the interview protocol should incorporate a) interview questions written differently from the research questions; b) an organization following social rules of ordinary conversation; c) a variety of questions; and d) a script with likely follow-up and prompt questions. It was essential to understand that interview questions were composed differently from the research question. Maxwell (2013) pointed out the functional difference between research questions and interview questions:

> Your research questions formulate what you want to understand; your interview questions are what you ask people to gain that understanding. The development of suitable interview questions (and observational strategies) requires creativity and insight, rather than a mechanical conversion of the research questions into an interview guide or observation schedule. It depends fundamentally on your understanding of the context of the research (including your participants' definitions of this) and how the interview questions and observational strategies will work in practice. (p. 101)

I opened the interview process with a brief introduction to establish rapport and to make sure each participant was comfortable. I started the topic and explained the primary

objective of the research. I also provided a brief overview of Walden University ensuring to cover the commitment to social change. I ensured to provide the participant's information relating to the interview setting. I explained the purpose of the interview. I also reminded the participant, re-gaining approval, about recording the interviews. I allowed for time to go over the consent form describing the nature of the study and any potential risks. Before being interviewed, each participant read the consent form and sent a signed copy back to me, attached to the consent form also included a list of resources should they need it. The copy I received was used as confirmation that the participants agreed to participate in the interview process. I verified the participants understanding that I maintained the confidentiality of the data they provided throughout the process. The process of conducting interviews advanced, and the quality of the data enhanced by using field notes supplemented with audio recording (Bevan, 2014; Davidsen, 2013; Englander, 2012; Finlay, 2013; Moustakas, 1994).

The organization of the interview questions included the following major categories: demographics, life prior to deployment with the child with ASD, life during deployment with a child with ASD, and reintegration after deployment with a child with ASD. Miles et al. (2014) asserted that developing probing questions assisted with further expanding on the participants' initial responses to obtain additional information. The interview questions provided clarification of the participants' perspectives of being a military caregiver with a child diagnosed with ASD. I highlighted the use of concepts to further the participants' understanding and awareness, ensuring to emphasize the importance of their experience of being a military caregiver to a child with ASD.

Audio Recording and Field Notes

With technological advances, a shift from handwritten field notes to audio-recordings and transcribing interview have aided in the evolution of qualitative data analysis techniques. Neal et al. (2015) emphasized using audio recording during the interview process enhances the transcription and analysis of textual data and remains an appropriate standard. Qualitative scholars maintained that translating and evaluating audio-recorded data required extensive resources and could be time-consuming and labor-intensive (Britten, 1995; Halcomb & Davidson, 2006; Tessier, 2012).

Qualitative researchers using audio- or video-recording must precisely transcribe the audio- or video-recording data before beginning the data analysis stage. Moustakas (1994) asserted that field notes aide in validating audio-recorded data, specifically taking notes associated with participants' feelings, the settings, reactions, and nonverbal gestures not captured using the audio-recording. Field notes were an excellent source for obtaining contextual interpretation of the audio data and highlighted additional factors that impacted data analysis (Moustakas, 1994). Phillippi and Lauderdale (2017) asserted that field notes were an acknowledged method for collecting and analyzing qualitative data and was used to document contextual data. Because of the advances in information sharing and consequential data analysis, field notes provided an information-rich background (Phillippi & Lauderdale, 2017). A persistent gap exists in documented qualitative guidance, although there was an acknowledgment amongst scholars (Phillippi & Lauderdale, 2017).

Member Checking

Since I had significant experience relating to the topic of interest, it was essential to not allow my interests and beliefs to negatively affect the data collection or analysis. When a researcher has extensive knowledge of a topic yet are acting as a gather and data analyst, Miles and Huberman (1994) believed potential biases could surface. Mason (2017) supported this when emphasizing the importance of not allowing voice to overshadow those of the participants. In order to manage any potential bias, I utilized member checking as a way to establish validity. I lessened the potential for bias by offering the participants an opportunity to verify the results. The definition of member checking is the technique of sharing the interview and or analyzed data with the participants (Birt et al., 2016). Doyle (2007) maintained that member checking was the process of substantiating, authenticating, or evaluating the qualitative findings' trustworthiness. Upon concluding each interview, I asked the participants if they preferred a hard copy or an electronic copy. All participants elected an electronic copy for member checks.

Data Analysis Plan

The data analysis process for this study primarily incorporated the use of an interview protocol augmented with field notes to aid in managing, organizing, and analyzing the collected data. Data were capably managed and analyzed by reviewing transcripts, memos, coding, and field notes (Groenewald, 2004; Moustakas, 1994). The tools to capture, store, and analyze research data and artifacts included (a) GoToMeeting's audio recorded, (b) GoToMeeting's transcription service for storing,

organizing and tagging recordings, storing transcripts, field notes, memos, and reference materials used, and (c) NVivo for analysis, review, and graphically investigating the data. Coding, identifying themes, and data interpretation were the primary components of the data analysis process.

The principal objective of this study was to gain greater insight into the lived experiences of four military caregivers who had a prolonged absence leaving behind a child with ASD, thus addressing the research question: "What are the lived experiences of service members returning from a prolonged absence reattaching to their child with an autism spectrum disorder (ASD)?" To aid my efforts to gain a greater understanding of the process of military caregiver's reintegration with a child diagnosed with ASD and the challenges of attaching or re-attaching to their child from the participants' perspectives, I used interpretative phenomenological analysis (IPA). In the 1990s, IPA was introduced as a methodology to evaluate psychology experiences in the health and clinical counseling discipline but were advanced schematized expanded by Smith (1999), Smith et al. (1999), Smith and Osborn (2008), and by Smith, Flowers, and Larkin (2009) creating a theoretical foundation for future research in fields such as human services (Davidsen, 2013; Eatough & Smith, 2008; Pietkiewicz & Smith, 2014). Pietkiewicz and Smith (2014) maintained the method aims at giving evidence of the participants' making sense of phenomena under investigation and, at the same time, document the researcher's sense-making. Pietkiewicz and Smith (2014) asserted that the primary objective of IPA was to understand better how individuals find clarity in, comprehend, and recognize their experiences. I interpreted the data using a five phases approach to include (a) bracketing

and phenomenological reduction, (b) delineating units of meaning, (c) clustering of units of meaning to form themes, (d) summarizing each interview, validating it, and modifying it if necessary, and (e) extracting unique themes from all interviews to develop a composite summary.

Bracketing and Reduction

Sousa (2014) maintained that the process of engaging with what Husserl called the epoche, and the practices of reduction and bracketing are involved. Bracketing and phenomenological reduction formed from Husserl hypothesis required me to omit any predetermined assumptions to decrease or alleviate any data contamination resulting from existing biases (Butler, 2016; Chan et al., 2013; Groenewald, 2004;). Chan et al. (2013) asserted that the process of bracketing entailed my capacity to abstaining from manipulating how the participants view and comprehend their experiences of a phenomenon. Uncovering, understanding, and capturing the participants' experiences during data collection aided in obtaining an interpretive understanding as well as documenting evidence (e.g., the participants' accounts) of the participants' lived experiences (Butler, 2016). I analyzed the data using the reduction process by breaking the data into more manageable parts. By doing so, it allowed for the procedure of uncovering the participants' meaning in the data, opposed to pre-established and biased assertions influencing the data analysis processes (Butler, 2016; Chan et al., 2013; Groenewald, 2004). Groenewald (2004) argued that by bracketing at this phrase in the process, I was better able to alleviate subjectivity from the verbatim transcription and interpretation of the data.

Delineating Units of Meaning

Klenke (2016) emphasized during this phase; the researcher was required to make a substantial amount of judgment calls while consciously bracketing their presuppositions to avoid inappropriate conclusions incongruent with the data. I thoroughly analyzed the units of relevant meaning with redundancies identified and removed (Moustakas, 1994). Klenke (2016) highlighted the importance of transforming and aligning the participants' accounts with the field of study. This phase required meticulous evaluation and analysis of each statement and pinpointing the verbatim content ensuring to avoid prejudiced assumptions (Groenewald, 2004; Hycner, 1985). Once the units of general meaning were determined, I then aligned them to the research question to establish whether the participants' responses informed the research question (Edward et al., 2015; Groenewald, 2004; Hycner, 1985). By achieving this alignment, I was able to designate the units of general meaning as units of relevant meaning and delineate the relevant meanings for each of the interviews to determine whether the original unclear units of general meaning were vital to the research question (Edwards et al., 2015; Groenewald, 2004; Hycner, 1985).

The next step in the data analysis process was clustering units of meaning to identify themes. During this phase, a careful evaluation of the list of units of meaning to identify and develop a cluster of themes through the procedure of creating groups (Groenewald, 2004; Klenke, 2016). One of the most critical aspects of this step was to effectively apply professional judgment to capture the essence of the meaning units from a holistic, contextual perspective (Groenewald, 2004; Klenke, 2016). The continuous

reference of the transcriptions aided in verifying and alleviating redundancies to develop appropriate clusters of meaning (Groenewald, 2004; Hycner, 1985; Klenke, 2016). By eliminating similarities amongst the clusters, I established the central themes that captured the essence of the clusters (Groenewald, 2004; Hycner, 1985; Klenke, 2016).

Once I streamlined the clusters, I contrasted the participants' account of their experiences with uncovering the essence of the phenomenon of reintegration with their child with ASD. The cross-examination processes allowed for the application of objective characterizations aligned to the research question to discover similar ideas resulting in the substantiation of each theme void of any preconceived assumptions (Groenewald, 2004; Hycner, 1985; Klenke, 2016). Once completing this step, the data was summarized, validated, and modified as needed.

Summarizing, Validating, and Modifying Each Interview

During this phase, I synthesized the data, I created the proposed final structure, and I captured the overall essence of the phenomenon based on the participants' perspectives. The themes identified were validated, and a synopsis created ensuring to include any specific factors associated with the theme(s) that directly aligned with the research question presenting a comprehensive understanding (Groenewald, 2004; Hycner, 1985; Klenke, 2016). I used member checking to conduct a validity check to assess whether the participants' statements were adequately captured, making any modifications, by sharing the interview and or analyzed data with the participants (Birt et al., 2016). Doyle (2007) maintained that member checking was the process of substantiating, authenticating, or evaluating the qualitative findings' trustworthiness. It

was doing this phase that I planned to follow up, if needed, to ensure that any preconceived bias did not exists.

During this phase, I reviewed the data to identify themes similar in the majority, if not all, of the interviews. I also pinpointed any accounts in which the variations were not standardized but allowed for the presentation of valid complementing or contrasting emerging themes (Groenewald, 2004; Hycner, 1985; Klenke, 2016). The accurate interpretation of extant information required further exploration with the purpose of highlighting obscurities resulting in innovative understandings and perceptions as well as contradictions (Groenewald, 2004; Klenke, 2016). This step allowed for the discovery of factors not previously considered or explored.

Transcribing and Coding

The interview data and field notes were the primary sources of data. As a qualitative researcher, I collected, recorded, and documented data by using handwritten notes as well audio-recordings that must be precisely transcribed (Bevan, 2014; Davidsen, 2013; Englander, 2012; Finlay, 2013; Moustakas, 1994). Ranney et al. (2015) maintained that accuracy in qualitative data aids in achieving transparency in the data analysis. I used field notes to capture and document my immediate observations and thoughts, as well as any additional insights about emerging themes. I captured any new themes ensuring to highlight my interpretations, logic, and suppositions as to why I incorporated the new themes into the process for coding. With the permission of the participants, I audio-recorded each interview using GoToMeeting. I assigned each interview a code (e.g., Participant, DD MMM YYYY; Groenewald, 2004). I labeled each

audio-recording with the interview code. A significant aspect of data analysis was to decide the transcribing and coding techniques ensuring to account for factors such as verbal articulations or enunciations (Ranney et al., 2015).

Using GoToMeeting, I had the notes electronically transcribed and went over them to ensure accuracy in the transcription. I printed out the transcriptions and had my field notes accessible to highlight keywords, phrases, and statements to allow the voices of the participants to be heard. The process of transcribing the interviews verbatim was also vital to better understanding the data. Sutton and Austin (2015) asserted that the most important part of data analysis and management is to be true to the participants, so you are able to hear their voices. Maxwell (2013) maintained that by reviewing the data, I could discover words and phrases before grouping the data into similar categories. I then developed codes and themes based on the raw data (Bevan, 2014; Davidsen, 2013; Englander, 2012; Finlay, 2013; Moustakas, 1994). The data analysis also included the procedure of further evaluating the interview data conducting a comparison of the participants' responses to identify likenesses and variations in the participants' responses.

Field notes aided in validating audio-recorded data, specifically taking notes associated with participants' feelings, the settings, reactions, and nonverbal gestures that I could not capture using the audio-recording (Bevan, 2014; Davidsen, 2013; Englander, 2012; Finlay, 2013; Moustakas, 1994). Field notes were an excellent source for obtaining contextual interpretation of the audio data and highlight additional factors that might have an impact on data analysis (Phillippi & Lauderdale, 2017).

