

8-7-2024

Essential Resource Barriers and Perceived Implications Among Military Parents of Autistic Children

Ann Bayron-Freay
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Developmental Psychology Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Education and Human Sciences

This is to certify that the doctoral dissertation by

Ann E. Bayron-Freay

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Sandra Caramela-Miller, Committee Chairperson, Psychology Faculty

Dr. Natalie Costa, Committee Member, Psychology Faculty

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

Walden University
2024

Abstract

Essential Resource Barriers and Perceived Implications Among Military Parents of
Autistic Children

by

Ann E. Bayron-Freay

MPhil, Walden University, 2022

MA, American Military University, 2019

BA, American Military University, 2015

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Developmental Psychology

Walden University

August 2024

Abstract

Elevated mental health issues and health care accessibility challenges may be exacerbated by the stressors experienced by military parents of autistic children. The purpose of this interpretative phenomenological analysis was to explore how military parents with autistic children experienced and perceived essential resource barriers. Parent perceptions of the obstacles they experienced with essential resource accessibility led to significant difficulties being identified. The stress process model was used to frame the concepts in this research. Data were collected from semistructured interviews with eight active duty or recently retired military parents who had at least one autistic child during their service. Themes from coding analysis reveal several barriers, moderators of stress, mental health outcomes, and needed resources. Environmental barriers include relocation, deployments, and the lack of community supports. Health care barriers consisted of TRICARE, providers, and stigma. Therapy, coping skills, healthcare, self-care, social support, and financial stability were moderating resources. Community support, advocacy, expanded TRICARE coverage, family deployment services, and increased respite care were necessary resources. Anxiety, depression, role strain, and stress proliferation were mental health outcomes linked to the barriers. Further investigation is needed regarding the implications of stigma, gender role differences, and military branch funding discrepancies. Positive social changes may result through increased awareness, community collaborations, and parental inclusions in policy developments. The results may be used to enhance understanding and increase advocacy, leading to improved accessibility of support services for military families with autistic children.

Essential Resource Barriers and Perceived Implications Among Military Parents of
Autistic Children

by

Ann E. Bayron-Freay

MPhil, Walden University, 2022

MA, American Military University, 2019

BA, American Military University, 2015

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Developmental Psychology

Walden University

August 2024

Acknowledgments

I would like to acknowledge my husband, Henry, and our sons, Damian and Dominic, who have provided support throughout all of my academic endeavors. Their belief, encouragement, and patience have been significant in my achievements. My sister, Rossy, thank you for being my cheerleader. My parents, you have both taught me so much. It is impossible to adequately express my gratitude for such a great support system. I would also like to acknowledge my dissertation committee: Dr. Sandra Caramela-Miller and Dr. Natalie Costa. The thorough and precise guidance you both provided throughout this journey has been instrumental in the successful completion of this dissertation. To my peers, your perseverance and tenacity kept me going. Finally, I would like to acknowledge the participants of this study. This research would not have been possible without your willingness to share your experiences while serving in the United States Armed Forces. May your voices be heard.

Table of Contents

| | |
|--|-----|
| List of Tables | vi |
| List of Figures..... | vii |
| Chapter 1: Introduction to the Study | 1 |
| Background..... | 3 |
| Problem Statement..... | 5 |
| Purpose of the Study..... | 7 |
| Research Questions | 8 |
| Conceptual Framework | 8 |
| Nature of the Study..... | 10 |
| Definitions | 13 |
| Assumptions | 14 |
| Scope and Delimitations..... | 15 |
| Limitations..... | 17 |
| Significance | 18 |
| Summary..... | 19 |
| Chapter 2: Literature Review | 21 |
| Literature Search Strategy | 24 |
| Conceptual Framework | 25 |
| Stressors..... | 26 |
| Stress Proliferation | 28 |
| Moderators and Mediators..... | 28 |

