

2015

# Teacher Perceptions of Elementary Children's Internalizing Symptoms When Experiencing Parental Wartime Military Deployment

Letitia Henson  
*Walden University*

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# Walden University

College of Social and Behavioral Sciences

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Letitia Andria Henson

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the review committee have been made.

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Walden University  
2015

Abstract

Teacher Perceptions of Elementary Children's Internalizing Symptoms When  
Experiencing Parental Wartime Military Deployment

by

Letitia Andria Henson

MA, Alliant International University 1995

BA, University of Rochester, 1993

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

February 2015

## Abstract

Military wartime deployment of parents has a powerful and potentially damaging impact on their young children. As tours lengthen and deployments of military parents become more frequent, the possible negative effects on the children increase proportionally. This quantitative, comparative study evaluated internalizing symptoms among 220 young children who had a parent currently on military deployment and a parent who returned from military deployment compared to a control group of same age peers whose parents were nonmilitary. Using the theoretical frameworks of attachment theory and ambiguous loss theory, the study investigated 3 internalizing symptoms: Anxiety/Depressed, Withdrawn/Depressed behaviors, and Somatic Complaints among these children in 3 large public school districts in southern California using The Achenbach Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form (TRF). There is little information about the effects of these factors on younger children; therefore, this study specifically focused on children in the 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> grades. A multivariate analysis of variance analysis revealed significant differences in mean scores of anxiety, withdrawn behaviors, and somatic complaints among young children with a parent on active military wartime deployment and children whose parent returned from military wartime deployment within 1 to 6 months in comparison to young children whose parents are nonmilitary. The study added to positive social change through educators' increased awareness of the unique emotional symptomatology among military children. Educators will be able to recognize and provide interventions to address these children's emotional needs during and after military wartime deployment.

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## Dedication

I would like to provide a special dedication to all the men and women who have served in the military and risked their lives on a daily basis for the sake of our freedom and security. A special dedication goes to the military families for their resilience and perseverance. This dissertation is also dedicated to the caregivers, school principals, and teachers who saw the value of my research and willingly participated in this study.

Lastly, this dissertation is in memory my wonderful and hard-working grandparents: Lillie Mae Pipkin Hill, Algie Wesley Hill Sr., Gertrude Lee Harris-Henson, and George Ellwood Henson. It was such a blessing to have all of you in my life.

## Acknowledgments

First and foremost, I would like to thank God for providing me with the wisdom and endurance to help me reach the completion of my graduate degree. Thank you for continuing to be by my side and being my everlasting rock. Thank you for all of the blessings that you have fulfilled me with in my life.

I would like to express my immense gratitude to my dissertation chair, Stephen Rice, Ph.D., for his support, patience, and his encouragement throughout my dissertation process. Both his statistical advice and his suggestions were essential in helping me with this research process. Thank you for always being available for me.

My thanks also extends to my Dissertation Content Member, Cheryl Tyler-Balkcom, Ph.D. and URR, Steven Little, Ph.D. who provided me with extensive knowledge and invaluable insights into quantitative research and military families. I appreciate all of your advice and helping me to become a better researcher.

I would like to thank my family, including my parents Mr. and Mrs. Henson, and friends who have supported me through this process. My thanks extends to my older brother, Joseph (Joey) Henson, Jr. who provided me with constant encouragement and praises. I admire his desire to learn and his aspiration to become a better scholar. We share a special bond through learning together.

The friendships of Judith Stubbs, Ph.D. and Valinda Greene, Ph.D. were very much appreciated as they endured this journey with me and provided me with ongoing encouragement and prayers. They offered me with encouragement precisely when needed and always knew the right things to say. I appreciate your pillars of support and

mentorship. A warm thank you is given to Thomas Green, Ph.D., and Suki Stone, Ph.D., and Melissa Ganus, Ed.D. Their continued encouragement help me throughout this process. A warm thanks goes to my little friend, Kodee, who kept my feet warm as I spent countless hours and late nights at my computer. He has always been by my side and kept me cheerful.



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## Chapter 1: Introduction to the Study

Researchers, clinicians, educators, and parents have become increasingly concerned with the psychosocial problems and emotional challenges associated with the deployment cycle of military parents. Not only does deployment in the armed services have far-reaching effects upon family life, but it also has a profound effect upon the children who miss their parents. Within the framework of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), these challenges are becoming especially evident. In such campaigns, uncertainty and the burdens of the deployment cycle threaten to overwhelm families whose emotional resources are overtaxed and their capacity to cope has been stretched (Mulrooney & Williams, 2012). Disruption in the dynamics and daily routines of the family can cause young children to become vulnerable to developmental disorders and stress-related mental health problems (Cozza & Feerick, 2011).

Families are often ill-prepared to cope with the profound and potentially damaging problems that occur in children during these crucial years of emotional development. The emotional challenges faced by military families can be difficult to articulate. Very young children in military families may acutely feel emotions of sadness, grief, and loss and are often ill-equipped to handle their emotional condition by themselves or able to express these feelings in a manner adults around them can understand. Despite the best efforts of parents and educators, such children often need more support than they receive. Many military families and teachers of military children

have not received adequate training about how to deal with the special needs of children with currently or recently deployed parents.

Due to policy changes in recent years, key variables such as the length and frequency of deployment of military personnel have become more fluid and more difficult to predict. Frequent shifts, uncertainty, and unpredictability have made the lives of the children, families, and deployed parents more complicated and more stressful. The pervasive nature of these experiences within military families influences the behavior of young children within the context of schools, where the conflicting focus on classroom tasks and the ever-present distraction of family life compete for the child's attention (Chandra, Martin, Hawkins, & Richardson, 2010). Children who experience such parental absences suffer from sadness, withdrawal, arrested social development, confusion, frustration, feelings of abandonment, and emotional upheaval (Kelley et al., 2001).

These problems persist when the children arrive at school. Teachers observe a child's external behavior, but often do not understand underlying feelings. They are seldom equipped to recognize the source of such problems. They see a child misbehaving in class and become concerned with strategies for classroom management rather than understanding the real source of the problem. In the absence of training to recognize and appreciate the context of these emotions and related behaviors, teachers misunderstand these students. These teachers may struggle because they attempt to address these issues in conventional (but inadequate) ways.



Using the theoretical frameworks of attachment theory (Bowlby, 1978) and the ambiguous loss theory (Boss, 1990), this study evaluated teacher perceptions of internalized emotional indicators of depression including anxiety, withdrawal, and somatic complaints among military children with a parent who is currently on military deployment or who has returned from military deployment within one to six months. These students were compared to a control group of students whose parents are nonmilitary. Children in this study were drawn from one specific geographical area of southern California that contains a large and growing number of military families. This study attempted to broaden the awareness of identifying internalizing problems among young children who have a parent on military deployment during wartime (after the terrorist attack on September 11th). The positive social change implications of the study are a greater awareness of these issues in younger children among educators. This information could be valuable in assessing and responding to the needs of military children more effectively than is currently being done.

This first chapter of the study is divided into the following major sections: background of the study, problem statement, purpose of the study, theoretical frameworks, research questions, scope and limitations, as well as other sections related to the significance of the study and associated research questions/hypotheses. The chapter highlights important aspects of the problem of stresses upon the family members of deployed military personnel, focusing specifically on effects of such stress which may be affecting elementary school age children in the third through the fifth grades. It briefly reviews some of the literature that suggests effects of such stress on this previously

neglected population, which warrants closer investigation than has previously been conducted (e.g., Chandra et al., 2010; Davis & Trieber, 2007; Department of Defense Public Affairs Office [DDPAO], 2007; Esposito-Smythers et al., 2011). The chapter also highlights the particular limitations of the study and research design, and demonstrates the appropriateness of the research design for the problem statement and research questions.

### **Background of the Problem**

While military parents who are deployed far from their homes often undergo the stress of combat, the families they leave behind often face difficulties of their own (Palmer, 2008). When a military parent is scheduled for a deployment, a departure date is usually provided. Nonetheless, it can be quite common for such dates to be changed several times, causing the remaining family to have to repeat their farewell routines and suffer from considerable stress related to uncertainty (Lincoln & Sweeten, 2011). The same is true regarding the announcement of return dates for soldiers who are already away on deployment. Unexpected extensions of deployment are common and, like unexpected delays in departure, tend to result in increased stress upon parents and children who already suffer from the anxieties that accompany war and separation from loved ones (Huebner, Mancini, Wilcox, Grass, & Grass, 2007). Families who are subjected to this uncertainty experience stress as a result of anticipation and dread.

Another problem can arise in the family dynamic when the military family becomes isolated from their extended family. Although this effect is to some degree an inevitable feature of the standard military lifestyle, it can become more problematic when

a soldier is deployed overseas (Webb, 2004). Such isolation can be particularly stressful for young children in military families. Chandra (2007) reported that military youth living through deployment separation experience more emotional difficulties compared with the general population.

A number of studies have investigated the impact of deployment on service members. The men and women serving in Iraq and Afghanistan face a range of stressful situations, and many returning service members experience a variety of mental health problems (Bowling & Sherman, 2008). Such studies have reported that returning service members may suffer from depression, post-traumatic stress disorder (PTSD) and numerous other psychiatric illnesses which are related specifically to the deployment (Hoge, Castro, & Messer, 2004). Although service members are generally happy to return from deployment, they can nevertheless experience this transition as stressful. This is because returning to their civilian lives means they now must reassess their identities, adjust to new surroundings, and adapt to a completely different lifestyle. According to Drummet, Coleman, and Cable (2003), returning service members need to renegotiate roles and responsibilities with their spouses and children. This can be quite difficult for many service members, and can be even more difficult on their family (Russon & Fallon, 2001).

There are approximately 700,000 children in the United States who have at least one parent serving in Afghanistan, Iraq, or another military area far from home (Hardy, 2008). Military pediatrician Keith Lemmon of Madigan Army Military Center stated that, although military troops may be acquiring sufficient attention while on deployment,

the level of attention received by their family members is general far less adequate (Jowers, 2007). If this disparity exists, there is a need for concern about how the deployment of parents to remote locations is affecting their children emotionally, and how such emotional effects are manifested at home and elsewhere. Children of active-duty parents, regardless of age, often fear that their parent on military deployment might die or become injured during deployment (Hardy, 2008). Lemmon (as cited in Jowers, 2007) found that as young students experience parental deployment, they manifest behavioral problems, failure in school, sleeping problems, and physical ailments that were not explainable as due to ordinary medical causes.

Crumley (1973) claimed that the deployment of a parent may induce children to seek substitute role models among other family members, neighbors or school personnel, while also fostering a better relationship, by comparison, with the remaining parent. Therefore, teachers may be in a position to provide long-term stability and become role models. The predictability of having the same teacher throughout the entire school year can aid in identifying emotional distress and changes in behaviors among children. Alerted to the problem, and armed with this information, teachers are in a better position to provide emotional support for students who have a parent on deployment or returning from deployment. In 2005, the National Military Family Association provided a survey to spouses of military personnel and found that 15% of the spouses showed elevated levels of stress after notification of deployment and 18% experienced high levels of stress upon the deployment (Di Nola, 2008). Sixty-two percent of the spouses experienced the greatest stress during deployment. Several spouses stated that when experiencing two or

more deployments, they carried over unresolved emotions and apprehension from the previous deployment. In addition to military spouses, research has shown that young children are also affected by military deployments, which can result in depression and anxiety among children (Chandra, 2010; Mulrooney & Williams, 2012). Aranda (2012) noted that school-aged children, who are typically developing an increased sense of self-awareness, may be at higher risk for psychosocial concerns during parental deployment.

The military provides many types of support for military families. A comprehensive family care plan that military parents complete includes provisions for financial, legal, medical, and social care for minor children during deployment (Bunch, Eastman, & Moore, 2007). Even though the deployed military parent may have completed a family care plan in preparation for deployment, the transition cause stress for all family members. According to Bell and Schumm (1999), the separation and reunification phases of deployment can be very frightening for military families. Routine stressors can include frequent moves and changes in school, as well as routine separations from military parents, who often must train in the field or at sea for several months.

Military families who move frequently encounter many stressful experiences. Moving may seem like a relatively minor problem compared to the more severe stress of having a parent deploy to war or much more devastating experience of losing a parent as a wartime casualty, but even a relatively uneventful relocation can be stressful for children (Webb, 2004). Many military families face a combination of these problems and some families experience all of them (Russo & Fallon, 2001). Children of military families confront challenges that differ from those experienced by children within

nonmilitary families (Levai, Kaplan, Ackermann, & Hammock, 1995). One of the most stressful of these challenges is the fear and uncertainty which results from a parent being deployed to a war zone. Children's reactions to this type of stress have led to behavior and emotional problems (Levai et al., 1995). Emotional and behavioral issues, in turn, may impact their success in school.

Deployment of a parent of a young child in a military family adds to the burden of stress that such a family may have to endure. Such added stress on the family, in turn, tends to increase the child's emotionality and exacerbate pre-existing psychological or psychosomatic issues at a time when the parent's ability to provide nurturing, support, and discipline is already compromised or even nonexistent (Kelly, 2007). Furthermore, stressors introduced as a result of deployment do not disappear with the return of a deployed parent. Short-term departures of a military parent are often accompanied by temporary behavioral problems (Webb, 2004). Under normal circumstances, it is the period directly preceding the separation that can be the most challenging for the children. Separation can be especially disruptive for families with early school-age children. Families with young children display less organization than families who have older children. This may indicate responsibilities of caring for younger children are more physically demanding than older children, with challenges distinct from those confronted by older children (Webb, 2004).

Studies conducted during Operation Desert Storm noted a moderate increase in internalizing and externalizing symptoms among children who had parents deployed to combat areas in Iraq (Rosen, Teitelbaum, & Westhuis, 1993). A common fear within

military families is that a member who is away on active duty may not return on a predetermined date, or return at all. Such concern can be stressful to the point of triggering depression and other personality disorders. The stress of deployment may potentially result in loss of family cohesion and diminishment of the remaining parent's availability to nurture the children during wartime (Kelley, 1994). This can make the situation even more difficult for the children, who, in addition to suffering from the loss of the same family member their remaining parent is missing, are also experiencing something approximating the simultaneous loss of both parents.

A child's reaction to stress can be influenced by the chronological age of the child, length of parental absence, parent-child relationship, and the role the leaving parent has in the family. The absence of the father is closely linked to behavioral disorders in military children (Waldron, Whittington, & Jensen, 1985). Huebner, Mancini, Wilcox, Grass, and Grass (2007) reported common reactions, such as depression, increased tearfulness, increased discipline problems at home, and increased demands for attention in the absence of a military parent. Additional studies have shown that the lives of youth are disrupted and show difficulty in adjustment, with signs of depression and negative academic performances (Huebner et al., 2007).

The emotional effects of military parents' deployment in wartime are not limited to the lives of children at home or in their neighborhoods, but extend to their school lives as well. When routine military separations occur in the family, school-age children and adolescents may exhibit both external and internal symptoms in the form of irritability, home conflict, oppositional behavior, difficulty concentrating, impaired task completion,

and deterioration in academic performance (Bunch et al., 2007). Little research has been done to demonstrate and explore relationships between military deployment of parents during wartime and standard measures of their children's in-school behavior as measured by the perceptions of the teachers. Hardy (2008) noted that, because children of active-duty soldiers miss receiving consistent instruction for proper social development, which they might otherwise have received from their deployed parents, they might receive the needed support instead from teachers, who are expected to fill the role of surrogate parent. Although teachers are customarily prepared to understand the academic needs of diverse students, such findings suggest that teachers who have children of deployed soldiers in their class may need to be prepared to understand the particular impact that life in a military family can have on their ability to function in school (Hardy, 2008). Such teachers have perceptions and views that may prove crucial to understanding how deployment shapes military students' academic achievements.

This study proposed to help remedy the relative lack of information on this subject, especially about the effects on younger children, in the hope that the new information that it makes available will enable teachers to provide effective family and school interventions. Information from the study can help educators understand the challenges military children are faced with having a parent on deployment and the strains of having a parent return from deployment. Educators can be especially vital to helping military families. In addition, they can have a tremendous impact on recognizing a struggling student due to the absence of a parent due to military deployment. Furthermore, the study may prove to be of practical significance because it will



potentially bring attention to the possible interventions that are needed to support children of the deployed parents within a classroom setting.

### **Statement of the Problem**

The Department of Defense conducted an earlier study (DDPAO, 2007) focusing on the total number and percentage of parents and individuals who were deployed over the years in the war. These reports revealed a dire need to study the impact that military deployment has on the children as well as their families. A similar study conducted by Chartrand, Frank, White, and Shope (2008) also supported the investigation of the impact the long-lasting deployment has on the families of the deployed with special focus on the children. Chartrand and Siegel (2008) confirmed that children whose parents are deployed in the military are the ones who face more emotional problems and vulnerabilities than the children who have nondeployed or civilian parents and support more investigation into their emotional structures (Chartrand et al., 2008). Similar support for this study can be found in other studies conducted in recent years in which various researchers reported that the children with deployed parents in the military showed more emotional vulnerabilities and problems than the children who have civilian parents (Chandra et al., 2010; Lester et al., 2010; Morris & Age, 2009).

This study addressed the internalized stressors (anxiety, withdrawn, and somatic complaints) that may affect children with wartime deployed parents. This particular problem has rarely been studied as most research has focused on how external factors increase stress for the children of deployed parents. Unlike externalizing problems, which includes aggression and rule breaking behaviors, internalizing problems may go

unnoticed by educators and parents. The limited studies regarding the association between military wartime deployment and internalizing problems provided mixed evidence (Card et al., 2011). Some research has shown that military children experience more internalizing problems compared to children with civilian parents (Chandra et al., 2010; Jensen et al., 1996; Kelly et al., 2001). Other studies, however, found no association between deployment and internalizing problems (Chartrand et al., 2008). Within these studies, internalizing problems included depression, sadness, anxiety, loneliness, and withdrawal, excluding somatic complaints. There is considerable support for the investigation in this sphere as numerous studies have indicated the need for further investigation (Chandra et al., 2009; Davis et al., 2007; Engel et al., 2010; Finkel et al., 2003; Flake et al., 2009).

The age of the child may significantly impact how a child responds to military deployment of a parent. A number of studies have examined the impact of parental deployment during early childhood (preschool) and adolescents, and demonstrated the effect can be powerful and often detrimental (e.g., Bunch et al., 2007), but very little research has been conducted regarding the presence and nature of such stresses among younger school-age children (DiNola, 2008; Palmer, 2009). Most authorities seem to agree that such factors are also stressful for younger children as well (Webb, 2004), but it is not yet known whether the deleterious effects upon younger children are less, the same, greater, or simply different relative to those observed in preschool and older children. There appears to be a gap in knowledge about the internalizing effects of military deployment among such younger school-age children. Unless and until the nature of the

negative effects on this specific age group is better understood, it will be difficult, if not impossible, to design prevention programs and intervention strategies to address them. Therefore a study which examines the effects of military deployment on such younger children seems called for.

### **Purpose of the Study**

The purpose of the study was to investigate symptoms of depression in young children, whose parents are actively deployed, returned from deployment within 6 months, and children without military parents. The types of symptoms included anxiety, withdrawal, and somatic complaints. Another purpose of the study was to provide teachers with an instrument of identifying the symptoms of depression of the children in order to have a tool to use as a referral mechanism. The study will provide information for the teachers to have a link between the various cycles of military deployment with internalizing symptoms.

This quantitative study was to fill the gap in literature regarding the impact of internalizing disorders of children with military parents during the critical stage of development represented by the elementary school grades. The main analysis chosen was a MANOVA across three different groups: (a) military children who have a parent currently on military wartime deployment, (b) military children who have a parent who has returned from deployment within the last 6 months, and (c) a control group of students whose parents are nonmilitary.

These three different groups can be conceptualized as providing the independent variable for the study. Thus, the independent variable for the study will be the degree of

involvement with military deployment. This variable will have three levels: (a) high (children with a parent currently on military deployment), (b) moderate (children with a parent who returned from deployment within 1 to 6 months), and (c) low (children whose parents have no affiliation with the military). The dependent variables of this study were measures of anxiety, somatization, and depression. Evidence of such internalizing problems experienced by the students in the sample population will be measured in terms of the perceptions of teachers who have contact with the student participants.

Information on the mood and behaviors of a sample population of children will be recorded by their teachers through the use of The Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form. Internalizing problems will be identified by the teachers using the teacher's report form. The study will compare internalizing problems and determine where significant differences exist among the three groups.

### **Research Questions and Hypotheses**

The research questions, and their corresponding hypotheses, posed to achieve the purpose of this proposed study, are as follows:

**RQ1.** Do the mean scores from the Anxious/Depressed subscale on the Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form of third through fifth grade students vary according to whether the students have a parent currently away from military deployment, have a parent who has been home from military wartime deployment from 1 to 6 months or do not have military parents?

**Ho1.** There is no significant difference between the three groups on Anxious/Depressed subscale of the Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form among third to fifth grade students.

**Ha1.** There is a higher mean score on the Anxious/Depressed subscale of Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form among third to fifth grade students who have a parent currently away from home on military wartime deployment relative to the other comparison groups.

**RQ2.** Do the mean scores from the Withdrawn/Depressed subscale on the Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form of third to fifth grade students vary according to whether the students have a parent currently away from military wartime deployment, have a parent who has been home from military deployment from 1 to 6 months or do not have military parents?

**Ho2.** There is no significant difference between the three groups on the Withdrawn/Depressed subscale of Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form among third to fifth grade students.

**Ha2.** There is a higher mean score on the Withdrawn/ Depressed subscale of Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form among third to fifth grade students who have a parent currently away from home on military wartime deployment relative to the other comparison groups.

**RQ3.** Do the mean scores from the Somatic Complaints subscale on the Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form of third to fifth grade students vary according to whether the students have a parent currently away from military wartime

deployment, have a parent who has been home from military wartime deployment from 1 to 6 months or do not have military parents?

**Ho3.** There is no significant difference between the three groups on the Somatic Complaints subscale of Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form among third to fifth grade students.

**Ha3.** There is a higher mean score on the Somatic Complaints subscale of Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form among third to fifth grade students who have a parent currently away from home on military wartime deployment relative to the other comparison groups.

### **Theoretical Frameworks for the Study**

The study made use of ambiguous loss theory and attachment theory, as they relate to children whose parents are associated with military wartime deployment. Ambiguous loss theory is related to the trauma and ambiguity that exists among family members left behind when a family member is absent. This theory has been applied to children with autism and severe disabilities, and couples with mild cognitive impairments (Boss, 2007). When there is limited information about the loved one who is absent, the remaining family member has to formulate his or her own truth about the status of that person (Boss, 2007). According to Boss (2007), when relationships become ambiguous, anxiety and trauma arises. Therefore, individuals are suspended in their coping and grieving processes. Boss (2007) describes the dilemma of the remaining parent and child as an emotional strain with the trauma of not knowing whether the military spouse is alive or dead. This dilemma causes a catatonic state for the remaining parent and child in

which they do not have the ability to grieve (Boss, 2007). They suffer not only from the awareness of the circumstances of the deployed spouse, but also from the lack of communication of the whereabouts and conditions of the deployment.

The attachment theory focused on how the absence of the deployed parents affects their emotional connection and attachment. This tied into the first research question and related hypotheses as they focus on the anxiety or depression that a child experiences in the long absence of a deployed parent. The ambiguous loss theory will deal with the interventions needed to deal with a loss of the deployed parent, especially if such loss was unexpected and incomprehensible. The psychological effects of deployment and school interventions will focus the current psychological/emotional standing of the children and where they need to go to attain a positive and healthy framework. This tied into the second research question and related hypotheses as they focus on the withdrawal or depression that a child may experience in the long absence of a deployed parent.

All theories were directly related to understanding the internalizing emotional symptoms for the children, for they can help to identify the possible circumstances that may lead to worrisome emotional vulnerabilities and instabilities. All of these theories helped recognize the necessary interventions that could help the children and families deal with these instabilities and symptoms. Ambiguous loss theory and attachment theory provided a specific lens through which to view loss, and by which to provide a better understanding of how the military deployment cycle affects children. The impact of military deployment on young children will not just be limited to a local viewpoint; however, a more ecological point of view regarding the impact on military children was

explored. Therefore, environmental and social cues will be crucial, especially those witnessed by the teachers.

### **Nature of the Study**

This study investigated the internalized stressors, emotional and psychological, that may affect children with wartime deployed parents. The intent of the study was to determine whether the same types of negative effects which have been observed in school-aged children as a result of the military deployment of their parents can also be observed in younger children. In order to do this, a carefully controlled, quantitative study was required. Any type of qualitative study would lack the necessary precision to detect such effects. In order to study such effects, it was necessary to include young children in the study, some who had either currently or recently deployment military parents, and, for purposes of comparison, to measure their behavior relative to a group of nonmilitary children of the same age and similar circumstances. Because it was assumed that many of the signs of stress would be most readily observable by the teachers of the children, who spend many hours with them each day on a regular basis, it seems that the optimal means of detecting emotional distress was via obtaining such information from their teachers.

Thus the independent variable (the degree of involvement with military deployment in their families) has three levels: (a) high (children with a parent currently on military deployment), (b) moderate (children with a parent who has returned from deployment within 1 to 6 months), and (c) low (children whose parents have no affiliation with the military). The dependent variables in this study were measures of



anxiety, withdrawn, and somatic complaints. This study investigated the behavioral and psychological impact of stressors associated with military deployment. Evidence of such internalizing problems experienced by the students in the sample population will be measured in terms of the perceptions of teachers who have contact with the student participants. Information about the mood, emotional distress, and behaviors of a sample population of children of wartime soldiers who are on active deployment or have returned from deployment within 6 months will be recorded by their teachers through the use of the Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form and served as a basis for identifying internalizing problems. The study compared internalizing problems and determined where significant differences exist between the three groups. By including in the study children who are not associated with the military, it can be determined whether the military children exhibit a greater degree of anxiety, withdrawn, and somatic complaints. This quantitative design provided the educators the opportunity to explore the relationship between internalizing emotional symptoms amongst children and military wartime deployment of a parent.

### **Operational Definitions**

For the purposes of this study, the following terms are defined:

*Ambiguous loss*: A theory created by Pauline Boss which refers to an ambiguous event that involves separation of a loved one that may be unknowing a loss (Boss, 2007).

*Anticipatory grief*: Defined as feelings of loss prior to a dreaded event.

Symptoms can include denial, mood swings, anger, depression, and feeling disconnected (Kim & Yeary, 2008).

*Achenbach System of Empirically Based Assessment (ASEBA):* A series of rating scales for ages 6 to 18, which assess a spectrum of competencies, adaptive functioning, and behaviors. The rating scales are completed by parents, parent surrogates, youth, and teachers. The Child Behavior Checklist Teacher Response Form (TRF) is a component of ASEBA (Achenbach & Rescorla, 2001).

*Depression:* Major depressive disorder in children and adolescents is characterized by a period of low mood of at least a two week duration as well as loss of interests in daily activities (APA, 2000). Cognitive features include poor concentration, poor attention, low self-esteem, pessimism, and suicidal ideations may occur (Carr, 2008). In depression, the predominant emotion is sadness (Brady & Kendall, 1992).

*Anxiety disorders:* According to the American Psychological Association (2000), anxiety disorders may include the following: panic attack, agoraphobia, panic disorder, specific phobia, social phobia, post-traumatic stress disorder, acute stress disorder, and generalized anxiety disorder. In anxiety, the predominant emotion is fear (Brady & Kendall, 1992).

*Anxious/Depressed:* A subscale within the internalizing problems composite within the ASEBA School-Age forms, which includes symptoms that are unique to various DSM-IV anxiety disorders, such as nervous, worries, fearful (Achenbach & Rescorla, 2001).

*Externalizing problems composite:* A composite score which is part of the ASEBA School-Age forms, which comprises problems that mainly involve conflicts with others (Achenbach & Rescorla, 2001).

*Internalizing problems composite:* Internalizing problems composite consists of three syndromes with the ASEBA Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form, which includes anxious/depressed, withdrawn/depressed and somatic complaints. These syndromes are mainly within the self (Achenbach & Rescorla, 2001).