Because of the advances in information sharing and consequential data analysis, field notes provided an information-rich background (Phillippi & Lauderdale, 2017). To thoroughly explore the military caregiver's transition of attaching or reattaching to their children with ASD after a prolonged absence from the participants' perspectives, descriptive and holistic coding was appropriate. I used NVivo, a timesaving, useful, and resourceful computer-based software coding tool, to review, organize, and analyze all sources of data (Bazeley & Jackson, 2013). The software aided in comparing participants' interview responses and previously identified themes and patterns as well as uncovering underlying themes and interpret the data. The media files were imported to GoToMeeting and transcribed using their software. After, the files were loaded into NVivo, after which time, the coding process began. I also imported the demographic information documents creating node classifications containing defined attributes for each participant, creating nodes associated with each source with relevant details. The coding process used to assist in identify themes and subthemes such as behavioral challenges, relationship changes, and the role of supports, to name a few.

As common themes emerged, they were tagged and incorporated into the coding (Miles et al., 2014). I played and transcribed the audio-recording in transcribe-mode. I saved each of the transcriptions as a transcript that contained text which described the content of the audio files. I made any required annotations for the audio files and transcripts. As the analysis process advanced, I developed a broader description and a visual representation of the data to test the concepts adequately. During this advanced phase in the analysis process, I created reports, queries, charts, and models as needed.

Issues of Trustworthiness

The process of addressing the problems associated with trustworthiness varied based on whether the research was quantitative, qualitative, or mixed-method. In the 1980s, Guba and Lincoln shifted the paradigm from a process of attaining reliability and validity to one that aligned with concepts of achieving trustworthiness that incorporated four components that included credibility, transferability, dependability, and confirmability (Morse et al., 2002). The process of achieving reliability and validity in research was essential to developing research that was of value and repeatable (Amankwaa, 2016).

Researchers' assertions in this area varied, with some suggesting not to use reliability and validity when conducting qualitative research (Amankwaa, 2016). Some scholars asserted that the use of terms such as validation aligned with quantitative research (Altheide & Johnson, 1998; Leininger, 1994). However, Morse (2015) believed that qualitative research value decreased when researchers inadequately addressed the significance of achieving reliability and validity in their research and maintained the ineffective and lack of value. Quantitative researchers assessed for reliability, objectivity, and validity, on the other hand, qualitative researchers evaluated the data for dependability, credibility, transferability, and confirmability to ensure the quality of the findings (Guba, 1981; Schwandt, Lincoln, & Guba, 2007). This study was qualitative, thus resulting in the assessment of the data collected for credibility, transferability, dependability, and confirmability (Anney, 2014; Cope, 2014; Morse, 2002). The quality must be assessed through a systematic process to incorporate data gathering,

interpretation, and reporting to develop trustworthiness in qualitative research (Mays & Pope, 2000). Yin (1981, 1994, 2003, & 2018) maintained that by assessing the trustworthiness, I was able to evaluate the quality of the design while Lincoln and Guba (1985) maintained trustworthiness was an objective of the research.

I relied on existing findings and outcomes when conducting research and assessing the quality of that data was critical to determine trustworthiness. Existing literature served as a foundation for current research and assisted in assessing the process of conducting the research as well as the research value (Martensson et al., 2016). By not evaluating the accuracy of current findings, I could report erroneous data resulting in further misconceptions (Waaijers & van der Graaf, 2011). Scholars such as Gummesson, Keen, Mason, Maxwell, Martensson, Rubin, and Sutherland recommended various techniques to employ to determine the quality of research (Martensson et al., 2016). There was no one acknowledged definition of the term "quality," and some of the parameters overlapped (Martensson et al., 2016). Klein and Myers (1999) suggested philosophies that focused on establishing quality guidelines for interpretive field studies. Dube and Pare (2003) addressed quality concerning positivist case research. Other scholars maintained that specific parameters were more appropriate with Rubin and Rubin (2011), arguing that the quality of quantitative research was determined by assessing the validity and reliability but did not adequately address the quality of qualitative research. Keen (1991) asserted that when evaluating the quality of research that a uniqueness exists amongst rigorous and significance. Robey and Markus (1998) maintained that research was both rigorous and relevant, resulting in my ability to

determine the quality, thus producing useable research. I maintained self-aware to ensure the interview questions were appropriate for collecting information-rich data that informed the subject and answered the proposed research questions (Patton, 2002, 2015). Once I assessed the quality of the research, the issues of trustworthiness, including credibility, transferability, dependability, and confirmability, were evaluated. In the next section, I begin by discussing credibility.

Credibility

Credibility refers to the truth and representation of the data by the researcher (Polit & Beck, 2012). A researcher enhances a study's credibility when he or she was able to verify the research findings with the participants (Polit & Beck, 2012). Member checks can occur during an interview when a participant provides feedback and the researcher restates or summarizes the information and then questions the participant to determine the accuracy (Lincoln & Guba, 1985). Additionally, member checks occur when the researcher provides participants with analyzed data to verify what the researcher captured was authentic to how the participants were conveying themselves (Lincoln & Guba, 1985). Sandelowski (1986) believed a qualitative study was credible if the descriptions of human experiences were immediately acknowledged by individuals who shared the same experience.

I determined the quality of the analysis by employing procedures to determine credibility to include reflexivity (field journal), triangulation, member checking, peer examination, interview technique, establishing the authority of researcher and structural coherence. I used measures for reliability and validity to determine credibility. Another

critical aspect of establishing credibility was the ability to effectively identify and describe the study participants. I further enriched credibility by explaining understandings and occurrences, as well as the verification of the study outcomes. Qualitative research was credible when a participant instantly acknowledged their responses (Anney, 2014). In the next section, I document the participants' interactions, observations, and all appraisals.

Transferability

Transferability refers to findings that are applied to other settings or groups (Polit & Beck, 2012). A qualitative study achieves transferability when the results had meaning to individuals not included in the study and readers associated the results with their own experiences (Polit & Beck, 2012). Potential transferability of this study may be addressed in future studies by looking at how service members across every branch of the military approach the attachment or reattachment process with their children with ASD. I could not prove that the research was applicable or had value but I must provide supporting evidence. Leung (2015) maintained that transferability/generalizability was primarily unexpected because qualitative studies focused on exploring and or evaluating a specific issue or phenomenon relating to a population. Leung (2015) asserted that the achievement of a practical methodology of evaluating generalizability could be through the usage of a procedure for validity. In other words, the development and implementation of a logical sampling method, triangulation, and consistent contrasting, audit trail and recording, and a multiple aspects concept (Leung, 2015). However, Kvale and Brinkmann (2009) advocated for a more analytical focused generalization in which I

assessed the degree to which the findings could be generalized to another study under like circumstances. Trochim and Kane (2005) asserted that the determination of the generalizability of one study to another study is by any parallels in time, location, population, and or other social situations.

Dependability

Dependability is the process of achieving consistency and repeatability of the data under diverse circumstances (Polit & Beck, 2010; Tobin & Begley, 2004). I could accomplish the dependability of the data when additional scholars agreed with the original conclusions or assertions during each phase of the research progression. Koch (2006) maintained that dependability was confirmed when the findings are repeated with participants who had comparable demographics and like experiences. By accomplishing data vitality over a period and variations in circumstances, I could confirm dependability in the data. Bitsch (2005) maintained that dependability referred to the stability of findings over time. The process of substantiating dependability included the participants assessing the study findings, gaining understandings and suggestions of the assertions presented in the study ensuring each could be confirmed (Cohen et al., 2000; Tobin & Begley, 2004). Dependency can be verified by (a) creating an audit trail, (b) implementing a plan to code and recode the data, (c) stepwise repetition, (d) triangulation and (e) allowing others to evaluate the data or iterator reviews (Ary, Jacobs, Razavieh, & Sorensen, 2010; Chilisa & Preece, 2005; Krefting, 1991; Lincoln & Guba, 1985; Schwandt et al., 2007). Lincoln and Guba (1985) recommended the use of an audit methodology that involved soliciting the assistance of a researcher who was not involved

in the research activity. I examined the data for accurateness as well as determined whether the data sustained the outcomes, participants' understandings, and assumptions (see Lincoln & Guba, 1985).

Confirmability

Noble and Smith (2015) maintained that I could realize confirmability once I determined the accuracy, reliability, and relevancy of the data. Baxter and Eyles (1997) asserted that confirmability was the extent to which the outcomes of a research effort could be substantiated or validated by additional researchers. Confirmability was concerned with establishing that data and interpretations of the findings are not figments of the inquirer's imagination but are derived from the data (Tobin & Begley, 2004). Other works maintained that confirmability of qualitative research was attained by documented reviews, capturing reflectiveness through journaling and triangulation (Bowen, 2009; Koch, 2006; Lincoln & Guba, 1985). Wallendorf and Belk (1989) emphasized that the process of reflexive journaling allowed me to consider, tentatively translate, and develop a strategy for data collection.

Ethical Procedures

Interviewing people can have an impact on someone's thoughts, emotions, and perception of themselves, so qualitative researchers tend to demonstrate sensitivity to the impact interviews can have on participants (Cowles, 1988). According to Gergen (1985), interviews provided participants with sites to gather information where the interviewers created intimate and caring atmospheres for the exchange of information. Interviews should not be an opportunity for researchers to counsel individuals. By conducting

oneself in the capacity of a counselor, ethical dilemmas can stem from advice given and potentially negates rapport, an essential aspect for gathering valuable information.

Sanjari et al., (2014) maintained that existing associations and those potentially established during the interview process can raise a range of different ethical concerns, and qualitative researchers face dilemmas such as respect for privacy, the establishment of honest and open interactions, and avoiding misrepresentations. I expertly communicated the procedures for maintaining anonymity and confidentiality. The process of obtaining informed consent was acknowledged as a significant aspect of the ethical component when conducting research (Sanjari et al., 2014). I provided each participant with a copy of the informed consent form, ensuring to obtain each participants' signature. I reviewed the informed consent form before conducting the interview. I informed the participants how the data would be collected, and the findings used. Before beginning the interview process, I ensured that the participants understood and agreed that the interview session was being recorded, notifying them when the recording started. After I started to record, I went over the procedures again to document and record the participants' verbal agreement. I included the informed consent process, which provided information as to the nature of the study, the role of the participants and my role, any monetary concerns, the primary purpose for the research, and how the findings would be published and used.

Summary

I selected a qualitative phenomenological study design to explore the lived experiences of four military caregivers returning from a prolonged absence attaching or

re-attaching to their child diagnosed with ASD. I collected the data by conducting semistructured interviews augmented with audio-recordings that had been transcribed and documented field notes. In the study, I sought to answer the question: “What are the lived experiences of service members returning from a prolonged absence reattaching to their child with an autism spectrum disorder (ASD)?” The study may provide a greater understanding of the challenges, uniqueness, and associated complexities military caregivers experience when attempting to attach or re-attach to their children with ASD after a prolonged absence.

This phenomenological study should serve to enhance policies and strategies associated with military families’ reintegration processes and military families’ parent trainings. The study had conceptual and practical implications informing knowledge of military caregivers attaching or re-attaching to their children with ASD thus addressing the gaps in current literature. I explored the gaps amongst military reintegration in reference to reintegrating back into the family where one dependent has ASD. I recruited participants from social media with one participant being referred to me. I captured the challenges of military caregivers attaching or re-attaching to their children with ASD. I e-mailed the participants with detailed instructions and consent forms before conducting the interviews. I conducted recorded video interviews, which I had transcribed by the meeting platform before I coded and analyzed. I identified, documented, and analyzed any themes, patterns, similarities, or variations in the responses.

In Chapter 4, I describe the research setting of this study, the demographic factors of the participants, and the methods used for data collection. I discuss the procedures

used in the study to analyze the data and provided evidence of trustworthiness. I also include comprehensive discussions of the data analysis results, and finally, a summary of the participants' responses addressing the research question.

Chapter 4: Results

Introduction

The purpose of this study was to understand the experiences of returning military service members who have encountered a deployment while leaving children with ASD at home with a caregiver. By understanding the variables of reattaching with their children upon reintegration, other service members and the professionals who support them may better understand the challenges that coincide with homecomings. For agencies who offer resources to military families, the research derived from this study may inform programming to better support service members and their EFMs. The answers to the research question included a description of the individual participant's experience attaching or reattaching to his children with ASD upon return of a deployment. Within each of their experiences' descriptions include statements, themes, contexts, thoughts, and overall essence.

In this chapter, I describe the research setting of this study, the demographic factors of the participants, and the methods used for data collection. I discuss the procedures used in the study to analyze the data and provide evidence of trustworthiness. I also include comprehensive discussions of the data analysis results, and finally, a summary of the participants' responses addressing the research question.

Setting

Each of the informal calls to determine whether the participant met the study's criteria occurred over the telephone. During the phone call, I discussed the study, inquired about the best method to receive the informed consent and good days and times

to have the interview, and answered any questions or concerns the participants might have had. All the participants chose to have the informed consent sent to them by e-mail. Once I received the informed consent back, I sent the link for the video chat, which was only valid for the day and time the participant specified. GoToMeeting's video chat feature made it convenient for both the researcher and the participant, due to time and geographical differences, and allowed for a safe environment for the data to be collected during the COVID-19 pandemic. Because the participants were video chatting, I asked them to sit back from their cameras to observe their body language. I was conscious that video chatting with a stranger might cause discomfort, so I asked the participant to sit back from their camera to observe discomfort in their body language; however, none was overtly noted. Each participant was reminded during the review of the informed consent that they could withdraw from the study at any point without any repercussions. One challenge of video chatting was the background noise. Despite each participant acknowledging they were in a quiet space, this generally meant they were in a room alone at their house. There were several instances where they were asked to repeat themselves because background noises overpowered their words.