| | |
|---|----|
| Outcomes | 30 |
| Previous Application of Theory | 31 |
| Literature Review Related to Key Concepts | 33 |
| Military Service Member Mental Health | 34 |
| Military Service Member Health Care Accessibility Issues..... | 36 |
| Military Spouse Mental Health and Accessibility Issues | 37 |
| Military Parents to Special Needs Children | 39 |
| Relocation..... | 41 |
| Deployment | 43 |
| Parenting a Child With Disabilities | 43 |
| Parenting a Child With ASD | 44 |
| Parenting an Adolescent With ASD | 50 |
| Stigma of ASD | 52 |
| Support Needs for ASD..... | 53 |
| ASD Health Care Accessibility | 57 |
| Summary and Conclusions | 58 |
| Chapter 3: Research Method | 61 |
| Research Questions | 62 |
| Research Design and Rationale | 62 |
| Role of the Researcher..... | 64 |
| Methodology..... | 67 |
| Participant Selection..... | 68 |

| | |
|---|----|
| Instrumentation..... | 70 |
| Procedures for Recruitment, Participation, and Data Collection..... | 71 |
| Data Analysis..... | 73 |
| Issues With Trustworthiness..... | 75 |
| Credibility..... | 75 |
| Transferability | 76 |
| Dependability | 76 |
| Confirmability | 77 |
| Ethical Procedures | 77 |
| Summary..... | 79 |
| Chapter 4: Results..... | 81 |
| Setting | 82 |
| Demographics..... | 83 |
| Data Collection..... | 84 |
| Environmental Barriers | 88 |
| Health Care Barriers | 90 |
| Moderators of Stress..... | 93 |
| Resource Needs | 94 |
| Mental Health Outcomes | 95 |
| Evidence of Trustworthiness | 96 |
| Credibility..... | 97 |
| Transferability | 97 |

| | |
|---|-----|
| Dependability | 98 |
| Confirmability | 98 |
| Results | 99 |
| Environmental Barriers | 99 |
| Health Care Barriers | 104 |
| Summary..... | 112 |
| Chapter 5: Discussion, Conclusions, and Recommendations | 115 |
| Interpretation of the Findings | 117 |
| Environmental and Health Care Barriers | 117 |
| Environmental Barrier: Relocations | 117 |
| Environmental Barrier: Deployment | 118 |
| Environmental Barrier: Lack of Community Support..... | 119 |
| Health Care Barrier: TRICARE | 121 |
| Health Care Barrier: Providers | 123 |
| Health Care Barrier: Stigma | 124 |
| Mental Health Outcomes | 125 |
| Moderating Resources | 127 |
| Resource Needs | 127 |
| Limitations of the Study | 129 |
| Recommendations | 130 |
| Implications | 133 |
| Potential for Positive Social Change | 133 |

| | |
|-------------------------------------|-----|
| Theoretical Implications | 135 |
| Practice Implications | 137 |
| Conclusion | 139 |
| References | 142 |
| Appendix A: Social Media Flyer..... | 161 |
| Appendix B: Interview Protocol..... | 162 |

List of Tables

| | |
|---|-----|
| Table 1. Demographic Data by Participant | 84 |
| Table 2. Group Experiential Theme: Relocation..... | 88 |
| Table 3. Group Experiential Theme: Deployment | 89 |
| Table 4. Group Experiential Theme: Lack of Community Support..... | 90 |
| Table 5. Group Experiential Theme: TRICARE..... | 91 |
| Table 6. Group Experiential Theme: Providers..... | 92 |
| Table 7. Group Experiential Theme: Stigma..... | 93 |
| Table 8. Group Experiential Theme: Moderators..... | 94 |
| Table 9. Group Experiential Theme: Resource Needs | 95 |
| Table 10. Group Experiential Theme: Mental Health Outcomes..... | 96 |
| Table 11. Participant Responses on Relocation | 100 |
| Table 12. Participant Responses on Deployment | 101 |
| Table 13. Participant Responses on Lack of Community Support..... | 103 |
| Table 14. Participant Responses on Military Branch Disconnect | 104 |
| Table 15. Participant Responses on TRICARE..... | 105 |
| Table 16. Participant Responses on Providers | 106 |
| Table 17. Participant Responses on Stigma | 107 |
| Table 18. Participant Responses on Moderators | 108 |
| Table 19. Participant Responses on Resource Needs..... | 109 |
| Table 20. Participant Responses on Anxiety, Depression, and Isolation | 111 |
| Table 21. Participant Responses on Negative Coping Mechanisms and Role Strain | 112 |