*Military wartime deployment:* Deployment is defined as the movement of an individual or military unit within the United States or to an overseas location to accomplish a task or a mission, which can vary from one month to several years (Department of Defense, 2010). Wartime deployment is a deployment in a highly volatile and dangerous area, such as Afghanistan or Iraq. During these assignments, families typically live apart from the military person who is deployed (Allen & Staley, 2007).

*Reservists:* Reservists are a unique subpopulation within the military who reside and are employed within the civilian community and receive military training one weekend per month (Faber et al., 2008).

*Somatic Complaints:* A syndrome within the internalizing problems composite within the ASEBA Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form, which includes physical complaints (e.g., aches, headaches, nausea, vomiting; Achenbach & Rescorla, 2001).

*Withdrawn/Depressed:* A syndrome within the internalizing problems composite within the ASEBA Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form. Examples of withdrawn symptoms include secrecy, excessive shyness, a preference of

being alone than with others, and lack of interest in getting involved with others (Achenbach & Rescorla, 2001).

### **Assumptions**

The study will be based on the following assumptions:

1. All teachers within the study will provide truthful observations and responses which they identify through the Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form.
2. Teacher responses will be anonymous and will not be shared with school personnel.
3. Only students from the general education population will be included in this study.

Some of the assumptions of the study that are believed but cannot be demonstrated to be true include: (a) the school administrators feel a genuine responsibility towards the emotional symptoms and their vulnerabilities amongst the students, (b) all the responses from the children will be based around the situational circumstances that they are in at the moment of the research, and (c) post-test as opposed to something that they have been experiencing over a course of time.

### **Scope and Delimitations**

The scope of the study was limited to teachers of elementary school children in third, fourth and fifth grades within school districts within southern California. The study was delimited to general education teachers who have contact with third, fourth, and fifth

grade children with one or both parents in the military, recently returned from deployment within one to six months or without association with military service.

The generalizability of this study was limited to homogeneous populations of primary school children between third and fifth grades in a public school setting. Children younger or older than the identified population may show different reactions towards military deployment. Therefore, results of study may not apply to other populations outside of southern California. In addition, the post tests will only be restricted to children (with different backgrounds) but could also have included the perceptions of the non-deployed or civilian spouses as well and their opinions on the children's overall behavioral structures could have been taken into account. The study was not generalized because it has a very specific focus and sample.

### **Limitations**

The study will be limited in the following areas:

1. This study was limited to collecting and comparing perceptions of teachers by means of data collected through the Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form. It did not include any direct interviews with any of the children, or any information collected directly from any of the parents or mental health professionals.
2. All teacher perception responses will be measured on the same scale regardless of student's race, gender, and age.

3. Students with a current Individual Education Program (IEP) and special education services were excluded from the study due to preexisting factors, for example previous diagnosis of depression and anxiety.

### **Significance of the Study**

The study was proven to be of practical significance because it potentially brought attention to the possible interventions that are needed to help the children of the deployed parents to help them cope with their emotional and mental shortcomings that develop during or because of the absence of their parent. There has been a very limited amount of research available which has examined military children among school-age children. This study potentially provided educators with an increased ability to identify and understand internalizing problems of military and nonmilitary children.

The increase in military deployment may result in more school-age children who experience emotional problems, and more teachers who are not properly equipped to meet their needs of this growing population (Allen & Staley, 2007). Many educators are unaware of the demands faced by children with a parent on deployment. The social impact of this study may include a better understanding of how the stress of military wartime deployment issues may influence the academic progress and psychological stability of these children. Recognizing associated behaviors may eventually help teachers identify these children within internalizing problems and provide early interventions to ensure academic achievement.

This study contributed to Walden University's mission of social change by increasing awareness of depression, somatic complaints, and anxiety-related symptoms in

young children with a parent who is associated with military deployment. The research will help both the community and educators understand that depression, somatic symptoms, and anxiety in these children results in different symptomatology than that seen in families not connected to military service. Social change efforts related to children whose parents are in the military thus may have a different impact than efforts directed towards children who have special education needs or other children who have psychological problems and are under a physician's care. Furthermore, the conclusions of the study may bring about a better understanding of the military community in general, as well as the unique challenges they may face. The research highlighted the different internalized emotional symptoms that exist amongst the children who come from military families or have parents deployed in wartime for long durations. It also aimed to identify the necessary interventions needed and their practical application for the students to develop coping skills and deal primarily with anxiety, somatic complaints, and withdrawn behaviors. It also further supported the development and growth of appropriate counseling structures for such children, and encouraged school administrators and teachers/counselors to implement such procedures. The social change that this study will thus most likely bring about is a general awareness of the emotional vulnerabilities that exist for military families and their children. An increased awareness of the stress related to these circumstances may eventually lead to improvements in the effectiveness with which these issues are handled.

## **Summary**

While the war in Afghanistan and Iraq continues to have an impact on families who are separated because one or more parent is serving in the military, children of military families constitute a segment of the population with psychological problems who have been overlooked. Additionally, the issue of separation within military families has been an increasing concern among the community and schools. As military deployment increases and lengthens, the effects of deployment are becoming more of a focus of concern to educators. Evidence has shown that deployment, especially when the parent is in a volatile area, has an effect on the entire family, particularly on young children. The impact on children is often easily recognized within the school environment because due to signs of behavioral problems, emotional distress, and difficulty with academics. These stressors may cause anxiety, lack of emotional stability, and depressive symptoms. Therefore, a study to investigate what kind of impact the military deployment has on elementary school-aged children is warranted. Since there may be factors related to internalizing problems, depression, and anxiety of children whose parents are in the military, the study hypothesizes a distinction between children whose parents are serving in the military and those whose parents are not serving in the military.

## **Remainder of the Dissertation**

In Chapter 2, I explored current approaches and theoretical frameworks which will examine the underpinnings and emotional stressors that children endure in the absence of a parent due to military deployment. Some of the topics included in the chapter are the following: ambiguous loss theory, attachment theory, psychological



effects of military deployment, internalizing problems among military children, and school interventions. In Chapter 3, I included a more detailed explanation of the research design, instrumentation, setting and sample, data collection procedures, and analyses used in this study. Chapter 4 included the results of the study, and chapter 5 addressed a detailed interpretation of the results.

## Chapter 2: Literature Review

Several recent studies have focused on the mental health outcomes of soldiers returning home from duty in Iraq and Afghanistan (Hoge, Auchterlonie, & Milliken, 2006; Smith, Ryan, Wingard, Slymen, & Kritz-Silverstein, 2008; Vasterling et al., 2006). However, little research has examined the effects of soldiers' wartime deployments on their children. Even if children of military families are routinely exposed to stressful situations during peacetime, such as frequent moves and divorce of their parents, these children do not necessarily have higher baseline levels of psychopathology in relation to the average children living in civilian families (Jensen et al., 1995).

According to a report, more than 2 million U.S. children are directly impacted by their parents' military wartime deployment (Office of the Deputy Under Secretary of Defense, 2005) and as such, the American Psychology Association (2007) as well as Department of Defense Task Force on Mental Health (2007) called for further research on this phenomenon. Little is known about the psychological effects of parental deployment on elementary school-aged children, or the extent to which such effects may persist after the parent returns home. The purpose of this study was to evaluate emotional symptoms among young children who have a parent who is currently on military deployment and has a parent who recently returned from military deployment within one to six months in comparison to a control group of children whose parents have no affiliation with the military. Different studies have tested the impact of deployment on those that are left behind—be it spouses, children, or the family as whole, surfaced the implications that it has (Card et al., 2011; Kelley et al., 2001).

Ambiguous loss theory (Boss, 1999, 2004, 2006) and attachment theory (Bowlby, 1969, 1973, 1982) are of particular relevance to this specific research study. The theory of ambiguous loss (Boss, 1999, 2004, 2006) is particularly relevant for exploring how adolescents experience and react to parental deployment. The theory is specifically grounded in family stress and resilience theory and is therefore particularly applicable on the studies of family and community situations. Boss (1999) defined ambiguous loss as vague, unclear and indeterminate loss. According to the theory, someone's presence goes beyond the physical aspect. A family member may be physically present and yet psychologically absent or vice versa. These two situations can shape the development pattern of individuals belonging to such situations. According to Boss (2004), ambiguous loss can emerge on various types of family situations, such as chronic illness, missing members, adoption, divorce, and others. The theory of ambiguous loss can help in characterizing the loss situation, analyzing the specific responding to loss, comprehending effects of family system changes, and developing a course of support for the children/adolescents affected (Boss, 2006).

Attachment theory sheds light on the major implications of frequent parental separation. It was originally designed to study the relationship between an infant and his or her primary caregiver (Bowlby, 1969, 1973 1982). The theory has already been expanded to study children of all ages (Schaetti, 2002). It assumes that humans maintain the balance between independently exploring the world and staying close to safety, which for infants, means being near their primary caregivers. In the proximity to certain attachment figures, children feel safe to explore and master their environment. The

availability of these attachment figures shapes the individual's development (Kelley et al., 2001). Normally, children develop feelings of worthiness if they experience consistent care response from the attachment figures and develop the opposite when they learn that such care is not available to them (Schaetti, 2002). As such, the theory is particularly relevant in understanding how parental deployment and return can affect military children's development. These theories will be further expanded within the literature review.

### **Organization of the Chapter**

Chapter 2 covered several topics relevant to military deployment and children, beginning with a review of the literature on two theoretical orientations: ambiguous loss theory (Boss, 1999, 2004, 2006) and the attachment theory (Bowlby, 1969, 1973, 1982). The review covers the seminal work of Boss on ambiguous loss theory, which describes the impacts of uncertainty that a loss has on a person who is left behind. Her work expanded the study of an individual experiencing loss to cover the social, cultural, and environmental aspects that may influence it, followed by a brief summary that links the theories with the hypotheses. Chapter 2 focused on the impacts of loss of a primary caregiver and attachment as it relates to military deployment. Implications regarding the impact of parental absence, as well as the internalizing emotional indicators that influence military children were emphasized. The review of literature addressed the impact that the loss of parent has on the children left behind from the perspective of the military deployment cycle.

The last section of chapter 2 covered research that was related to the impact of military deployment on children, the effects of deployment of children's psycho-social development and internalization among military children. The current literature review focused on research studies that attempted to measure the effects of parental absence on children. Recent works made use of surveys and interviews to obtain the perspective of families left behind. Using correlation and regression analyses, the studies analyzed the significance of the different variables (i.e., the duration of the absence) and conditions (i.e., the return of the parent and the departure of a parent).

### **Literature Review Search**

In order to give the most recent and analysis of the literature, research review was completed applying key words and terms that are often found in current works regarding this topic. Keywords and terms included the following: *Achenbach System of Empirically Based Assessment; academic performance and military children; attachment theory; ambiguous loss theory; child behavior checklist; children and military deployment; depression and anxiety in children; educators and military children; internalizing and externalizing problems and military children; military deployment cycle; phases of military deployment; parent absence; educators and young military children; parent separation; somatic complaints and children; stress and military children; stress and military families; stressors of military children; teachers and military children; and teaching rating scales.*

Using the keywords and terms mentioned above, both a manual and electronic search of several library databases was completed spanning the years 1992 to 2012, with

a majority (80%) coming from research conducted during the past five years. The databases utilized were the following: Academic Research Premier, ERIC, JSTOR: The Scholarly Archive, ProQuest, and PsycARTICLES. Lastly, additional search was completed using key terms via Internet search engines such as Google Scholar and Yahoo in an effort to acquire any sources not documented by the above mentioned databases.

### **Theoretical Orientations: Ambiguous Loss and Attachment Theories**

Both the theory of ambiguous loss (Boss, 1999, 2002) and the attachment theory (Bowlby, 1972) gives an opportunity to provide a better understanding of the effects that the deployment cycle has on young children (Faber, Willerton, Clymer, MacDermid, & Weiss, 2008). The ambiguous loss theory gives a unique perspective of how loss is viewed. Based on this concept, the effects of military deployment on young children would not be limited to only a local point of view but may provide a more ecological perspective of the current topic being studied. Therefore, the significant of environmental and social cues would be crucial. Along the lines, of ambiguous loss theory, the attachment theory would bring a more depth understanding of the bond that can be lost between a parent and child. In addition, the application of the attachment theory will provide addition information that will help justify the loss can be ambiguous. There are several categories of attachment-related behavior patterns which may be utilized to help understand the responses that children of parents who are deployed or reintegrated are feeling.

### **Ambiguous Loss Theory**

According to Boss (1999), ambiguous loss occurs when there is a lack of knowledge of whether a family member or loved one is dead or alive- absent or present. Ambiguous loss can cause distorted ideas and intolerable confusion (Boss, 2007). In her 1999 paper, Boss identified ambiguous loss as “a lack of closure after a loss is not always an indication of personal weakness. Often the force that causes the loss to remain fresh decades later and be labeled pathological lies outside the person” (p. 5). The literature identify two types of ambiguity in loss: (a) the individual is physically absent however there continues to be a psychological presence and (b) an individual is psychologically absent but continues to maintain a physical presence within the family (Boss, 2002). With the physical absence with psychological presence type of ambiguous loss, family members are unsure if a loved one is dead or not due to limited information that the loved one is either considered missing or captured. Family members who experience this type of ambiguous loss deal with feelings of uncertainty of whether or not they should grieve a loss and accept that the individual will not return, due to their lack of information about their loved one’s physical condition. Boss (2002) stated another term for this type of ambiguous loss is leaving without saying goodbye. A second type of ambiguous loss refers to the physical presence of an individual with a loss of psychological presence. In this case, family members would have to deal with a loved one who is actually present however, not responsive, distracted, or displays difficulty with communicate. For instance, a loved one that once interacted with enjoyable interactions, however not able to because the loved one has Alzheimer’s disease. According to Boss (1999), the

individuals continue to be physically present, but they are not mentally present. In both types of losses, the family members would be left to deal with loneliness and doubtful feelings, which can result in unsettled feeling of grief, ambiguity regarding who remains part of the family unit, and disorientation about family roles.

The theory proposed ambiguous loss leads to uncertainty and feelings of hopelessness wherein the individual would have a difficulty in making sense of the things within his or her environment (Boss, 1999, 2010). The inability to understand oneself and loss feelings may lead to anxiety, depression, anxiety, guilt, or somatization (Boss, 1999, 2010; Gifford & Correa-Velez, 2011). According to McMichael et al. (2011), family members who are dealing these feelings often has challenges with returning to a normal life. The dilemma for many practitioners in ambiguous loss is learning how to help families cope and be supportive of them.

In the early work of ambiguous loss, Boss (2007) elaborated on the theory by proposing ideas for further research. Nine areas of research areas were presented, including measurements, operational definitions, levels, measures of validity, underlying framework, multi-methods, ambiguous gain in contrast to ambiguous loss, dialectical systems versus linear stages, ambiguous loss related to spirituality, and testing the theory with new populations.

**Families dealing with ambiguous loss.** Even though families deal with loss in different ways, they nevertheless share many common concerns (Boss, 1999, 2002). With ambiguous loss, family members ask themselves how they can deal with a loss and have closure when there is no physical body to lay to rest or morn. Families are often



troubled with the dilemma of making the decision to accept the loss. However there is always that slight chance that the person who is missing may return home or remarkably become cured from their affliction (Boss, 1999). This section of the literature review will examine the various methods of how families deal with and are influenced by ambiguous loss.

Boss and Couden (2002) stressed that therapeutic interventions are successful in helping families cope with ambiguous loss. Boss and Couden conducted a case study of a married couple, the husband experienced ambiguous loss due to his wife's physical illness. In this study, the family unit included a husband and wife who initially presented problems in their marriage related to the husband's "workaholic" behavior. In response to deeper probing by the therapist, the wife revealed that she had a diagnosis of Crohn's disease. The ramifications of this disease caused the husband to alternate between two different responses. At times, the husband seemed to believe and respond as if his wife was dying, but at other time, he reacted as if she was in good health. In short, the husband was dealing with an ambiguous loss. To help in resolving their issues, the couple underwent couples therapy that incorporated ambiguous loss-related approaches. According to the research, "using the lens of ambiguous loss, clinicians can ask new questions which enable the family to begin reconstructing their perceptions and find ways to master their situation in spite of the ambiguity from illness" (Boss & Couden, 2002, p. 1358). By using such a technique, the couple was able to resolve the true crisis by addressing surfacing issues that were not previously avoided. This was accomplished by proposing questions, including "How can you as a couple or family construct new ways

to be together, to have rituals and everyday interactions?” or “If my wife can no longer have sex, am I still married or not?” (Boss & Couden, 2002, p. 1358). Overall, this basic case study of a married couple supported the notion that closure should not be the final outcome, but engage in a more systematic process to be understanding what problems the family—in this particular case—the couple—dealing with a loss (Boss, 2002).

Another example that some families experience is that of divorce. Whenever there is a divorce, both parents and children may experience feelings of grief and loss. However, there is a wide range of emotional responses characterized by individuals affected by divorce. For example, a child could display mild symptoms compared to their parents, who may display more severe emotional symptoms (Afifi & Keith, 2004). This discrepancy in the reactions of family members could be partially due to the amount of ambiguity that is caused from dealing with a loss. A study by Afifi and Keith (2004), distinguished three types of ambiguous loss related to divorce. The three types are the following: (a) the loss of an ideal and conventional nuclear family unit, (b) the loss of a single-parent relationship, and (c) the loss of a noncustodial parent-child relationship. Regarding the loss of a conventional nuclear family unit, loss of ambiguity is apparent through feelings of atypicality within the current family which makes them believe that they no longer belong to the same family. Both children and parents often endure grief due to the ending of their family unit that they were originally accustomed to. On the other hand, the loss of single-parent bond may lead to confusion and feelings of resentment. In this study by Afifi and Keith (2004), the custodial parents stressed that children experienced difficulty with adapting to changes in the home environment when a stepparent was

introduced in the family. The last type of loss described in the study related to the loss of the relationship between the child and the parent without sole custody. The absence of the noncustodial parent caused ambiguity within the child. This ambiguity was caused by the lack of communication between the child and their noncustodial parent. In the absence of daily communication, these children often had to deal with feelings of animosity which created distance with the noncustodial parent.

**Coping with ambiguous loss.** There are several familial and individual factors that may help families cope with an ambiguous loss. Individuals who actually believed they have the ability to form a stable relationship with new additions to the family had better coping skills in dealing ambiguous loss. Moreover, Afifi and Keith (2004) reported that this ability of establishing grounded relationships along with increased tolerance for dealing with ambiguity may lead to a solution to reducing ambiguity on a long-term basis. In this case, ambiguity did not decrease based on ignoring the change in family dynamics, but rather the family member accepted the change (Boss, 1999).

The types of ambiguous loss can also be described as “good-bye without leaving” and “leaving without the good-bye” (Boss, 2007, p. 105). A study by Betz and Thorngren (2006) investigated these two explanations by documenting ambiguous loss of families through the use of narratives. Through their detailed accounts of loss, families found that the process of grieving process can actually be an opportunity for growth and acceptance. Storytelling actually became therapeutic for family members because they were able to transition from a state of feeling stuck by the loss (Boss & Couden, 2002). Storytelling techniques paired with concepts from the ambiguous loss theory forced the

family to reconnect with their loss and eventually encouraged them to create new perspectives about coping with loss. The risk of moving forward, although there is an uncertainty of how to move forward, can be very challenging among families (Betz & Thorngren, 2006).

In a study of military reserved families by Faber, Willerton, Clymer, MacDermid, and Weiss (2008), focused upon the implications that wartime has on the family unit, when the loss of ambiguity was due to being psychologically present but physically absent. Thirty-four reservists, spouses, and parents were interviewed seven times within one year. This scattered and continued interviewing process of the participants allowed the researchers to obtain a general sense of the patterns and trends in the responses and actions of the participants related to ambiguous loss. Throughout the interview process, it was observed that all families who participated in the study demonstrated ambiguous loss to some degree. In addition, it was determined that family members experienced high levels of ambiguity when military reservists came home from their mission. Upon return, family members experienced fear of continuous conflict and instability due to possible personality change of the military reservist. This fear was apparently grounded in an expectation that the personality of their returning reservist loved one may have been changed dramatically by their deployment, and thus be a completely different person from who they used to be. One of the interviewees in the study stated: “I think I was worried about us fighting, like with him just being different and he’s been like away from everything and everyone, and he won’t be as tolerable or something . . . will be moodier or something” (Faber et al., 2008, p. 225). This quotation gives affirmation of the

uncertainty that the loved ones left behind may be experiencing. Nevertheless, as the interviews continued, it was determined that ambiguity lessened over time, and families eventually returned to normalcy once a routine has been reestablished.

Since the recent advancements in technology, patients who suffer from a critical illness now have a higher survival rate than in previous decades (Kean, 2010). Kean's research on ambiguous loss explored the experiences of families with who has a loved one with critical illness and the perspective that health professionals had regarding families who experienced uncertainty. Kean's study made use of constructivist grounded theory, and consisted of interviews with family members who were affected by ambiguity of loss. Kean's study made use of constructivist grounded theory, and consisted of interviews with family members who were affected by ambiguity of loss. This study used anecdotal methods to understand an individual who is present in a physical manner but appears to be psychologically distant. The study also introduced a perspective known as mapping of the future, which can be a helpful strategy in dealing with ambiguous loss. Mapping the future encourages an individual to contemplate how proceed forward from the present to the future.

According to Patrick-Ott and Ladd (2010), investigating the various methods that have helped family members handle ambiguity, led to a study which examined the relationship between the concepts of chronic sorrow by Olshanky and ambiguous loss. Chronic sorrow is a feeling that is often associated with an individual diagnosed with a physical or cognitive impairment (Patrick-Ott & Ladd, 2010). Similar to therapeutic treatments in coping with ambiguous loss, the treatment of the individuals experiencing

chronic sorrow is learning to gain control within their recovery process rather than the primary focus of accepting the diagnosis. In this study, Patrick-Ott and Ladd (2010) studied the life span of a mother who has a child with severe disabilities, and the research found that concepts of ambiguous loss and chronic sorrow complimented each other. The research determined that ambiguous loss is based on a more ecological related approaches that address the demands and stressful events the families may endure, however the approach related to chronic sorrow gives a perspective of how individuals interrupts their own experiences, particularly experiences related to the disability or physical limitation.

**Children experiencing ambiguous loss.** Boss (1999) claimed that ambiguity may be a result of a child not knowing his or her biological parents. Studies further elaborated on this concept, stressing necessity for practitioners to understand the foster children's expression of ambiguous loss. Using the data from the semi-structured interviews and field notes, Lee and Whiting (2007) connected responses for twenty-three children residing in foster families to acknowledge of feelings related to ambiguous loss. For instance, many foster children described ambiguity in relocating from one home to another. One foster child stated, "You have to keep moving, and moving, and moving, until finally someone keeps you" (Lee & Whiting, 2007, p. 420).

According to Vargas (2008), children also suffer from ambiguous loss when migrating to a foreign country. When children migrate to a foreign country, they may become uncertain about how to behave and respond to new environments. For example, when their mother residing in their home country gives them instructions how to behave,

children may experience the uncertainty of whether or not to follow their mother's instructions or to the instructions of the society in which they are currently reside (McMichael et al., 2011). In this case, adolescents will often described this ambiguous loss as living the life of two people. This double existence consequently may lead loss of self-esteem and self-worth. Vargas (2008) described these types of feelings as cultural ambiguous loss.

The media can be a useful source in coping with ambiguous loss related to culture. Based on ethnographic data, a study by Vargas (2008) examined the media usages and customs from adolescents of Latino descent. These adolescents also were challenged by leaving their native countries and acculturating to a new culture. This study investigated four methods in which the media helped transnational Latina adolescents in the re-creation of cultural spaces that could result in decreased ambiguity. The reproduction of old rituals as an avenue of upholding a historical aspect of community was the first media approach described in the study. Since the media is easy accessibility, adolescents who migrated to a different country were able to stay connected to their own countries. For example, they were able to continue watching a telenovela program that they previously watched on a regular basis from their country of origin. A second advantage of the media is that it provided accessibility to media from foreign countries, which can give adolescents a link between their country of origin and their new environment. In addition, the media can be helpful in adolescents coping with ambiguous loss is through escape of life demands and experience a sense of belonging.

Furthermore, the media allowed for Latino adolescents to re-establish a connection with their own culture.

A study by Bocknek, Sanderson, and Britner (2009) investigated the implication of ambiguous loss of children who had a parent in prison. Children with incarcerated parents exhibited higher levels of posttraumatic stress than other children without incarcerated parents (Bocknek et al., 2009). Children experienced symptoms of hyper vigilance, psycho-somatization, and shame. Hyper vigilance was the most significant among children because it diminished the mobility of the child. Due to their fear of authority, especially a prison guard, one of the children who were interviewed in the study made attempts to avoid going to school.

A study conducted by Clark, Wartburton, and Tilse (2009) explored how sibling(s) were affected by a sibling who was missing. There is limited research of how siblings, who were left behind, deal with the ambiguous loss. The study incorporated direct statements from conversations to present a greater understanding of sibling relationships between the sibling who remained and the sibling who is missing. One sibling who previously mourned the loss of a parent stated, "I don't know. But the actual pain of it [brother going missing]. It was incredible. I just can't even explain . . . nothing compared to that. Nothing. Nothing" (Clark, Wartburton, & Tilse, 2009, p. 272).

Overall, the area of ambiguous loss is relatively concept within research. Research concerning to the experiences of family members dealing with an ambiguous is limited (Boss, 2002, 2007). There is even less research regarding how young children comprehend ambiguous loss (Clark, Warburton, & Tilse, 2009). The theory on



ambiguous loss is applicable to children and adolescents who have parents that are psychologically present and yet physically absent, aggravated by the fear of potential death or injury of a parent while on military deployment.

### **Attachment Theory**

Another theory relevant to the understanding of loss is described by the attachment theory. In a general sense, the concept of attachment relates the connections of an individual to others around them and to their environment (McMichael, Gifford, & Correa-Velez, 2011). Boss (2010) believed that attachment should be viewed from the context of connections that are lost and the burden that it puts on the individual who has to let it go. In a different study by Riggs and Riggs (2011), the notion of ambiguous loss was examined and associated with the resiliency and danger among families experiencing military deployment. This study investigated the reintegration of parents who were on military deployment. According to Riggs and Riggs (2011), the attachment bond between a child and the primary caregiver is created by looking at how families deal with loss and the reintegration of the deployed family member.

The attachment theory evolved from early studies addressing the bond between the mother and infant (Flannelly & Galek, 2010). According to studies by Hardy (2007), the primary caregiver, generally the biological mother, has a great impact on the infant within the early stages of life. The attachment theory suggest the infant is has a desire to form a close, loving, and dependent bond with the primary caregiver. Bowlby was responsible for creating the principle concepts of the attachment theory (Bretherton, 1992; Flannelly & Galek, 2010). The inspiration of the theory on attachment came from

the notion of imprinting in birds, which propose that birds form an attachment to their mothers very early in life (Flannelly & Galek, 2010). Bowlby postulated that the development of an infant may be contemplated through the relationship between the infant and the primary caregiver (Hardy, 2007). Attachment related concepts created new foundations in developmental psychology due to the ideas that an individual's current and future relationships with others can be determined by looking at one's early years of (Hardy, 2007).

**Types of attachment.** According to the attachment theory, there are four types of attachment including secure, avoidant, resistant-ambivalent, and disorganized-disoriented (Hardy, 2007). Typically, a secure type of infant would typically protest to the separation from their primary caregiver and would demonstrate behaviors to help regaining the previous bond. Infants who are classified with an avoidant type would not acknowledge nor respond to the separation from their caregiver. Also, the infant with avoidant type may dismiss any efforts of regaining closeness by the caregiver (Flannelly & Galek, 2010).

Conversely, the resistant-ambivalent type of infant displays more of a fixation towards the primary caregiver who is either sought for assurance or rejected. The final type of attachment, disorganized, is generally exhibited in infants who have endured unfair treatment or abuse within the early moments of life, which results in behaviors that can be both making attempts to seek the affection of the primary caregiver and rejecting the affections of the primary caregiver. Hardy (2007) believed that the disorganized type is highly linked with mental health conditions and psychopathologies.