Demographics

As shown in Table 1, four participants were included in the data collection of the main study. Of the four participants, 100% (n = 4) were male, 50% (n = 2) were married, and 50% (n = 2) were divorced. One hundred percent (n = 4) identified themselves as Caucasian, and all were currently serving in the United States Navy (n = 4). Seventy-five percent (n = 3) of the participants had encountered deployments 6 months in length, and

25% (*n* = 1) experienced a deployment that was 8 months in length. At the time of deployment, 25% (*n* = 1) of participants had a child with ASD at home who was 5 years, 25% (*n* = 1) had a child who was 6 years old, 25% (*n* = 1) had a child who was 7, and 25% (n = 1) of participants had a child with ASD at home who was 8 years old. At the time of the interview, 100% (*n* = 4) of the participants had participated in multiple deployments and 100% (*n* = 4) had been in the military for over 10 years. Although all the participants had to have at least one child with ASD, 100% (*n* = 4) of the participants had multiple children. Lastly, all the participants (*n* = 4) only had one child at the time of deployment with ASD, despite some having multiple kids; however, of the children with ASD, 50% were female (*n* = 2) and 50% were male (*n* = 2). All participant names were changed to protect their identity.

Table 1

Demographics of Participants in This Study

Participant	Gender	Service branch	Military experience	Ethnicity	Marital status	Length of deployment	Number of deployments	Number of children while deployed	Ages of children with ASD
P1	M	Navy	Over 10 years	W	Married	8+ months	Multiple	3	10
P2	M	Navy	Over 10 years	W	Married	6+ months	Multiple	2	8
P3	M	Navy	Over 10 years	W	Divorced	6+ months	Multiple	3	6
P4	M	Navy	Over 10 years	W	Divorced	6+ months	Multiple	3	5

Note. $N = 4$

Data Collection

Over the course of 4 weeks, the research flyer was shared over 35 times on FaceBook. A case liaison working for EFMP saw the flyer in circulation and offered to distribute it to 523 families using mass emailing. Although I was anticipating at least 5-10 participants, I secured interviews with four individuals. The four interviews were conducted over a period of 6 weeks using GoToMeeting, which also recorded the interviews simultaneously. I ended up with four participants, although they were not found immediately. The 6-week period was not chosen for any particular reason other than that it took me that long to obtain four volunteers. I was then able to interview until the data appeared saturated.

The use of a phenomenological approach aided in answering the research question, and the basis was a paradigm of the personal knowledge and subjectivisms of military caregivers returning with their children with ASD after a prolonged absence. As such, by describing the perspectives and interpretations in this chapter, I provide a better understanding of the distinctiveness of the participants' experiences by capturing and reporting the military caregiver's inclinations and actions during and after the transitional stage of reintegration. As outlined in Chapter 3, the data collection process included semistructured interviews that aided in collecting information-rich data. The participants answered open-ended questions allowing them to provide as much or as little information as they were comfortable doing so. The participants provided their understanding of the phenomena and expanded on their perspectives as needed (Moustakas, 1994). Probing

questions allowed the participants to further expand on their initial responses. I asked clarifying questions to verify the participant's response (e.g., did I understand you when you said?). The participants' responses were concise, with few exceptions, but provided detailed and useful information in answering the research question.

The foundation of data collection was an IPA method that allowed for obtaining information-rich, detailed, and first-hand accounts of four military caregivers' transitions and reintegration experiences with their children with ASD through the usage of semistructured interviews. The IPA method proved invaluable in the monitoring of the participants' emotional state of mind throughout the interview process (Pietkiewicz & Smith, 2014). To further aid in obtaining information-rich data, an emic approach assisted in obtaining additional information by asking probing and clarifying questions. Fetterman (2019) maintained that an emic perspective is the insider's or native's perspective of reality. Gergen (1985) asserted that by using an emic approach, I could gain a greater understanding of how individuals viewed and described themselves, their environment, and their experiences in situations much like transitioning from the military and reintegrating into the private sector. The use of an emic concept can also aid in capturing how individuals,' such as military caregivers with children diagnosed with ASD, understandings aligned to societal viewpoints (Coulacoglou & Saklofske, 2017; Gergen, 1985). Coulacoglou and Saklofske (2017) also maintained that an emic approach aided in the process of seeing the phenomena through the perspectives, cultural backgrounds, and environments of a particular group. As detailed in Chapter 3, I recorded the data using a demographic questionnaire, semistructured interviews, and field notes.

GoToMeeting and NVivo aided in the storing, organizing, and tagging recordings, storing transcripts, field notes, memos, and reference materials. The demographic questionnaire provided a data collection method that allowed for capturing information efficiently and effectively. The information gathered provided essential concrete characteristics relating to the participants' number of years in the military, service branch, number of children, marital status, and number of children with ASD, and so forth. A total of four interviews were conducted, which included four virtual interviews on GoToMeeting. Before beginning each interview, I informed the participants about notetaking as needed during the interview. Field notes were an excellent source for obtaining contextual interpretation of the audio data and highlight additional factors that might have an impact on data analysis (Moustakas, 1994).

An interview protocol with open-ended interview questions was used (see Appendix A). I asked the participants a series of open-ended questions. The four participants voluntarily participated in their scheduled interviews at the agreed-on date and time. The timeframe of the interviews ranged from 60 to 90 minutes. The interviews were conducted virtually, allowing for the recommended CDC guidelines, as well as giving the participant an opportunity to choose a quiet and private location of their choice with the hope of maintaining privacy, alleviating interruptions, and minimizing noises. The participants were allowed to provide as much or as little information as they were comfortable providing. There were occasions when I asked probing questions to further expand on the participants' initial responses to obtain additional information.

A web-based program, GoToMeeting, aided in the recording process. After each interview, I allowed GoToMeeting to transcribe the recordings and then uploaded the audio files into NVivo 12 qualitative data software. The data interpretation process included listening to the data numerous times at a reduced speed, progressing to average speed, to ensure accuracy before forwarding to each participant for member checking. As discussed in Chapter 3, reflexive journaling was consistent throughout the study process. Reflective journaling allowed for personal reflection during the data collection process and served to capture data from my viewpoint (Cook et al., 2018; Moustakas, 1994). Reflexive journaling facilitated efforts to eliminate any bias as well as to support the process of documenting minor nuances missed during the interviews (see Bruno & Dell'Aversana, 2017; Corbin Frazier & Eick, 2015; Coulson & Homewood, 2016; Mathieson, 2016). Following each interview, a descriptive narrative, using the participants' naming convention, was captured. The use of reflective journaling allowed for the documentation of observations, views, and mindsets from a researcher's perspective after interacting with each participant.

In addition, the reflective journaling aided in documenting any changes or variations in voice pitch, rate of speed, notable pauses or periods of silence, hesitations by the participants when responding to an interview question, and any other spontaneous sounds such as clearing of the throat, laughter, and or sighs (Bruno & Dell'Aversana, 2017; Corbin Frazier & Eick, 2015; Coulson, & Homewood, 2016; Mathieson, 2016). Furthermore, reflexive journaling aided in documenting my views and interpretations to ensure accuracy in presenting an unbiased explanation of the transition and reintegration

experiences of military caregivers reintegrating with their children with ASD. Reflexive journaling was continued during data analysis and throughout the conclusion of the study. At this phase in the study, the journaling process furthered the investigation of my interpretations, feelings, and any potential bias. Finally, reflective journaling was also critical in the developmental progression of identifying themes and subthemes. Throughout the interview processes, there were no unexpected occurrences that took place that may have influenced the data analysis or data interpretation. The data collection processes transpired as I had originally proposed, with one exception in the number of participants changing from five to 10 to just four. The audio files and transcribed data were stored on a password-protected computer or in a secure keylock file cabinet and lockbox. The next section contains the outcomes of the data analysis process.

Data Analysis

The data analysis process for this study primarily incorporated the use of an interview protocol augmented with field notes to aid in managing, organizing, and analyzing the collected data (Moustakas, 1994). The foundation of data analysis was an IPA method used to organize, code, and analyze the data (Pietkiewicz & Smith, 2014). This method proved invaluable in gaining a greater understanding of how the participants found clarity, greater comprehension, and recognize their experiences (Pietkiewicz & Smith, 2014). The interview data was in narrative form the study participants. The IPA method used during the data analysis process included employing a five phases approach. The approach included (a) bracketing and phenomenological reduction, (b) delineating units of meaning, (c) clustering of units of meaning to form themes, (d) summarizing

each interview, validating it, and modifying it if necessary, and (e) extracting unique themes from all interviews to develop a composite summary (Pietkiewicz & Smith, 2014). To adequately capture the military caregivers' perspectives of military transition with a child diagnosed with ASD, it was essential also to understand how their insights aligned to their "emic perceptions as shared views of cultural knowledge from the insider's "normative" perspectives (Fetterman, 2008). The emic concept furthered the data analysis process providing a greater understanding of how military caregivers viewed themselves and how they would fit back into their relationship with their child with ASD as well as their experiences during transition and reintegration. Coulacoglou and Saklofske (2017) also maintained that an emic approach aided in the data analysis process by providing a conceptual lens into the phenomena through the military caregivers' perspectives, cultural backgrounds, and environments.

To thoroughly explore the military caregiver's reintegration with their child diagnosed with ASD from the participants' perspectives, descriptive and holistic coding was appropriate. I used NVivo 12, a timesaving, useful, and resourceful computer-based software coding tool, to review, organize, and analyze all sources of data (Bazeley & Jackson, 2013). The software aided in the process of (a) comparing participants' interview responses, (b) identifying patterns, (c) uncovering underlying themes, and (d) interpreting the data. Before conducting in-depth data analysis, each of the audio interview recordings was played in their entirety to embrace the participants' perspectives of their experiences.

Using NVivo 12, I originally delineated the meaning of the statements, which assisted in recognizing the codes necessary for data analysis with the codes defined as well as related terms and phrases. I then uploaded these codes, terms, and phrases for sorting and grouping into NVivo 12, which was useful in clustering the meanings of the initial codes. The software also aided in counting the frequency of each code in each of the participants' transcripts, highlighting the codes that appeared most often emphasizing the participants' experiences. The meaning of the participants' experiences was then thematically categorized, forming groups of codes. The next step included the process of identifying and summarizing the thematic categories related to invariant constituents that establish responses to the research question. The next step required the development of the associated textual descriptions detailing the participant's experiences. Lastly, the creation of the participants' experiences summarizing their understanding of the phenomenon took place.

The next step was to review the field notes while replaying the audio files. The audio files were then uploaded into NVivo 12, replayed, and compared to the associated notes documenting those areas where the participants emphasized a question and or response. The field notes aided in validating audio-recorded data, specifically taking notes associated with participants' feelings, the settings, reactions, and nonverbal gestures not captured using the audio-recording (Moustakas, 1994). I transcribed the audio files using GoToMeeting's transcription software. Then I saved the transcriptions as a transcript that contained textual data that described the content of the audio files. I assigned, labeling each interview, each a fictitious name.

Because the GoToMeeting transcription software was not 100% accurate, each of the transcripts were reread, highlighting keywords, phrases, statements, and any apparent variations. The audio recordings were replayed at a reduced speed and compared to the transcripts making the necessary changes at that time. Repeating these steps aided in ensuring verbatim transcribing of the interviews to achieve 100% data accuracy (Patton, 2015). Ranney et al. (2015) maintained that accuracy in qualitative data aided in achieving transparency in the data analysis. I also created and uploaded an Excel document containing the participants' demographic information. By taking these steps, the data were organized and ready for initial coding.

The first step in the coding process involved reading the interview transcripts several times to become more familiar with the interview data in transcribed formatting, which allowed for a greater understanding of and appreciation for each of the participants' experiences. The second step in the coding process consisted of identifying and comparing categories during this phase of the process. The structure aided in connecting the participants' responses to the real world with the thematic knowledge that captured the participants' experiences. These categories became the foundation for analyzing the data. The next step included identifying and capturing in an Excel spreadsheet, emerging themes using open and axial coding. Open and axial coding procedures assisted in generating initials codes from the transcripts and then were grouped based on their similarities, respectively (Cassol et al., 2018). Axial coding aided in identifying related codes by using inductive and deductive thinking while focusing on

exploring common patterns and emergent themes. These steps furthered the process allowing for the identification of any correlation amongst the identified categories.

The use of a line-by-line process resulted in the creation of descriptive themes, and as common themes emerged, they were tagged and incorporated into the coding while ensuring to focus on the regularity of keywords through comparison and contrasting (Miles et al., 2014). I replayed the audio recordings as needed to ensure accuracy. The next step was to cluster the categories of themes, interpret and synthesize the data to discover the actual meaning from each participants' perspective. Similarities and differences were categorized to aid in developing any new themes founded in the participants' verbiage using the participants' exact words. This practice aided in decreasing any bias, as the perspectives of the participants were vital in recording and transcribing, so themes merged the exact views of the military caregiver participants. The following sections reported on the process of determining preliminary grouping, bracketing and reduction, and clustering units of meaning.