List of Figures

| | |
|---|----|
| Figure 1. Data Collection Process | 86 |
| Figure 2. Data Analysis Process | 87 |

Chapter 1: Introduction to the Study

Many military families confront unique barriers such as frequent relocations, specialty care inaccessibility, and higher complex health needs (Hero et al., 2022). The U.S. active duty military personnel comprise only one-half percent of the population, and they experience substantial hardships (Blais et al., 2021). Military personnel experience increased mental health implications and health care accessibility issues (Blais et al., 2021; Ganz et al., 2022). Spouses of active duty service members face similar health concerns and tackle barriers to attaining essential resources (Schvey et al., 2022; Sullivan et al., 2021). More than 35,000 children of military parents are diagnosed with autism spectrum disorder (ASD; U.S. Department of Defense, 2024). Military families of children with ASD experience health care accessibility consequences due to their challenging lifestyle (Farley et al., 2022). Military service members, spouses, and their children with ASD experience substantial delays in accessing essential care and resources, adversely impacting parental mental health (Samsell et al., 2022).

Military populations endure higher stress levels because they have a challenging lifestyle and severe relocation issues originating from ongoing global conflict (Blais et al., 2021; McGuffin et al., 2021). Military veteran and active duty populations are diagnosed with mental health issues at an increased rate (Schvey et al., 2022; Sullivan et al., 2021). Military spouses undergoing increased risk exposure have low-level protective factors and have increasingly been diagnosed with mental health issues (Sullivan et al., 2021). Among active duty members, restricted access to mental health services, primary caregivers, and essential services for dependents with ASD augment parental stress levels

(Walsh et al., 2021). Primary caregiver mental health is also adversely influenced by the diagnosis of ASD (Alkhonezan et al., 2023; Beheshti et al., 2022). Continual increases in severe mental illness among service members and ASD diagnoses among children within military populations have been significant.

Limited research on essential care barriers, gaps in services or supports, and mental health outcomes are impediments to understanding this phenomenon. Service and support limitations endured by these parents are also crucial. Parental well-being and military readiness are the other adversely affected issues (Alkhonezan et al., 2023; Beheshti et al., 2022). The social implications of the current study are substantial, including greater awareness, which may help to improve service accessibility for military families with autistic children. Service disruption and accessibility issues are outcomes of current policies on relocation requirements (Farley et al., 2022). The constant relocations compounded by service variability, deployments, and accessibility of support have become substantial stressors within military populations (Schvey et al., 2022). Additional investigation was needed to address the experiences of military parents and the mental health consequences they associate with essential resource obstacles.

Chapter 1 is a background summary of recent research regarding military parent mental health concerning lifestyle, ASD, and barriers to accessing essential care. Limited research on military parents with an autistic child necessitated additional investigation. Associated and contributory concepts are identified, including frequent relocations, deployments, duty station locations, lack of essential care, and support accessibility. The implications of parenting a child with ASD and issues related to health care accessibility

are addressed. An interpretative phenomenological analysis (IPA) was conducted to identify themes. Stressors within the conceptual model include military lifestyle stress, parenting a child with ASD, and barriers to essential resources. The moderators or resources within the stress process model comprise the social support, self-care practices, and accessible coping mechanisms.

Background

Preexisting mental health issues may have an effect on how military parents perceive essential resource accessibility for themselves and their families. Mental health issues among military service members are more widespread than in civilian populations (Ganz et al., 2022). Military service members' mental illness, suicidal ideation, and substance use rates are substantially high (Ganz et al., 2022). Cultural factors are challenges to accessing and using treatment. Barriers such as logistical challenges and societal stigma are pivotal in diminishing this population's inclination to seek help (McGuffin et al., 2021). Obstacles to obtaining mental health services for military personnel include the adverse impacts of military acculturation, stigma, and potential career implications (Ganz et al., 2022). Deeper insight into the mental health of military service members and their experience with substantial barriers is crucial.