Caregivers with either insecure or secure types of attachments can have a great influence on the development on the infant. In study by Connors (2011), the behaviors and personalities of mothers that created a secure or insecure attachment of the child was examined. The study identified three behavioral characteristics of mothers with an insecure type of attachment. In the first example, the inconsistency and insensitivity of the mother led to an insecure attachment bond between infant and mother. In this case, the mother displayed intermittent affection towards the infant. The second behavior characteristic was that of mothers who routinely declined the affections from their infants and avoided establishing a close physical relationship. These mothers moved away from their infants whenever the infant exhibited signs of anxiety and distress. The final type of behaviors observed in the study was mothers who behaved in a distressing and disciplinary manner, which had a strong effect on their infants. These mothers did not provide any type of comfort or decrease distress within the infants. Connors stressed the significant of the mothers' actions and attitude towards the infant. Connors stated that:

The infant or child actively organizes information concerning the attachment figure's availability and regulates his or her behaviors accordingly in order optimize security. Whereas securely attached infants are able to use an attachment figure to help them modulate distress, insecurely attached infants must find ways to regulate affect in the absence of a secure bond to a sensitive other. (Connors, 2011, p. 351)

Overall, this section on attachment theory conceptualizes the relations between military deployment and relocation stress, and demonstrates the possible repercussions of

impaired attachment. The theory can support the perceptions of teachers and help them come up with a set of practical recommendations for clinicians or counselors to help children (as well as the whole family) cope effectively and negotiate the developmental problems linked with sustaining healthy attachment and family stability in the context of military deployment.

**Using the attachment theory as a diagnostic method.** One of the early research studies that incorporated the theory of attachment with psychotherapeutic perspectives was a study that investigated a child's view image of God. Moriarty et al. (2007) believed that a child's perception of God is shaped by their experience with their primary caregiver. Moriarty et al. (2007) identified three types of models that depicted a child's image of God. Those three models were compensation, correspondence, and complex models. Within the correspondence model, children's image of God can be best depicted as an image of God was very similar to an attachment figure from their early years of life. Conversely, children who were under the compensation model, portrayed God as an idealistic image, which was an alternative that was different from their primary caregiver. Lastly, the complexity model was an integration of these two models to provide an understanding of how an individual views the appearance of God. According to Moriarty et al. (2007), the integration of the attachment theory with mental health can help therapist and mental health professionals in creating a better way of forming a bond with clients through their perceptions of God, especially with clients with anxious and ambivalent types of attachments.

A few studies applied the attachment theory to the treatment of dual diagnosed patients (Sawicka, Osuchowska, Waniek, Kosznik, & Meder, 2009). Gaining an understanding of a patient's attachment type can help the therapist to gain more willingness and acceptance in treatment. Sawicka et al. (2009) described dual diagnosis as a psychiatric disorder with concurrent dependence on substances. It was reported that it is often challenging for mental health professionals and therapists to get compliance from individuals who are dually diagnosed. The participants in this case study were analyzed using the theory of attachment. The case study found that the patient lacked a secure relationship within his early years of childhood, which resulted in marital discord later in life. By integrating the theory of attachment into therapeutic practices, the therapist was able to create a solution to the difficulty of dealing with two separate diagnoses. The approach of the therapist in working with this individual was to build upon the patient's image of God in order to create a healthy attachment (Moriarty et al., 2007). This approach proved to be effective, for the patient was able to perceive themselves in a very different situation than they had before—a situation in which the patient was able to perceive themselves as having a measure of control. This newfound sense of control over their lives helped patients reflect on old relationships and helped them consider reconnecting with them. This type of new relationship helped patients build more secured feelings about themselves, which eventually led to better recovery.

According to the study by Tasca, Ritchie, and Balfour (2011), attachment theory can be applied to the research on eating disorders in general and functions of individuals with diverse attachment types in particular. With reference to specific functions, it is

possible to determine the most effective treatment for individuals with eating disorders. For example, individuals belong to the attachment security type, are at low risk of developing eating disorders because they capable of regulating the adverse effects of stressful situations and are not easily intimidated. Thus, they are not likely to exhibit such behaviors as self-blame or self-criticism, which are frequently regarded as factors contributing the development of eating disorders. Similarly, individuals belonging to the secure attachment type are characterized as consistent and organized. In the study conducted by Tasca, Ritchie, and Balfour (2011), people of secure attachment style have the capacity to understand and control their feelings and reactions. Finally, individuals with avoidance attachment type are at the highest risk for developing eating disorders because they view the world as a dangerous place and tend not to trust people. Due to low self-regulatory skills, individuals with avoidance attachment type are disconnected from their prior experiences. This application of this theory of the different types of attachment functioning allowed the therapists to treat eating disorders in a way that was targeted to the specific needs of the individual. By bringing together the research on eating disorders and attachment types, it is possible to design more effective treatments for patients with eating disorders and, thus, generate more positive outcomes. For instance, high attachment anxiety is directly related with the ineffective results achieved through administration of cognitive behavioral therapies. Furthermore, high avoidance level in patients with eating disorders may lead to high dropouts from therapy and treatment. Thus, the significance of the attachment type theory should not be underestimated due to its apparent contribution to clinical practice and treatment. While

numerous studies have been done on this issue, current literature still has a gap in knowledge on practical application of the theory related to addressing how children and families can cope effectively with the developmental problems associated with sustaining healthy attachment and family stability when faced with the issue of military deployment. In response to this dilemma, Prenn (2011) used a method called Accelerated Experiential-Dynamic Psychotherapy (AEDP) to connect practice and theory. AEDP presented a view linking the psychodynamic theory with experimental interventions. In relationship to the attachment theory and therapist, Prenn (2011) stated that “an attachment therapist is emotionally engaged, is affectively competent and confident and self-discloses affect and personal history in the service of the patient” (p. 311). Therefore, the Accelerated Experiential-Dynamic Psychotherapy method is helpful because interventions extend beyond the mere self-disclosure by patients. On the contrary, this method is focused on helping patients understand their feelings and reactions to self-disclosure. This type of intervention provided an opportunity for the patient and the therapist to interact in communication that places them into alignment. Such alignment enabled them to work through problems at the same time having the opportunity to reflect on experiences. Larsson (2012) emphasized that the understanding of how to practically apply attachment theory to treating patients may empower counselors with knowledge on conceptual frameworks, effective interventions, and therapeutic effects on patients.

Additionally, the concept of attachment theory has been extended to examine interactions within the workplace (Adshead, 2010; Meredith, 2009). For example, Meredith (2009) applied the attachment theory within the context of occupational

therapy. An examination of such literature may show how children of military parents could possibly be affected when they enter the workplace. Meredith (2009) demonstrated the potential value of the theory of attachment in several situations in which attachment-related needs were present in the work environment—especially for use in an occupational therapy context. In addition, several types of attachment were utilized within this research to provide an understanding of work-related behaviors. Meredith reported that attachment anxiety may lead to a higher level of reported stress in the work place. Furthermore, it was determined that both avoidant and anxious attachment types was correlated with a lower level of support and approval from their supervisors or employers. Meredith believed that the attachment theory provides a developmentally sound theoretical foundation for empirical studies in a broad area of occupational therapy applications and professional frameworks.

**Attachment theory and deployed mothers.** It is possible to theorize that children experience the effect of military deployment in ways similar to how attachment theory describes responses to loss, separation, and absence of attachment figures. This particular theory has principally evolved through the study of periodic separations that are experienced by individuals, with those related to the armed services in particular having such practices inherent to the military profession. While there is much existing literature regarding military deployment that discussed the absence of the father figure from the home environment, little research has been conducted regarding deployed women and mothers. Within the Naval branch of the armed services, approximately 13% of all active duty personnel are women (Kelley et al., 2001). One of the major



requirements for the establishment of a positive and secure mother-child attachment relationship is the ongoing availability of a warm and, moreover, responsive caregiver (Kelley et al., 2001). Given the nurturing role, the attachment of the child to the mother is likewise often assumed to be stronger than to the father, and if so, this indicates the importance of further exploration of this subject.

Within the normal family environment, it is generally the role of the mother to be the attachment figure. This a position defined as being sensitive, available, and responsive to the child and to provide comfort and safety in times of stress and danger. As a result of active deployment, the mother is unable to fulfill this role, possibly giving rise to the type complications predicted by and warned against by attachment theory. During a period of deployment, mothers are unable to serve their role as the primary attachment figure. It is important to note that the younger the child is, the greater the proportion of their life is consumed by the period of separation. Given this, even short periods of separation due to deployment may result in the negative developments often spoken of by attachment theory. Various studies have shown that very young children who have experienced an extended period of separation from their mothers may experience withdrawal, anxiety, and depression (Kelley et al., 2001). The exact amount of influence of the various stages of a child's development upon the manifestation of these symptoms remains to be studied, offering researchers an obvious area in need of further investigation. Nonetheless, it such research as has been conducted already suggests the impact of a mother having been deployed may be somewhat more influential than that of having a deployed father. Although such a generalization cannot be applied

to all cases, this difference is probably due to the unique role of the mother within the family.

### **Literature Related to Variables: Impact of Military Deployment**

The various means by which deployment of parents might affect the child are extremely numerous. Given the influence of deployment both during and following the time of active service, the study of the impact upon the child is of considerable importance. An investigation of the variables which influence how children respond to deployment would therefore also seem to be of great importance. In a recent study, Barker and Berry (2009) revealed that behavior and emotional problems that manifest within children may vary widely in response to both individual as well as family dynamics. Identifying and gaining an understanding of the variables that relates to the manifestation of behavioral and emotional issues in the children of deployed parents may thus be a crucial element in providing treatment and how to prevent the onset of such issues.

The characteristics that may influence the manifestation of behavior and emotional problems in the children of deployed parents are probably quite numerous, diverse, and may interact in complex ways. The age of the child, as well as their general temperament, probably weighs significantly upon this issue. In addition to these factors, the length of deployment of the parent also probably affects the severity of whatever symptoms eventually develop. In addition to this, the sheer number of relocations experienced by a military family during the childhood of each specific individual

probably exerts a considerable influence upon how the deployment ultimately affects each child.

### **Parental Absence and the Effect of Military Deployment Upon Children**

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 (2012), 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. Andres and Moelker (2011) identified emotional indicators among each stage of military deployment.

In general, behavior problems are reported in the large number of cases when difficulties with children occur in the period when their parents are deployed. This period is also marked with anxiety and depression for children whose parents are deployed contrasted to those whose parents are redeployed (Andres & Moelker, 2011; Baker & Berry, 2009). Increased number of clinical visits and behavioral disorders as well as stress disorders was reported by Verdelli et al. (2011). Strong evidence was provided concerning the fact that children of deployed parents have significantly more difficulties in school. In addition, perception by society, including other children and educators, is a typical problem for such children (Phelps, Lyons, & Dunham, 2010; Sheppard, Malatras, & Israel, 2010).

Deployed parents can be an uncomfortable issue to ask children about; children whose parents are deployed were reported to experience uneasiness. At the same time, parents may not say good-bye to their children and leave for deployment—this usually refers to the predeployment period when service members know about their deployment (DeVoe & Ross, 2012). This is apparently motivated by the belief that saying good-bye in person will be traumatic to the children, and a wish to spare the children from such

distress. However, the researchers note that this procedure can be one of the reasons to experiencing anxiety about the location of their parents when the latter are deployed. Besides, many children fear of the predeployment period when their parents may leave them without warning them and other unpredictable times. Negative socio-emotional and behavioral outcomes are reported to be typical of the deployment phase as well as poor academic progress (DeVoe & Ross, 2012).

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 56 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.

Higher level of internalization of children's behavior was proven for the former category of children. Relatively 12% of children whose mothers were Navy-deployed exhibited internalizing behavior, while the rate for Navy children whose mother was not deployed was only 3%. The results of this study by Kelly et al. (2001) clearly demonstrate the interrelation between deployment and children's behavior. Mental health workers, medical professionals, and educators should be particularly attentive to deployed mothers and signs of such difficulties among children as suggested in the study by Kelley et al (2001). The further study is needed regarding the internalization of children's behavior with parents deployed to analyze and implement measures for preventing and treating such behavioral and socio-emotional disorders.

## **Effects of Military Deployment on Service Members**

When service members are involved into the phase of predeployment, they may experience stress and tension, causing the conflict with other service members. This happens due to the contradictions typical of all parents that leave their children without attention (DeVoe & Ross, 2012). Another problem that bothers service members is the responsibility of their partner that takes care of children. As stated in the study by Andres and Moelker (2011), it is problematic for deployed parents to tell children about the reasons for departing. DeVoe and Ross (2012) analyze the welfare and safety as issues about which service members think along with thoughts about their children in the period of predeployment. Lack of support from a partner that stays at home is another stressor to service members, influencing the level of stress and the length of marriage (Card et al., 2011; Verdelli et al., 2011).

Uncertainty and anxiety relate to the post deployment phase. According to DeVoe and Ross, (2012), the post deployment phase often gives rise to uncertainty related to the return and expected feelings of the family members concerning the return of the redeployed parent. A stressful expectation of the deployment of a spouse is another stressor that can influence the relations in the family and reaction of the spouse to the deployment. Spouses should agree on how to tell children about deployment and how to say good-bye (Andres & Moelker, 2011). While raising children in such conditions spouses who will be staying in an altered situation while managing the household expenses and daily tasks (DeVoe & Ross, 2012). During the deployment phase, spouses demand more time from each other and more support and eagerness to help.

Various concerns increase when it comes to relations between a service member and a pregnant wife that stays at home. Challenges of delivering a baby and becoming a parent alone are faced by spouses of service members. Partners experience a feeling that the deployment prevents them from living normal lives (Andres & Moelker, 2011). Besides, deployment phase tends to put stress on family members (Card et al., 2011; DeVoe & Ross, 2012). Some studies contain evidence of the parents at home being distressed and focusing on the financial, parenting, and other responsibilities that are to be born by a partner staying at home alone. Ineffective parenting can be the result of health issues of a partner staying at home. As reported in the study by Card et al. (2011), an older child may perform duties of a parent by means of taking care of younger siblings due to stress experienced by a parent. Responsibilities on the household are divided by spouses in the post deployment phase being intertwined with the reconnection and attachment problems.

### **Effects of Military Deployment on the Parent Left Behind**

Families, where one of the spouses leaves for military deployment, the level of stress is likely to be high. The first issue to be considered in predeployment period is the way how to tell their children about the departure of one of the parents. As noted by Andres and Moelker (2011), such information may be stressful for parents and children alike. In addition, parents need to understand how to continue raising their children in an altered situation while managing the household expenses and mundane daily tasks, as emphasized by DeVos and Ross (2012). A parent who remains at home has to deal with one more stress-causing factor, namely the worry about the safety and life of a deployed



spouse. DeVos and Ross (2012) suggested that during this phase of predeployment, spouses tend to become more demanding in terms of time and yet help their partners to be get thoroughly prepared for the deployment. Such worries are particularly devastating for pregnant women, who realize they will deliver a baby without physical presence and support of their husbands. Thus, they will undergo the challenges and problems of being a single parent for a while. Andres and Moelker (2011) noted that spouses who are left at home tend to develop an understanding that military life has become deeply embedded in their civilian life. Card et al. (2011) summarized that a partner who is left at home after deployment of a spouse is at risk of having the feeling of distress associated with the deployment due to the increased pressure caused by the necessity to deal with all responsibilities, including financial and parenting, without support. As stress accumulates, it may have negative effects on health of parents at home, eventually leading to ineffective parenting practices and dysfunctional interaction between parents and children. It is not uncommon when an older child assumes the responsibility for younger siblings in a situation where a parent at home undergoes through stressful situation (Card et al., 2011). Similarly, in the post deployment period, stress continues accumulating as partners need to divide the responsibilities and reconnect as a family.

Some children analyzed in the course of the research will still experience emotional, psychological, behavioral stress when exposed to long periods, though being resilient. A study by Harrison and Vannest (2008) focused on educators and their role in children's behavior. As such, "educator's awareness of the factors impacting the adjustment and resiliency of deployed reservists' children, their unique needs, and

academic, emotional, and behavioral supports can ensure these children's educational success" (Harrison & Vannest, 2008, p. 17).

The activities listed in Table 1 are activities that educators can in supporting military children and their families. The activities are divided into three categories: (a) parent-based support; (b) teacher-based support; and (c) student based support. The activities used for children's support include different types of interactions between parents, teachers, and children.

Each of these types of support fills a specific need. The support type that focuses on an educator or teacher is aimed at explaining the feelings experienced by children left by one of the deployed parents. Teachers receive instructions on how to encourage communication with such children and help families regain their positive emotions toward each other by means of gaining trust and ensuring stability. The next type of the interactions and supporting activities concerns students. As a rule, children need some instructions or tools that would guide them in difficult situations faced due to perception of the deployed parent. Getting rid of the isolation feeling and getting the right motivation not to stick to the problems, but solve them.

Support is important for children and parents. The support activities aimed at parents are aimed at teaching them how to interact with their children without pushing them too hard or elevating anxiety. In fact, the support is aimed at giving instructions to children, teachers, and parents helping all three categories in managing their anxiety and

Table 1

*Educational Programs and Activities for Teachers, Students, and Parents*

Teachers	Students	Parents
Inform teachers the phases of military deployment	Provide small groups that provide opportunities for validation of student feelings	Give parents referrals to community agencies, counseling, financial help, and respite care
Training on referring students to mental health services	Teach students coping skills and anger management	Teach parents stress-reduction techniques
Provide teachers with information on military deployment	Teach students strategies on improving interpersonal relationships	Teach life skills strategies and learning how to adjust to transitions
Implement in-service on active listening skills and dealing with grief	Provide a peer buddy program with students from schools who has a deployed parent	Provide parenting workshops
Teach communication skills based on mutual respect of students	Teach students appropriate ways of expressing desires, feelings, needs, and fears	Assist parents in locating military support groups
Teach consistent classroom management	Provide peer tutors and study skills groups	Teach parents coping skills and new problem solving strategies

fears. Besides, being able to manage a child's anxiety, parents would learn more about what children experience and learn how to cope with their behavioral disorders.

Providing children with necessary information on deployment can be very effective in coping with all other problems a child may encounter.

Filial therapy has also been found to be an effective approach to helping military parents and their children to overcome emotional stress caused by separation. Filial therapy is applicable to children aged between three and ten, as it is a type of a play-based theory (Chawla & Solinas, 2011). According to research, filial therapy can be particularly effective in supporting young children who have not acquired advanced communication skills as play format allows children express themselves in other than verbal means. "Through filial therapy, military parents can develop a range of skills to help their child adjust to the uncertainty, loss of boundaries and control, and increased stress that characterize multiple separations and deployments" (Chawla & Solinas, 2011, p. 186).

### **The FOCUS Foundation: Families Overcoming Under Stress**

In addition to therapeutic interventions, military families have an opportunity to rely on assistance tools offered by the Families Overcoming Under Stress (FOCUS) foundation. This foundation was established with the goal to help families dealing with such issues as childhood anxiety, psychological (emotional) distress, and marital discord. The support provided by the foundation is based on family narrative approach, while the style for helping families is largely customized to the unique challenges faced by each

family. Particular attention is paid to emotional regulation skills and problem solving. In addition, foundation deals with psychological education, family communication skills, and many other issues that effects the normal functioning of a family (Lester et al., 2011). The approach utilized by the FOCUS is evidence-based, which makes it highly reliable. According to Lester et al. (2011), FOCUS program is effective in providing informed preventative plans for military families. A typical session at FOCUS includes a number of elements, including introduction to the program for parents, mapping of timeline narratives, understanding emotions of children and drafting a narrative map for a child. Further, sessions deal with developing and carrying out family narratives. A recent study by Lester et al. (2012), which was done to validate the effectiveness of the FOCUS sessions, unveiled that family members who have completed the sessions were largely satisfied with results. In particular, children were reported to experience a decrease in the psychological difficulties they encountered and showed significant improvements in pro-social behaviors. Thus, it is reasonable to assume that the FOCUS program equips military families with the tools necessary to increase their resiliency. Finally, it is important to mention that the FOCUS training sessions capitalize on family strengths and contribute to the strengthening of a family bond.

#### **Literature Related to Methods: Effects of Parental Absence**

Empirical evidence on the impact of parental absence on children is rather scarce. The previous studies mostly focused on comparison of coping structures between families who have encountered deployment and those that have not (Asbury & Martin, 2012; Barker & Berry, 2009). Other studies focused on the effects that a temporary

absences has on children when the father is on military deployment (Andres & Moelker, 2011). However, no studies have investigated how having deployed fathers affects children's behavior in school. It is this topic which the current study seeks to address. The research by Andres and Moelker (2011), for example, attempted to determine the effects of deployed fathers, also regarded as temporary fathers, on children. However, no studies have investigated the impact of deployed fathers on children's behavior in school. It is this topic that the current study seeks to address. Barker and Berry (2009) focused on identifying and understanding the influence of father's deployments on children. The study was focused on families at two different time periods. The 57 subjects who participated in the survey all had at least one child and at least one family member who were deployed at an installation in the Midwestern area. In the study, several family members were surveyed approximately three months prior to deployment in order to have a better understanding of the anticipation cycle of military deployment. This data was also helping in understanding children's behaviors when parents are not on deployment. A total of 57 families participated in the study. Each participant had at least one child, while at least one member of the family was deployed at a Midwestern installation. The study has been carried out over the period of three months prior to deployment. The pre-deployment research allowed gathering data about the behaviors of children, whose parents have not been deployed yet.

A study by Phelps, Lyon, and Dunham (2010) was of a similar nature, focusing on the potential effects of parental deployment on student achievement. The survey was administered on 283 students from 4th and 5th grades; however, only 137 of them were

included into the study for further analysis. This inclusion criterion was based on the fact that children who grow up in military families tend to be transferred to different areas rather frequently, while the study required participants to have parents on active duty. Further, study participants were divided into two groups: deployed and non-deployed samples. The findings were analyzed in terms of TerraNova scores and t-test comparisons for both samples. The primary limitation of this study is improper definition of deployed and non-deployed categories. In particular, the study did not account for the difference in terms of previous experience of a student with deployment in the recent or distant past. This limitation is important because the impact of deployment may not be limited to the period of actual deployment, but rather tends to extend to a very lengthy period following deployment (Afifi & Keith, 2004; Riggs & Riggs, 2011). It is even possible that the circumstances and factors surrounding and following reintegration of the parent may have a greater effect than the deployment itself.

A more recent study by Asbury and Martin (2012) was carried with the purpose of assessing the impact of deployment on family functioning. Researchers compared two samples (military and civilian spouses) with regard to the level of depression and anxiety they were experiencing. The study was based on an online survey and results were obtained from married college students at two military bases in the United States. A total of 121 students participated in the study. Information was gathered from both civilian and military spouses for comparative purposes. However, there was a problem in the way in which the data was gathered. The online approach was problematic for a study that had as its main objective the comparison of depression and anxiety levels between

different samples. To serve the purpose of this investigation more effectively, face-to-face interviews could be more suitable for obtaining information on anxiety and depression. The benefit of face to face interaction would have been the advantage of using facial cues, voice tone, and other aspects of verbal communication that could more accurately gauge the level of depression and anxiety of the participants. Another weakness of this study was the exclusive focus on husbands and wives, while children were excluded from the investigation. It would be valuable for the research about stress upon families to have received at least some input about the children or even from the children directly.

In contrast, a study by Andres and Moelker (2011) did attempt to evaluate the impact of deployment on the children. The aim of this study was to investigate the issue of the father-child separation. The study made use of longitudinal analysis of 911 military couples who anticipated deployment. Participants were asked to answer a survey that was sent via mail to them on three separate occasions spread out over several years. By the time the third survey was taken, only 635 of the participants remained. Andres and Moelker performed regression analyses on the useable data to determine if children would respond well and adapt to the deployment of their father. The most limiting aspect of the study was that the responses of the children were drawn only from the parent's reports. While there is no doubt that parents are conscious of the emotional states and behavior of their children, it is also probable that the reports of parents are biased.



### **Effects of Military Deployment on Children's Psycho-Social Development**

The experience of a parent being deployed to an active combat zone may be categorized as one of the most stressful events experienced during childhood (Lincoln, Swift, & Shorteno-Fraser, 2008). Much of what children and adolescents experience and comprehend is based on their developmental level or mental age. Children of different ages are likely to have a different understanding of and response to separation from a military parent. Young children may become more aggressive and demanding, cry for attention, and demonstrate an increase in bed-wetting. School-age children are often aware of the threats associated with war and the potential impact on a loved one's safety. Depending upon their age, children may exhibit varying levels of understanding of and different responses to the separation from their deployed parent (Lincoln et al., 2008).

Erickson (1950) stated that the psycho-social crisis within pre-school children (3 to 6 years of age) is the manifestation of the initiative versus guilt phase. During this particular period, children develop a sense of purpose and also begin to learn to initiate their own activities (Fitzsimons & Krause-Parello, 2009). During this period, should the crisis not come to a resolution, the child may experience a sense of inadequacy and also guilt, which are largely negative developments (Fitzsimons & Krause-Parello, 2009). When experiencing separation and the stress associated with it, preschool children have been noted as responding by regressing to behaviors they had exhibited at earlier stages in life (Lincoln et al., 2008). When children are coping with parental deployment, they may likewise regress in their cognitive development and psycho-motor skills, with this being realized through difficulty with toilet training, refusing to sleep alone, and also the

appearance of being emotionally attached (Fitzsimons & Krause-Parello, 2009). Children of deployed parents may likewise experience both irritability and depression (Pincus et al., 2007). It has been noted that young children in particular may increase their level of aggression and also attention-seeking behavior (Lincoln et al., 2008). This issue is further exacerbated by the poor attention span and difficulties in school that are common characteristics for children of this age, even those whose parents are not deployed (Pincus et al., 2005). As such, children of deployed parents may suffer from anxiety with the possible dangers their parents are facing, besides suffering from ambiguity loss, all of which may affect their school behaviors.

### **Internalization Among Military Children**

In the situation of parental deployment, whether one or both parents are deployed, the child is subject to a wide range of issues and anxieties. Wadsworth (2010) considered the issue of anxiety as being second only to problems with attachment regarding the issues faced by children, particularly those within military households. Wadsworth explained that the school-aged children of military parents often manifest this anxiety through a substantial difficulty with emotional regulation, in particular regarding their anxiety towards the deployed parent. It was described clearly, stating “children and adolescents . . . show increased sadness or tearfulness, increased anxiety, higher stress levels, increased behavioral problems, feelings of uncertainty or loss,” in addition to other academic problems that may be related to these issues” (MacDermid, 2010, p. 153). It is a natural development of separation that the duration in time the parent was deployed would, in turn, be impactful as to the degree and severity of the symptoms of anxiety.

It is heartening to learn that the military has not ignored these problems of anxiety that children whose parents are actively deployed experience. MacDermid (2010) showed how military social services have implemented programs designed to increase the level of resilience that children of active-duty soldiers can tap during periods of strong stress and anxiety. This program, called FOCUS, stresses “psychological resiliency . . . based on both learning and practicing skills that can maintain family resiliency,” such as the proper regulation of emotion, more effective communication, better problem-solving skills, and setting of achievable goals (MacDermid, 2010, p. 157). The program acknowledges the intense difficulty associated with the absent parent and seeks to establish a stronger sense of continuity of family meaning in the mind of the child. That is, this program attempts to mitigate the anxiety of children of active-duty military through providing them with many of the skills that their parents would provide if present while emphasizing the continuous nature of their family structure. This program emphasizes that the family itself is larger than the sum of its parts.

In addition to anxiety, as described by Pavlicin, (2007), children whose parents are deployed to war zones must also contend with depression. As with all cases of childhood depression, it is often very difficult to determine when a child is depressed, as children are often insufficiently self-aware, and parents are often insufficiently observant, to make such a determination. Also, according to Speziale et al. (2007), depression, as a result of a fractured family structure and the intense anxiety related to having a parent on active-duty deployment, is often a catalyst for depression and depressed symptoms on the part of the military child. As described by Turner (2005), children will inevitably face

the same fears and concerns, particularly regarding their parents' deployment to a war zone, but their depression is often overlooked as a stage of childhood development, rather than as a complex symptom.