Preliminary Grouping

NVivo 12 aided in developing a list of keywords and phrases that emerged from the participants' transcripts. For example, keywords/phrases identified in Interview Question 2a included (a) routine and (b) predictable. The use of keywords and or phrases served as a guide in determining specific codes and code grouping. For example, the keyword for routine identified as bedtime stories, telephone calls, and familiar people. Developing grouped codes aided in defining the themes. One of the advantages of NVivo 12 was the ability to identify sources that aligned the code with the participants' verbatim

responses. At this stage of data analysis, preliminary groupings were coded based on a three-stage element including (a) before deployment, (b) during deployment, and (c) reintegration. The IPA method was used during this phase to enable the transformation of my observations, the field notes, and data from the participants' transcripts (see Moustakas, 1994; Pietkiewicz & Smith, 2014). Pietkiewicz and Smith (2014) asserted that my primary objective to formulate a concise phrase at a slightly higher level of abstraction which may refer to a more psychological conceptualization.

Bracketing and Reduction

It was critical to determine whether the coded data were accurate and was a valid representation of the phenomenon. Bracketing and phenomenological reduction formed from Husserl hypothesis required me to omit any predetermined assumptions to decrease or alleviate any data contamination resulting from existing biases (Butler, 2016; Chan et al., 2013; Groenewald, 2004; Moustakas, 1994). Chan et al. (2013) asserted that the process of bracketing entailed my capacity to abstaining from manipulating how the participant view and comprehend their experiences of a phenomenon. As described in Chapter 3, bracketing was employed to ensure objectivity and to minimize any bias. Because of my experience working as a DoD contractor often around EFMs, the utilization of bracketing lessened the possibility of influencing the participant's perspectives or knowledge of the phenomenon. I analyzed the data using the reduction process by breaking the data into more manageable parts. By doing so, it allowed for the procedure of uncovering the participants' meaning in the data, opposed to pre-established

and biased assumptions influencing the data analysis processes (Butler, 2016; Chan et al., 2013; Groenewald, 2004).

To aid in the bracketing and reduction procedures, I evaluated the data by incorporating and verifying whether the participants' lived experiences and perspectives are essential and adequate to describe the phenomenon. For example, P4 felt sadness because his son had changed during the deployment and loss his ability to self-regulate and also P3 felt sad because his daughter did not want to see him when he returned. Although I described that both participants shared an emotion, they experienced difficulties. The only lived experiences descriptions highlighted were relevant to this study. Because those occurrences were vague, unclear, or ambiguous descriptions, the content was reevaluated and condensed, to identify more descriptive wording to present verbatim. For example, the phrases "did not have much to go on" was shared by some participants and was broadly described. I reevaluated the expressions of these types of phrases to ensure clarity in meaning. These phrases, as communicated by the participant, implied that the participant was not experiencing the necessary factors that would result in a successful transition such as bonding, stability, and no changes in the relationship to name a few.

Clustering Units of Meaning

The next stage of the data analysis process was developing clusters of meaning. The IPA method was employed to aid in analyzing the data and determining relations amongst the emerging themes (Pietkiewicz & Smith, 2014). IPA was integral in eliminating similarities amongst the clusters and establishing the central themes that

capture the essence of the clusters (Groenewald, 2004; Hycner, 1985; Klenke, 2016; Pietkiewicz & Smith, 2014). Streamlining of the clusters aided in the contrasting of the participants' account of their experiences resulted in uncovering the essence of the phenomenon associated with military caregivers attaching or reattaching to their children with ASD after a prolonged absence.

The next section is a discussion of the evidence of trustworthiness that included credibility, transferability, dependability, and confirmability. The remainder of the chapter includes the study results, to include highlighting emergent sub-themes, validating the invariant constituents, formulating a textural-structural, and creation of the synthesized descriptions of the meaning of the participants' experiences, and a summary.

Evidence of Trustworthiness

Credibility

To ensure credibility and adherence to ethical principles, I secured IRB approval on August 20, 2020, and maintained integrity of the IRB guidelines throughout the process. Additionally, member checking was also used, which Polit and Beck (2012) noted this enhances a study's credibility when the research findings can be verified by the participants. Lincoln and Guba (1985) supported that notion when they recognized member checks as a vital component of credibility.

Transferability

Transferability is the process through which a researcher can link a study to other researchers to studies that may overlap and is attached through a thorough description of the study's results (Polit & Beck, 2012). By sharing the data collection method and

analysis process, others who want to attempt studies that overlap can do so if they choose by repeating this study's processes. For example, future studies may focus on other branches of the military that I could not utilize, or they may choose to look at another qualifying condition for EFMP and would be able to do so by replicating my process. I was also able to increase transferability by collecting basic demographic information and gathering rich descriptions from my interviewees.

Dependability

To address the underlying issue of dependability, Miles et al. (2014) argued that researchers should address the question of whether the research had been conducted with reasonable care. As this was my first attempt at qualitative research, I relied heavily on my dissertation committee's guidance. Although the single research question may appear simplistic, as I peeled the layers of the participants' experiences, the research question's simplicity and my bridled approach allowed the participants to fill the spaces with their experiences and interpretations. The findings showed meaningful parallelisms between data, indicative of the consistency of the study and the methodology (Miles et al., 2014).

Confirmability

Kvale (1996) argued that the validity of a qualitative study depends on the quality of the craftsmanship and the credibility of the researcher. Miles et al. (2014) included several other steps to ascertain confirmability (i.e., adherence to a described methodology, a record of the methods used, and data retention for reanalysis by others). Throughout the research process, I have carefully described my methodology, so that other researchers could follow my methods, or my methods could be audited if necessary

(Lincoln & Guba as cited in Miles et al., 2014). Should other researchers wish, these data will be saved for five years at which time they will be deleted from my personal computer and hard drive. However, future requests for data would need to be approved by all the participants and associated intuitional review boards.

Results

I sought to understand returning military caregivers' experiences following a prolonged absence by exploring their perception of their relationship with the child prior, during, after the deployment in addition to the behavior of the child prior, during, and after deployment. I employed four interview questions with an additional 14 probing questions to answer the following research question: What are the lived experiences of returning service members attaching or reattaching to their children with ASD?

Table 2

Themes from Significant Statements of the Participants

Main themes	Subthemes
Theme 1: Preparation for deployment	Routine creation or maintenance Discussion of deployment by the military caregiver Planning for basic needs
Theme 2: Relationship between military caregiver and child with ASD prior to deployment	Military caregiver's role with child with ASD Coping with impending deployment Rituals within the family unit
Theme 3: Military caregiver's parenting of a child with ASD	More protective Sensitivity awareness Communication
Theme 4: Support used prior to absence	Outside resources (School system, EFMP, and paid providers)
Theme 5: Maintaining the relationship during deployment	Challenging communication Missing important events Compartmentalization of the mission
Theme 6: Caregiver's interpretation of the child's needs during the deployment	Behavioral changes
Theme 7: Support used during the absence	Increased school supports Decreased other supports
Theme 8: Relationship changes between military caregiver and child with ASD after reintegration	Changed
Theme 9: Caregiver's thoughts and emotions related to rebuilding the relationship	Anxious Guilt Sadness
Theme 10: Main challenges of rebuilding the relationship	Personal issues Behavioral changes in child with ASD
Theme 11: Positives and negatives of rebuilding the relationship with the child with ASD	Understanding of the child's world Forcing roles or routines
Theme 12: Support networks used during reintegration	Paid and unpaid supports
Theme 13: Opinions or suggestions on how programs can better support military families with dependents diagnosed with ASD	Helpful programs appeared unavailable There is a need for tailored programs specific to children with ASD
Theme 14: Words of advice	Preplan Ease in

Theme 1: Preparation for Deployment

The following subthemes emerged: (a) routine creation or maintenance, (b) discussion of deployment by the military caregiver, (c) planning for basic needs. Routine creation and maintenance emerged from the participants understanding of their children's need to have structure. The participants made the following comments about routine creation or maintenance:

P1: "I tried to talk with him every day to prepare him for my absence, make it more familiar for him."

P2: "She had the routine of going to school and the routine of her mom picking her up in the afternoons, so that was not going to change and it would still continue to be predictable for her and for us."

P3: "I was trying to maintain her current routine and my involvement in her services."

P4: "He was used to me tucking him in at nights and as deployment crept closer, more and more times I found myself still stuck at work. I made it a habit to keep a night time story on my phone so when we would talk, I could read it to him and it was like I was still reading him a story."

One important aspect of preparing for deployment is being able to talk about it. For the participants in this study, they all tried as best as they could to communicate about their absence with their children. Two of the participants had verbal children, one had a child with limited verbal skills, and one had a child who was non-verbal. The

varying levels among communication made it difficult for some of the service members to communicate their absence to their child. The participants discussed the following:

P1: “So I talked to him and explained to him that Daddy was going away for work, and that I would be gone for a little while, but that I loved him very much.”

P2: “I worked with her ABA therapist to create a short story that essentially showed me sailing off on a boat while she and her mom waved to me from the pier.”

P3: “Everything happened so fast that I did not have an opportunity to talk with her about deploying.”

P4: “To be honest, there was not a lot of communication or preparation in regards to how you would think of preparing a child.”

The last subtheme involved the planning of basic needs while deployed. Deploying service members with families have greater responsibilities when preparing for an absence compared to their civilian counterparts. Most cited genuine concern with ensuring their children were taken care of during the deployment. The participants discussed the following:

P1: “I made sure he was enrolled in baseball so when the season started, my wife didn’t have to do anything but bring him.”

P2: “I made sure all the therapists had her most up-to-date IEPs, wrote reminders for my wife to give any of the providers updated copies should they amend her IEP.”

P3: “I was going to be leaving and knew they needed something more stable, so I was able to secure them housing.”

P4: “I made sure he received all the services that he needed and that he was not being left behind in regards to education or medical care things like that.”

The quotes above reflect the understanding of the military caregiver’s experience of preparing to leave behind with exceptional needs. Not only participant attempted to create a stable yet predictable environment for their children prior to leaving, but they also had a desire to communicate their pending absence so their children had an opportunity to prepare themselves for the change in family dynamic. Lastly, all the service members thought into the future whether in an effort to benefit their child or to ease the stress on the non-military caregiver.

Theme 2: Relationship Between Military Caregiver and Child With ASD Prior to Absence

Three subthemes emerged from the participant’s discussion of what their relationship was like with their child prior to leaving. For most of them, they seemed to be involved in their children’s lives including activities outside the home. The first subtheme included the military caregiver’s role with their child with ASD.

P1: “We spent a lot of time together, had a really close bond, um, I was very interactive with his doctors, his primary care manager, to his specialist care.”

P2: “I like to joke around and call myself more of a chauf-father because I was always bringing her to her appointments, play groups, and dropping her off at school.”

P3: “She was very much a daddy’s girl.”

P4: “I always loved him, and I was always excited to come home and see him every day, but I think our bond grew stronger as time went on.”

The second subtheme encompassed coping with impending deployment. For most of the military caregiver's they knew in advance that they would be leaving. For some this allowed them to be more mindful of spending time with their children, while one participant used it as an opportunity to distance himself.

P1: "I was the coach for his little league team and even though I wasn't going to be there for the new season, I took him shopping for all his new gear."

P2: "She didn't really understand that I was going away, so she carried on as usual and I continued to engage as I always have."

P3: "My relationship had become kind of distant. I think she was very upset based on me having to leave so quickly."

P4: "We would set up train tracks in his room and run his train on them."

The third subtheme identified involved rituals within the family unit. The rituals varied based on the child's interests. However, one participant did not believe he and his child shared any rituals.

P2: "She has this strange obsession with The Beverly Hillbillies, and we would watch the movie a few times a week."

P3: "So she spent a lot of time doing more art related and music elated activities with her mother. Whereas I did stuff with her, like, go into parks, or helping her with her schoolwork."

P4: "I would feed him."

Most of the quotes alluded to the military caregivers having strong relationships with their children prior to their deployments. Each participant coped with the impending

deployment differently and experienced family rituals that varied among each person. However, the participants all tried to spend as much time as possible with their child.

Theme 3: Military Caregiver's Parenting of a Child With ASD

The participants shared their parenting strategies used prior to their deployment. The parenting strategies varied based on the participant's parenting style and the needs of the child. Each participant used a strategy they felt was best for their child. From the strategies emerged the following subthemes (a) more protective, (b) sensitivity awareness, and (c) communication.

The military caregivers who participated in the study had more than one child, but not more than one with ASD. When it came to parenting their child with ASD, most admitted they tended to be more protective. The participants admitted that they felt the need to protect their child from being excluded or even injured by their own selves or others.

P1: "I essentially signed up to be his little league coach so I knew he would have an opportunity to play."

P2: "I was afraid to send her to school because what if someone did something to her? I wasn't sure she would be able to give all the details."

P4: "I felt like I needed to protect him. He really isn't afraid of anything, he would take off running- sometimes even out of the house or out of the school, so in that regard I had to protect him from himself."

P4: "I also had to protect him from his siblings just because of the way they would play would be different than how they could play with him.