Concern for military spouses is also noteworthy, with elevated mental health concerns among this population adversely affecting well-being (Prosek et al., 2023; Schvey et al., 2022). Preexisting mental health problems may influence military spouses' perceptions of essential resource barriers and service accessibility when parenting an autistic child. Mental health symptom elevation is indicative of interim anxiety, and

mood disorders may exist in this population (Schvey et al., 2022). Military spouses' psychological well-being has not been diligently addressed, and conflicting findings exist in recent research. Health care accessibility barriers for this population are also accentuated (Schvey et al., 2022). Physical and mental well-being are negatively affected by deficits in self-care practices (Peck & Parcell, 2021). Service members and their spouses face an elevated risk of experiencing adverse consequences associated with mental health care barriers (Peck & Parcell, 2021; Schvey et al., 2022).

Significant health disparities exist among children diagnosed with ASD (Dallman et al., 2021; Dreiling et al., 2022; Samsell et al., 2022). Service requirements for autistic children are typically higher than those with other disabilities (Dreiling et al., 2022; Samsell et al., 2022). The mental health of military and civilian parents raising a child with ASD is substantially impacted (Christi et al., 2023). Extensive needs and physical effort necessary for attending an autistic child can result in familial conflicts, financial burdens, and stress (Christi et al., 2023). Mental health disparities among parents of children with ASD have also been observed across cultures (Alkhonezan et al., 2023). Safety risks are a considerable concern (Shannon et al., 2021). Behavioral issues and service delivery challenges are widespread in this population (Alostaz et al., 2022; Dreiling et al., 2022; Samsell et al., 2022).

The stigma of ASD diagnosis affects health care accessibility (Han et al., 2022; Salleh et al., 2022). Consequences of stigma are precursors to challenges, such as elevated stress while parenting an autistic child. The stigma has an adverse impact on the entire family. Challenges concerning parenting an autistic child are affected by the

consequences of stigma, such as elevated stress while parenting an autistic child (Brinkman et al., 2023). Stigma, parental stress, and difficulties in assessing services emerge as critical issues (Han et al., 2022; Lyu et al., 2022; Salleh et al., 2022). Social stigmatization surrounding parenting an autistic child is central in contributing to parental stress (Brinkman et al., 2023; Khanh et al., 2023). Military and ASD stigma are crucial barriers impeding the ability to obtain essential services (Ganz et al., 2022). Military parents of children with ASD encounter these challenges.

Military deployments and mandatory relocations are barriers to obtaining essential services (Farley et al., 2022; Ganz et al., 2022; Ribeiro et al., 2023). Constant relocation can make it difficult for military parents to obtain and sustain necessary treatment (Farley et al., 2022; Ribeiro et al., 2023). The loss of essential support systems caused by relocation and service member parent absence adversely impacts familial well-being (Farley et al., 2022; Kremkow & Finke, 2022). Frequent relocations can take families to areas where specialty care is limited or inaccessible. Challenges can be compounded because military installations are often situated within medically underserved areas (Farley et al., 2022; Kremkow & Finke, 2022). Military families covered by TRICARE may not disclose the responsiveness and accessibility of care received. Quality of care perceptions is lower among families with members who have behavioral and exceptional health care needs (DiGuseppi et al., 2021).

Problem Statement

There was limited research on the mental health outcomes of military parents raising a child with ASD who have experienced essential resource barriers for themselves

and their children. Limited research was also a problem within developmental psychology. A comprehensive exploration of the implications for parental well-being within this population had not been undertaken. Preexisting mental health issues may be exacerbated by health care barriers faced by parents of autistic children. A high incidence of ASD diagnosis among military children has been noted despite the small armed services population (Blais et al., 2021; U.S. Department of Defense, 2024). Stigma, deployments, and frequent relocations are hardships adversely impacting health care accessibility (Ganz et al., 2022; Peck & Parcell, 2021). Further inquiry was necessary to understanding how active duty military service members and spouses confront the challenges associated with raising an autistic child.