Turner (2005) explained that much of the depression on the part of the military child can be traced to the perception of an increased level of responsibility for the household, as the departing parent will sometimes ask the child to 'take care' of the remaining parent during their absence. Despite the innocuous nature of the request, Turner (2005) explained that this can often present an overwhelming proposition, and the perceived inability of the military child to comply with the request can often lead to depressed symptoms and behavior. In addition, if the parent who remains is sad over the absence of their loved one, the child, who took the departing parent's request very seriously, will feel that they have failed to 'take care' of the remaining parent if this parent is depressed or sad themselves (Firth et al., 2004). Along with these various causes of depression, Beck and Alford (2009) outlined several clear signs of childhood depression, including crying, aggression, anger, a lack of appetite, decline in school work, lack of sleep, or a lack of interest in usual hobbies or activities. The only difference between depression among military children and ordinary childhood depression is the particulars of the cause. When diagnosing depression, it is important to take developmental issues into account as an integral part of assessing depression in children (Carr, 2008).

As described by Tanielian (2008), while depression and anxiety may form the great bulk of the problems faced by children whose parents are active-duty military,

several other factors contribute to the overall picture of mental health issues among military children. In addition to depression and anxiety, children whose parents are deployed to war zones may also exhibit somatizing symptoms (Tanielian, 2008).

According to Servan-Schreiber et al. (2000), the phenomenon of somatization can be best described as the physical manifestation of psychological conditions or stress. For these patients, otherwise inexplicable physical pain and discomfort is found to be directly connected to life stressors. Particularly among children, Elzouki et al. (2011) described how these unexplained medical complaints could lead to a great deal of difficulty and cost to parents, and strain on medical caregivers who are unable to determine the cause of the child's various complaints. This author explained that these conditions can run a wide range:

from headache, lightheadedness or low back pain in the context of, for example, a divorce, new family member or new job, [and] at the high end, it includes unrelenting problems that can leave patients completely disabled and withdrawn from most aspects of personal and occupational functioning. (Servan-Schreiber et al., 2000, p. 1075)

As Hall (2008) explained, children experiencing the unique stressors of an absent military parent may experience these phantom symptoms in an acute manner. It is the responsibility of the parent, as well as teachers and caregivers, to determine whether the student is exhibiting the pains and difficulties of which they are complaining, or whether they are simply manifestations of their anxiety, depression, and lack of attachment, albeit in a physical manner.

Support for the development of childhood behavioral and somatic problems during father-separation emerged from a survey of approximately 500 active-duty military families served by a pediatric clinic at an Army hospital in Georgia (Yeatman, 1981). Results showed that at least one child in 66% of the families experienced behavior or medical problems during separation (Applewhite & Mays, 1996). A report by Garland (1990) discovered that some children of soldiers involved in Operation Just Cause in Panama manifested somatic complaints, sleep disturbance, and feelings of insecurity.

Finally, it is important to consider symptoms of externalization among children in military families. As described by Crenshaw and Mordock (2005), externalization is manifested in strong and often violent behavior on the part of children who have few if any other outlets with which to vent their anxiety or to mitigate their depressed symptoms. This author explained that externalization itself, in children, represents “a way of dealing with unacceptable parts of the self,” and can be considered an ordinary defensive process of dealing with the “dissonant, unacceptable” extremes of their own depression and anxiety (Crenshaw & Mordock, 2005, p. 161). In this way, it is important for adults, teachers, and caregivers to recognize situations in which young children of military families, particularly those whose parents are currently on active deployment, may be acting out as a result of their own stress and inability to regulate their own emotional states (Mash & Wolfe, 2008). In this situation, it becomes necessary to treat the child as victim, even when they may be acting as perpetrator of violence or aggression against peers or siblings. By understanding the unique stressors faced by

children whose parents are active-duty military, the observer, teacher, and remaining parent may more easily understand the root cause of such destructive behavior among children who use externalization as an outlet for their own depression, stress, and anxiety (Harter, 2001).

When seeking to understand the impact of deployment upon the children of parents in the armed forces, it is necessary to likewise understand the predominant means of measuring the presence of internalizing problems within middle childhood. Kushner, Tackett, and Bagboy (2012) assessed the value of three particular models. The first of these is the unitary factor model. They also advanced two two-factor models: one takes into account the DSM-IV Anxiety/Depression distinction, and the other corresponds to the Fear/Distress distinction that is observed within structural studies of adult psychopathology. When considering these methods, it is important to note that the predominant model of internalizing problems is codified in the DSM-IV and that this codification clearly separates anxiety and depression into distinct classes of disorders. The way in which these symptoms are studied is in line with the methods employed within the consideration of Navy mothers herein. They are often examined by providing both the youth and parents with questionnaires through which to report internalizing symptoms. Despite the clear distinctions between depression and anxiety, there is a high comorbidity rate as well as high correlations between the two (Kushner et al., 2012). In seeking to measure anxiety, depression, and somatization symptoms in the children of deployed parents or children in general, it is important to gather sizeable and diverse information while at the same time understanding that while depression and anxiety may

appear at times similar, they are nonetheless distinct and should therefore be measured separately.

Personality dimensions also have the capacity of uniquely influencing the results. Personality dimensions would be of influence in predicting the anxiety/fear and depression/distress disorders. The results of the study would ultimately indicate that “personality correlates differentiate childhood psychopathology structure before it is manifest at the symptom level” (Kushner et al., 2012, p. 34). When seeking to measure the symptoms of deployment upon children, it is important to employ varying models and to likewise take into account personality differences, in that each individual experiences the separation based upon their personal characteristics; however, through cross-analysis, universal characteristics may be identified.

### **Prevention, Treatment, and Intervention**

As indicated herein, there are significant psychological problems that may come about due to the issue of parental absence as a result of military service. Due to this, the potential of children internalizing various issues is significantly increased, necessitating a solution. A consideration of the existing literature on the issue of children’s internalization of problems largely points towards a lack of a universal intervention strategy. However, it would be confirmed that “therapeutic intervention” was ultimately more effective than “no intervention.” Furthermore, cognitive-behavioral therapy would prove to be superior to non-behavioral therapies. In fact, cognitive-behavioral therapy has been proven through recent research to be effective in treating a broad range of conditions associated with the internalization of problems, including generalized anxiety



disorders and also depressive disorders (Siu, 2007). Given the central nature of these disorders to the common means of problem internalization within the youth of deployed servicemen and women, the use of these methods has significant potential.

Depression and anxiety are strongly associated with the deployment of parents, as the distance and uncertainty can weigh heavily upon the child. A study conducted to examine the efficacy of cognitive behavioral therapy (CBT) within grade-school children would likewise prove the usefulness of CBT to treat depression and also anxiety. Forty-eight elementary school children that had exhibited clinical levels of depressive symptoms were considered and included within the confines of the study. Of this group, sixteen of the participants were administered an eight-session cognitive behavioral therapy program while the control conversely received no treatment whatsoever. The treatment group of children exhibited “significant symptom remission, about twice the reduction in depression cores as the control group” (Siu, 2007, p. 12). The longevity of the treatment was underlined by the fact that nine months later, during the follow-up to the study, of the 60% of the children that participated, all exhibited that the gains they had realized from the treatment were still present (Siu, 2007). This approach was quite strong given the lasting impact of its results, with weaknesses seemingly lacking given the solid and successful application. These findings are glaringly positive regarding the use of cognitive-behavioral therapy as a means of treating existing conditions and intervening to prevent the development of further issues.

In addition to individual treatment programs, there are also those that are broader in application and meant to teach general coping strategies. One such means proposed is

the use of FRIENDS, a well-validated emotional resiliency program. The goal of the program is to reduce the process of problem internalization amongst children 8-10 years of age. In measuring the internalization of problems, this particular study would measure the results through the use of a standardized test of child behavior, with the children being directed into the study based upon these results into either the wait-list control condition group or that of the intervention group. Within the confines of the study, some forty-seven children from this demographic were considered. The manifestation of externalized and internalized behavior is of note in this situation, in that they have an effect upon the capacity of the child to live. While externalized behavior is often manifested through forms of physical aggression and acts of disruption, the internalized problems of the child are less tangible and may do more damage psychologically (Siu, 2007). The implication of reducing the internalization of problems amongst children of this age group presents the potential of significant gain to those who are experiencing the separation-related issues of a deployed parent.

FRIENDS is a program that teaches children important personal development skills, with this including the establishment of self-esteem, problem-solving skills, methods for expressing their ideas and beliefs, as well as providing guidance on how to establish positive relationships. The ultimate goal of the program was to teach children how to best manage and cope with the maladies of anxiety and depression. The program would be relevant to the above explored literature in that it would combine strategies from cognitive-behavioral therapy as well as, utilize components from interpersonal approaches. This combination of treatment efforts would assist the children in

identifying their feelings, developing cognitive restructuring, using relaxation techniques, as well as learning how to establish a social network, manage conflict, and to help others (Siu, 2007). This current study helped to understand whether having a military parent induces Anxious/ Depressed, Withdrawn/Depressed behaviors, and Somatic Complaints among children, as perceived by their teachers. As such, it is relevant to understand the variables posited by Siu (2007) which are based upon the concepts of anxiety and depression. According to Siu (2007), these strategies are mutually applicable to grade school children of deployed or recently returned parents. It is important that the effects of the deployment not only be intimately known, but also the most effective means of how children can cope with these negative effects.

### **Relevance of Site-Specific Research**

The importance of understanding the issue at hand is all the more significant in the modern era. Given the conflicts being experienced by the world, increasingly more military families have experienced multiple and extended deployments. This is of particular importance to the lives of their families, and in particular the children within such families. A number of studies have been undertaken to consider the implications of such deployments upon the psychological well-being of the child, although few have explored the manifestation of this within the school environment (Chandra et al., 2010). Given that school-age children spend a substantial amount of their waking time in the school environment, the way in which the anxiety and depression associated with parental deployment manifests itself in the school is also of particular relevance.

In seeking to better understand the role of parental deployment and the behavior of the children of these parents in school, the study capitalized upon both focus groups and semi-structured interviews of teachers, counselors, and administrative staff within schools that were working in the education of children from U. S. Army families. These participants were asked their opinion on the academic, behavioral, and emotional issues faced by the children of deployed soldiers. It was ultimately found that children, despite seemingly coping well with deployment, had somewhat affected capacity to function in school. This was found to be related to parental absence and the related increase in responsibilities at home, the potentially poor mental health of non-deployed parents, as well as difficulty in accessing mental health services (Chandra et al., 2010).

The study concluded that the social and cognitive development of children with deployed parents may be impacted in a negative fashion. Future research should focus upon the assessment of the effects of deployment on measurements of behavior related to this, such as school engagement and performance (Chandra et al., 2010). The consideration of the tangent effects of parental deployment is just as important as the direct effects. Given that depression and anxiety affect not only the person but also their social network and performance within various institutions including school, it is important that research on the matter be comprehensive and expansive so as to understand the multiple variables affecting the psychological well-being and life-performance of children of deployed parents.

## Summary and Conclusions

The major themes presented within the literature review provided significant value in understanding the impact of military deployment on young children. The review of literature presented the key theoretical underpinning used in the study and reviewed present studies on the theories of attachment and ambiguous loss and related it to this study. Specifically, according to the attachment theory, separation from attachment figures may result in psychological stress, anxiety, and depression. Extended military separations may create a disruption in the attachment bond between parent and child resulting in feelings of loss. In addition, when a military parent is deployed, children may experience ambiguous loss due to military parents being psychologically present but not physically present in their lives, resulting in confusion regarding boundaries and family dynamics (MacDermid, & Weiss, 2008).

This chapter also explored the various dimensions which inform military service and touched on the impact that such service has on the families of active-duty military. While there is a great deal which typifies each of these phases as distinct aspects of military deployment, it is necessary to consider these as dimensions of absent parenting (or as characteristics of an absent parent) which supersede the reason for the absence. That is, it is necessary to consider each of these elements of military deployment as a simple absence on the part of a parent and consider the implications of these deployment phases as they relate to attachment and stress mitigation (as well as depression and other psychological conditions) on the part of the child who must endure an extended period of parental absence. In this way, the following consideration of these elements can bridge

the gap between the military students who will inform the primary study on consideration in this piece and the nonmilitary (and non-active military) subjects who will act as contrast and control.

The literature review considered various elements of the deployment cycle as they relate directly to military service and the absence of a military parent. It is necessary to consider each of these elements (that is, predeployment, deployment, sustainment, and post deployment) in terms of the equivalent experience that could be had by children and families outside of the military life. One potential avenue for comparison is the world of any other employment that takes parents away from their families and children for long periods of time, such as high-level sales or long-distance trucking or shipping. In each of these fields, there is the strong potential for the kind of loss, difficulty, and depression as is seen in military families. In fact, in households where parents can be expected to leave for long periods of time, regardless of the reason, there is a high likelihood for there to be extended periods of anticipatory grief (Kim & Yeary, 2008). It is likely that in households where the parent will be leaving for a long period of time, children will also exhibit signs and symptoms characteristic of their own ineffectiveness in coping with the loss of parental presence for long periods of time which will result in intense anxiety and even in episodes of anger. Finally, it is further likely that in households where the parent is expected to leave for a long period of time but is also expected to return (as their job is not in a dangerous part of the world), the child may come to exhibit strong signs of loss and problems with attachment, even before the parent sets off.

The other stages, deployment and post-deployment, each present their own challenges to military families but are not as easily analogized to the loss that a child would feel following their non-military parent leaving but who is expected to return. This is where the strongest differences between the military and non-military family present themselves, particularly with regard to absent versus present parents, but also as they relate to the difference between an absent parent who is deployed to a war zone and an absent parent who is gone but safe. For children whose parents are present, there are few if any difficulties with attachment, or depression and anxiety, except as they relate to other life factors. For the children whose parents are absent but with whom there is no reason to believe they will be harmed during their time away, there are related anxieties, particularly those of the absent parent, but few of the outright fear, depression, and intense ambiguity faced by children in military families. For children whose parents are on active-duty deployment to a war zone, several levels of difficulty and anxiety must be faced. These include the intense difficulty of the absent parent, something that the child's peers may know. This problem is compounded by the intense sense of anxiety, which is a product of the child's knowledge of the dangerous situation in which their parent is currently involved.

The final difficulty which sets apart children of the military from their peers, and even their peers whose parents may be away from home for long periods of time, is the unique difficulty faced by these students upon their parents' eventual return. For these children, the return of their parent is not always a perfect homecoming and may be marred by any number of unique stressors or circumstances, including, but hardly limited

to, injury and post-traumatic stress disorder (PTSD). These children have lived through the months of their parents' deployment with an understanding that their parent may die, but the return of the parent, changed and damaged by war, is a circumstance for which no child may prepare for ahead of time. For students whose parents are never away, and even for those whose parents may leave for long periods of time, there is the attachment anxiety of the absent parent, but there is rarely a chance that the parent will change in some fundamental manner as a result of their time away from the home. For military families, there is a strong chance that the absent parent, feared dead, may return damaged and traumatized. These unique problems represent several different layers of stress and anxiety, which may compound the difficulties faced by the school-aged children of military parents.

This study will, in part, serve to bridge the gap between theory and application, and likewise account for some of the individual characteristics of the child and family that likewise influence the realization of the adverse symptoms of parental deployment. Within the forthcoming section on the methodology that will be applied to this study, the studies explored through this literature review will function as guides. It is through the effective positioning of collection material, and likewise the proper assembly of variables, that the finding of the study will be of value, and likewise applicable to the field of research at large.

The current study addressed this gap in research by understanding the association between military deployment and internalizing problems based on the teachers' perceptions. There has been limited research which explores the relationship between



military deployment of parents during and after deployment and standard measures of their children's classroom behavior as measured by the perceptions of general education teachers. To add another dimension to the study, educators can gain insight into the unique academic and emotional challenges military children face when a parent is deployed or has returned. Teachers can serve as key stakeholders in understanding the psychological well-being of military children. Teachers can be vital in recognizing the academic and emotional challenges these children face related to deployment. Teachers can play a key role in identifying the barriers to addressing these challenges, and offer recommendations to better meet the needs of these children.

This current study on deployment is timely in that the research will help establish if young children with a parent who is currently on deployment and recently returned from deployment would display significant internalized symptoms in comparison to young children whose parents are not in the military. Results from the Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form, administered to general education, will determine this claim. Chapter 3 further addressed methodology, including Research Design and Rationale, Setting and Sample, Instrumentation and Materials, Data Collection and Analysis, and Ethical Considerations. Research questions and null hypothesis were also be presented.

## Chapter 3: Research Method

### **Introduction**

This chapter provides a description of the research design and rationale, setting and sample, instrumentation and materials, data collection and analysis, and ethical considerations that will be considered for this proposed study. The research questions and null hypothesis were presented to guide the data collection and the data analysis procedures that will be conducted for this proposed study. This purpose of this quantitative, comparative study was to investigate whether young children with a parent who is currently on or recently returned home from military deployment will exhibit significant levels of internalized symptoms—including Anxious/Depressed; Withdrawn/Depressed; and Somatic Complaints as evidenced the ABESA Child Behavior Checklist for Ages 6 to 18 Teacher’s Report Form—compared to a control group as noted in Appendix A. The teacher rating scale identified teachers’ perceptions regarding emotional symptoms of the three groups of children: children with a parent currently on deployment, children with a parent who has returned from deployment within one to six months, and children with a parent having no affiliation with the military.

### **Research Design and Rationale**

This quantitative, comparative study examined the emotional indicators known as internalizing problems, for third, fourth, and fifth-grade children at various civilian public schools located in the southern California area. The selected research design is quantitative with the use of post-test within a controlled setting across three different

groups. These groups are divided across: (a) children who have a deployed wartime parent; b) children who has a parent who returned before the time of 6 months was completed; and c) children who have civilian or non-deployed parents. This design is linked to the research questions of this study as they help attained a comparative perspective on the internalizing emotional symptoms and their extent in children under the different circumstances that the groups are based upon. Furthermore, a quantitative research is integral in completing the comparative analysis in a logical and precise manner.

This research design was supported by numerous studies sited previously (see Chartrand et al., 2008; DDPAO, 2007; Flake et al., 2009) as appropriate to understand the extent of emotional vulnerabilities that children might feel as a direct response toward the wartime parents' deployment. This design expanded the knowledge of not just the kind of emotional symptoms and vulnerabilities that these children go through but how the intensities of these symptoms and vulnerabilities are influenced by the absence time and/or the parents' attitude upon return and/or the interventions available for developing coping skills amongst the children.

A true experiment would not be possible because students will not be selected to be in certain deployment groups and this is the only way to assess these students. A control group gives us a comparison of the effect of military deployment. There were three comparison groups: children with a parent on military wartime deployment, children who have a parent who returned from military wartime deployment within 1 to 6 months and a control group of children who have a parent with no military affiliation or

history of military wartime deployment. The dependent variables were the mean scores of Anxious/Depressed; Withdrawn/Depressed; and Somatic Complaints, which were subcategories of the internalizing problems domain. These dependent variables were examined as to whether there is a relationship with military wartime deployment.

A multivariate analysis of variance (MANOVA) was used for the statistical tool to address the research questions. A MANOVA is a more generalized form of ANOVA, which utilizes the variance-covariance between variables in examining the mean differences between groups. Carey (1998) described MANOVA as a hypothesis-testing procedure to test whether the vectors of means for the two or more groups are sampled from the same sampling distribution. MANOVA testing was selected over the standard ANOVA due to the advantages of comparing two or more vectors, due to the existence of more than one dependent variable in the analysis. There is one independent variable with three levels, and three subscales of dependent variables that will be considered. There were two major reasons for the application of MANOVA. First, there are several correlated dependent variables, and there was a need for an overall statistical test instead of multiple solo tests. Secondly, usually the more important reason was the need to analyze the pattern of impact of the independent variable over the dependent variables. This method determined whether there are significant differences in internalizing problems subscales within the Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form considering the three groups of children according to the deployment condition of their parents. Significant differences were investigated between and within the three dependent vectors with regard to the mean scores of three categories of the

independent factor: children with a parent who is current military wartime deployment, children whose parents returned from military deployment within 6 months and children whose parents have no affiliation with the military. The study explored the influence of military wartime deployment over the dependent variables in children from grades three through five.

Using the Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form, this proposed study determined levels of internalizing problems, including Anxious/Depressed; Withdrawn/Depressed; and Somatic Complaints subscales among a sample of children. The three groups of children included those who belong to a family in which one or more parents are on wartime deployment, and parents who are currently not on deployment or in the military. This study contributed to understanding the unique characteristics of military children of elementary school age as well as the stressors they may endure. The study looked at observations of teachers as informants to help understand behaviors of military children.

### **Population**

The research study surveyed 220 elementary general education teachers to obtain their opinions and observations of internalizing problems among students with a parent currently on deployment or recently returned from military deployment within 6 months, or with parents who have no affiliation with the military. This study employed the use of purposeful sampling to focus the recruitment of participants on those who qualify within the three groups of children considered in this study. Purposeful sampling is often used in research because it is more economical than considering the whole population as

participants; instead it gathers participants with specific characteristics necessary for the study. The target population was be third-, fourth- and fifth-grade general education teachers who are employed in a civilian public school setting in a school district in southern California. More details of the population were discussed in Chapter 4.

### **Sampling Procedures**

In order to determine the minimum sample size that should be considered in this study, a priori power analysis for a MANOVA considering three groups and three response variables was calculated using G\*Power. With a medium effect size of 0.0625 and an alpha level of 0.05 the minimum total sample size identified is a total of 114 participants in total for all three groups. This provides an actual power of 80% (Faul, Erdfelder, Buchner, & Lang, 2009). If the parent or caregiver designates that the child is receiving any of the special education services outlined in the form, or identifies the child as having an emotional diagnosis as specified in the DSM-IV, the child was eliminated from the study. Those children that remained constituted the sample for the study.

Effect size is the basic measure for the validity of a sample base and in clinical psychology it is generally broken down into small, medium and large effects. The last is a size/group that does not have a specific statistical measure, and the first or “small” effect is one that is insufficient (Cohen, 1988, 1992). The general aim for an effect size is to ensure that the statistically sampled group reflects the trends or tendencies of the general population; that is, where there is a correlation between the group that has been studied and the general population. In general, a medium effect size ranges between 0.30 and 0.80 (Cohen, 1992).

**Inclusion and Exclusion Criteria**

In order to qualify the participation of teachers in this study, the relationship between the teacher and the child should be not less than two months long. Teachers were selected from schools within a public school district in southern California, with classrooms of third through fifth grades students. The Demographic Survey Form included additional criteria for exclusionary factors. In order to accurately choose the purposeful sample, the parent/caregiver addressed questions about special circumstances factoring in the sample. Children who were identified as receiving special education services or with an emotional diagnosis as specified by the DSM-IV were not be included within the study. The intent of a purposeful sample was to identify other variables that relate to a pre-existing diagnosis of depression and anxiety and environment stressors (e.g., divorce, single parent, personal relationships with peers, and family conflicts). These become conflicting variables when the aspect of deployment is added. The purpose of separating the aspect of military deployment was to distinguish the anxiety and depression levels of children who are associated with military life. Thus, the study investigated the levels and/or indicators of anxiety and depression of these children who live within a military environment.

**Validity Determination of the Demographic Survey Form**

To ensure reliability and content validity of the Demographic Survey Form, the researcher selected a panel of ten experts (three teachers, two school psychologists, three parents who are in the military and two parents who are not in the military). Since third to fifth grades where used for the study, the teachers and parents were chosen from the

second and fourth grade levels so none of the possible participants in the distribution will be a part of the study. They were provided a statement of the purpose and research questions for the study as well as an explanation of the purpose of the Parent Demographic Survey Form as noted in Appendices E and F. They were asked to provide feedback as to: (a) appropriateness of the items; (b) syntax and format of items; (c) time completed; and (d) suggestions for improvement of the survey. The military parents were asked to provide feedback regarding the correct terminology with respect to the deployment questions.

In this study, the researcher utilized a quantitative method with the same process for all subjects in the sample (i.e., post-test in a control group setting). This ensured that the dissimilarities present in the responses are personal genuine: hence the methodology will not be disapproved for being subjective or impartial in any way (Trochim, 2006). Reliability can be classified as the probability of other researches studies arriving at the same inference when computing with similar devices and using similar methods. Issues of reliability demonstrate dilemmas and problems in both precision and accuracy of the measuring/calculating device being used in the study (Bouma, 2004). Adhering to this point of view, Saunders et al. (2003) revealed issues of bias, which is linked with reliability and can be classified into two types. The first is the researcher bias where observations, tone as well as body language of the researcher may produce bias and the subject may react different to the questions (Saunders et al., 2012). In this study, focus was given to both planning and designing of the questionnaire so that participants will not impose the researcher's viewpoint and beliefs. Moreover, the researcher will make



efforts to build trust with the subjects so that reliability and validity doubts can be minimized.

The second type of bias is classified as the respondent's bias which is mainly triggered by views about the researcher (Saunders et al., 2012). In this research study, despite the fact that the researcher will make efforts to build trust prior to giving questionnaire, but it is obvious that the subjects will be aware about the delicate nature of certain questions and may decide not to reveal and answer certain questions. In addition, it can also be argued the subjects do not answer the questions with precision and accuracy and attempt to exaggerate their answers and give a positive picture.

On the other hand validity can be classified as the precision and accuracy of a variable's fits in a concept. Issues related to validity are generally heightened in survey designs as they assess subject's values and beliefs (Bouma, 2004). Considering the aims and results of this research study, Yin (2008) offers that it is practicable to simplify case studies to hypothetical propositions. However, this should not extend to include populations and the aims of any study ought to be to relate and design theories but not to assess frequencies. Conversely, the researcher believes that social sciences does not have fixed standards and that there are several variables which may influence the results of a specific study and for this reason it is impractical to assure that future research studies on this issue will generate the same results.

The common characteristics amid the method threats for statistical validity in this research design being used in this study could include:

1. Thorough examination of all the elements that could be pertinent is carried out before exclusion or inclusion
2. Practical evidence is the main element of the questionnaire
3. The topics and concerns that require answers are represented in the questionnaire and undoubtedly treated
4. The objective of the questionnaire is clearly represented and understood
5. As a background for preparing each and every question, most relevant and unbiased data is used
6. Each and every question is ethical and direct without any biased or inappropriate presentation (Cohen, Manion, & Morrison, 2007).

In broad terms, inter consistency is a way of measuring based on a scale that is standard—in this case, it is the Child Behavioral Checklist (CBCL). It is important that the current schema satisfies the assumption that there is a measure within the study that is “parallel” or “equivalent”—that is, functioning as the foundational underlying construct that allows for the measure of one group against another. In the field of methodology known as psychometrics, the CBCL is known as one of the longest standing tests for reliability in a relationship among groups where there is a standard for internal consistency. The basic formula shows that a prediction is as reliable as the number of tests combined; where the formula  $P$  (prediction) is the number  $N$  determined by  $1 + (N - 1) P_x$  (Blanche, Durheim, & Painter, 2008). For instance, with regard to the CBCL we have a set of questions or items that are consistent in and among the three groups in question and represent the constancies that satisfy the internal consistency of equivalency

or parallel relation. These constants in the study, along with others, satisfy the further criteria in terms of reliability noted above regarding being tested and more importantly, re-tested. The prediction therefore is one that is determined by the number of times that the constants have been measured against different groups.

One of the reasons the reliability for this test is so high, is the potential of repeating the test using different groups with different settings or contexts. So, for example, where the sample population is currently from a particular county in California, there is the potential to repeat the test in different states and with different socio-economic demographics. What remains the same are the grades of the children being evaluated in the formula; but more importantly, the CBCL is the measure or the standard by which the formula for predictability and internal consistency can be defined. It also can be used in any other context where the other variables are constant, that is, the age groups and in this circumstance, the groups of children defined in terms of whether they have a parent who is deployed, someone who has a parent who has been deployed and of course, the control group which is a set of children who satisfy neither of the above two criteria in terms of internal consistency. Thus, the “internal consistency” in this particular analysis is defining a standard that is constant through different groups—but only insofar as the very difference of those groups is known or defined. They can be different groups that are measured, but the groups themselves have to be known or the reliability of any scale is potentially jeopardized. For a rating scale to show internal consistency the ratios and proportions of its own structure must be said to be in an equivalent or parallel relation to one another through repeated instances.