People with ASD experience sensory sensitivity. The participants all also mentioned they had to be aware of sensitivity issues because of how their children would respond to being overstimulated. Some commented on how they had to be aware of noises in public in order to avert any possible behavioral challenges that would ensure from overstimulation.

P1: “If he wanted to go to the movies, I would take him to the sensory showings on base. They dimmed the lights and played the movie at a much quieter level.”

P2: “Having family dinners in restaurants could turn into a nightmare because she hated it when her food touched.”

P3: “In regards to having sensitivities to certain sounds and lights, we needed to get her, like earmuffs and glasses that she could wear to kind of help out with those sort of things.”

P4: “Loud noises, the kind that are unsuspected and startling, would trigger him to shout things out like, shit or fuck, so I was cautious of the events I took him to on base.”

Lastly, all disclosed that they had to think about what they were going to convey and how they would convey it, so their child with ASD understood. The participants in the study had children with varying levels of communication. The participants were aware of what worked and does not work for their children in terms of communication.

P1: “I tried to parent him like I did my other kids, but I recognized he was not understanding some of the things I was saying, so I would often have to have one on one discussions on the side.”

P2: “I had to use a chart to show her different emotions. I couldn’t just discipline her verbally because I was afraid the tone would scare her. Instead, I would show her disappointed so she knew I wasn’t angry.”

P3: “I’m more sensitive to her, in regard to if she was telling us something was going on, and she liked to essentially embellish on stories a lot. We would have to really look into, I guess, how she was explaining things, maybe talk to other adults, that were working with her at the time to get their take on her story of how she perceived what was happening.”

P4: “He was nonverbal for a long time so that made verbal communication very challenging, but he did understand the word no; however, he almost always needed to be redirected.”

Theme 3 provided the experiences of how the military caregiver parented prior to their deployment. Almost all the participants acknowledged they had to parents and communicate with their child diagnosed with ASD differently than they did their TYP children.

Theme 4: Support Used Prior to the Absence

Each participant in the study shared some of the benefits or resources their children utilized prior to their absence. The military caregivers in this study ensured all of their children’s were being met to include social, medical, and educational. It was important to know what services the child was receiving prior to the absence so future exploration could focus on whether the services in place prior to the absence increased,

decreased, stayed the same, or if additional services were added and whether or not the reasons stemmed from the military caregiver's absence.

P1: "He still continued to play little league even though I could not be the coach because I was getting ready to leave."

P2: "Her ABA therapist would visit her at the school and kind of help her with daily tasks."

P3: "She was homeschooled, but the county we lived in still provided speech therapy to her. The school liaison officer through EFMP helped set that up."

P4: "He started kindergarten while I was deployed, so previously he was getting services in the home like speech, occupational therapy, and even ABA."

These quotes reflected the child's involvement in services when the military caregiver was asked about resources and benefits the child was receiving prior to the absence. Every participant acknowledged their child participated in some sort of support whether at the medical, educational, or community level.

Theme 5: Maintaining the Relationship During Deployment

The theme described the military caregiver's experience of attempting to maintain a relationship with their children while deployed. Emerging from this theme were three subthemes to include (a) challenging communication, (b) missing important events, and (c) compartmentalization of the mission.

Most of the caregivers discussed communication when it came to preparing their child for their absence. However, even during deployment, the military caregivers had to figure out how to maintain the relationship with their child, which has its challenges due

to the physical absence and the varying degrees ASD impacts the child's ability to communicate. For one participant the nature of the deployment prevented him from being able to communicate with his son for the first few months. Another participant could not communicate with his daughter over the phone because she communicated using visuals and he did not bring a story board on deployment. One participant had difficulties keeping his child's attention long enough to talk with him. Although each participant had a unique way of communicating, every individual worked to develop a system for communicating as much as possible. Comments included:

P1: "I wish we could have talked more. There's a delay when we talked over the phone, so you could say something and they might be talking at the same time and you're talking over each other, so that can be frustrating."

P2: "Communication was challenging. She is limited in her speech, and it was mostly just repeating things she has heard. She mostly communicated by picture boards, which I didn't have with me on deployment. She did know some sign language so when I was able to video chat with her, we could talk a little. She always lit up every time she saw me on camera."

P3: "For the first couple of months, actually wasn't even able to call her video chat with her or anything like that."

P4: "If he had the phone, if you would try to, like, play games on it while I was talking to him, so there's difficulty in trying to get that to happen."

There were also challenges with maintaining relationships with their children due to missing important events. One participant talked about the challenges associated with

his child's on-going medical needs and not being there to ensure he was properly cared for. Whereas another felt like a failure when his child went inpatient for behavioral health issues. Two participants talked about missing out on things that were important to their children, such as holidays. Comments included:

P1: "I had to miss his little league tournament."

P2: "I missed a lot of major holidays like Halloween, Thanksgiving, and Christmas one year."

P3: "I got an email telling me she has Autism. I wasn't even there for the appointment.

Another difficulty the deployed military caregivers had regarding maintaining the relationship was all the changes that were occurring within their family when they were away. Some participants had to accept things that were happening, both good and bad, and it was all out of their control.

P1: "My ex-wife gave me a hard time about not being able to call my son on his birthday."

P4: "I wasn't around when he had to go to a residential treatment facility. I felt like I failed him. At least his mom made me feel that way."

The experience the military caregivers had with maintaining the relationships with their children with ASD while being deployed had to take into account their ability to compartmentalize to remain focused on the mission. Whereas most military caregivers acknowledged their family is the number one priority, they also understood their service branch came first. Despite accepting they would have to do what the military told them to

do, it did not diminish their desires to be there for their children. The participants made the following comments:

P1: “It was challenging because family has always been my priority, but at the end of the day, I am owned by Uncle Sam.”

P2: “On deployment, they did not want us thinking about anything other than being part of the world’s greatest Navy.”

P3: “I was not able to leave during the working hours because they thought the mission was more important than the other shit I had going on.”

P4: “They wouldn’t let me have the time off. I was pretty pissed, but we were doing work-ups to deploy and they needed me.”

To summarize the responses of the participants when asked about preserving the relationship they had with their child while on deployment, each of them acknowledged it was not easy due to the challenges with communication. Furthermore, the service members who deployed and left their children in the care of their former spouses seemed to experience higher levels of guilt than their married counter parts.

Theme 6: Caregiver’s Interpretation of the Child’s Needs During the Deployment

The participants shared their thoughts on what they were perceived to be their children’s needs while they were gone. Some of the participants noticed regression in their children’s behaviors. For example, one participant’s child started to express outward violent emotions and was not sleeping throughout the night, whereas another’s child reverted to having to use diapers and was not using her sign language appropriately. Here are some of the participant’s comments:

P1: “He was acting out at home and became more to handle. He was having a harder time falling asleep at night, or even sleeping through the night. He was having difficulties paying attention in school. And so, to me, it felt like things deteriorated.”

P2: “She started to kind of go backwards, if you will. Occasionally before, she would have accidents, but she was back in pull-ups. Her sign language use became very sloppy. There were times I would not know what she was trying to tell me on video chat. I’d ask her to try again, but she would end up frustrated and walk away.”

P3: “Homeschooling became too much for her mother, so when I was gone she ended up in a brick and mortar school. When she went back to the regular school setting, she did have some issues at first as far as interacting with the other kids.”

P4: “His mother moved them while I was gone. It impacted his behaviors.”

When describing some of their children’s behaviors, the consensus was the children’s behavior had changed once their military caregiver deployed. For some of the children, the stress on their non-military caregiver caused drastic changes to their routines and environments thus potentially negatively impacting their behaviors. For others, the absence of their father showed with more physical signs such as anger, lack of sleep, and incontinence.

Theme 7: Support Used During the Absence

As a result of the behavioral changes, it was worth exploring whether or not the children needed increases or decreases in services or if the frequency remained the same. When asked about what supports their children were utilizing during their deployments, some participants noted the following subthemes: (a) increase in school supports, and (b)

decrease in all other supports. The participants all felt like resources at the school level increased, but other services decreased. Some of the comments included:

P1: “There were times where there’s medications were not refilled on time.”

P2: “They ended up getting her a one-on-one aid for the classroom.”

P2: “The behavior technician used to go to our home to provide services, but with her needing more supports at school, the BT stopped coming to the house.”

P3: “She was able to use the special education room. If she had certain issues, like maybe she got overwhelmed with sounds or maybe the bright lights. She was able to go in there for 15, 20 minutes, whatever it may be, to kind of calm down in a safe environment or safe space and then go back to the classroom which really worked for her.”

P4: “He had to go through the process to try to get services through the school. He was only was only receiving the OT and speech, but he was no longer receiving the ABA services.”

P4: “They had to involve the school resource officer on many occasions.”

P4: “It was becoming more challenging to take him out in public so if he wasn’t getting the services at school, his mom just quit taking him.”

To summarize the participant’s interpretation of the frequency of the supports used by their children during deployment, most agreed the school system was the most utilized resource. According to two of the participants, their children’s services started to decrease due to the non-military caregiver’s willingness to ensure the child was getting the adequate care needed.

Theme 8: Relationships Changes Between Military Caregiver and Child With ASD After Reintegration

As each of the participants discussed their experience of transitioning back home from deployment, the following subtheme emerged: (a) the relationship they had with their child with ASD prior to deployment had changed. Some described their children as being very tentative. One participant believed his child was only reacting in certain ways because the child thought that is how he was supposed to act, as if his behavior was scripted. One even acknowledged the bond felt different. Whereas another realized quickly that his child had gotten so used to her routines while he was away that any deterrent from the plans would cause behavioral issues. The participant who had earlier described his child as a daddy's girl, now saw his daughter as distant. The follow comments were captured:

P1: "It was not the typical reaction. It was more something where he was very tentative. Kind of hugging me because he thought that was what he was supposed to do, but not because he was wanting to hug me. I think he kind of saw me more as a stranger at that point. I didn't really feel that maybe father/son bond that I had felt before I left, and even then and also within the weeks following, I noticed that there was a lot more aggression in him."

P2: "I tried to surprise her at school the day I got back. It was not a happy surprise. She had an outburst, and because she is limited in her verbal communication, it was difficult. I don't know if she was angry or frustrated. I just know I interrupted her routine in that moment."

P3: “My relationship had become kind of distant. I think she was very upset based on me having to have left so quickly, and also by some of the things that were said to her by her mom while I was gone. There was a lot of anger towards me in regards to having to leave, so there was a lot of anger when I returned”

P4: “Number one, I was coming back to the same city that I deployed out of that they have lived in, but they did not live there anymore. It was not a reunion like you would anticipate coming back to. I had to travel to go see him and there was not that like running up and getting a hug. He was very tentative of me like I was a stranger, so I don’t feel like the relationship was maintained during deployment.”

Theme 9: Caregiver’s Thoughts and Emotions Relation to Rebuilding the Relationship

The participants shared their experience of how they felt about attaching or reattaching to their child with ASD upon return. Several emotionally fueled subthemes emerged to include: (a) anxiety, (b) guilt, and (c) sadness. Some of the participants felt anxious due to thoughts of the unknown such as future deployments and how their child with ASD would respond to them when being an authoritarian. All the participants felt guilt for not being around. They felt their absences caused delays in their children’s care and even changes in their child’s behaviors. Participants stated the following about the three emotions:

Anxiety

P1: “He was incredibly disobedient and everything turned into an argument. Anytime I asked him to do something, something as simple as to brush his teeth, I wasn’t sure how he would react. That uncertainty made me anxious.”

P2: “I knew there was a possibility that I would have to leave again soon. Thinking back to how she totally flipped out in her classroom when I was trying to surprise her, made me worry that another deployment or another surprise homecoming would completely traumatize her. Anytime I saw someone from my command calling or texting me, my stomach sank. I was worried they were going to tell me to pack my bags.”

P3: “I was anxiety-ridden. Her mom had said some deplorable things about me when I left, and my daughter embellished a lot. Sometimes I wasn’t sure if my daughter meant the things she was saying or if she just heard her mom say them and she was repeating them or even adding her own spin.”

P4: “I was stressed out. I would say I had a lot of anxiety because I felt like the whole process was essentially starting over. Like everything I had done prior to leaving, was undone because they moved.”

Guilt

P1: “I felt a lot of guilt. Maybe signing another contract wasn’t the right thing for my son. Some of his services stopped while I was gone, but if I had been home maybe it would have been different.”

P2: “She would sometimes use my wife’s phone and show me the pictures of her Halloween costume or Christmas dress. It was like she was trying to tell me all that I had missed. I felt guilty enough, but she was able to really drive the point home.”

P3: “I know she felt like I abandoned her. I could tell by the things she said and how she would say them. I would try to explain that I would have called her, if I was able to, that I wanted to call her but I couldn’t. I wish things hadn’t been that way, but I couldn’t help it.”

P4: “I could tell his mental health had deteriorated a bit while I was gone. I know he had missed appointments for medication, I know he wasn’t taking the medication at prescribed. When I was around, I was always making sure he had everything he needed. When I came back and saw everything that had not been done for him, I felt awful for leaving him. He had made a lot of progress before I left, and I feel like I failed him.”

Sadness

P1: “I felt sadness. Maybe it was just the loss of everything he had prior to me being gone and how far he had come with self-regulating. I just knew I had a very angry son. That bond I spent his whole life creating was just gone.”