An improved understanding of how parenting an autistic child during military service causes developmental challenges was needed. Military life stress and parenting a child with ASD can impact a parent's ability to reach their full potential. Research addressing the implications of deployment and ongoing global conflict existed for active duty service members (Blais et al., 2021; Krause-Parello et al., 2021). The everyday implications of military service were not understood. Persistent and notable obstacles in accessing essential services for identified mental health issues have been identified within the recent research (Peck & Parcell, 2021; Schvey et al., 2022). Limited studies had been conducted on the challenges in accessing essential resources for military families with autistic children. Research was sparse regarding the intersection of the military lifestyle and parenting an autistic child. A comprehensive investigation into how military parents perceive the ramifications of barriers to essential resources had not been conducted.

Purpose of the Study

The aim of conducting this interpretative phenomenological analysis (IPA) was to explore how military parents with autistic children experience and perceive essential resource barriers. Concepts of interest also encompassed military lifestyle, parenting a child with ASD, essential resource barriers, and mental health outcomes. Constant relocation, varied services, support accessibility, and deployments are the factors impacting the development of stress within military populations (Ribeiro et al., 2023; Schvey et al., 2022). Specific challenges of ASD diagnosis include early screening accessibility, diagnosis, and timely or consistent treatment (Hus & Segal, 2021). Parents of autistic children typically confront elevated levels of stress (Christi et al., 2023; Samsell et al., 2022). The challenges of parenting a child with ASD can lead to heightened stress (Alostaz et al., 2022; Samsell et al., 2022). Military families also experience substantial challenges in accessing care for themselves and their children with special needs (Sands et al., 2023).

Health disparities among autistic children are typically more pronounced than in populations with other types of disabilities (Christi et al., 2023). The heightened and unmet child needs are indicative of augmented parental stress (Christi et al., 2023; Samsell et al., 2022). Access to essential services remains a persistent challenge in the military population (Peck & Parcell, 2021; Toomey et al., 2021) and among parents of children with ASD (Christi et al., 2023; Snijder et al., 2022). Parental stress intensifies when unmet needs arise due to essential resource barriers (Samsell et al., 2022). Parents' perceptions of these barriers are crucial to understanding their experiences. Parental

perceptions of this phenomenon are needed to expand current knowledge. Essential resource barrier examination and perceived implications among military parents of autistic children was conducted through an IPA.

Research Questions

Research Question 1 (RQ1): How are military parents experiencing barriers to essential resources for themselves and their children with ASD?

Research Question 2 (RQ2): How do military parents with autistic children perceive the mental health implications of barriers to essential resources?

Conceptual Framework

The stress process model is a plausible framework consistent with recent research findings. Variations in stress levels may contribute to developing mental health issues (Kirk et al., 2022; Zhao et al., 2022). The stress process model was implemented to comprehend military lifestyle experiences, parenting a child with ASD, barriers accessing essential resources, and their impacts on parental mental health. Stressors, moderation, mediation, and stress outcomes are concepts accentuated in Pearlin's (1999) stress process model. Military lifestyle stress, parenting a child with ASD, and barriers to accessing essential resources are identified as external environmental factors or stressors in this model. Personal moderation factors or resources encompass coping strategies, self-care practices, community, and social support. Social mediation factors include individual moderation components (Kirk et al., 2022; Zhao et al., 2022). Stress outcomes result from psychological issues faced by this population due to perceived stressors and essential resources accessible to them.

The stress process model has been used in qualitative and quantitative research. The current study uses an IPA was employed to explore participants' experiences regarding essential resource barriers. Stress is a substantial concern within the military and among parents raising an autistic child (Alostaz et al., 2022; Samsell et al., 2022). The stress process model can be used to determine stressors, moderation, mediation, and stress outcomes across diverse samples (Kirk et al., 2022; Zhao et al., 2022). The model has been effective in discerning moderating and mediating factors of stress (Meyer et al., 2022). Components associated with outcomes, such as military parent resource needs and moderators, are pivotal. Chapter 2 includes a comprehensive description of the stress process model and its associated concepts.