The difference between the two groups has to fall within an effect size of 0.30 and 0.50 to account for the differences between one group of students against another, and in turn, provide for a consistency in and among the groups selected. In these latter terms, the selected groups are those with deployment, past deployment and no deployment. There has to be a reliability of the effect size when measuring one of the above groups against each other, but not from one classroom to the next.

Likewise for other demographic considerations with regard to this test, there are a number of different demographic sub-groups that could be taken into consideration especially when we are looking at the group of children who represent the non-deployed control for the study. For example, one can look at all of deployed military personnel as falling within a certain economic strata. All children of military families will fall within a particular income bracket whereas the group of non-deployed children could fall within a very broad range of socio-economic subgroups. If the self-reliability was not defined in this way, that variable could prove to be problematic. For example, children from affluent families are going to have greater access to support services outside of the school, or they may be of a different socio-economic group because the parents received more education than the average deployed soldier. These differences would very much effect the outcomes of the study, and the question about the variable of the demographics for the control group is being raised at this juncture to emphasize where the “internal consistency” is derived from—the age groups, and in turn, the scale rating system of the CBCL.

It is important to stress in this sense that “there is a great deal of overlap between the population distributions from which the scores are drawn, or that the difference between the means is very small relative to the inherent variability in the sample” (Blanche, Durheim, & Painter, 2008, p. 235). Measuring the effect of the size is as important as whether the effect exists, and the greater the size the more reliable the effect. The size, as it is being outlined in this section, is as great as  $N + 1 (N - 1)$ —that is, the very difference that can be calculated when the same parameters for the test are repeated against each other—which can be repeated potentially on an indefinite number of instances. According to Achenbach (1991), who defined the criteria and in turn rigorously tested the CBCL, the reliability has a range of test and re-test valued at 0.95 to 1.00, while the range of inter-reliability is 0.93 to 0.96 and the range for internal consistency is 0.78 to 0.97.

If the parent or caregiver designated that the child is receiving any of the criteria outlined in the form or has been identified with an emotional diagnosis as specified the DSM-IV, the child was eliminated from the study. Although it cannot be said that these children would not add to the hypotheses being tested in this study, they fell outside of the rating scale defined by the CBCL and thus the sample would not satisfy the criteria of “internal reliability.” It is because the CBCL is being used as one of the criteria of internal reliability that any child who falls outside of that criteria will be eliminated. Those children that remained constituted the sample for the study will not be those that have already some form of psychiatric diagnosis already, within the DSM-IV as noted above.

### **Procedures for Recruitment, Participation, and Data Collection**

A list of public school districts were obtained that were located near military installations with the southern California area was obtained. Data were collected from April 2013 to April 2014 with the exception of summer break between mid-June to mid-August of 2013. The researcher contacted the research department at several large public school districts in southern California area through written letters and follow up telephone calls. Three school districts responded and agreed to participate in the study as noted in Appendix B. After providing information about the study to the Superintendent's office, the researcher obtained a formal letter of approval from each school district to conduct study. The researcher obtained a list of all elementary schools within the school district and called all elementary school principals as well as sent a copy of the authorization letter via email and telephone call. Once the school principal approved for the research to be conducted at the school site, the researcher met with the school principal and third, fourth, and fifth grade teachers in person to review the purpose of study, demographic survey forms and the Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form as noted in Appendices C and D.

An Informed Consent and Demographic Survey Form were then dispersed to all students ranging from third to fifth grades with an enclosed envelope with the researcher's address. The parents and caregivers were asked to drop off the Informed Consent and Demographic Survey Form (Appendices E and F) in a red box that was located in the school's main office, which stated confidential. The parent or caregiver had an option of mailing the forms to the researcher. The researcher monitored all

participating schools to pick up forms. Based on the results of the Demographic Survey Form, selected general education teachers were asked to sign an Informed Consent and complete the Child Behavior Rating Form for Ages 6 to 18 Teacher's Report Form. After completion, teachers were asked to drop off the forms in the red confidential box in the main office or mail it directly to the researcher. All data was coded and complied using the SPSS software.

To ensure reliability and content validity of the Demographic Survey Form, the researcher selected a panel of 10 experts: three teachers, two school psychologists, three parents who are in the military and two parents who are not in the military to critique the demographic survey form. The panel was given a statement of the purpose and research questions for the study as well as an explanation of the purpose of the survey. They were asked to provide feedback as to: (a) appropriateness of the items; (b) syntax and format of items; (c) time themselves as to how long it took to complete the survey; (d) notice and mark any items that make them feel uncomfortable and (e) suggestions for improvement of the survey. The military parents were asked to provide feedback regarding the correct terminology with respect to the deployment questions. All 10 experts noted that all items in the Demographic Survey Form were appropriate for the study. The questions were easy to read and follow. The questions were clear with appropriate syntax. The ten experts completed the Demographic Survey Form within 5 to 10 minutes. One parent who completed the form suggested that another group of children with parents are anticipating military deployment should be added to the study. Another parent who was not in the military suggested that parents with occupations in emergency response, such

as police officers, fire fighters, should also be added because many of the children and spouses do exhibit distress and internalizing problems.

Three thousand Demographic Survey Forms were given to general education students ranging from grades third through fifth grades that caregivers or remaining parents were asked to complete. Two hundred and sixty five demographic surveys were completed by parents and caregivers. The researcher reviewed each of the 265 demographic survey forms to see if they met all the specifications. According to the criteria, there were 11 students with an IEP or a medical diagnosis who were excluded from the study. Five Demographic survey forms were returned which stated that the parent refused to participate. After selected Demographic Survey Forms were excluded, 249 consent forms and Child Behavior Checklist for Ages 6 to 18 Teacher's Report Forms were given to general education teachers.

One discrepancy within this study was a limitation in collecting data within one public school district. The goal of the primary investigator was to collect all data within one large public school district within southern California. However, participation was low among children from military families. In an effort to increase participation among military families, the primary investigator obtained permission from two additional public school districts with a high population of military children. However, participation among military families continued to be low, particularly with children of a parent who returned from military wartime deployment within 1 to 6 months. Overall, there was total sample size was 220 participants. Due to the challenges, with recruiting military families, groups were unevenly distributed with 90 children (40.9%)



who had a parent on active military wartime deployment; 46 children (20.9%) who had a parent who returned from military wartime deployment between 1 to 6 months children; and 84 in the non-deployment group (38.2%). The children in this study provided a representative sample of the population in Southern California due to the high population of military families residing in California.

### **Instrumentation**

The instrument that was used for assessment, for measuring distressing emotional and internalizing symptoms in children with the help of their teachers, was the Child Behavior Checklist for Ages 6 to 18, Teacher's Report Form. This checklist is part of the Achenbach System of Empirically Based Assessment (ASEBA) created by Achenbach and Rescorla (2001). The ASEBA helps school professionals to effectively evaluate various aspects of adaptive and maladaptive functioning. The components of ASEBA are CBCL, YSR, and TRF, based on decades of research since the 1960s. The ASEBA school-age forms are self-administered by respondents with a reading ability of at least a fifth-grade reading level, and they can be completed in approximately 15 to 20 minutes. The Child Behavior Checklist for Ages 6-18 (CBCL/6-18) is completed by the parent and/or guardian to describe children within the home environment. The components include the Youth Self-Report (YSR) which is completed by children from ages 11 to 18 years of age to describe their perceived level of functioning. The Teacher's Report Form (TRF) is completed by teachers and other support staff who have known a child in school settings for at least two months. For the purpose of this study, only the Teacher's Report Form (TRF) will be utilized.

**Child Behavior Checklist Teacher's Report Form (TRF)**

The Teacher's Report Form (TRF) is normed for ages 6 to 18. The TRF asks respondents to rate behavioral, emotional, and social problems as 0, 1, or 2 and are asked to base their ratings on a 2-month period (Achenbach, 2001). The shorter rating period takes into account the fact that teachers often need to assess students on the basis of relatively short contact and may need to reassess children periodically with a short period of time during the academic school year.

The ASEBA forms are scored with two syndrome groups: Internalizing and Externalizing groupings of syndromes. Internalizing consists of three syndromes: Anxious/Depressed; Withdrawn/Depressed; and Somatic Complaints. The group is called Internalizing because the symptoms comprised are within the self, such as anxiety, depression and somatic complaints without known medical cause. The externalizing problems grouping comprise problems that mainly involve conflicts with others, which include rule-breaking behavior and aggressive behavior subtests.

**Description of scores.** Results from the Child Behavior Checklist Teacher Rating Form provided Mean scores for each of the three subscales in the Internalizing grouping. Students' scores for each scale were calculated by summing the responses to the items in each scale. The items for each scale are displayed in Appendix 1. By examining a child's mean scores for the three subscales of Internalizing problems, the researcher can obtain a global picture of whether the child's problems tend to be concentrated in either, both, or neither of the subscales.

**Validity and reliability.** Norming for the TRF scales was derived from 1,565 children who were attending school and whose parents provided consent. Of this total, 1,128 (72. 1%) responses were received. From these, 152 (13. 5%) children were excluded due to receiving mental health or special education services for major behavioral, emotional, or developmental problems within 12 months (Achenbach, 2001). Due to the resulting  $N = 976$  that represented a small sample of gender groups and ages, data from 1989 normative samples were integrated, if their Total Problems scores were at or above the median of the 1999 National Survey sample for their specific age and gender group. The resulting samples included TRFs from mental health, special education settings, and 1989 and 1999 National Surveys of children who resided in 40 states and the District of Columbia. Sample sizes were boys 6 to 11:  $N = 1,332$ ; boys 12-18:  $N = 1,098$ ; girls 6-11  $N = 1,042$ ; girls 12-18  $N = 965$ , which totals  $N = 4, 437$  (Achenbach, 2001).

The test-retest reliability of the ASEBA school-age scale Teacher's Report Form scores was supported by mean test-retest  $r$ s of 0.90 (Achenbach, 2001). The internal consistency of ASEBA Teacher's Report Form (TRF) was supported by alpha coefficients of 0.90 on the Total Adaptive scale. For the empirically based problem scales, alphas ranged from 0.72 to 0.95 on the TRF. For the DSM-oriented scales, the alphas ranged from 0.73 to 0.94. The Teachers' Rating scale of children receiving special education services correlated highly over 2- and 4-month periods.

Construct validity refers to the accuracy with which instruments assess what they are supposed to assess. Overall, construct validity of the TRF has been strongly supported by almost four decades of research. All items from TRF discriminated

significantly ( $p < .01$ ) between demographically similar referred and non-referred children (Achenbach, 2001).

### **Demographic Survey Form**

The Demographic Survey Form was completed by the remaining parent or the caregiver of the child. The Demographic Survey Form asked questions related to grade level, age of student, and special education provisions. To address the research questions, the survey form included questions regarding the gender of the parent on military deployment and length of deployment. For parents who returned from deployment, the survey form addressed multiple military deployments since 2001.

### **Data Analysis Plan**

A time constraint within this study was that research was conducted within the academic school year, between the months of September through June. A resource constraint was finding enough people who have been deployed or currently on deployment. Sample data used to determine conclusions about the populations. The statistical tool was a MANOVA, with three possibly correlated dependent variables. This approach helped to determine if there is a significant difference in internalizing problems among the three groups of students amongst the three subscales of the Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form: Anxiety/Depressed, Withdrawn/Depressed, and Somatic Complaints. The independent variables included the following student groups: children with a parent who is currently deployed, children with a parent who returned from deployment within 1 to 6 months, and children with a parent

who is non-military. The dependent variables are the mean scores from the internalizing problems domain: Anxiety/Depressed, Withdrawn/Depressed, and Somatic Complaints.

The purpose of the analysis was to determine whether the sample data (from the Teacher's Report Form) provided evidence of any significant difference among the three categories of students. The overall multivariate  $F$ -test statistic value would be determined upon data retrieved the completion of the Multivariate Analysis of Variance. In addition, if a significant multivariate test for a main effect is obtained we would examine the univariate  $F$  tests for each variable to interpret the respective effect. The analysis identified which of the dependent variables contributed to the significant overall effect. The Statistical Package for Social Sciences (SPSS) was used to analyze the data collected from the instrument. Data cleaning will be conducted to examine any outliers. For a MANOVA study, a normal distribution of scores for each of the internalizing scores was checked as well as equal variance across groups. The Levine's test was utilized to check for non-significance.

### **Research Questions and Hypotheses**

The research questions and hypotheses pose to achieve the purpose of this proposed study are as follows:

**RQ1.** Do the mean scores from the Anxious/Depressed subscale on the Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form of third through fifth grade students vary according to whether the children have a parent currently away from military deployment, have a parent who has been home from military wartime deployment from 1 to 6 months or do not have military parents?

**H01.** There is no significant difference between the three groups on Anxious/Depressed subscale of Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form among third to fifth grade children.

**Ha1.** There is a higher mean score on the Anxious/Depressed subscale of Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form among third to fifth grade students who have a parent currently away from home on military wartime deployment relative to the other comparison groups.

**RQ2.** Do the mean scores from the Withdrawn/Depressed subscale on the Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form of third to fifth grade students vary according to whether the children have a parent currently away from military wartime deployment, have a parent who has been home from military wartime deployment from 1 to 6 months or do not have military parents?

**H02.** There is no significant difference between the three groups on the Withdrawn/Depressed subscale of Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form among third to fifth grade children.

**Ha2.** There is a higher mean score on the Withdrawn/ Depressed subscale of Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form among third to fifth grade students who have a parent currently away from home on military wartime deployment relative to the other comparison groups.

**RQ3.** Do the mean scores from the Somatic Complaints subscale on the Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form of third to fifth grade students vary according to whether the students have a parent currently away from military wartime

deployment, have a parent who has been home from military deployment from 1 to 6 months or do not have military parents?

**H<sub>03</sub>.** There is no significant difference between the three groups on the Somatic Complaints subscale of Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form among third to fifth grade students.

**H<sub>a3</sub>.** There is a higher mean score on the Somatic Complaints subscale of Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form among third to fifth grade students who have a parent currently away from home on military wartime deployment relative to the other comparison groups.

### **Threats to Validity**

Since participation will be on a voluntary basis, interaction effects of selection may be a threat to internal validity. All teachers and parents selected for the study may not participate. To satisfy the sample population size, a mid-size school district will be selected. Threats to external validity may include history, instrumentation, experimental mortality and selection. Historical events that may affect the outcome of the study may include the injury of a parent, and ambiguous loss may have varying effects on the student. With instrumentation, the teacher can become biased if he or she has knowledge that the student has a parent on deployment. Experimental mortality may be a concern, as parents may be cautious about providing responses. Remaining parents experiencing a difficult time with the deployment of their spouses might be less likely to respond.

Rating scales have been extensively used in assessing individuals in education. The use of rating scales could be instrumental in surveying perceptions and attitudes of

others (Gay, 1987). Rating scales can be retrospective, and the rater is asked to examine individuals on a trait by assigning numbers (Thorndike, 1997). Teacher perceptions may have an influence on results of the rating scale. Variables that may affect validity may include inaccurate responses on the teacher rating scale. Given the inherent concerns central to governing such oversight, is the greatest emphasis given to minimalizing and protecting the participants from risk or harm. Additionally, participants have the right to know what their involvement constitutes as well as how the information might be used (Gay, 1987). Both parents/caregivers and teachers will be provided a written explanation of the study.

Although the use of rating scales can be helpful with profiling data based on observations, there are several factors that may affect outcomes reported by rating scales: the halo effect, generosity error, and the rater's willingness to participate. The halo effect relates to the tendency of the rater to let overall feelings toward a person affect responses to the individual items (Gay, 1987). Generosity error is the tendency of a rater to give the person being rated the benefit of the doubt whenever the rater does not have enough knowledge to make an objective rating. For example, in order to please the evaluator, a teacher may want to include positive or negative responses that may not be accurate about the child. Therefore, every effort should be made to reduce these problems by giving appropriate instructions to the raters (Gay, 1987). In order to reduce these circumstances, comprehensive written instructions and training on the instrument will be provided to teachers by the examiner. The lack of consistency and honesty may also influence the ability to obtain accurate and valid ratings. There is a chance that the rater



may not be willing to spend the necessary time to follow procedures and provide honest responses. Careful and consistent rating of an individual requires considerable effort (Thorndike, 1997). A teacher may rush through the rating responses and not provide consistent and honest responses. To address consistency, the Child Behavior Checklist has a validity scale to examine the consistency of responses. Those rating scales shown to be invalid will not be included in data collection.

The potential threats to construct conclusion validity are minimal in this study. Conducting a quasi-experiment may have some limitations with statistical conclusion validity, as groups will not be randomized and thus it is not a true experiment. The research will evaluate the relationship between depression, anxiety, somatization and military deployment. The researcher is unable to ensure that participants provide attention to the teacher's report form. It is assumed that each teacher will read each questionnaire thoroughly and respond honestly.

### **Ethical Procedures**

The study was evaluated through the Internal Review Board at Walden University as well as the IRB Board within the school district. There were minimal risks with participation in this study. Child participation will be limited to the teacher rating scales and parent/caregiver criteria forms. Teachers and parent/caregivers are able to withdraw from the study at any time. To address confidentiality of data, the records for this study were kept private and placed in a locked file cabinet at the home of the researcher. Only the researcher will have access to the records, and the researcher's computer has a private password. After five years of the study, the records will be eliminated. To avoid a

conflict of interest with the researcher's employer, the study will be conducted at a different school district.

To insure confidentiality and protect the privacy of each child and his/her family in the parent information form, the subject was given a code name and his/her real name will not be recorded for data collection within the SPSS. The data from all children's caregivers and also teachers was used unanimously and the findings will not individually identify the emotional state of any child. All information provided by teachers was bounded by the merits of confidentiality to protect each participant of the study. The teachers were asked not to discuss the status of the child and his/her emotional state with others during or after the period of filling out the form.

### **Summary**

This chapter presented a MANOVA design that was used for the proposed study to determine whether there are significant differences between the students with a parent who is currently deployed, recently returned from deployment or with no military experience, in terms of internalizing problems, which includes somatization, depression and anxiety. The dependent variables for this study were measured through the use of the survey instrument. Teachers of students were asked to answer this instrument. A total of 220 samples were gathered in order to achieve statistically valid analysis and generalizations. Finally, this chapter presented the use of MANOVA in answering the research questions for the proposed study. Chapter 4 reported data analyses and results of this quantitative study.

## Chapter 4: Results of the Study

The primary purpose of the study was to investigate whether there were significant mean differences among internalizing problems subscales (Anxiety/Depressed, Withdrawn/Depressed, and Somatic Complaints) within the Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form among three groups of children based the military deployment status of their parents. This chapter presents results of the quantitative analysis of data to determine a significance difference among military deployment groups and the control group. Chapter 4 is organized in two sections which provide information used to analyze this study. The first section presents demographic information about the participants in the study. The second section contains a presentation of study's findings that addresses the research questions and hypotheses.

### **Demographics of Participants**

The Demographic Survey Form contained questions in order to gather information about the parental military deployment status as well as the child's sex, grade level, name of school and teacher. The name of the school and teacher helped to identify which teacher would be asked to complete the Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form (TRF). The TRF Form is similar to a Likert-type scale survey instrument and was used to collection information of teacher perceptions regarding internalizing problems, using a 3-point scale: 0 = never; 1 = seldom; and 2 = sometimes. The instrument measured teacher perceptions of three subscales: withdrawal/depression; anxiety/depression; and Somatic Complaints. This instrument was used to determine if

internalizing problems exists among children who have a parent experiencing military wartime deployment and the control group (non-military parents).

Tables 2 through 5 showed demographic data of the children in the study. Figure 1 shows the number and percentages of children within each military group. In addition, Table 2 reveals the frequency of participants among within the three groups: children with a parent during on military wartime deployment ( $N = 90$ ); children with a parent who returned from military wartime deployment within 1 to 6 months ( $N = 46$ ) and children whose parents had no affiliation with the military ( $N = 84$ ). To gain a better awareness of how gender plays a role in internalizing problems, the gender of children was examined, as seen in Table 3. Among the 220 children, 45% of the data collected with male children ( $N = 99$ ) and 55% of the data were collected with female children ( $N = 121$ ), noting a slightly higher of data collected with female children. As mentioned in Table 4, a total number of 126 young children were White (57.3%); 30 children were Black (13.6%); 27 children were Filipino (12.3%); 6 children were Japanese (2.7%); 6 were considered Other (2.7%); 3 were Chinese (1.4%); and 3 were Samoan (1.4%). Due to a higher Hispanic population in Southern California race and ethnicity of the children were also examined. According to Table 5, one hundred and forty-one students were Non-Hispanic (64.1%); Mexican 25.9 % ( $N = 57$ ); Puerto Rican 2.7% ( $N = 6$ ); Cuban 0.5% ( $N = 1$ ); and other (2.7%)  $N = 6$ .

Tables 6 through 8 provided information regarding the grade levels of the young children, if the children have siblings in the home, and the number of siblings. Grade levels of the children were reported for 100% of the samples (as seen in Table 6). The

Table 2

*Military Deployment Groups*

Groups	Frequency	Percent
Parent on active deployment	90	40.9
Parent returned within 1 to 6 months	46	20.9
No deployment (parent with no military affiliation)	84	38.2

*Note.*  $N = 220$ .

Table 3

*Sex of Child*

Sex of Child	Frequency	Percentage
Male	99	45.0
Female	121	55.0

*Note.*  $N = 220$ .

Table 4

*Child's Race*

Race	Frequency	Percentage
White	126	57.3
Asian Indian	2	0.9
Black	30	13.6
Chinese	3	1.4
Japanese	6	2.7
American Indian	2	0.9
Filipino	27	12.3
Korean	3	1.4
Samoan	3	1.4
Guamanian	1	0.5
Other Asian	3	1.4
Other	6	2.7
Missing	8	3.6

Note.  $N = 220$ .

Table 5

*Hispanic, Latino, Spanish Origin*

Hispanic Origin	Frequency	Percentage
No	141	64.1
Yes, Mexican	57	25.9
Yes, Puerto Rican	6	2.7
Yes, Cuban	1	0.5
Yes, Other	6	2.7
Missing items	9	4.1

Note.  $N = 220$ .

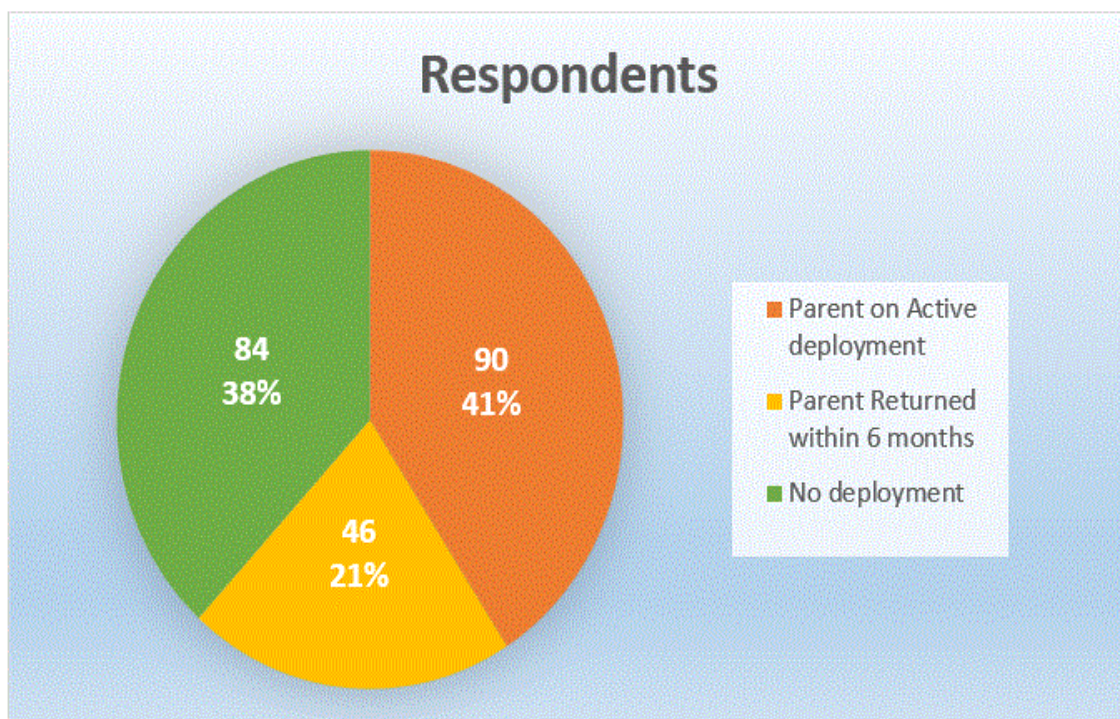


Figure 1. Respondents of the study.

Table 6

*Grade Levels*

Grade	Frequency	Percentage
3rd grade	85	38.6
4th grade	66	30.0
5th grade	69	31.4

Note.  $N = 220$ .

Table 7

*Siblings of Participants*

Siblings	Frequency	Percentage
No siblings	34	15.5
Has siblings	181	82.3
Missing data	5	2.3

*Note.*  $N = 220$ .

Table 8

*Number of Siblings*

Number of Siblings	Frequency	Percentage
0	34	15.5
1	94	42.7
2	52	23.6
3	24	10.9
4	9	4.1
5	1	0.5
Missing data	6	2.7

*Note.*  $N = 220$ .



data can be helpful with determining which students among certain grade levels show the highest level of internalizing problems. Among the general education teachers who completed Child Behavior Checklist, Teacher's Report Form, 85 third grade teachers (38.6%); fourth grade ( $N = 66$ ) at 30.0% and fifth grade ( $N = 69$ ) at 31.4% were involved in the study. In order to help better understand if siblings play a role in decreasing internalizing complaints among military children, the number of siblings in the children's families was explored. According to Table 7, a total of 181 (82.3%) resided with siblings and 34 students (15.5%) did not have siblings. Among students with siblings, 94 students (42.7%) had one sibling in the home; 52 students (23.6%) had two siblings in the home; 24 students (10.9%) had three siblings in the home; 9 students (4.1%) had 4 siblings in the home; and 1 student (0.5%) had five siblings in the home (see Table 8).

Data were also collected on one group of participants which included children with a parent on active military deployment. This information can provide better knowledge regarding the effects of the number and the length of military deployments of a parent has on children. Tables 9 through 12 presented information about children who have a parent currently on military deployment as well as children who recently return from military deployment with 6 months. The tables included the number of military deployments since 2001, how the parent has been away on military deployment, and an estimation of the total length of deployment. Demographic data revealed that there were 90 children who had a parent on active military deployment group. Among those 90 students, there were three mothers (2.7%) who were on active military deployment and 87 fathers (78.3%) who were on active military deployment (see Table 9). According to

Table 9

*Parent Currently on Military Deployment*

Parent	Frequency	Percentage
Mother	3	2.7
Father	87	78.3

*Note.*  $N = 90$ .

Table 10

*Number of Deployments*

Number of Military Deployments	Frequency	Percentage
1-2 times	29	13.2
3-4 times	79	35.9
5-6 times	24	10.9
More than 7 times	2	0.9
Total	134	60.9
Missing data	86	39.1

*Note.*  $N = 220$ .

Table 11

*How Long Parent Has Been Deployed*

How Long Current Parent on Deployment	Frequency	Percentage
1-30 days	17	7.7
31-90 days	42	19.1
91 days-5 months	9	4.1
6 months-1 year	17	7.7
More than 1 year	3	1.4

*Note.*  $N = 88$ .

Table 12

*Estimated Total Length of Military Deployment*

Length	Frequency	Percentage
0-6 months	43	19.5
7- 11 months	22	10.0
1 -2 years	20	9.1
More than 2 years	3	1.4

*Note.*  $N = 88$ .