P2: “Pictures are her way of communicating since her words are so limited. When she would show me videos of her on Christmas opening her presents with her siblings and my wife and in-laws, oh and her cousins and my sibling-in-laws, I felt sad. I wanted to be there, and it was evident the way she would shove the phone in my face that she knew I was not there and I was supposed to be.”

P3: “Since she was living with her mom at the time, I would have to work it out with her to have that father/child time. Her mom wasn’t always the easiest to deal with, and I guess because of all that was said about me during my absence, my daughter really didn’t want to see me. That was difficult, pretty sad, actually.”

P4: “There was not a whole lot of opportunities to be part of his therapies or things anymore given the distance. It was more like if I had been physically there that day by happenstance, but I had always been part of everything and that made me sad.”

To summarize, the emotions surrounding reintegration varied among the participants. For one participant, photos his child used to communicate with him was a constant reminder that he missed out on important holidays. On the other hand another left his child with a caregiver who was trying to turn his child against him. Between feeling anxious and guilty, the participants also expressed feelings of sadness. Two participants discussed feelings of sadness associated with their children’s changes. On the other hand the other 2 participants felt sadness because they were missing out on the children’s lives.

Theme 10: Main Challenges of Rebuilding the Relationship

As the caregivers described their experience of dealing with the emotions associated with reintegration with their child diagnosed with ASD, participants also discussed in depth how challenging the reintegration was. As a result of the central theme of challenges, the following subthemes emerged: (a) personal issues and (b) behavioral changes in child with ASD. Some of the participants had issues with their own behavioral health or their relationship with the child’s non-military caregiver.

When describing the challenges of rebuilding the relationship, the participants described it as hurtful, depressed, spread thin, not good, and isolated. Participants stated the following:

P2: “My wife decided to go back to school while I was gone, but at the same time I was up for a promotion. This meant our time was spread thin. I was trying to participate in bake sales and car washes to raise money and she was at coffee shops studying, all the while we have children to take care of. My daughter was enrolled in horse therapy and that added another thing I had to take care of. Juggling everything and picking up my wife’s slack was beginning to take its toll on me.”

P3: “I was still dealing with the aftermath of a divorce, still learning how to navigate being a co-parent with someone who fed my daughter bullshit. I was used to being with people 24/7. I was even used to my bunk. Returning home and having nowhere to go, and sleeping at my buddy’s house who replaced my crew was weird. It was silent all the time and it was almost worse than sleeping with all the noises you hear on deployment.”

P3: “Sleeping at night or even at all was challenging. They sent me to a sleep specialist and I had a sleep study. I was diagnosed with sleep apnea. I tried the machine and still had trouble so they prescribed me medication. It made me do some of the most fucked up shit ever. I would eat elaborate meals during the middle of the night and wake up to an entire kitchen with dirty dishes. I would go on walks and wake up on park benches in places I had never been. It wasn’t good.”

P3: “When I returned from deployment, I was still separated from my spouse and my children resided with her. In order for me to see my daughter, I would have to set up times to see her or communicate with her on the phone. Her mom would be, uh, essentially monitoring the communications, telling her to say this, or that, or, if she started to talk about something that her mom felt she shouldn’t be talking about then her mom would end the call.”

P4: “With them hours away, I struggled with being alone. It wasn’t the same type of lonely I felt on a deployment. This time the loneliness was intentional. When I was deployed, I couldn’t help being gone but when I came back their mother chose to move them. I struggled knowing his life kept going on without me.”

During the process of re-attaching to their children with ASD, the participants noted behavioral differences and challenges in their children. A few participants discussed the attachment their children had with others during their absence. Some also mentioned how difficult it was to have their children attached to others in their absence. The participants made the following statements:

P1: “To this day, I am still struggling with the behavioral changes. Recently, there was a time when he would not talk to me, and I am talking weeks. I mentally prepared myself for some distance when I returned home, but not really for the defiance. When I got home and he did not adjust within a few weeks, we had him evaluated again to see if it was something more than just his Autism and depression, like a defiance disorder or something.”

P1: “When he was being disobedient, he would tell me he didn’t have to listen to me. He would backtalk and have a bad attitude. That hasn’t changed. He is still that way to this day.”

P1: “He said some pretty deplorable things to the state and his teachers. I was in the middle of a different world and my command is interrogating me about something my son accused me of doing. It was horrific, I did not even realize he was capable of making so sorts of things up. I never abused him, but when I left, he decided he was going to start going around saying that.”

P1: “He would hug me, not because he wanted to, but he thought that he was supposed to. I think he viewed me as a stranger at that point and I don’t think he felt the father/son bond he had felt before I left. I noticed a lot more aggression and defiance in the months to come.”

P2: “She was really attached to her behavior technician and teachers. I’d come to pick her up from school, and she didn’t want to leave their sides.”

P2: “Easter was the first holiday we had together as a family once I returned. She wouldn’t even come to me for help with opening the candy eggs. She kept going to her mom, her uncles, or her grandpa.”

P2: “She would have bouts of frustration and I was not able to console her. She wanted her mom.”

P3: “She used to cling to me. She was always a daddy’s girl, but this time it was different. She would say things like, why did you leave us? Or, her mom had made some poor financial choices that unfortunately impacted my daughter, and she would ask me all

the time about why I wouldn't give her mom money, but that wasn't the case. My sweet daughter, turned into someone who blamed me for everything and no longer really looked up to me."

P3: "My ex-wife talked so terribly about me that my daughter didn't want anything to do with me. She was angry all the time with me and would just repeat the things I know her mother must have said. Half the time, she wouldn't even answer my phone calls and whenever I would ask to take her somewhere she would tell me no and hang up. I don't know what was said to her, but it couldn't have been good."

P4: "I jumped right back into his therapies whenever I was there visiting. He would tell me no and then point at the nearest empty seat. It kind of stung."

P4: "He ended up having the police called on him for his outbursts. He was a threat to himself as well as to the rest of the family. He always had some behavioral problems, but nothing like that."

In summary, it was found that all the participants experienced challenges with reintegration. It was found that most participants experienced challenging times due to having to mentally process their deployment, how the behavioral changes impacted the parent child relationship, as well as how non-military caregivers' relationships effect the child attaching or reattaching to their child with ASD. Despite all of this, participants still wanted to be part of their children's lives.

Theme 11: Positives and Negatives of Rebuilding the Relationship With the Child With ASD

The caregivers discussed both the good and bad of rebuilding their relationships with their children. During the interviews, the following subthemes emerged (a) understanding of the child's world and (b) forcing roles and routines. The participants were all in agreeance that by taking the time to understand what their child is going through and by not forcing their methodologies on their children during the reintegration period made the transition a little smoother.

Many individuals identified that one of the things that facilitated the reattachment process was understanding the child's world, which for the returning caregiver this meant not only trying to understand a child, but a child with ASD. For many of them, this encouraged them to get on their child's level and figure out how to be persistent with their child in a way that would allow them to start to feel comfortable. One of the similarities in many of the participants' comments was the idea that they needed to convince their child with ASD, that they wanted to be with them and had no choice in their absence. The participants shared the following:

P1: "Taking the time to try and understand his point of view and how he was seeing things and how he would interpret things helped. Trying to see things from his point of view as opposed to using an adult's mind or maybe even just the mind of a father was something I had to try hard at. I was just trying to see the world as a kid sees it, especially a child with Autism because they don't look at things the way I see it or even

the way I saw things as a kid. I had to completely strip out of my comfort zone and try and understand things from a completely different perspective."

P2: "I had to really be understanding of her emotions. For her it's like being in a foreign land and not knowing the language. I had to put myself her in place and only then was I able to start understanding how she must feel. How she must have so much to say with no one to understand her. She speaks in scripts and there was not a script there for her to repeat. We started slow, like me just getting on the ground and playing with some dolls as opposed to me thinking I could turn on cartoons and just expect her to sit next to me and watch along."

P2: "I had to keep coming back. In doing so, she started being less, I guess, hesitant of me. I was able to get down to her level and show her pictures of the places I had gone that I thought would interest her."

P3: "I had to actually talk with her. And not on the phone, but in person, away from outside influences who could sway her. When I was able to talk with her, I was able to explain why I had to go away and she kind of understood the situation. I mean, to the extent that I would discuss it with her, but then, and only then, were we really able to have that father/daughter connection like we had prior to."

P3: "I really had listen to what she was saying to understand what it was that she felt. I was telling her that I had to leave and she was seeing nothing but abandonment. I knew it would take time to show her that she could trust me and that I was not leaving because I did not want to be around her, but rather because I had to."

P4: “I wasn’t able to maintain a connection with him when I was gone like I had anticipated. I think if I had that would have benefited him a lot more. He went from having services in place to essentially having nothing because his mom allowed them to lapse in my absence. He probably felt failed by me.”

The participants also noted that maintaining the child’s routine helped facilitate the relationship growth process because it allowed them to feel secure while being around a parent figure that they may have known on some level but were not intimately familiar with. Over some time, the returned caregiver’s consistency was more likely to encourage the child to feel safe and secure that the caregiver was not leaving again soon.

On the other hand, many individuals identified that they were not successful when they tried to force themselves into the child’s life and routines. Some individuals identified that self-awareness was vital because it may have seemed more straightforward to try and force things to be the way they were in the family before deployment, but it was not in their family’s best interest. For one participant, he realized that he could not yell to get his point across because that also did not work with helping the attachment process. The participants made the following comments:

P1: “What worked was getting him back into a stable environment. While I was deployed, I had another child in residential treatment and my spouse at the time was living in an RV in the mountains with the other kids. Once I returned, I got them out of that and into a home where I could be with my son and he could feel safe.”

P1: “It was easy for him to manipulate his mom. I think she was just tired of playing single parent. He didn’t have a bedtime. He wasn’t being forced to brush his

teeth. He was able to eat what he wanted to. I had been gone but then also had to come back and immediately jump into a disciplinarian when he was not used to having rules."

P1: "I was forcing him into a bedtime routine that included brushing his teeth and essentially going to bed. When it didn't work, I would yell. Even yelling didn't work."

P2: "My wife thought it was easier when I was gone to just let our daughter sleep in our bed or have a campout on the floor. When I got back, I wanted to sleep next to my wife without any disruptions. I took a picture of my daughter sleeping in her own bed and every night I would show it to her, so she understood she would be sleeping in her own bed. There were still times she would wake us up and come in, but I tried not to be upset. She knew I was gone and maybe that was her way of feeling safe. I would redirect her back to her bed and I continued to do that. She had to live without me for many months and I couldn't just come back into the house and be like, just do what I am telling you to do. She needed time to adjust as well."

P3: "Early on I thought spanking worked. I had tried timeouts, but she would use it as a time to stim. At the time, I thought spankings were most effective because it was punishment that was over real quick but I noticed she would act out more after one. I don't think she understood and ultimately that was my fault for not telling her what to replace her negative behaviors with."

P4: "When his mother moved with him, they kind of went to one of those hippie compounds. He really had no routines. They were living off the land, putting emphasis on music and art, and I mean, there is nothing wrong with those things, but I knew my son did better with structure. When I would see him, I would tell him exactly what we would

be doing so he knew there was a plan. He didn't understand that he couldn't just run around and put marks on the walls where I lived, so I had to make sure that at some point in the day I gave him a chance to express himself artistically, otherwise he would find other means to do so."

P4: "I think what didn't work was the fact that, I wasn't able to maintain a connection with him, like I had anticipated prior to deployment, during my deployment. If I had been able to, I think that would've benefited him a lot more, in that, that the relationship he had with me could have maintained the strength that it had prior to. It also didn't help that he was unenrolled from all services locally and was reintegrated into new programs. He was working from a blank slate with new care providers."

To summarize, many of the participants wanted their children to understand the absence was not preventable and in no way impacted their level of love for their child. Being persistent in communicating and listening to their child's needs really shed a different perspective for the caregivers by learning how their children see the world around them. Persistence was important because the child needed to see that the returned caregiver was invested in them and not leave again anytime soon. Furthermore, by not forcing roles and routines on their children, the military caregiver was able to foster an environment where the child set the pace for the reintegration.

Theme 12: Support Networks Used During Reintegration

One of the themes that developed throughout the deployment process and reintegration was the impact of support systems. Some participants found their commands or the military were not sympathetic to their needs in regards to caring for

their children with ASD. On the other hand, participants seemed to get the most support from EFMP, medical providers, and the school system. The following subtheme emerged from the interviews (a) paid and unpaid supports. The participants discussed how these supports assisted or in some cases did not assist. For the most part, the negative comments about not being supported stemmed from discussions about the military caregiver's command. The participants made the following statements:

P1: "My unit was never understanding about me taking leave for anything regarding family or children. I got my standard leave, but my son had a lot of on-going issues. It would have been nice had I been able to attend more school meetings so I understood the issues they were having so when he did have evaluations I was able to explain what everyone had been seeing or dealing with."

P1: "His psychiatrist and therapist were able to figure out a lot of his issues."

P2: "The school put on events for Military Appreciation Day. I was able to go and have lunch for her, I mean, I had to pay for it, but it was a nice gesture."

"Her teachers continued to be wonderful and understanding. When I got back, we wanted to take a road trip to see my family and her teachers printed her out packets to do in the car so she could keep up with her school work and kind of be distracted."