An evident link existed between the stress process model and the limited research on essential resource barriers, including mental health outcomes in military populations. Stressors, moderation, and stress outcomes in diverse samples have been pinpointed by scholars using this model. The gap was limited available research on the mental health outcomes of military parents raising children with ASD. Military families encounter consequential health care barriers associated with their lifestyle (Ganz et al., 2022; Sands et al., 2023). Specialty care inaccessibility, higher complex health exigencies, and unique behavioral health needs have been reported (Dallman et al., 2021; Dreiling et al., 2022; Samsell et al., 2022). Military personnel and spouses encounter heightened mental health issues including obstacles to accessing health care (Peck & Parcell, 2021; Schvey et al., 2022). A significant incidence of ASD and associated health care barriers has been noted in the military population (Schvey et al., 2022). The lack of support experienced by

caregivers is a factor heightening stress, leading to decreased health and impacting overall well-being (Khanh et al., 2023; Meyer et al., 2022).

The purpose of this IPA was to examine how military parents with autistic children encounter and perceive essential resource barriers. There was alignment between the central components of the stress process model and the research phenomenon. Components, such as stressors, moderators, and stress outcomes, were crucial in conducting this research. Military families encounter numerous stressors associated with their lifestyles (Ribeiro et al., 2023; Schvey et al., 2022). Stressors may become compounded when parenting an autistic child and serving in the military concurrently (Alostaz et al., 2022; Samsell et al., 2022). Compounded stressors may contribute to unfavorable mental health outcomes. Practice and policy changes may be impacted by an improved understanding of the stress process among military parents of autistic children.

Nature of the Study

An IPA was conducted to understand military parents' experiences with significant resource barriers and their associated mental health outcomes.

Phenomenology is an approach that can be used to explore how people have perceived their experiences (Jedličková et al., 2022; Nizza et al., 2021; Tuval-Mashiach, 2021). The essence of phenomenology can be defined as how individuals interpret their lived experiences. The essence of a commonly experienced phenomenon is in its core meaning (Nizza et al., 2021; Tuval-Mashiach, 2021). Phenomenology has two implications: understanding the vitality and importance of how individuals interpret their experiences (Nizza et al., 2021; Tuval-Mashiach, 2021). A phenomenological analysis is participant

oriented and attuned to their lived experiences (Jedličková et al., 2022; Nizza et al., 2021; Tuval-Mashiach, 2021). In-depth interviewing is crucial in discovering the essence of the phenomenon (Nizza et al., 2021).

The essential resource barriers that military parents confront while raising children with ASD and the resulting ramifications for parental mental health were the subject of the in-depth interviews. Two research implications are the vitality and importance of what people experience in addition to what their worldview is (Nizza et al., 2021; Tuval-Mashiach, 2021). In-depth interviews may be used to investigate the phenomenon of interest (Nizza et al., 2021). Experiences are bracketed, analyzed, and compared to discern the essence of the phenomenon in phenomenology (Thomas, 2021). The bracketing process is critical and undertaken in two ways to extract the essence of a phenomenon (Cairns-Lee et al., 2022; Nizza et al., 2021). Experiential claims must be restricted to capture the essence, with careful attention on researcher positionality and reflexivity (Cairns-Lee et al., 2022; Nizza et al., 2021).

Participation in individual interviews of military parents with autistic children was necessary. One adult parent within the family must have been either on active duty or recently retired to meet inclusion criteria. Exclusion criteria were retirement over 5 years to ensure the most accurate account of current issues and to maintain uniformity in health care coverage. A purposive sampling strategy was employed to recruit active duty or recently retired military members with at least one autistic child while in service. Snowball sampling strategy was also used, allowing initial participants to identify others meeting the selection criteria. Purposive sampling can be used to produce a logically

assumed sample representative of the population (Ramanujan et al., 2022; Subedi, 2023). Snowball sampling is a nonprobability method in which existing participants recruit potential candidates from their families, peers, or acquaintances.

Participant recruitment was accomplished through online social media groups dedicated to military families who have members diagnosed with ASD. Participants from these online groups may have referred eligible applicants to these online platforms. Interviews have been used for data collection in qualitative research. Interviews include conversations between the researcher and the participant. Data that may not be directly observable, including feelings, intentions, and thoughts, are also gathered during interviews. Elements including previous behavior, an individual's worldview, and previous situations are examples of aspects that cannot be directly observable. Participants' experiences and insights into their perspectives may be gained through the process of semistructured interviews (Aguas, 2022).