Table 10, 134 respondents completed the question regarding the number of times the caregiver was on military deployment since 2001. Table 10 noted that 29 military parents (13.2%) were deployed 1-2 times; 79 parents (35.9%) were deployed 3-4 times; 24 military parents (10.9%) were deployed 5-6 times and 2 parents (0.9%) were deployed more than 7 times. Tables 11 and 12 provided the results of children who currently have a parent on military wartime deployment. Participants within the group with a parent currently on military deployment were asked how long the parents were currently on deployment. According to Table 11, 88 participants completed this question, which yielded the following results: 1-30 days (17 participants: 7.7%); 31-90 days (42 participants: 19.1%); 91 days-5 months (9 participants: 4.1%); 6 months-1 year (17 participants: 7.7%); and more than 1 year (3 participants: 1.4%). According to Table 12, there are 43 military parents (19.5%) who are currently on military deployment that will complete deployment within 0-6 months; 22 parents (10.0%) who will complete military deployment within 7-11 months; 20 parents (9.1%) who will complete military deployment within 1-2 years; and 3 parents (1.4%) who will complete deployment within more than 2 years.

## **Results**

Demographic statistics were collected on 220 young children within the study. There were 90 children (40.9%) who had a parent on active military wartime deployment; 46 children (20.9%) who had a parent who returned from military wartime deployment between 1 to 6 months children; and 84 in the non-deployment group (38.2%). Among the three groups, there were more female students ( $N = 121$ ) in the study than male

students ( $N = 99$ ). Of those parents currently on active military deployment, there were more fathers ( $N = 87$ ) who were away for active military wartime deployment than mothers ( $N = 3$ ). Descriptive statistics including mean scores and frequency distributions for each subscale of the CBCL: Anxiety/Depressed; Withdrawn/Depressed and Somatic Complaints were addressed. These means were analyzed using a MANOVA to determine significance within mean scores between groups.

### **Statistical Assumptions**

The MANOVA was the procedure used to test hypotheses. A MANOVA adheres to the following statistical assumptions; normal distribution, linearity and homogeneity of variances. An assumption of the MANOVA is that the covariance matrices of the dependent variables are the same across groups, which is determined by levels of the independent variables in the population. A Box M test was used to assess this assumption, and the dependent variables were normally distributed within groups. There were linear relationships among all pairs of dependent variables. The Levene's test of homogeneity was used to test the assumption of equal variances, which was significant,  $p < .001$  (as seen in Table 13). Within each dependent variable, the variances were not the same. To correct this violation, the Wilks test was reported.

According to Table 14, the correlation matrix revealed multicollinearity due to closely related dependent variables. All variables were related to depression-like symptoms. There are high correlations among all variables: Anxious/Depressed and Withdrawn/Depressed. The Anxious/Depressed subscale score of  $r = .703$  is highly correlated with the Withdrawn/Depressed subscale.

Table 13

*Levene's Test of Equality of Error Variances*

	F	df1	df2	Sig.
Sum of Anxious Depressed Scores	61.365	2	217	.000
Sum of Withdrawn Depressed	28.468	2	217	.000
Sum of Somatic Complaints	49.880	2	217	.000

*Note.* Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

A one-way MANOVA procedure with an alpha level of 0.05 ( $p = 0.05$ ) was used to test the hypothesis within this study. The multivariate analysis of variance (MANOVA) takes into account the correlation within dependent variables as well as control for overall alpha level (Tabachnick & Fidell, 2007). Estimates of effect size are included in analysis of effects. The multivariate Wilks' test was used to test the hypothesis. The multivariate test revealed significant main effect for parental deployment,  $F(6, 430) = 8.48, p < .001$ , partial eta squared = 0.106. Univariate analysis revealed significant effects on each dependent variable: Anxious/Depressed variable  $F(2, 220) = 23.77, p < .001$ , the Withdrawn/Depressed variable  $F(2, 220) = 11.68, p < .001$ , and the Somatic Complaints variable  $F(2, 220) = 21.23, p < .001$  (see Table 15).

### **Research Questions and Hypotheses**

Data analysis sought to answer the following research questions and hypotheses:

**RQ1.** Do the mean scores from the Anxious/Depressed subscale on the Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form of third through fifth grade students vary according to whether the students have a parent currently away on military

Table 14

*Pearson Correlations*

		Sum of Anxious Depressed Scores	Sum of Withdrawn Depressed	Sum of Somatic Complaints	Deployment Groups
Sum of Anxious Depressed Scores	Pearson	1	.703**	.778**	-.417**
	Correlation				
	Sig. (2-tailed)		.000	.000	.000
	N	220	220	220	220
Sum of Withdrawn Depressed	Pearson	.703**	1	.594**	-.312**
	Correlation				
	Sig. (2-tailed)	.000		.000	.000
	N	220	220	220	220
Sum of Somatic Complaints	Pearson	.778**	.594**	1	-.391**
	Correlation				
	Sig. (2-tailed)	.000	.000		.000
	N	220	220	220	
Deployment Groups	Pearson	-.417**	-.312**	-.391**	
	Correlation				
	Sig. (2-tailed)	.000	.000	.000	
	N	220	220	220	220

\*\*Correlation is significant at the 0.01 level (2-tailed).

Table 15

*Tests of Between-Subjects Effects*

Source	Dependent Variable	Type III Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.	Partial Eta Squared
Corrected Model	Sum of Anxious Depressed Scores	555.854 <sup>a</sup>	2	277.927	23.772	.000	.180
	Sum of Withdrawn Depressed	97.968 <sup>b</sup>	2	48.984	11.684	.000	.097
	Sum of Somatic Complaints	248.403 <sup>c</sup>	2	124.201	21.225	.000	.164
Intercept	Sum of Anxious Depressed Scores	1160.772	1	1160.772	99.283	.000	.314
	Sum of Withdrawn Depressed	308.346	1	308.346	73.547	.000	.253
	Sum of Somatic Complaints	522.522	1	522.522	89.293	.000	.292
Group	Sum of Anxious Depressed Scores	555.854	2	277.927	23.772	.000	.180
	Sum of Withdrawn Depressed	97.968	2	48.984	11.684	.000	.097
	Sum of Somatic Complaints	248.403	2	124.201	21.225	.000	.164
Error	Sum of Anxious Depressed Scores	2537.055	217	11.691			
	Sum of Withdrawn Depressed	909.778	217	4.193			
	Sum of Somatic Complaints	1269.829	217	5.852			
Total	Sum of Anxious Depressed Scores	4322.000	220				
	Sum of Withdrawn Depressed	1354.000	220				
	Sum of Somatic Complaints	2053.000	220				
Corrected Total	Sum of Anxious Depressed Scores	3092.909	219				
	Sum of Withdrawn Depressed	1007.745	219				
	Sum of Somatic Complaints	1518.232	219				

<sup>a</sup> R Squared = .180 (Adjusted R Squared = .172).

<sup>b</sup> R Squared = .097 (Adjusted R Squared = .089).

<sup>c</sup> R Squared = .164 (Adjusted R Squared = .156).



deployment, have a parent who has been home from military deployment from 1 to 6 months or do not have military parents?

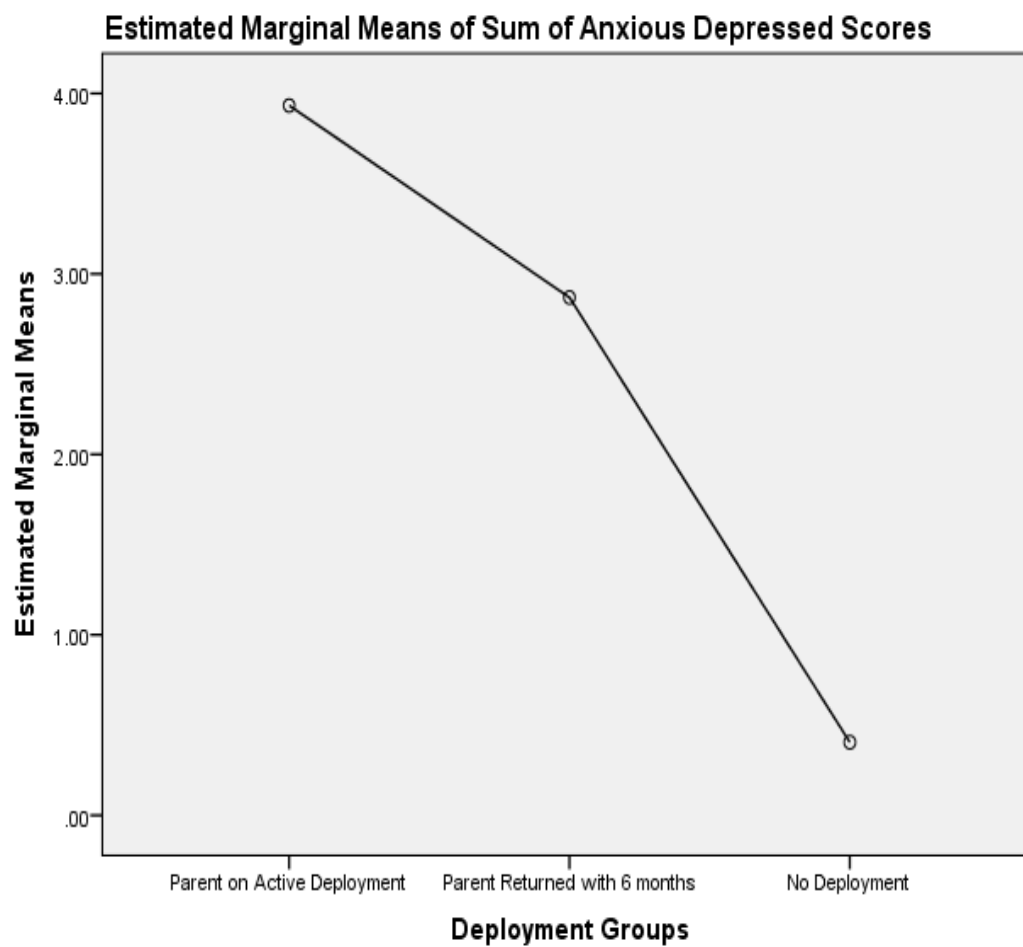
According to the results of the post hoc Scheffe test, the mean score on the Anxious/Depressed subscale for the active military deployment group ( $M = 3.93$ ,  $SD = 4.94$ ) was significantly greater than the control group ( $M = 0.41$ ,  $SD = 1.17$ ), with a mean difference of 3.53,  $p < .05$ , for the Anxious/Depressed subscale on the Child Behavior Checklist Teacher Rating Form (see Table 16). The mean score on the Anxious/Depressed subscale for the active military deployment group ( $M = 3.93$ ) was not significantly greater than the group who had a parent who returned from military deployment within 1 to 6 months ( $M = 2.87$ ,  $SD = 2.35$ ) with a mean difference of 1.06,  $p > .05$  for the Anxious/Depressed Subscales (see Figure 2). The group who had a parent who returned from military deployment within 1 to 6 months ( $M = 2.87$ ) was significantly greater than the control group ( $M = 0.41$ ) with a mean difference of 2.46,  $p < .05$  for the Anxious/Depressed Subscales. Therefore, the null hypothesis is rejected. For students who had a parent currently away on military deployment, there is a 95% confidence level of 3.22 to 4.64 (see Table 17). With students who had been home from military deployment from 1 to 6 months, there is a 95% confidence level of 1.88 to 3.86. For students who did not have military parents (no deployment), there is a 95% confidence level of -.33 to 1.14, as seen in Table 17.

**RQ2.** Do the mean scores from the Withdrawn/Depressed subscale on the Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form of third to fifth grade students vary according to whether the students have a parent currently away from

Table 16

*Descriptive Statistics*

Dependent Variable	Deployment Groups	Mean	Std. Deviation	Std. Error	95% Confidence Interval		N
					Lower Bound	Upper Bound	
Sum of Anxious Depressed Scores	Parent on Active Deployment	3.933	4.94191	.360	3.223	4.644	90
	Parent Returned with 6 months	2.870	2.35333	.504	1.876	3.863	46
	No Deployment	.405	1.17318	.373	-.331	1.140	84
Sum of Withdrawn Depressed	Parent on Active Deployment	1.978	2.61361	.216	1.552	2.403	90
	Parent Returned with 6 months	1.261	1.35704	.302	.666	1.856	46
	No Deployment	.476	1.62419	.223	.036	.917	84
Sum of Somatic Complaints	Parent on Active Deployment	2.544	2.5444	.255	2.042	3.047	90
	Parent Returned with 6 months	2.065	2.0652	.357	1.362	2.768	46
	No Deployment	.226	.2262	.264	-.294	.746	84



*Figure 2.* Means of Anxious/Depressed scores for military deployment groups.

Table 17

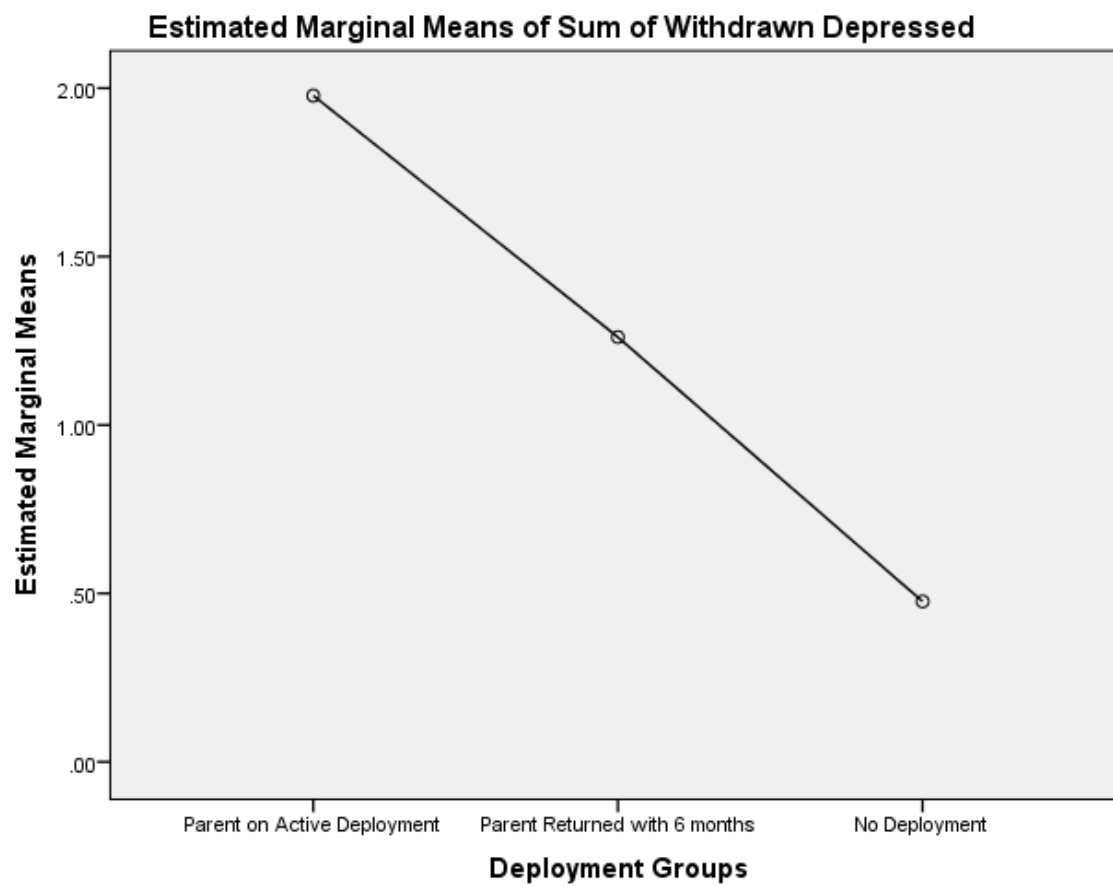
*Post Hoc Tests: Multiple Comparisons Among Deployment Groups*

Dependent Variable	(I) Deployment Groups	(J) Deployment Groups	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Sum of Anxious Depressed Scores	Parent on Active Deployment	Parent Returned with 6 months	1.0638	.61973	.231	-.4637	2.5912
		No Deployment	3.5286*	.51874	.000	2.2500	4.8071
	Parent Returned with 6 months	Parent on Active Deployment	-1.0638	.61973	.231	-2.5912	.4637
		No Deployment	2.4648*	.62717	.001	.9190	4.0106
Sum of Withdrawn Depressed Scores	No Deployment	Parent on Active Deployment	-3.5286*	.51874	.000	-4.8071	-2.2500
		Parent Returned with 6 months	-2.4648*	.62717	.001	-4.0106	-.9190
	Parent on Active Deployment	Parent Returned with 6 months	.7169	.37111	.157	-.1978	1.6316
		No Deployment	1.5016*	.31064	.000	.7360	2.2672
Sum of Somatic Complaints Scores	Parent Returned with 6 months	Parent on Active Deployment	-.7169	.37111	.157	-1.6316	.1978
		No Deployment	.7847	.37557	.115	-.1410	1.7104
	No Deployment	Parent on Active Deployment	-1.5016*	.31064	.000	-2.2672	-.7360
		Parent Returned with 6 months	-.7847	.37557	.115	-1.7104	.1410
Sum of Somatic Complaints Scores	Parent on Active Deployment	Parent Returned with 6 months	.4792	.43844	.551	-.6014	1.5599
		No Deployment	2.3183*	.36699	.000	1.4137	3.2228
	Parent Returned with 6 months	Parent on Active Deployment	-.4792	.43844	.551	-1.5599	.6014
		No Deployment	1.8390*	.44371	.000	.7454	2.9326
Sum of Somatic Complaints Scores	No Deployment	Parent on Active Deployment	-2.3183*	.36699	.000	-3.2228	-1.4137
		Parent Returned with 6 months	-1.8390*	.44371	.000	-2.9326	-.7454

military deployment, have a parent who has been home from military deployment from 1 to 6 months or do not have military parents?

According to results of the post hoc Scheffe test, the mean score on the Withdrawn/Depressed subscale for the active military deployment group ( $M = 1.98$ ,  $SD = 2.61$ ) was significantly greater than the control group ( $M = 0.48$ ,  $SD = 1.62$ ), with a mean difference of 1.50,  $p < .05$  (in Table 16). The mean score on the Withdrawn/Depressed subscale for the active military deployment group ( $M = 1.98$ ) was not significantly greater than the group who had a parent who returned from military deployment within 1 to 6 months ( $M = 1.26$ ,  $SD = 1.36$ ) with a mean difference of 0.72,  $p > .05$ . The group who had a parent who returned from military deployment within 1 to 6 months ( $M = 1.26$ ) was not significantly greater than the control group ( $M = 0.48$ ) with a mean difference of 0.78,  $p < .05$  for the Withdrawn/Depressed subscale (in Figure 3). Therefore, the null hypothesis is rejected. For students who have a parent currently away on military deployment, there is a 95% confidence level of 1.55 to 2.40. For students with a parent who has been home from military deployment from 1 to 6 months, there is a 95% confidence level of 0.66 to 1.86. For students who do not have military parents (no deployment), there is a 95% confidence level of 0.36 to 0.917 as seen in Table 17.

**RQ3.** Do the mean scores from the Somatic Complaints subscale on the Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form of third to fifth grade students vary according to whether the students have a parent currently away from military deployment, have a parent who has been home from military deployment from 1 to 6 months or do not have military parents?

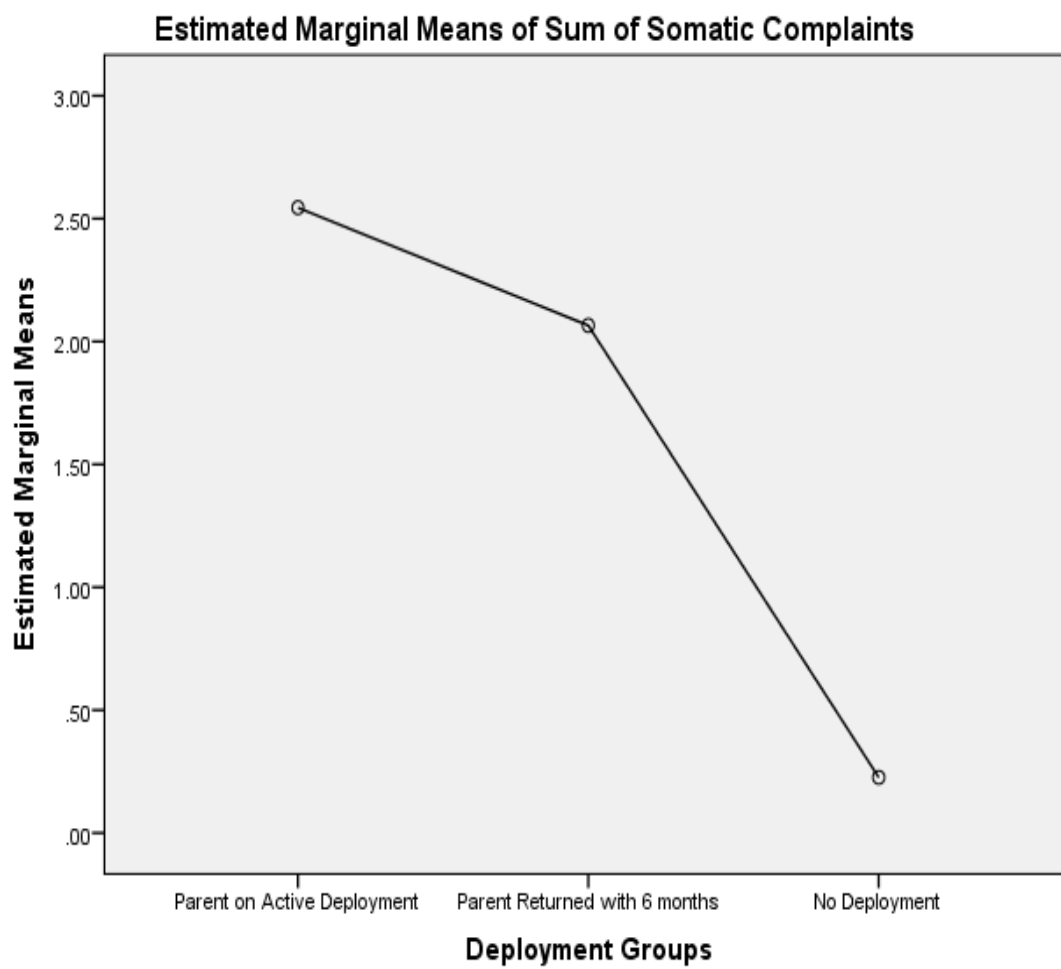


*Figure 3.* Means of Withdrawn/Depressed scores for deployment groups.

According to results of the post hoc Scheffe test, the mean score on the Somatic Complaints subscale for the active military deployment group ( $M = 2.54$ ,  $SD = 3.57$ ) was significantly greater than the control group ( $M = 0.22$ ,  $SD = 0.63$ ), with a mean difference of 2.32,  $p < .05$  as seen in Table 16. The mean score on the Somatic Complaints subscale for the active military deployment group ( $M = 2.54$ ) was not significantly greater than the group who had a parent who returned from military deployment within 1 to 6 months ( $M = 2.07$ ,  $SD = 1.49$ ) with a mean difference of 0.48,  $p > .05$ . The mean score on the Somatic Complaints subscale for the group of students who had a parent who returned from military deployment within 1 to 6 months ( $M = 2.54$ ) was significantly greater than the control group ( $M = 0.22$ ) with a mean difference of 1.84,  $p < .05$  (see Figure 4). Therefore, the null hypothesis is rejected. For students who have a parent currently away on military deployment, there is a 95% confidence level of 2.04 to 3.05. With students who have been home from military deployment from 1 to 6 months, there is a 95% confidence level of 1.36 to 2.77. For students who do not have military parents (no deployment), there is a 95% confidence level of 0.29 to 0.75 (stated in Table 17).

### **Summary**

Chapter 4 described the demographics of 220 third through fifth grade children as well as the research findings. A description of the reliability of the Demographic Survey Form was addressed. The SPSS 20.00 program was utilized to perform a statistical analysis of data collected from the Demographic Survey Form and the Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form. Results were reported in relationship to the research questions and hypothesis. Data suggested that there was a significant



*Figure 4.* Means of Somatic Complaints scores for deployment groups.



difference in between students with a parent currently on military deployment in comparison students with a parent not on military deployment (control group) within all three subscales: Anxious/Depressed; Withdrawn/Depressed and Somatic Complaints. However, there was not a significant difference between students with a parent currently on military deployment and students who has a parent who returned from military deployment within 1 to 6 months. Chapter 5 provided an interpretation of the data and further implications for research.

## Chapter 5: Discussion

This final chapter of this study includes a summary of the findings, an interpretation of each hypothesis as it relates to the earlier research described in chapter 2, and a discussion of the limitations of the study. It concludes with recommendations for further research and practice, as well as a discussion of the possible impact of these findings for positive social change at the organizational, societal, family, and individual levels.

The primary purpose of the study has been to investigate internalizing problems among third, fourth, and fifth grade children who experience two critical stages of wartime military deployment: (a) the active deployment stage, and (b) the reintegration phase (parents who returned from military wartime deployment within 1 to 6 months). The subject area was limited to public elementary schools in Southern California, where there is a large military population. The major aim of this study was to increase the understanding of the profound effects of the absence of parents who are away because of their military duties upon children who remain behind. Although the children of military servicemen/women have support services which aid them in dealing with emotional and behavioral issues, educators, who may be in an optimal position to aid such families, are often unsure about the best way to respond to their needs. The intention of the study was to help fill the gap in research about the internal stressors of military children which result from parents being away for extended periods, as well as knowledge about the stressors which may occur as the parent returns and begins to reintegrate and transition back into their family.

The data from this present study is consistent with an emerging body of literature which investigates the challenges that grade-school children face during the active military deployment phase and the re-integration phase which follows wartime military deployment. It is hoped that this study will also help educators become more aware of these challenges and help create a classroom and school environment that is more conducive to needs of such children.

### **Summary**

This research study included participants from three public school districts in southern California which contained a high population of children from military families. Two hundred and 20 general education teachers participated in the study. Each of these teachers completed the Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form for three groups: (a) children with a parent on active military wartime deployment; (b) children with a parent who returned from military wartime deployment within 1 to 6 months; and (c) children whose parents have no military affiliation. Data from the Child Behavior Checklist, Teacher Rating Form were used to examine three areas of internalizing problems: (a) Anxiety/Depressed, (b) Withdrawn/Depressed, and (c) Somatic Complaints.

The results of MANOVA of the Tests Between-Subject Effects showed a positive correlation between the presence of internalizing problems and young children with a parent currently on wartime military deployment. Children with a parent currently on military wartime deployment had a higher mean score on the internalizing problems subscales than those students who did not have parents on wartime military deployment

(no military affiliation). There was also a positive correlation between internalizing problems and children with a parent who returned from military wartime deployment within 1 to 6 months. However, there was no significant correlation between children who has a parent currently on military wartime deployment and children with a parent who returned within 1 to 6 months.

### **Interpretation of the Findings**

The sections below analyze and interpret the findings in the context of theoretical frameworks: the attachment theory and the ambiguous loss theory. This study supported previous research that the number and length of military wartime deployment can influence the emotional well-being of your children. Results of the study as it relates to the number of military deployments since 2001 and length of deployment will be reviewed. This section also reviews the three hypotheses as it relates to internalizing problems of young children experiencing military wartime deployment of a parent.

### **Theoretical Frameworks**

Two major theories were used to interpret the results of this study. These were: (a) attachment theory, and (b) the ambiguous loss theory. 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 contribute to anxiety and behavioral problems (Murray, 2002).

During military deployment, children are separated from at least one parent and may experience numerous unanticipated and stressful changes in their living situation (Osofsky, 2013). In one study of attachment, young British children were examined during the intense bombing of London during World War II. The children showed regressive behaviors, aggression, and withdrawal or depression when separated from their primary caregivers (Osofsky, 2013). This study suggests that prolonged separation from a parent may cause the child to have internalizing problems and have a negative impact on his or her ability to adjust to the deployment cycle.

A somewhat distinct theoretical perspective is that of Ambiguous loss. Ambiguous loss is defined as a lack of understanding as to whether a loved one is absent or present, or uncertainty about whether they are alive or dead (Boss, 1999). According to Boss (2009), the most stressful loss of all is ambiguous loss. This is because in contrast to the definite loss of a loved one, in a case of ambiguous loss, there can be no resolution, and therefore the process of grieving and eventual healing cannot proceed in a

normal fashion. In addition, ambiguous loss causes confused perceptions in the minds of children about which members of their family have a role in their lives.