"She was in a great school with very understanding teachers. They understood military life and her needs as a child with Autism. While I was gone, EFMP kept reaching out to my spouse with events being hosted and even offered adult only outings where childcare was provided. The OMSBUDSMAN really made it a point to check on

my family to ensure my wife wasn't overloaded. Knowing other people cared made it a little easier to be gone."

"Fleet and Family offered a course in reintegration. It talked about things to expect after being gone such as the family's routine and it would be better to integrate myself back into the family's dynamic. They placed a lot of emphasis on sitting back instead of trying to take control because it would shake up the kids' structure. But, it was just one class and it was open to a lot of people."

"Fleet and Family and EFMP were available for me to reach out to, to see what kinds of programs they had to offer."

"My command used to tell me my family did not come in my seabag, meaning they didn't give me a family so if there were issues, it was not their problem. My command did not support me."

"I had to attend a massive debriefing when I returned. It didn't mention shit really about how to care for my child or how to relate to him"

In summary, the participants felt their needs were supported by Fleet and Family, EFMP, and even the school system. However, a few participants did not feel supported by their commands, but did discuss how other resources were available to them. Through the interviews, it became very apparent that supports, regardless of whether they come from paid or unpaid services, played an integral role in reintegration.

Theme 13: Opinions or Suggestions on How Programs Can Better Support Military Families With Children Diagnosed With ASD

Some subthemes came about while assessing for programs that were available to the participants related to the bonding that needed to occur between the participants and their children. The following subthemes were identified: (a) helpful resources appeared unavailable and (b) the benefit of a program being developed to meet their specific needs. Most of the programs aimed at assisting military families were programs offered through the school system and Fleet and Family, although neither met the needs of the children with ASD entirely. Some participants mentioned attending massive debriefs upon return, but none of them really mentioned how helpful the programs were. Many admitted that there were many while there are many programs, the resources were not tailored to meet their needs or the needs of their children with ASD. The participants made the following statements:

P1: "I think if he or his mom were able to get the support they needed either through Fleet and Family or the school, or even community based resources, where maybe someone would be able to come out after school hours and help out at home. Like make sure he was doing his normal routine of homework or eating dinner so his mom could do other things would have been helpful."

P1: "Even if it was just a program where it was like an afterschool care program where he could go. The stuff that they have with the CDS or CYS don't really cater to children with Autism. It's more for neurotypical children."

P1: “Bases don’t really have the facilities available to handle, I guess, the extra manpower needed, or even the experience level needed to work with children with medical conditions, so those aren’t available as options to them.”

P1: “And I, myself, tried to go to Fleet and Family to look into different parenting classes. I did go to the normal parenting class, but it didn’t really help me, and the questions that I asked weren’t really questions that they were prepared to answer in regards to parenting, a child with autism. And I did research, and I did asked different families a different bases, and was told that, no, that’s not a program that they offer.”

P1: “And I’ve spoken to Fleet and Family about classes because they have parenting classes, but they do not offer parenting classes for parents of children with Autism. There isn’t a lot of knowledge, or even research available to parents in that regard…maybe it feels like that, if there is, it’s not widely distributed.”

P2: “Because of my daughter’s behaviors and limited verbal skills, there were a lot of things she was not able to participate in. It’s not like they would exclude her, but these events are planned without taking exceptional needs into account. For example, the FRG or wives club, I don’t know but some group, threw a Christmas party for the families since we were all deployed. They asked for the age and sex of the child. My daughter ended up with a toy with a lot of pieces she could easily have choked on. This toy was probably fine for someone her age without Autism, but she definitely could not have it and my wife had to take it away and leave the party early with her.”

P2: “We were never really able to take advantage of the free child care for pre-deployment nights or even after I returned. They just did not have staff well trained to

handle my daughter. The idea was nice, but again, we could not utilize it and trust our daughter or the staff would be safe."

P2: "I definitely think if the either SMP or Fleet and Family Service Center, they are military service centers or whatever branch, if they could provide resources or training specific to parenting children with Autism, that would be beneficial. That is something that I could not find through the military or community services."

P3: "And then, as far as the command, yes, I think, understanding that the personnel that work for you are essential to every mission. And if the personnel that work for you are having issues with their family or their personal lives, they're not fully capable of providing to you that mission essential readiness. Allowing more time to those service members would be beneficial."

P4: "Um, if there were remote services available, something maybe that could be done over FaceTime or something like that for speech, occupational, or ABA therapy, that would have been beneficial, but those weren't really things that were a consideration at the time."

P4: "Fleet and Family offer a lot of classes, but they wanted you to sign up and go in person. Living in remote areas made this impossible."

All of the participants discussed the desire to have ASD informed programming. Whereas some participants acknowledged that they could find generalized services, classes on parenting a child with ASD or resources with individuals highly trained in working with children with ASD were not readily available. Additionally, a few participants commented that the information that might have benefited their reattachment

to their children was not always easy to find despite using the internet or on-base resources.

P1: “Having a program that comes to the house would have helped my spouse. Someone who could help with the homework and at snack time after school, even with getting them off the bus so she could go take care of stuff she needs. Respite is available, but it is hard to find a provider because no one wants to accept the wages. Plus, the training, in my opinion, is inadequate to deal with some children on the spectrum, especially kids on the spectrum with behavioral issues.”

P1: “It always comes down to money. Unfortunately, in the Navy, money is scarce. I am not asking for the military to dump all kinds of funding into programs for families, but there are low cost alternatives they could offer to families with children on the spectrum. My son had trouble making friends, couple that with military life where we move around a lot, he would have done well with a program that taught social skills. Maybe they could hire a consultant that teaches a class or maybe offer an event on a Family Day where the kids get together and bowl on base but learn social skills at the same time. The bowling alley is already there and parents could drop off the kids. I don’t know, but I know they need more than what they are getting because the kids need to socialize.”

P2: “It would have been helpful if some of the finance classes that were offered dealt specifically about special-needs trusts where they brought in speakers to discuss SSDI and other topics that parents with neurotypical children generally do not have to worry about. I don’t know if my daughter is going to ever be able to work and I worry

about deployments because what if something happens to me? Will she be taken care of? I would like to start putting things in place now in case something does happen. I don't want my wife to be scrambling because I am gone and never had any of this taken care of."

P2: "My wife and I have always been pretty good about seeking out activities for our daughter to keep her stimulated. While the base offers a lot of activities for kids, they were not activities with staff equipped to handle our daughter. She is very limited in her speech, she does have behavioral challenges, and I could not see her being able to safely attend some of the outings. I get they can't make everything cater to the needs of kids on the spectrum, but it would be nice if the military as a whole set aside funding for each EFMP to have an activity once a year specific for kids who need additional support because well-trained staff will not come cheap. My daughter deserves the same treatment as other military children."

P3: "You don't know what you don't know. It would have been nice to have more information available either through EFMP or Fleet and Family that talked about which resources are available. I mean, my daughter loves art and loves horses. Horse therapy is not a covered benefit under TRICARE for children with Autism diagnoses, they have to have CP. Was there a program nearby that offered horse therapy we could have utilized? I don't know. No one ever told me. I just know it would have been good for her and would have possibly cut down on her medication use."

P3: "You can only Google so much. I felt like I was constantly looking for stuff for her and I to do that was free or low-cost. There wasn't really anything offered on base

the two of us could do at the same time. I had to be mindful of her sensitivities so even if they did offer something, the noise would be too much. She has a hard time sitting still so sensory movie nights are difficult. It would have been nice to have an outside activity to like a zoo or a farm we could have attended together."

P2: "The health system should look at expanding what they offer virtually. It is difficult to get services in more remote parts. There were no MTFs or anything in that area, and being in a rural town there were not many network providers. The closest one was an hour away for therapy. Not all military families live on base or close to one for whatever the reason is, but being able to provide opportunities for all dependents to get the care they need is important."

P2: "There have been times I have had to fight hard against the school district. The SLO was usually pretty absent and not much help. I have heard the Marines have an attorney that helps EFMs. If there were stronger advocacy efforts, I think it would make transitions easier on families. The EFMP likes to say they help us navigate, and I am not saying I want them to fight my battles, but their staff sometimes lacks the ability to help us actually navigate. They say call here or do this, and when I do and I am met by a brick wall, there is no back-up support. I am lost and I will admit, I have given up. I'd like to have a base sponsored group I can call for actual advocacy assistance because my son deserves to be heard."

To summarize, participants felt like accessing programs was challenging and the programs available were not specific to the needs of their children with ASD. Some participants offered suggestions on how the military could take existing resources and

tailor them to meet their children's needs. However, it appeared as though tailored services employing staff knowledgeable about ASD would cost additional money the military may not have to support the programming.

Theme 14: Words of Advice

As the participants discussed what they felt like others should know who find themselves in similar situations in the future, the following subthemes emerged (a) pre-plan and (b) ease in. Most participants described the importance of pre-planning ahead of the absence as well as how to slowly acclimate to life after deployment.

The participants described pre-planning for their absence, which meant communicating with the children and the significant other about changes and supporting those changes because the children pick up on tension. Most also said that communicating during deployment was beneficial in the relationship with their children, although some said that it was helpful to not know about some of the decisions the significant other made because they did not want it to distract them from their mission. The participants made the following statements:

P1: "Really preplan. Look into what possible problems or issues that may come up during a deployment and plan for those. Then, be flexible and available to any changes that may be needed while you are deployed. Be available to assist the caregiver of your child while you are deployed. Not only plan for the deployment, but while deployed, and even before deploying plan for the re-integration phase.

P2: "Make sure you have a will done. God forbid something happen to you, it will give you peace of mind knowing your child will be taken care of."

P3: “Do what is best for your child. Do what is best for yourself. Take care of everything at the earliest time possible.”

P4: “Do your research ahead of time. Don’t look at programs that are military specific, look at community based options if you or your child need help. Hell, even use FaceBook. Talk to people, like other parents, and learn as much as you can so you can be prepared to help your child navigate their world. The more you learn, you are going to put yourself in a position to do more and help your child more.”

The last subtheme was to ease back into the family dynamics slowly and to understand that it was a process to reconnect with their children, which also meant being cautious about the way one disciplined immediately upon return. Most participants found it helpful to observe the structure and the children for a time upon return so that they could understand how the dynamics had changed while away from the family, which included being respectful of those changes that the significant other had implemented during deployment. The participants made the following statements:

P1: “When you re-integrate yourself into this situation where you’ve been gone from for six months or more, don’t try and walk in and assess the situation at home and try to make things back to how they were when you left. You need to more integrate yourself into how things have changed while you’ve been gone and adapt to that.”

P2: “My daughter had a lot of difficulties when I returned home. She had grown up a little, in some aspects she was more independent. She no longer needed as much help with feeding. It was important for me to learn the ways she had matured so I stopped hovering over her trying to do everything for her. I really needed to remind myself to let

go of some of the control and trust if she needed help, she would use her sign language to ask me."

P3: "It was different for me because I had been gone and the person watching my daughter, her mother, told her things that were not necessarily true. Kids with autism resist change. Think about it, she was being told all these horrible things about me and I could not expect to come in and tell her otherwise and have her believe that they were not true. I had to take into account she had months to develop her own opinion and it would take me months to show her otherwise."

P4: "Take your time becoming more acquainted. You have been gone awhile. They have to learn you again and you have to learn them."

Summary

It was important to focus on the overarching research question after breaking down the participant's responses to the phenomenon's experiences. What are the lived experiences of service members returning from a prolonged absence reattaching to their child with an ASD? One can conclude from the textural description of the phenomenon that much was factored in besides the actual act of reattaching with the child because the structural descriptions showed that many of the thoughts and emotions attached to the bonding experience were also connected to the many factors each individual had to sift through to have a successful reattachment experience.

In response to the overarching research question for this study, many individuals responded with an experience that highlighted a balance of managing personal challenges related to a change in environment from combat to being caregivers to children with

ASD. Additionally, they also had to learn to cope with the behavioral changes within their children during and even after the absence. The participants in this study had children on different areas of the spectrum, which added a unique perspective to the returning military caregiver's experience. The next chapter addresses some of the conclusions that were gleaned from the information given by the participants in this study. Also, it explored the recommendations and limitations of the study along with the implications that were made from the results of this study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to gain a better understanding of the experiences of military caregivers who experienced a deployment away from their children with ASD and had a vested interest in reintegrating upon their return home. Previous research has shown that time apart can create additional challenges between a caregiver and a child (Ainsworth & Bowlby, 1991). The experiences explained by the participants in this study showed that the context of the reattachment process following deployment was important to the overall success of the revitalization of the relationship between the returned caregiver and the child or children. The participants in this study voiced unique challenges to their reintegration experience. Though there were many similarities between experiences, they also encountered specific differences. Some of those similarities included the importance of establishing a routine with their child before deployment and understanding that the child's behaviors changed during the caregiver's time away.

The participants in this study voiced unique challenges to their reintegration experience. Though there were many similarities between experiences, they also encountered specific differences. Some of those similarities included the importance of establishing a routine with their child before deployment and understanding that the child's behaviors changed during the caregiver's time away. Also, in preparation for deployment, two major coping mechanisms were used: distancing and spending lots of time together. Distancing was used as a coping mechanism by either the caregiver or the

child to deal with the impending separation due to deployment. Spending lots of time together was used because the caregiver recognized there was going to be a lengthy separation that caused a disruption in the relationship.