Interviews were transcribed verbatim using transcription software. Demographic information was gathered during the initial screening before interviews. Hand coding was employed to identify themes. The interview notes were also used for personal and group experiential theme identification. The units of observation included military lifestyle, ASD, barriers to service accessibility, moderators, and mental health. The data points aligned with components of the stress process model. External environmental factors identified were military lifestyle stress, the burden of parenting a child with ASD, and essential resource barriers. Personal moderation factors included coping strategies, self-care practices, community, and social support resources. Mental health outcomes referred

to psychological issues developed by this population regarding their experiences with stressors and resource accessibility issues.

Definitions

Autism spectrum disorder (ASD) or autism: A pervasive developmental disorder characterized by significant deficits in social communication, restricted interests, and repetitive behaviors (American Psychiatric Association, 2022).

Mandatory relocations or permanent change of station (PCS): A permanent military transfer from one duty installation to another (U.S. General Services Administration, 2021). PCSs are disruptive, impeding accessibility to essential resources such as health care, therapeutic interventions, and community support (Farley et al., 2022; Kremkow & Finke, 2022).

Military deployment: A movement of service members from their home duty station to a country or territory outside the United States (Military OneSource, 2024). Military deployments are hardships experienced by military families, increasing levels of stress (Ganz et al., 2022; Peck & Parcell, 2021).

Providers: Medical, mental health, therapeutic, and support service personnel (Davico et al., 2023; Dreiling et al., 2022). Providers may also include school personnel such as administrators, teachers, and support staff.

Redeployment or reintegration: A period that occurs when a service member is in the process of returning or has recently returned from a deployment (Fletcher, 2023).

Service member or personnel: A current member of the armed forces, including the Army, Air Force, Marine Corps, Navy, Space Force, and Coast Guard (U.S.

Department of Veteran Affairs, 2021).

Stress process model: A model developed to depict how varying stress levels may increase the development of mental health issues. The contributing factors within this framework are stressors, stress proliferation, moderation, and stress outcomes (Kirk et al., 2022; Zhao et al., 2022).

Transition or transitioning out: Retirement or separation from the military (Kleykamp et al., 2021). Military personnel undergo a process upon separation or retirement when service requirement time has been completed and the transition to civilian life occurs (Kleykamp et al., 2021).

TRICARE or Tricare: A health care program for military service members, retirees, and their families including insurance coverage of health care, special programs, prescriptions, and dental care (TRICARE, 2023).

Assumptions

Assumption and bias identification in research can be challenging unless recognized as a central aspect of the research process. Personal experiences with the phenomenon of interest must be acknowledged in this phase. Assumptions may arise from previous knowledge and conversations with parents of autistic children. Personal assumptions and bias acknowledgment throughout the entire research process is critical for maintaining transparency and rigor. An understanding of how personal experiences may have influenced the research was crucial to ensuring the findings were not skewed or adversely impacted. Presuppositions, everyday understandings, and knowledge of the phenomenon must be consciously set aside to explore it objectively (Aguas, 2022). Prior

experiences and acknowledging the potential impact of assumptions are essential components in the research development process (Nizza et al., 2021).

A second relevant assumption was that military parents of autistic children would want to disclose their personal experiences with barriers and their perceived implications. Privacy concerns may have been of crucial importance. Participant perceptions of possible adverse military career implications may have been associated with privacy concerns. Adequate recruitment could only be attained by accentuating the positive implications of research participation. An indication of effective recruitment and research completion is further inquiry by those working with military families who have autistic children. Increased awareness among stakeholders of the phenomenon to improve support services and outcomes for these families may be attained by further investigation. The third assumption was that the participants would openly and truthfully share their personal experiences during the interview process.

Scope and Delimitations

The scope of this investigation was restricted to active duty or recently retired military parents and spouses having children diagnosed with ASD. The military population is small and encounters additional challenges stemming from their lifestyles (Ribeiro et al., 2023; Schvey et al., 2022). No specific branch of service was chosen, provided participants met the sampling criteria. The criteria included active duty status, recent retirement, and having at least one child diagnosed with ASD while in service. Limited research existed regarding parental perceptions on the dual impact of stressors within this population. Previous studies on this population had often concentrated on

isolated aspects of the military lifestyle. The current research was designed to elucidate the compounding mental health implications of essential resource barriers experienced by military parents who had a child with ASD while in service.