The traumas of “ordinary” losses, such as the death of a family member or loved one, are normally followed by mourning rituals, but in the case of an ambiguous loss, there are no such markers (Boss, 2009). There is still a need for closure, but it is unattainable. Ambiguous loss can lead to depression and anxiety because the grief process is interrupted and remains incomplete. Many of symptoms displayed by military children with a deployed parent may be interpreted as outcomes of living without clear answers. Is the absent parent alive or dead? Are they coming back or not? Should the child begin grieving now, or maintain a patient optimism? In this study, children with a parent on active military wartime deployment may have experienced internalizing problems due to the uncertainty of knowing if their caregiver is dead or alive. In addition, children in this study who had a parent returned from deployment within 1 to 6 months may have experienced internalizing problems due to the fear of the parent leaving again leaving them with confused perceptions of family roles.

Along with concerns that the parent might return with physical injuries or emotional scars, uncertainty about the timing of a parent’s deployment and where they will be deployed is a common stressor for military families (Huebner et al., 2007). The uncertainty and emotional difficulties following the absence of a military parent may be interpreted from the perspective of Boss’s theory of ambiguous loss. While measurable anxiety, as reflected questions on the Anxious/Depressed subscale of the Child Behavior Checklist Teacher’s Report Form, may rise as a result of such worries, this does not

describe the full range of symptoms which may arise as a result. However, it is necessary to remember that while anxiety and depression, as well as misbehavior, may arise as a result of ambiguous loss, not all ambiguous loss results in these psychological symptoms, or in the physical symptoms that have been described, and not all anxiety and depression that is experienced by children of military families is the result of feelings of ambiguous loss.

### **Phases of Military Deployment**

Chapter 2 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 (Jensen, 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, Davis, Johnson, and Middleton (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. Data from this study revealed a significant mean difference between students with a parent currently on military deployment compared to students with a parent with no military affiliation. The data from this present study were consistent with many of these earlier studies, for it also suggests 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 (when the parent returns from deployment) may contain its own unique set of stressors. According to DeVoe (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 maybe extremely happy, many drastic changes and stressful difficulties frequently follow. There may be great and genuine joy on the day of reunification, but there may also be considerable difficult in reconnection process during the weeks and months that follow. 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., 2013). 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.

### **Interpretation of Hypotheses**

Numerous authors have reported that the children of military parents are at increased risk for internalizing conditions and somatic complaints (Chandra et al., 2010; Engel et al., 2010). Kelly et al. (2001) reported that children with deployed parents have more instances of somatic complaints, an increased likelihood of internalizing and externalizing conditions, and more problems in school. Lester et al. (2010) reported that approximately one-third of military children with deployed parents and returning parents displayed anxiety symptoms, even though their levels of depression and behavioral adjustments were not different from those found in non-military children in their surrounding communities. The results of this study have been consistent with the above mentioned literature that children with a parent experiencing military wartime deployment showed symptoms of internalizing problems. The information below described more detailed interpretations for the three hypotheses that were noted in this study.

**Hypothesis 1 (Anxiety/Depressed)**

The first hypothesis predicted a higher mean score on the Anxiety/Depressed subscale of Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form among third to fifth grade children with a parent currently away from home on military wartime deployment relative to the other comparison groups. In order to test this hypothesis, a MANOVA test was conducted. Both children with military parents currently on leave and children whose parents had recently returned showed more anxiety and/or depression than did non-military children. Therefore, Null Hypothesis 1 was rejected. However, no significant difference was found between the mean scores of active military children and those of children whose parents just returned within one to six months. This probably indicates the families were still adjusting to the return of the parent to the home. Such acclimatization, although unavoidable, may often be challenging, and apparently raises anxiety. The primary reason for this anxiety may be that the child is still concerned that their parent will leave again soon on another deployment, which is not an irrational nor an unrealistic fear. Redeployment is a reality, and even young children of military families are aware of us. The duration of a parent's return home is often limited to periods of three to six months before another 12- to 18-month deployment is initiated. School-aged children understand that the return of a parent may well be a temporary situation, and that re-deployment is a real possibility, perhaps with little or no warning. This source of anxiety is based in the child's understanding of the unavoidable realities regarding their parent's military deployment.

In this study, it was found that the Anxious/Depressed subscale ( $r = .703$ ) was high across all three groups studied (those with parents currently overseas on active military duty, those who had returned recently, and those whose parents were not in the military). This finding indicates that anxiety/depression, as well as other internalization symptoms, are present even among subjects whose parents returned home from wartime deployment. Ambiguous loss theory is relevant even in these cases. Even though these children obviously know that their parent is alive and present at the moment, they also know the parent will probably redeploy at some unspecified future date. This awareness leads the children to feel a sense of ambiguity about the future welfare of their parent that is consistent with characteristics of ambiguous loss.

In contrast to children who have experienced a one-time traumatic event, the children of military personnel deployed overseas face heightened levels of distress coupled with extended periods of high anxiety and a sense of loss because of the pervasiveness of deployments (Cozza, 2010). In one study of children with parents in the army who had been deployed abroad since the beginning of Operation Enduring Freedom, Flake et al (2009) found that almost 40% of the children of were at risk for developing internalizing problems. Such studies as these have confirmed that children respond poorly to an environment characterized by constant change. While parents may provide their children with a strong and supportive home environment when both are at home, the sense of loss the children experience when their parents deploy is extreme, and will color their perception of all later periods leading up to subsequent deployment.

Pfefferbaum et al. (2011) noted that when comparing the emotional symptoms of children during and after their parent's deployment, the anxiety was higher after the parent returned than when the parent was deployed. These findings are consistent with the findings of the current study. This suggests there is a higher probability that children with parents in the military who develop internalizing problems and emotional problems when compared to children whose parents are not in the military. This evidence seems to suggest that the reunion and the time that follows can be even more stressful.

Compared to the children of civilians, those with deployed parents typically appeared to have higher levels of emotional difficulties and more behavioral problems (Chandra et al., 2008). Heubner et al. (2007) noted that healthy adolescent development could be disrupted by a struggle with depression and anxiety stemming from the return of a deployed parent. Reports by Lester et al. (2010) reported that high levels of anxiety prevail among children with deployed or newly-returned parents as compared with children of who are not subject to either of these conditions but who live in the same geographical region. A study by Chandra et al. (2010) of children between the ages of 11 and 17 with deployed parents by found that these children had greater emotional difficulty when compared with children of civilians. The same study reported that older teens and girls at all age levels had the most difficulties within their families, at school, and among friends.

Similar to previous research, the findings of this present study revealed similar levels of anxiety in children who have a parent currently on active wartime deployment and children whose parents had returned from active military wartime deployment within

1 to 6 months. Lester et al. (2013) reported that anxiety in the children worsened during the interval after the recently-deployed parent had returned. This was explained as perhaps being due to the mere presence of the military parent serving to remind the child of the unique stressors to which they will be subject when the parent is redeployed. Lester et al. thus offers a seemingly paradoxical explanation for why the anxiety of military children and other adverse effects may be felt more acutely when the recently-deployed parent is home than when they are gone.

### **Hypothesis 2 (Withdrawn/Depressed)**

A MANOVA analysis was also used to investigate whether children with a parent on active deployment and children with a parent who returned from military deployment within 1 to 6 months experienced withdrawal/depression symptoms at a higher rate than children who did not have military parents. However, this same MANOVA analysis found no significant difference in mean scores between children with a parent on active military deployment and children whose parents returned from military deployment between 1 to 6 months prior. Apparently both groups of military children experience similar stressors and behavioral characteristics.

Similar to hypothesis #1, the children probably experienced great difficulty in adjusting to a parent on active deployment or a parent who had returned, and became withdrawn as a result. Withdrawal behavior can include symptoms such as inhibition, shyness, and avoidant behavior (2013). This phenomenon is described by Huebner and Mancini (2005), whose research indicated that prior to, as well as during a parent's return (and prior to their redeployment), children are acutely "[aware] of the dangers associated

with parents' deployments," were "wary of media coverage of the war," and often found their ability to cope with this stressor to be in excess of their capacity (Huebner & Mancini, 2005, p. 10). Adolescents who have a history of withdrawal as a key coping mechanism may find these symptoms exacerbated by a parent's extended deployment or impending separation. This can extend to social isolation and further depressive symptoms (Huebner & Mancini, 2005). Such behavior can have an adverse effect on the child's academic endeavors because, in this stage, victims tend to focus on themes such as defeat and disappointment, and often find little motivation to engage in important or previously-pleasurable pursuits. Similar to a study by Lester and Flake (2013), children in this study who had a parent on active military deployment and children whose parents just returned from military deployment within 6 months expressed the stress of separation by regressing behaviorally and withdrawing emotionally.

This is one key area where the input of teachers and their awareness of specific symptoms of children who are withdrawn or despondent over a military parent's deployment prove to be crucial. Socially-withdrawn children have been studied considerably less than children who are aggressive and disruptive (Burgess & Younger, 2006). Burgess and Younger noted that in the school environment, withdrawn behaviors are generally deemed to be less problematic than aggressive behaviors. Many researchers have not considered socially-withdrawn children to be at-risk for later emotional difficulties (Burgess & Younger, 2006). Training may be provided within school districts to help such educators become more equipped to identify withdrawn symptoms.

### **Hypothesis 3 (Somatic Complaints)**

The MANOVA also determined there was a higher mean score on the Somatic Complaints subscale of the Child Behavior Checklist for Ages 6 to 18 Teacher's Report Form among third to fifth grade students with a parent currently on military deployment relative to the control group. Somatic complaints can present in variety of physical symptoms, such as stomach aches, muscle tension, and headaches (Kugler, 2012). Somatic complaints are often triggered by, and/or indicators of a child who is experiencing trauma or anxiety. For instance, headaches are often associated with the increased absence of a parent from home (Swedean, 2013). Studies describing the prevalence of somatic complaints in children with anxiety disorders have reported that up to 95% of children with an anxiety disorder displayed at least one somatic complaint, and, as a group, reported an average reported six somatic complaints per child (Ginsburg, 2006). As mentioned in Chapter 2, there is a lack of published data which describes the effect of parental military deployment on such somatic complaints. To the investigator's knowledge, only one unpublished study has examined these symptoms, and that study reported a higher prevalence of recurrent headaches amongst female subjects, which correlated with increasing age.

Children of military deployed parents reported a greater number of headache symptoms over the previous 12 months. During military deployment, younger children reported an increasing number of worsening headaches. Somatic complaints differed from ordinary symptoms in that they are largely physical, but the same problem in identification of these symptoms presents itself. In this study, there appeared to be a

correlation between the presence of somatic pathology and children with a parent on active military deployment and a parent who returned from deployment.

Overall, the findings of this present study provided evidence of anxiety, withdrawal symptoms, and somatic complaints among military children. The results may be of importance to educators when identifying the unique set of stressor that military children often experience. With this information, educators can determine more appropriate interventions and treatment.

### **Limitations of the Study**

While this study offers new insight into how wartime military deployment affects children, there were several limitations of the study. There were several limitations to this study which may have potentially impacted the generalizability, validity, and reliabilities of the results.

One such limitation is the limited generalizability of the results due to the sample size. The data was collected from only a small number of participants, all of whom lived within Southern California. To obtain a suitable and sufficiently large sample of participants, the researcher sampled three different school districts. Southern California, just as other regions of the United States, has its own unique sociological and demographic characteristics. Although there is no particular reason to suspect the particular school districts which were included drastically different from those in the rest of southern California, or from those elsewhere in the United States, such a possibility cannot be dismissed. Because all participants were located within this single geographical region, it is not safe to assume these participants were necessarily



representative of the entire United States. The results of this study are not necessarily generalizable to the children of military families residing in other parts of the country. In order to further develop this research and obtain more complete insights into the subject under investigation, it would be necessary to conduct a similar study which included a much larger number of participants, and that included participants from a much larger number of school districts, and much wider range of geographical regions.

Data were collected only from children whose parents had returned from deployment within 1 to 6 months previously. There were no children in the study whose parents had returned more than six months previously. Results from a larger and more representative sample might reveal a broader picture of how children are affected by wartime military deployment on a long term basis.

There may be a potential bias in using a convenience sample. The sample that was available to the researcher was limited, which resulted in different sample sizes for each of the different groups. The group which included students with a parent who returned from wartime military deployment within one to six months was considerably smaller than the group of children with actively deployed parents and the group of non-military families.

In addition, there may be other possible variables that interfere with the internal validity of this study, such as the timing of the study. It is possible that during the specific time of data collection, there may have been a smaller number of military members returning from military deployment than at other times. It is also possible the mood of the country regarding the specific military involvement that was occurring may

have been different than at other times, or that the wartime conditions from which the military personnel were returning was different from that of other military engagements. Such factors might affect the way families of deployed service people are perceived (and treated) by members of the surrounding civilian population, and thereby possibly affect the type and level of stress experienced by children within military families. The procedures for processing returning service personnel and the support services provided to such military parents and to their families changes over time, and may not have been the same during the time of the study as they have been during other times (or in other locations).

### **Recommendations for Future Research**

There are several recommendations for ways to extend and more fully explore the issues addressed by this study. For example, I would recommend an exploration of the gender of the deployed parent. The way children may experience military deployment may well be influenced by whether it is the mother versus father who is away on deployment. The decision by the military in January 2013 to allow women to serve on the front line raises the possibility that there may now be a greater need to examine the impact of the absence of the mother as a result of military deployment and combat exposure than there has been previously. One study of married and single navy mothers found that military deployment affected their children differently, with children of distressed single mothers exhibiting behavior symptoms not seen in the children of married mothers (Lester & Flake, 2013). Another topic for further research would be an analysis of the mothers who are deployed. In this present study, the majority of the

parents on deployment were fathers. However, future studies will be needed to compare the effects on children of maternal versus paternal deployment.

The gender of the children may also be an issue that should be considered in future research into these matters/ further exploration. Previous studies have reported that boys and girls react differently to military wartime deployment. During the Gulf War, one study found that school-aged boys reported that school-age boys showed more behavioral distress than girls (Jensen, 1996). According to literature published almost two decades ago, boys have a higher risk of developing deployment- related issues (Jensen, Martin, & Watanabe, 1996). However, some more recent studies have reported that girls may be at greater risk for developing symptoms (Chandra et al., 2010). Depending on a number of factors, including gender and developmental needs, children may have different experiences, and may therefore respond to and report these experiences differently. It may therefore be valuable to conduct longitudinal studies to investigate how male and female children are differentially affected by the military deployment of a parent.

The age of a child of a military parent probably influences the challenges they face throughout their development, and may have a direct influence upon the way they experience the deployment. When parents have been deployed, children aged three to five are keenly aware of the absence, though they are unable to understand the full nature of the deployment. A result of the stress caused by this absence may lead young children to have tantrums, to display clinging behavior toward the remaining parent, and to regress developmentally (Lester, 2013). In such children, the emotional responses are apparently

more a reaction to the mere absence of the parent, rather than resulting from any concern about the dangerous situation in which the absent parent might be. However, children aged six to 12 have a clearer understanding of the fact that their deployed parent is being exposed to danger on a daily basis, and such awareness may contribute to the child's anxiety and stress. Children aged 13 to 18 are better able to deal with changes. However, the challenges they face during this period may be greater than those faced by younger children. There is now a general understanding of how age difference may influence the way children experience and cope with the stresses related to deployment of parents, but many of the details of this process remain unknown, and consider further study in this area seems warranted.

This study also touched upon somatic complaints as one of the reactions that often results from deployment of military parents. The study concluded that there was positive correlation between somatic complaints and children experiencing military wartime deployment of a parent. In this study, somatic complaints were more common among female children than male children. This gender difference is an interesting and potentially very important finding, but a full investigation of this issue and its implications were beyond the scope of this study. It is therefore recommended that this topic be the focus of one or more future study.

Apart from children, there are other members in a military family who are frequently neglected by academic research, outreach programs and support efforts. Military service can affect parents, siblings, and other relatives of service members in many different ways. Unfortunately, there is a severe paucity of research in this area

(Cozza & Lerner, 2013). This issue of the effects of military deployment upon other relatives is a large unexplored territory, and therefore worthy of future research.

In this study, it was found that many children who dealt with wartime military deployment had other siblings at home. It is probable that only children may respond differently to parental deployment do those with siblings at home, but the subject has never really been investigated. Sibling relationships may provide children with support, stability, and familiarity that they may not find anywhere else. Further evaluation is needed to focus on children of military parents who have or lack siblings. The presence and activities of siblings may also play a crucial role in the well-being of military, especially if they are older than the child under examination, but this subject has also not been investigated. Further research could be conducted to determine whether children without siblings demonstrate a significantly higher rate of internalizing problems compared with children with one or more sibling in the home.

The War on Terrorism has been lengthy and many in military service have been deployed for multiple tours of duty, often with minimal time between tours (Pfefferbaum et al., 2011). Lester et al. (2010) reported that the difficulties associated with separation and reintegration are greater during longer deployment periods. Many families have experienced multiple deployments, with three, four, or even five (or more) separations and reunifications (Cozza & Lerner, 2013). It may be suspected these claims of Lester et al may be correct, but the topic has not been adequately researched. Further research could be conducted to study the impact of long-term and/or multiple deployments of service members on children and their families.

In the past, deployments of parents were relatively infrequent events, and the beginning dates and ending date known in advance (Pincus, 2001). However, current trend has been increasingly towards deployments with little or no advanced warning, and without clear parameters regarding the duration or return dates. The degree to which this situation affects the children of military parents remains unclear. Recent reports by Chandra et al. (2010) have suggested that the extended time military parents spend in overseas deployment is correlated with the intensity and severity of their children's emotional issues. Future research may explore the level of internalizing problems with children who are subjected to multiple wartime military deployments by their parents. This study only assessed the post deployment issues which were evident during the six month interval immediately following the return of the service member, but no account was attempted for difficulties that may have appeared beyond this narrow time frame. There is a need for further research to identify problems associated with post-deployment reintegration over the long term.

In this study, internalizing problems were found to be significant among children who had a parent on active deployment and children whose parent had returned from deployment during a one to six month period, but no measurements were made in children whose parents were anticipating military service. The pre-deployment period can be experienced as a time of significant stress and anxiety (DeVoe & Ross, 2012). It has been reported that during the pre-deployment phase, both children and family members may withdraw emotionally (Lester & Flake, 2013), but little is known about the details of this process. This is an area that also requires further research and study.

During the post deployment phase, the returning parent may experience a psychiatric illness and/or be forced to contend with injuries or disabilities they may have suffered during combat. Although there is literature which examines the well-being and health of children and families of military parents, there has been almost no research about the way children handle the fact that their parent(s) have been traumatized and/or injured in a combat situation (Cozza, 2013). When the military parent returns from deployment, they are confronted with their own stressors. PTSD, anxiety, and depression are common emotional issues faced by military service members (Tanielian et al., 2008). This can present children with challenges they are unprepared for. There has not yet been a study of the impact of the parent's combat-related mental illness and/or physical injuries on the children of such victims.

In this present study, children who have a parent who returned from wartime military deployment within 1 to 6 months displayed high scores of internalizing problems when compared with civilian children. The physical injuries of the returned military parent may have influenced the child's internalizing problems. Further research should consider other means by which teachers may be aided in their assistance and awareness of the problems of this type faced by children of deployed military service members.

There have also been limited studies examining the impact of a parent's combat-related death upon their children. Children who have lost a parent in combat suffer grief in an atypical fashion. Such children may not see their deployed parent for several years, causing them to become accustomed to the parent's absence. This makes it more difficult for children to emotionally comprehend the loss.

## **Implications**

Military children are embedded in array of systems- governmental agencies, local and national communities, schools, and families. The well-being of children being should be studied in terms of the larger social structures they live within, such as the local community, schools, and governments. The Department of Defense (DoD), the Department of Veterans Affairs (VA) and the American Psychological Association have displayed increasing interest in the potential effects of military deployment on society in general, which has resulted in the formation of several task forces that explored the mental health needs of military families and raised national awareness of their challenges within the non-military community (Sheppard, 2010). Community enforcement affects the adjustment and coping of children during wartime deployment (Flake et al., 2009).

### **Implications for Social Change**

The challenges faced by military children are exacerbated by the lack of guidance and support provided by the child's community and/or family. The Military Child Education Coalition (MCEC) was established to combine the efforts of school districts and the military to support the children of service members (MCEC, 2001). This organization offers training to school teachers and counselors about how to help the children of service members who are transitioning to a new environment. It provides social support for student relocations to and from different schools. Due to a lack of evidence-based programs, in many regions, the children of military parents receive no evaluations of their status. In recent years, the number of government-provided services catering to the families of military service members has been increasing. Government



task forces have begun investigations into the impact of the deployment of a parent may have on a child.

Very few educators have extensive training in recognizing and responding to the mental health needs of military children, and even fewer are able to understand the needs of military children who are dealing with the military deployment of their parent. The results of this study reveal that military children can be adversely affected by variables such as deployment time, number of deployments, and how long a parent has been deployed. It is important to offer support for these children at all stages of the deployment cycle, including outreach, educational services, and on-site mental health services. Educators are especially vital to the outreach efforts of the community to military families, and they can potentially have a tremendous positive impact on the lives of military families. Teachers can play a vital role in recognizing student stressors. In many cases, schools provide a sense of security for military child who suddenly find themselves in a world that has been drastically changed from what they were recently familiar with.

In contrast to most other children, the military child faces issues that span a very long period of time. To make it possible for these children to deal with these conditions, it is recommended for educators to learn the various social-emotional phases of military deployment and its effects on children. Many local military bases have reintegration teams that travel to schools to offer therapy for children and their families, and offer an opportunity to allow students to discuss their experiences in a safe environment. In addition, school counselors have developmental expertise and work closely with the

support systems of children (e.g., parents, teachers, and peers). School counselors also have access to data sources, such as group counseling, that helps determine the needs of a student whose caregiver is deployed. Students can share their feelings about the culture of deployment, and can learn and practice coping strategies (Rush & Akos, 2007).

Children with a deployed parent may feel isolated in their grief if they attend a school with few (if any) other children of service members. Service providers must understand that issues surrounding military deployment tend to be extremely delicate matters, and involve very intense feelings, and are the focus of considerable emotional vulnerability for the children who are affected. A maximum of sensitivity, compassion, care, and concern must be exercised when offering to help the children of military parents in such situations. The deployment of their parents is not situation shared with nonmilitary children, and therefore they face challenges not easily understood or experienced by the children of civilians or their parents.

Teachers are in the best position to assist, guide parents, and offer support to children and families. It is important for teachers to be aware of the needs military children have during their parent's deployment and how to assist them in finding appropriate services if they are at risk of developing internalizing problems. The most important way teachers can help military families would be to become more familiar with the challenges these families face prior to, during, and after military wartime deployment.

There is a general perception that the overall well-being of a child whose parents have been deployed by the military can best be handled with the help of individual approaches rather than a larger social sector (Blanchard, 1992). Within a community

setting, there are different community schools that have offered a number of programs to help children overcome the distress of military deployment. Some of the programs which have been started in this regard are facilitated by Families over Coming Under Stress (FOCUS), which makes sure that the counseling of children is conducted by experts in the field and ensure that the child is progressing in his or her studies as well as co-curricular activities (Benbenishty, 2013).

The results of this study can help refine counseling programs that can provide for the needs of military children dealing with stressors resulting from a parent being away of active military deployment, and also help guide the design of programs that will facilitate a smoother transition when parents are returning from military deployment. The schools that are located near military-concentrated areas make sure that the programs are implemented to address the emotional stress as a result of the deployment experience.

While parents and administrators have the potential to learn and benefit from this study, this work was originally geared toward teachers working directly with military children. It is of crucial importance that the teachers understand the full emotional cycles of deployment if they are to properly care for children of military families. Though most teachers are well aware of changes in their students, this research will help them to better understand the pivotal changes in the military children. As so many families are affected by cycles of deployment and the emotional stress and tension that come from these cycles, it is more important that teachers be properly educated as to means methods regarding the various telltale signs of children who are unduly affected by the military deployment of a parent. The problem that this study sought to address was how best to

train and equip educators to identify signs of difficulty related to a parent's military deployment, a stressor that shares some, but not all, of the same warning signs as those which indicate abuse, neglect, or issues with depression or conduct.

This study provides a better understanding of the Child Behavior Checklist Teacher Rating Form than is available at present when evaluating internalizing problems among military children. Early identification and utilization of the childhood behavior checklist teacher rating system form serves as a pre-indicator for interventions. Once the variables are identified, teachers can make a recommendation and inform the school counselor or psychologist, a procedure that will lead to an increased likelihood of useful prevention in order to ensure that students do not suffer undiagnosed for long.

Furthermore, through increased focus on the specific problems and difficulties of military children, the school can become a supportive environment which can provide these children with strong support during their time at school, which is conducive both to their education as well as to their ability to cope. For instance, as Padden et al. (2013) indicated, young children from military families are often comforted by the presence and use of calendars and maps which indicate where the parent has gone and when they will return. Given the checklist parameters that have been considered in this study, once an at-risk child is identified, it may be incumbent upon the teacher to introduce means by which such devices may be implemented in the curriculum. This way, the child is comforted through understanding of the parent's legitimacy, but also that the entire class is enriched through consideration of geography and current politics, albeit one which is specific to grade level.

### **Theoretical Implications**

The understanding of the implications of attachment theory and theories of ambiguous loss may also help educators to assist their students in their time of emotional difficulty. Within context of the attachment theory, the results of this study presented that children experiencing military deployment of a parent experiences anxiety, withdrawal, and somatic complaints due to the absence of their primary caregiver. As Boss (1999) indicated, because the depression and despondency associated with ambiguous loss often manifest as anxiety and fear, ambiguous loss is often more difficult to detect than other psychological symptoms related to the absence of a parent who is away on military deployment.

All theories are directly related to understanding the internalizing emotional symptoms for the children, for they can help the researcher identify the possible circumstances that may lead to worrisome emotional vulnerabilities/instabilities. All of these theories will also help recognize the necessary interventions that could help the children and families deal with these instabilities and symptoms. Ambiguous loss theory and attachment theory provide a specific lens through which to view loss, and by which to provide a better understanding of how the military deployment cycle affects children. The impact of military deployment on young children will not just be limited to a local viewpoint; however a more ecological point of view regarding the impact on military children will be explored. Therefore, environmental and social cues will be crucial, especially those witnessed by the teachers.

### **Recommendations for Practice**

According to the American Psychological Association, children who are facing stress as a result of deployment of parents in military service would benefit from additional support within a school environment as well as improve their school experience. Military children need help as they face severe anxiety, hyperactivity, and conflicts with their peer group. The analysis of the child's case is the first step and makes it possible for the child to return to a normal life despite the fact that one of the parents is not close to him. Most military children consider the fact that their parent is not with them to be a dilemma, and therefore it is of utmost importance that social and emotional learning be taught to the children to make sure that the overall issue is curbed as soon as possible. Homesickness is something that also plays a major role in this regard and makes it more difficult for the child to overcome the issues that have been created by the parent's military deployment, so this issue has to be eliminated as well. This can be done with the help of summer camps that are organized by the schools (Dombro, 2012). For example, a program known as Operation Purple (created by the National Military Family Association) provides a free summer camp for children with a parent serving in the military. The Operation Purple Programs are specially designed programs that serve military families in various phases of military deployment, such as active deployment and the reintegration phase (National Military Family Association, 2014).

Extracurricular or co-curricular activities can also play a major role in this regard as they keep the child busy. It should always to be remembered that these techniques are part of the solution which has been posted by the American Psychological Association,

and it has been proven over time that these solution work best and provide a helping hand to military children. Sadness, hopelessness, and major depressive disorders (MDD) are the causes of the behavior of military children. It should also be noted that MDD has proven to be the biggest issue as it deteriorates the mental as well as the physical health of the child. However, it is not the only issue, and the child should be treated according to all impending issues. In other words, each and every therapy that is carried out in this regard should be tailored according to the needs and wants of a specific child (Shireman, 2003).