Relationships between the deploying caregiver and the child were primarily characterized by the caregiver's role with the child and the caregiver's rituals to connect with the child before deployment. Then, during deployment, relationships were stressed due to the geographical distance, so themes incorporated the way the family was able to continue communication and the many emotions from missing child milestones and role changes that occurred amongst the parental subsystem due to one caregiver being deployed. Deployed caregivers talked about how compartmentalization was necessary to stay focused on their mission even when trying to maintain a relationship with a young child back home. Lastly, during deployment, caregivers talked about how their child experienced behavioral changes that were mostly negative but gave evidence to the importance of the role of the deployed caregiver within the family system.

The returning caregivers talked about memories of their transition experience and highlighted the initial encounter with the difficulty of seeing their children hesitate when seeing them. Caregivers had many factors to consider while reattaching to their children during reintegration, including role changes and personal challenges. Although a couple of individuals talked about no change in their relationship with the children, others identified establishing or reestablishing a connection and role in the child's life, and in some cases, they had to do so while working through behavioral changes in their children. Some of these experiences created a sense of overwhelming frustration because

of the problematic role transitions, personal challenges, and the complicated process of determining how the child had changed during deployment.

Most individuals worked through difficult transitions by exercising persistence and understanding. Also, there were helpful programs available to some families, but most of the participants found that those programs were not readily available, and they saw the benefit of having a program specifically developed for returning parents with children who have ASD. Overall, these participants wanted others that would go through a similar situation to their own to know how important it is to preplan ease back into the family system.

This study was necessary because this is a particular population and a significant population that needed the specific challenges to be highlighted as it related to the specific contextual factors to consider during the bonding process with the child upon return from deployment. I could find no previous studies that addressed the needs of the population of this study, and the participants in this study had a difficult time identifying many appropriate outlets for their specific needs at the time of reintegration.

Interpretation of the Findings

Participants in the study shared their lived experiences attaching or reattaching to their child with ASD after a prolonged absence. Although reintegration for the service member can be an exciting time, it can also prove to be difficult and even more so difficult with an exceptional child (Wilcox et al., 2015). The findings from this study are consistent with the growing body of literature on service members and reintegration. As

the literature review demonstrated, there are difficulties following reintegration of a military caregiver (Wilcox et al., 2015).

One major theory was used to interpret the results of this study. Attachment theory maintains that children have an instinct to form bonds with their principal caregiver (Rigg & Rigg, 2011). According to attachment theory, children develop a sense of security from their earliest experiences with a parent and how the parent provides comfort in the context of threat (Bowlby, 1980). Children do so because they have an innate need for security and survival, and these early interactions may form the foundation of their subsequent emotional and social development. When the parent of a military child is away on deployment, that primary caregiver with whom the child has already formed an emotional attachment is no longer physically or emotionally available. When parents are gone for long periods of time, as when they are deployed abroad, the attachment bond is affected. The parent is unable to care for the child in a consistent manner, which places the child at risk of developing emotional difficulties and problematic behavior because their sense of security has been undermined (Chandra et al., 2011). Various theorists have claimed that separating children from their parents can disrupt the process of attachment formation and maintenance and can contribute to anxiety and behavioral problems (Chandra et al., 2002).

In Chapter 2, I examined a substantial amount of prior research regarding the link between emotional challenges that military children face during the different phases of deployment, particularly when a military parent is deployed or transitioning into the family from military deployment. According to Pincus (2001), different families feel

different stressors depending on which phase of deployment the parent is experiencing. Loss, grief, and fear are common emotions families may feel when a parent is deployed abroad. Various studies reported that military children, regardless of age, showed an increase in emotional and behavioral difficulties at all stages of the deployment cycle (Paley et al., 2013). Jensen examined 383 children of deployed parents, who self-reported modest increases in internalizing symptoms compared to children of non-deployed soldier parents (Jenson & Shaw, 1996). Consistent with previous studies (Chandra, 2010), the results of this study revealed that children with a parent currently on military wartime deployment have reported that this phase can have negative effects on social- emotional outcomes.

The length of military wartime deployment has been reported to be associated with greater psychological stress among children, especially when compounded by relocation and change of schools and routines (Barker & Berry, 2009). For example, according to Flake et al. (2009), elementary school-aged children who experienced the absence of a parent due to wartime military deployment were at risk for developing internalizing (39%) and externalizing (29%) symptoms. In addition, 56% had difficulty sleeping, and 14% reported having issues at school. The data from this present study were consistent with many of these earlier studies, for the findings also suggest that the length of military deployment of a parent is associated with an increased level internalizing problems of such children.

Similar to the deployment phase, the reintegration phase may contain its own unique set of stressors. According to DeVoe and Ross (2012), children may respond to

the reintegration of deployment with various negative emotional reactions and maladaptive behavioral responses. This is because, even though the reunion may be extremely happy, many drastic changes and stressful difficulties frequently follow. For most participants, the day of reunification posed to be considerably difficult in the reconnection process thus impacting the weeks and months that followed. The child may display anxiety when in the presence of the returning parent, perhaps based on unfounded fears (or actual knowledge) that the parent will be deployed again (Chandra et al., 2010). Another study has revealed that school-age Marine Corps and Army children reported symptoms of anxiety, not only when a parent was deployed but also up to a year after the parent returned. Such reports strongly suggest the emotional effects may continue long after deployment ends (Lester et al., 2011). The results of this study are consistent with previous studies which had reported that children may experience internalizing problems, not only during active military deployment, but also during the re-unification phase.

Limitations of the Study

Qualitative studies do not have the capacity to create statistically significant results. This study utilized data collected from four U.S. Sailors in a semistructured interview format. The participants were all male active-duty service members at the time of their interviews. Despite my efforts, I could not recruit anyone who had served in any other service branch. Each of these individuals spoke to their specific experience alone. There may have been some merit in focusing on multiple service branches or even on service members who had children with similar types of ASD. However, the results of this study showed the individual factors that each person encountered during his

experience. Therefore, a study that focused on different service branches, similar categories of ASD, or had participants of different genders may not yield much of a difference from this study because every person's experience is unique.

Another limitation addressed was the potential for researcher bias. I was able to mitigate bias by using member checks so the participants could review the themes. Furthermore, the research was submitted to my dissertation committee to review the data to verify the accuracy, which also helped with the risk of researcher bias. Additionally, my recruiting efforts took me outside of the area where I work to ensure I had no ties to the individuals within the study.

The trustworthiness of this study was something not taken lightly; various measures were implemented to try and protect the trustworthiness of this study. However, there were some difficulties. For example, only three of the four participants responded to verify the accuracy of the themes. Therefore, I cannot be certain that every participant was in agreement. Additionally, one of the participants mentioned allegations of abuse. The individual's participation may have been in part to protect himself and convince others that the alleged abuse never occurred. Lastly, the participants were all in the Navy; therefore, their experiences may have been specific to their service branch due to the participants' lack of diversity.

Recommendations

The results of this study showed a variety of factors that influenced each individual's experience bonding with a child with ASD upon return from deployment. A future study that could pinpoint which factors were most influential in the reattachment

process would help anyone working with families in those situations and anyone who wanted to develop a program to facilitate the bonding process. Additionally, future research may look more in depth at the impact of divorce on the military caregiver and the way it factors into their experience of attaching with their child with ASD. One of my goals as this study developed was identifying a way to provide support for this specific population within the military. The results showed that most individuals saw a need for a specifically designed program to facilitate a smoother transition between them and their children with ASD upon return from deployment. For instance, participants discussed how nice it would be if existing programs tailored their curriculum to inform parents who have children with ASD. By understanding individual's experiences in this study, I feel more capable of creating a care farm that will support a successful reattachment process for others in a similar situation to the participants of this study who wish to bond with their child in nature.

Implications

Even without creating a practical program that enhances a service member's ability to reattach with their children following a deployment, there are potential social implications from this study. On an individual level this study gave participants an opportunity to share their story. Many of the participants thanked me for listening to them discuss the breakdowns within the systems put in place to assist them and their families. As was stated in the informed consent that each individual signed, there may have been therapeutic benefits to sharing even though that was not the intended purpose. Also, because participants were able to share their story, they were able to facilitate a process

for highlighting potential pitfalls for those that find themselves in a similar situation in the future.

Understanding how military environmental factors influence retention in this unique population, may inform military leaders of the difficulties military caregivers face when raising a child or children with ASD. This may provide opportunities for the military to develop programs whether at the command level that will not only benefit the service member but also their children with ASD. Perhaps, having additional supports will prevent well-trained and essential service members from leaving the service due to having to put the mission first in every circumstance.

This study may also have implications at a familial level because of its grounding in attachment theory. The results included specifics for returning caregivers to consider as they redeveloped or initially developed the relationship with their children, which impacts the entire family. The participants were able to highlight how they reconnected with their children, which allows others to be aware of the considerations for themselves upon return from their deployment. Also, it should be noted that the guiding theory for this study was based in attachment theory and the results of this study had several positive links to what had been shown in the attachment literature, which were noted earlier in this chapter.

There were also implications at an organizational and potentially societal level because the participants' experience will allow those that work with them on a daily basis, such as the military and the EFMP, to have a greater awareness of what they handle during the reintegration process with children who have ASD and a better idea of how to

help the returning caregivers facilitate a healthy and successful reintegration with their children. Others with interest in supporting the military community, like myself, may be able to create programs that are a better match for this specific population's needs. With all systems working together to support the reintegration of the child and returning caregiver, there is a stronger likelihood of healthy functioning families in the community, which impacts everyone.

A final implication of this study is that future studies may focus on other branches of the military that I was not able to utilize, or they may choose to look at another qualifying condition for EFMP. Other researchers may choose to explore how being married or divorced may impact the attachment experience. It might be worth mentioning that a more diverse group spanning across all service branches may have provided different results, but could certainly be explored in later studies.

Conclusion

Over the past 2 decades, there has been growing attention to children in military families helping human service professionals and researchers understand how the military deployment of a parent can affect children. Studies have shown that military deployment of the parents is consistently associated with the children's academic and behavioral challenges. Consistent with a substantial and growing body of previous research, this study concluded that children with ASD have behavioral challenges that become exasperated by the absence of their parent. Furthermore, the service members in this study did not feel like the military was doing enough to support them not only as parents, but as parents with children diagnosed with ASD. The results of this study were

consistent with attachment theory, which address how children react to separation from a parent. Although research is expanding in the area of military families, more research needs to be implemented to understand the challenges of raising a child with ASD in a military family. Human service professionals can play a vital role in effective positive social change by identifying the challenges returning service members faces with attaching or re-attaching to their children with ASD and seeking appropriate treatment.

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Appendix A: Semistructured Interview

1. Basic descriptive data
    a. gender
    b. service branch
    c. length of deployment while having a child or children with ASD
    d. age of child(ren) with ASD
2. Tell me about life prior to your absence.
    a. How did you and your family prepare for each stage of deployment?
        ii. How was your child with ASD able to participate?
    b. How would you describe your relationship with your child/children prior to deployment?
    c. How did you parent your child with ASD? Did you care for him or her differently?
    d. What outside resources, if any, did your child with ASD use/participate in?
3. Tell me about life during your absence with a child at home with ASD.
    a. How were or were you not able to maintain the relationship with your child/children during deployment?
    b. What types of needs did your child with ASD have at this time?
    d. If your child(ren) were using resources, did the services increase or decrease during your absence?
4. Tell me about your life upon reintegration.
    a. How did the relationship with your child/children change or not change during

reintegration?

b. Discuss your thoughts and emotions related to rebuilding the relationship with your child/children during reintegration.

c. Tell me about some difficulties or challenges you faced as a caregiver during this reintegration period.

d. What worked or did not work regarding rebuilding your relationship with the child/children?

e. What role did support networks (EFMP, your unit, ABA providers, etc.) play during the reintegration process?

f. Do you have any constructive opinions or suggestions on how organizations or resources can better support families who have children with ASD during the deployment cycle?

g. What words of advice would you give to others that are going to be in your position in the future?

5. Is there anything else you would like to share about your experiences that I may not have asked you about?

Appendix B: Flyer

Seeking Research Participants to Help Exceptional Military Families

Attention military veterans

Purpose

To create a foundational awareness about the barriers and challenges returning military caregivers face when it comes to rebuilding relationships with their children who have Autism Spectrum Disorder by increasing the knowledge base of professionals who work with military families.

Eligibility Requirements

- Be a veteran who experienced an unaccompanied deployment at least 6 months in length
- Must have had a child or children diagnosed with Autism Spectrum Disorder at the time of the deployment

Next Steps

Contact the number or email listed below to discuss the study more in-depth

Bridget.Hennessy@waldenu.edu

Appendix C: Resource Flyer

Military OneSource	https://www.militaryonesource.mil/confidential-help
TRICARE	https://tricare.mil/mentalhealth
Military & Family Life Counseling	https://www.mhngs.com/app/programsandservices/mflc_program.content
Give an Hour	https://giveanhour.org/resource-center/
Veterans Crisis Line	https://www.veteranscrisisline.net
211	http://211.org