The treatments that are implemented in this regard are very important due to several reasons. If the treatment is not done quickly enough or according to the needs of the child, then the results are obviously fatal. The issues that are faced by the children in this regard are inattentiveness, lack of interest in studies, and poor relationships with teachers as well as classmates (Nilsson, 2013). It is evident that military children face these issues in the long run, and they are also important as they show the parents and teachers a glimpse of what the child's behavior will be in the long run. Proper treatment also ensures that the child performs at his very best when it comes to routine life, forgetting the issues that are being faced due to the deployment of the parent. Overall, teachers and the parents should also carry out aspects of this treatment as a part of their duty to make sure that the child is treated in an effective manner. The words of parents, or in some cases the teachers, are always powerful when compared to a therapist who is unknown to the child (Monson, 2012).

## **Conclusion**

Over the past decade, there has been growing attention to children in military families helping educators and researchers to understand how the military deployment of the parents 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 a parent currently on military wartime deployment and children with a parent who had recently returned from military wartime deployment frequently experienced significant internalizing problems of anxiety, withdrawal, and somatic complaints in compared with children from non-military families. The results of study were also consistent with attachment theory and with ambiguous loss theory, which address how children react to separation from a parent. Although research is expanding in the area of military families and organizations such as APA to establish legislation to support military families, more research needs to be implemented in understanding the emotional challenges among children from military families. Schools provide support and structure to military children which may help them to deal with deployment related issues. Educators can play a vital role in effecting a positive social change by early identification of internalizing problems among military children and seeking out appropriate treatment.



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## Appendix A: Items for the Internalizing Scales of the Child Behavior Checklist Teacher's

## Report Form

Question #	Item
Anxious/Depressed	
14	Cries a lot
29	Fears certain animals, situation , or places other than school
30	Fears going to school
31	Fears he/she might do something bad
32	Feels he/she has to be perfect
33	Feels or complains that no one love him/her
35	Feel worthless or inferior
45	Nervous, high strung, or tense
50	Too fearful or anxious
52	Feels too guilty
71	Self-conscious or easily embarrassed
91	Talks about killing self
112	Worries
Withdrawn/Depressed	
5	There is little he/she enjoys
42	Would rather be alone than with others
65	Refuses to talk
69	Secretive, keeps to self
75	Too shy or timid
102	Underactive, slow-moving, or lacks energy
103	Unhappy, sad, or depressed
111	Withdrawn, doesn't get involved with others
Somatic Complaints	
47	Over confirms to rules
49	Has difficulty learning
51	Feels dizzy and lightheaded
54	Overtired without good reason
56a	Ache or pains (not stomach or headaches)
56b	Headaches
56c	Nausea, feels sick
56d	Eye problems (not if corrected by glasses)
56e	Rashes or other skin problems
56f	Stomachaches
56g	Vomiting, throwing up



## Appendix B: Introduction Letter to School Principal

Date

Dear School Principal,

My name is Letitia Henson, and I am employed as School Psychologist within a school district in southern California. I have been employed with the district as a School Psychologist since 2001, and I have worked in a variety of settings ranging from elementary school to high school settings.

In addition, I am a Ph. D. student attending Walden University. The topic of my dissertation is the behaviors of military children with deployed or deploying parents/caregivers in elementary school classrooms. This study will contribute to a better understanding of how the stress of family member deployment may impact student behavior and adjustment in a school setting. As part of this study, children from both military and non-military families will be examined so that I may compare the two groups.

I am requesting permission from you to survey elementary school teachers in grades 3rd through 5th at your school site. Parents/caregivers in these grades will be asked to complete a criteria form as well as sign a written permission form for their students' data to be used. The teachers of those students who meet study criteria will be asked to participate. Teachers who participate will complete the Child Behavior Checklist Teacher's Report Form for each child, and will also sign a participation agreement.

I understand that the district has an Internal Review Board Process. I submitted the forms and all required documents for processing in order to conduct my study.

I will follow all protocols from the school district and Walden University. Participants may withdraw anytime without penalty or consequences.

The study will be completely confidential and all the rating scales of the Child Behavior Checklist Teacher Rating Form will be collected and kept in a locked cabinet in my home during the duration of my dissertation process.

If you have any questions or concerns, please contact me at \_\_\_\_\_.

Sincerely,

Letitia A. Henson

## Appendix C: Parent Consent Form

Date

Dear Parent,

You are invited to participate in a dissertation study being conducted by myself, Letitia Henson. I am a Ph.D. in the School Psychology program at Walden University. In addition, I am also a School Psychologist, and I have worked in a variety of educational settings ranging from elementary school to high school.

I am writing to request for your participation in a research study of emotional symptoms of children experiencing military wartime deployment of their parents. This study will contribute to a better understanding of how military deployment of a parent impacts children's behaviors and adjustment in a school setting. As part of this study, children from both military and non-military families will be examined so that I can have a comparison group. **Your child will not be a direct participant in the study and will not be pulled from the classroom. The study will not disrupt classroom activities. Data for this study will be collected through teachers and parents only.**

**Background Information:**

This form is part of a process called "informed consent" to allow you to understand this study before deciding whether to take part. By the end of the study, I hope to provide a better understanding of the unique stressors of military children. Based on your responses from the Demographic Survey Form, your child's teacher will be contacted by the researcher to request for participation in the study. Your child's teacher will be asked to review and sign a consent form to insure confidentiality of your child's information. Your child's teacher will be asked to complete a rating scale known as the Child Behavior Checklist, Teacher's Report Form to evaluate classroom behaviors of your child. The Child Behavior Checklist, Teacher's Report Form is a series of questions that evaluates behavioral and social functioning in children. Each teacher rating scale takes approximately 15 to 20 minutes to complete.

**Procedures:**

If you agree to be in this study, you will be asked to:

- Review and sign one of the enclosed copies of the Parent Consent Form
- By signing the Parent Consent Form, you are giving your child's teacher permission to complete The Child Behavior Checklist, Teacher's Report Form.
- Complete the Demographic Survey Form
- The Demographic Survey Form takes 15 to 20 minutes to complete
- Place all documents in the enclosed envelope
- Mail documents in the enclosed envelope or drop off in confidential drop box in the main office at your child's school site. The drop box has my name on it.
- Keep the second copy of the Parent Consent Form for your records.

**Voluntary Nature of the Study:**

Your participation is voluntary and no compensation will be offered. Your decision whether or not to participate will not affect your relationship with your school district. Your decision whether or not to participate in the study will not influence school related activities. Your decision of whether or not you choose to be in the study will be respected. You may stop your participation in the study at any time. If you decide to join the study now, you can still change your mind during or after the study by not sending in the Demographic Survey Form. Please share only what you are comfortable with sharing. You may skip questions or withdraw from the study at any point without penalty. **This is not a school district activity nor an activity associated directly with United States Military. The information on the Demographic Survey form will not be reported to the school site or military.**

**Risks and Benefits of Being in the Study:**

The risks of participating in this study are minimal. Being in this study would not pose any risks to your safety or wellbeing. If you are concerned about your mental health after answering the questions, you can seek a referral for mental health services at <http://locator.apa.org> and <http://sandiego.networkofcare.org/mh/services/index.aspx>. Neither the researcher nor Walden University will be responsible for the cost of mental health services if you decide to request them.

Your child will receive no direct benefit from participation in this study. However a possible benefit for parents and educators would be a better understanding of the unique stressors that military children may face.

**Privacy:**

To protect confidentiality, any information you provide will be kept confidential. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name, contact information or anything else that could identify you in the study reports. Your information will be assigned a code number. The information connecting your name to this code will be kept in a locked file cabinet and a computer with a password. Data will be kept for a period of at least 5 years, as required by the university. After 5 years, all data will be destroyed.

**Contacts and Questions:**

You may ask any questions you have now. Or if you have questions later, you may contact the researcher at [letitia.henson@waldenu.edu](mailto:letitia.henson@waldenu.edu). If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 1-800-925-3368, extension 3121210. Walden University's approval number for this study is **04-30-13-0018268** and it expires on **April 29, 2014**.

### **Additional Clauses for Special Circumstances**

**Abuse:** The researcher has ethical and legal obligations to report suspected child abuse or neglect and to prevent your child from carrying out any threats to do serious harm to themselves or others. If keeping information obtained in this study private would immediately put them or someone else in danger, I would release that information to protect them or another person.

**Exclusion:** Children identified with an Individual Education Program (IEP) and/or have a pre-existing mental health diagnosis will be excluded from the study. Although research within this population is very valuable to educators, the goal of this study is to rule out conflicting variables as it relates to stressors associated with military deployment of a parent.

**Conclusion of Study:** At the conclusion of the study, all parent and teacher data will be reported as group results. A summary of group results will be mailed to you.

### **Statement of Consent:**

I have read the above information and I feel I understand the study well enough to make a decision about my involvement. By signing below and returning a signed parent consent form and the Demographic Survey Form, I understand that I am agreeing to the terms described above. I understand that I will receive a copy of the study's group results (but not my child's results), through mail at the end of the study.

You have been given a copy of this form to keep.

Printed Name of Participant

Date of consent

Participant's Signature

Researcher's Signature

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## Appendix D: Formulario de Consentimiento de Los Padres

Fecha

Estimados Padres,

Les invito a participar en un estudio de tesis doctoral, presentado por mí, Señora, Letitia Henson. Soy Doctorada en el programa de la escuela de Psicología en la Universidad de Walden. Además, también soy una Psicóloga de la Escuela, y he trabajado en una variedad de contextos educativos desde primaria hasta secundaria.

Les escribo para solicitar su participación en un estudio de investigación de los síntomas emocionales de los niños que experimentan el despliegue militar de sus padres en tiempos de guerra. Este estudio contribuirá a una mejor comprensión de cómo el estrés del despliegue del miembro de la familia puede llegar a afectar el comportamiento en el ambiente escolar de los niños. Como parte de este estudio, se examinarán los niños de familias militares y no militares para que yo pueda tener un grupo de comparación. **Su hijo no será un participante directo en el estudio y no será retirado del salón de clases. El estudio no causara interrupciones en las actividades escolares. Datos para este estudio se recogerán a través de maestros y padres solamente.**

### **Información de Antecedentes:**

Esta forma es parte de un proceso llamado "consentimiento de enterado" que le permitirá entender este estudio antes de decidir en participar. Al final del estudio, espero proporcionar una mejor comprensión de los estresores únicos de hijos de militares. Basado en sus respuestas del formulario de la Encuesta Demográfica, el maestro de su hijo será contactado por el investigador. Al maestro de su niño se le va pedir completar una escala de calificación, conocida como La Lista De Comportamiento Del Niño, esta escala de calificación del Maestro es para calificar comportamiento de su hijo en el salón de clases. La Lista De Comportamiento Del Niño, una escala de calificación del maestro, es una serie de preguntas que evalúa el comportamiento y funcionamiento social en los niños. Cada escala de calificación del maestro requiere aproximadamente 15 a 20 minutos para completar.

### **Procedimientos:**

Si usted acepta participar en este estudio, tendrá que:

- Revisar y firmar el Formulario de Consentimiento de Los Padres que viene incluido.
- Al firmar el Formulario de Consentimiento de los Padres, usted le dará permiso al maestro de su niño para completar La Lista De Comportamiento Del Niño, una Escala de Calificación del Maestro

- Completar el Formulario de Encuesta Demográfica
- El Formulario Encuesta Demográfica requiere de 15 a 20 minutos para completar
- Colocar todos los documentos en el sobre incluido
- Enviar por correo los documentos en el sobre adjunto o entregar en el buzón confidencial de la oficina principal, con mi nombre escrito en él.
- Guardar la segunda copia firmada del Formulario del Consentimiento de los Padres en sus archivos

### **La Naturaleza Voluntaria del Estudio:**

Su participación es voluntaria y no se ofrecerá ninguna indemnización. Su decisión de participar o no participar no afectarán su relación con el Distrito Escolar. Su decisión de participar o no en el estudio no influirá en las actividades relacionadas de la escuela. Su decisión si va participar o no en el estudio será respetada. Si usted decide participar en el estudio ahora, usted todavía puede cambiar de opinión durante o después del estudio, y no enviar el formulario. Usted puede parar en cualquier momento. Por favor comparta sólo lo que usted está cómodo con compartir. Usted puede saltarse preguntas o retirarse del estudio en cualquier momento sin penalización. **Esta no es una actividad del Distrito Escolar ni una actividad asociada directamente a las actividades militares de Estados Unidos. La información en el formulario Encuesta Demográfica no será reportada a la escuela o militar.**

### **Riesgos y Beneficios de Participar en el Estudio:**

Los riesgos de participar en este estudio son mínimos. Participar en este estudio no representa un riesgo para su seguridad o bienestar. Si usted está preocupado acerca de mi salud mental después de contestar las preguntas, usted puede pedir una referencia de los servicios de salud mental en <http://sandiego.networkofcare.org/mh/services/index.aspx>. Ni el investigador ni la Universidad Walden serán responsables por el costo de los servicios de salud mental si usted decide solicitarlos.

Su hijo no recibirá ningún beneficio directo por la participación en este estudio. Sin embargo, un posible beneficio para los padres y educadores sería una mejor comprensión de los factores estresantes únicos que los hijos de militares que pueden enfrentar.

**Privacidad:**

Para proteger la confidencialidad, cualquier información que usted proporcione se mantendrá confidencial. El investigador no usará su información personal para ningún propósito fuera de este proyecto de investigación. Asimismo, el investigador no incluirá su nombre o cualquier otra cosa que se le pudiera identificar en los informes de los estudios. A su información se le asignará un número de código. La lista para conectar su nombre con este código se guardará en un archivo bajo llave y en una computadora protegida con una contraseña. Los datos se conservarán durante un período de al menos 5 años, como se requiere por la universidad. Después de 5 años, los datos serán destruidos.

**Contactos y Preguntas:**

Puede hacer cualquier pregunta que usted tenga ahora. O si usted tiene preguntas después, puede comunicarse con el investigador a través de (619) 823-7083 o [letitia.henson@waldenu.edu](mailto:letitia.henson@waldenu.edu). Si desea hablar en privado sobre sus derechos como participante, puede llamar a la Dra. Leilani Endicott. Ella es la representante de la Walden University, quien puede hablar de esto con usted. Su número de teléfono es 1-800-925-3368, extensión 3121210. El número de la aprobación de la universidad de Walden para este estudio es **04-30-13-0018268** y se vence en **April 29, 2014**.

**Cláusulas Adicionales Para Circunstancias Especiales**

**Abuso:** El investigador tiene la obligación ética y legal, de reportar sospechas de abuso o negligencia para impedir que su hijo lleve a cabo cualquier tipo de amenaza que pudiera causar daños graves a sí mismo o a los demás. Si mantener la información obtenida en este estudio como privada, pone en peligro inmediato a ellos o alguien más, los investigadores darán a conocer esta información para protegerlos a ellos y a la otra persona.

**Exclusión:** Los niños que se identifican con un Programa de Educación Individual (IEP) y / o si tienen un diagnóstico pre-existente de salud mental serán excluidos del estudio. Aunque la investigación en esta población es muy valiosa para los educadores, el objetivo de este estudio es descartar conflicto de variables en su relación con los factores de estrés relacionados con el despliegue militar.

**Conclusión del Estudio:** Al concluir el estudio, tanto las respuesta tuyas así como las del maestro serán reportadas como resultados de grupo. Un resumen de los resultados del grupo serán enviados por correo a usted.

**Declaración de Consentimiento:**

He leído la información anterior y siento que entiendo el estudio lo suficientemente bien como para tomar una decisión sobre mi participación. Al firmar abajo y devolviendo el formulario de Consentimiento del Padre y firmando el Formulario de Encuesta Demográfica, yo entiendo que estoy de acuerdo con los términos descritos anteriormente. Entiendo que voy a recibir una copia de los resultados del estudio (pero no los resultados de mi hijo), que serían enviados a mí por correo después del final del estudio.

Se le ha entregado una copia de este formulario para que usted lo guarde.

Nombre Impreso del Participante \_\_\_\_\_

Fecha de Consentimiento \_\_\_\_\_

Firma del Participante \_\_\_\_\_

Firma del Investigador \_\_\_\_\_



## Appendix E: Demographic Survey Form

**CONFIDENTIAL**

Code Number: \_\_\_\_\_

Today's Date \_\_\_\_\_

**All Information will remain confidential and will only be used for the purposes of the dissertation study. Information will not be placed in any school records nor revealed to the military.**

Person (s) filling out this form: \_\_ Mother \_\_ Father \_\_ Caregiver \_\_  
Other- please specify \_\_\_\_\_

Name of caregiver/parent completing the form \_\_\_\_\_  
Contact Number: \_\_\_\_\_

**Child's Information**

Child's Name \_\_\_\_\_ Child's birth date \_\_\_\_\_

Circle one:    Male                  Female

Is this child of Hispanic, Latino, or Spanish origin?

- a. No, not of Hispanic, Latino or Spanish origin
- b. Yes, Mexican, Mexican American, Chicano
- c. Yes, Puerto Rican
- d. Yes, Cuban
- e. Yes, another Hispanic, Latino, or Spanish origin. Print origin, for example, Argentinean, Columbian, Dominican, and so on \_\_\_\_\_

What is the child's race? Place a check by one or more boxes

_____ White	_____ Asian Indian	_____ Black/African-American
_____ Chinese	_____ Japanese	_____ American Indian or Alaska Native
_____ Filipino	_____ Korean	_____ Native Hawaiian
_____ Samoan	_____ Vietnamese	_____ Guamanian or Chamorro
_____ Other Asian- Print race _____		
_____ Other Pacific Islander- Print race _____		
_____ Some other race-Print race _____		

Name of School \_\_\_\_\_

Grade Level: 3rd grade      4th grade      5th grade

Current Teacher \_\_\_\_\_

Does child have siblings? Yes (If yes, how many \_\_\_\_\_) No

**Please check Yes or No to the following statements.**

Statements	Yes	No
1. This child has an Individual Education Program (IEP).		
2. This child has been diagnosed with a mental health disorder. <b>(Do not disclose type of diagnosis.)</b>		
3. This child is currently being treated by a mental health professional. <b>(Do not disclose type of treatment.)</b>		
4. This child has a least one parent (can include natural or step-parent living within the household) currently on wartime military deployment (Active Duty or Reserve)		
5. The child's mother (natural or step-parent) is currently on wartime military deployment.		
6. The child's father (natural or step-parent) is currently on wartime military deployment.		
7. This child has a least one parent (included natural or step-parent living the household) who is returned from wartime military deployment within the last six months.		

**If you answered Yes to questions 4, 5, 6 or 7 please complete the following page. If not, please proceed to the instructions at the bottom of the next page.**

If both parents are deployed, answer the following questions about the parent of your choice.

**Please circle only one response per question.**

1. Since September 2001, how many times has the military parent been deployed prior to this current military deployment ?

- a. 1 to 2 times
- b. 3 to 4 times
- c. 5 to 6 times
- d. More than 7 times

2. If this child currently has a parent currently on military wartime deployment, how long has the parent been on military wartime deployment?

- a. 1 to 30 days
- b. 31 to 90 days
- c. 91 days to 5 months
- d. 6 months to one year
- e. More than one year

3. If this child currently has a parent currently on military wartime deployment, what is the estimated length of military wartime deployment?

- a. 0 to 6 months
- b. 7 months to 11 months
- c. 1 to 2 years
- d. More than 2 years

**Instructions**

Please sign parent consent form and complete this survey. Place both forms in the provided envelope and seal. Please return form by \_\_\_\_\_ to the confidential mail box in the main office at your child's school site or mail to researcher in enclosed envelope.

Thank you for your participation.

Sincerely,

Letitia Henson, M.A.

## Appendix F: Confidencial Formulario de Encuesta Demográfica

**CONFIDENCIAL**

Código: \_\_\_\_\_

**Formulario de Encuesta Demográfica**

Fecha de Hoy \_\_\_\_\_

**Toda la información se mantendrá confidencial y sólo será utilizada para los fines del estudio de tesis. La información no será colocada en ninguna de los registros escolares ni revelada a los militares.**

Persona (s) llenando este formulario: \_\_ Madre \_\_ Padre \_\_ Cuidador \_\_ Otro-por favor especifique \_\_\_\_\_

Nombre del cuidador / padre llenando este formulario \_\_\_\_\_

Teléfono de contacto: \_\_\_\_\_

**Información del Niño**

Nombre del niño \_\_\_\_\_ Fecha de nacimiento del Niño \_\_\_\_\_

Marque uno:    Masculino                      Femenino

¿Es el niño de origen hispano, Latino o Español?

- No, no es de origen hispano, Latino o Español
- Sí, Mexicano, Mexicano-Americano, Chicano
- Sí, Puertorriqueño
- Sí, cubano
- Sí, otro origen hispano, Latino o Español. Imprime origen, por ejemplo, Argentinian, Colombiano, dominicano, etcétera \_\_\_\_\_

¿Cuál es la raza del niño? Coloque un cheque por uno o varios cuadros

_____ Blanco	_____ Asiático Indio	_____ Negro / Afro-Americano
_____ Chino	_____ Japonés	_____ indio de americano o de Alaska nativo
_____ Filipino	_____ Coreano	_____ Nativo hawaiano
_____ samoano	_____ Vietnamita	_____ Guamanian o Chamorro

\_\_\_\_ Otros asiáticos - Imprime raza \_\_\_\_\_  
 \_\_\_\_ Islas del Pacífico –Imprime raza \_\_\_\_\_  
 \_\_\_\_ Otra raza - Imprime raza \_\_\_\_\_

Escuela \_\_\_\_\_

Grado: 3 ° grado      4 ° grado      5 ° grado

Maestra actual \_\_\_\_\_

¿El niño tiene hermanos? Sí (En caso de afirmativo, ¿cuántos? \_\_\_\_\_)      no

**Por favor marque Sí o No a las siguientes afirmaciones.**

Declaraciones	Si	No
1. Este niño está en un Programa de Educación Individual (IEP).		
2. Este niño ha sido diagnosticado con un trastorno de salud mental. <b>(No divulgue tipo de diagnóstico.)</b>		
3. Este niño está siendo tratado por un profesional de salud mental. <b>(No divulgue tipo de tratamiento.)</b>		
4. Este niño tiene al menos un padre (puede incluir padre natural o padrastro viviendo dentro el hogar), actualmente en despliegue militar en tiempos de guerra (en servicio activo o reserva).		
5. La madre del niño (natural o madrastra) se encuentra actualmente en despliegue militar en tiempos de guerra.		
6. El padre del niño (natural o padrastro) se encuentra actualmente en despliegue militar en tiempos de guerra.		
7. Este niño tiene al menos un padre (incluido naturales o padrastro viviendo en el hogar) que se regresó desde un despliegue militar en tiempos de guerra, en los últimos seis meses.		

**Si ha respondido Sí a las preguntas 4, 5, 6 ó 7 por favor llene la siguiente página. Si no es así, diríjase por favor a las instrucciones en la parte inferior de la página siguiente.**

Si ambos padres están desplegados, conteste las siguientes preguntas sobre el padre de su elección.

**Por favor marque sólo una respuesta por pregunta.**

1. Desde septiembre de 2001, ¿cuántas veces ha sido el padre militar llamado a un despliegue antes de este despliegue actual?

- a.      1 a 2 veces
- b.      3 a 4 veces

- c. 5 a 6 veces
- d. Más de 7 veces

2. Si este niño tiene un padre actualmente en despliegue militar en tiempos de guerra, ¿cuánto tiempo tiene el padre en despliegue militar?

- a. 1 a 30 días
- b. 31 a 90 días
- c. 91 días a 5 meses
- d. 6 meses a un año
- e. Más de un año

3. Si este niño tiene un padre actualmente en despliegue militar en tiempos de guerra, ¿cuál es la duración estimada del despliegue militar?

- a. 0 a 6 meses
- b. 7 meses a 11 meses
- c. 1 a 2 años
- d. Más de 2 años

### **Instrucciones**

Por favor, firmar el formulario de consentimiento de los padres y completa esta encuesta. Coloque las dos formas en el sobre proporcionado y lo sellas. Por favor devuelva el formulario antes de \_\_\_\_\_ al buzón confidencial de la oficina principal de la escuela de su hijo o por correo al el investigador en el sobre proporcionado.

Gracias por su participación.

Atentamente,

Letitia Henson, MA

## Appendix G: Vita

Winter 2015  
Letitia A. Henson  
San Diego, California

**SUMMARY OF QUALIFICATIONS**

- Teach on-line and on-site courses to undergraduate and graduate level students in the following disciplines: Basic Education, Special Education, Liberal Arts, and Psychology.
- Provide crisis intervention to school-age children and staff.
- Strong ability to multi-tasks and work under pressure.
- Good problem solving and trouble shooting skills.
- Conduct social skills and academic groups for students with mild to severe disabilities.
- Experience in working with entry level and advanced-level college students.
- Taught study skills and personal growth skills to high school students and adult learners.
- Provide guidance and timely communication to both on-site and online students.
- Provide intellectual, behavioral, and psycho-educational assessments, counseling and guidance service for students with learning disabilities, developmental, and emotional/ behavioral problems.
- Design and implement interventions and accommodation to assist in problem identification for students with special needs.
- Conduct group and individual counseling with children who experience academic and emotional challenges.
- Administer intervention or behavioral management strategies for students and support parents in collaboration with school personnel.
- Advise and consult with teachers on the planning and implementation of educational /remedial programs for students who are at-risk and with special educational needs.
- Assist Master-level students with action research projects and thesis guidelines and revisions.
- Strong leadership, excellent communication skills, competent, and strong team player.
- Developed online courses for the Extended Studies Department.
- Ability to administer career-based assessments, including the CAPS, COPS, and COPES.

## EDUCATION

**Ph.D. in Psychology**, Walden University, Minneapolis, MN. Major Field: School Psychology. Research Interests: military families, childhood depression, multi-cultural education, learning disabilities, special education, learning styles, online learning, adult education, curriculum development. Expected graduation: February, 2015.

**Master of Arts**, United States International University (USIU), San Diego, CA. Area of Specialization: Marriage and Family Therapy. December, 1995.

**Bachelor of Arts**, University of Rochester, Rochester, NY. Area of Specialization: Psychology. June, 1993.

## EMPLOYMENT

- |              |   |
|--------------|---|
| 2005         | <b>Course Developer</b> , Extended Studies, National University, San Diego, CA.   |
| 2001-current | <b>Core Adjunct Instructor-Part-time</b> , Department of Special Education and Technology, Department of School Counseling and School Psychology, National University, San Diego, CA. |
| 2001-current | <b>School Psychologist</b> , San Diego Unified School District, San Diego, CA.  |
| 2000-2002    | <b>Adjunct Instructor</b> , Counseling Department, San Diego Community College District San Diego, CA.  |
| 1999-2000    | <b>Career Counselor</b> , Continuing Education, San Diego Community College District (South Metro Career Center), San Diego, CA.  |

## COLLEGE TEACHING EXPERIENCE

- |           |   |
|-----------|---|
| CED 610:  | Advanced Counseling Theories and Techniques-National University   |
| CED 611:  | Group Counseling-National University                              |
| CED 613:  | Psycho-Educational Assessment-National University                 |
| EXC 602A: | Field Experience: Special Education-National University           |
| EXC 602B: | Field Experience: Inclusive Settings-National University          |
| EXC 604:  | Exceptionality and Diversity in the Classroom-National University |



- EXC 620: Supporting Positive Behavior-National University  
EXC 625: Exceptional Children in the Classroom-National University  
EXC 630: Assessment and Instructional Planning for Special Needs  
Students-National University  
EXC 637: Action Research (Thesis)- National University  
PERG 127: Personal Growth (College Success Skills) - San Diego  
Community College District

Course Development: designed online courses in child abuse, domestic violence, and law and ethnics for counselors (National University).

## **PROFESSIONAL DEVELOPMENT**

### **Workshops**

2012 Grant Writing Course, San Diego City College, San Diego, CA.

### **Software Programs**

SPSS, Microsoft Word, PowerPoint, Excel, WordPerfect  
Proficient in eCollege and Blackboard

### **Affiliations**

San Diego County Association of School Psychologist (SANCASP)  
California Association of School Psychologists (CASP)  
National Association of School Psychologists (NASP)  
Psi Chi, National Honor Society in Psychology, Walden University Chapter