The theory of stress and coping was contemplated as an alternative framework for the current study. The theory developed by Lazarus and Folkman (1984, as cited in Lee & Song, 2022) did not fully address the research questions because coping ability is the central component. One of the research questions was formulated to explore military parents' perceptions regarding mental health implications associated with essential resource barriers. Key concepts included the stress process model, stressors, moderators, and outcomes with some links to coping ability within the theory. The capacity to cope has been acknowledged as a moderator within the stress process model (Kirk et al., 2022; Zhao et al., 2022). Social support and mastery have been moderating conditions within the model in addition to coping (Zhao et al., 2022). A more evident alignment was apparent between the stress process model, the research questions, and the scope of this phenomenological investigation.

Qualitative research must be comprehended through its philosophical foundations (Tuval-Mashiach, 2021). Generalizability is not a primary focus in qualitative research. Detailed descriptions are crucial to ensuring the research findings can be applicable in other situations, circumstances, and contexts. Purposeful sampling strategy is used to understand individual cases (Makel et al., 2022; Tuval-Mashiach, 2021). The validity and reliability of research are ascertained by how the data are collected, analyzed, interpreted, and presented. A substantial contribution is made through valid and reliable research.

Credibility, ethical considerations, and meaningful connections to existing research are indispensable in all scientific studies.

Limitations

Limitations include challenges in the data analysis process. Data may be extensive, and a novice researcher may have problems categorizing them. The presence of a researcher during data collection may impact participant responses. Purposive and snowball sampling methods may pose a challenge in ensuring adequate participants. Data saturation may be a concern if the researcher cannot recruit enough participants. An understanding of participant experiences is central to qualitative research, explicitly phenomenology. Time constraints or scheduling issues may be considered limitations. Schedule challenges may require the researcher to demonstrate flexibility.

Privacy concerns may be pivotal in recruiting and interviewing participants. Distrust in the research process may render military service members hesitant to participate (Krause-Parello et al., 2021). Active duty service members may also feel participation can adversely impact their careers. Confidentiality must be accentuated to address participants' concerns. Confidentiality issues can be alleviated by using consent forms. Possible limitations include researcher assumptions and biases arising from previous experiences concerning the research phenomenon. The subject matter must be approached on its own terms in the IPA. The IPA researcher follows a process of first describing and then interpreting the data (Jedličková et al., 2022; Nizza et al., 2021). The meanings participants assign to their experiences can be examined to develop a richer and more nuanced understanding.

Significance

The primary goals of psychology include identifying, predicting, explaining, and changing behavior. The goals can be used to understand cognitive, emotional, and behavioral processes. Military families who have children with ASD confront dual stressors impacting their psychological well-being. Mental illness can occur and be exacerbated if lifestyle stressors are compounded by an ASD diagnosis (Farley et al., 2022). The Exceptional Family Member Program (EFMP) personnel are instrumental in coordinating relocation assignments to ensure the availability of essential medical and educational resources (Sands et al., 2023). Active duty personnel with family members having ongoing educational, special, or medical needs are required to enroll in this program. Practices within this program can differ across locations (Sands et al., 2023). Variation by location is detrimental for families seeking continuity in essential care services (Sands et al., 2023). The identification of military parents' perceived implications concerning essential resource barriers may be used to raise awareness and make improvements in programs for these families.

The discipline of developmental psychology is centered on human growth and changes occurring throughout the lifespan. Changes throughout the lifespan may involve cognitive, social, personality, perceptual, physical, and emotional development (Infurna, 2021). Developmental psychologists conduct research to assist individuals in reaching their full potential. Limited research was available on the psychological implications of military parents raising children with ASD. Parental mental health is pivotal in raising a child with developmental disabilities and simultaneously managing professional

obligations (Christi et al., 2023; Samsell et al., 2022). Children diagnosed with ASD have increased needs (Dreiling et al., 2022; Samsell et al., 2022). The demands placed on military professionals may generate higher stress levels (Ganz et al., 2022; Sands et al., 2023). Heightened stress may be an influential factor when compounded by the challenges of raising a child with ASD. The research design and methodology were chosen to address an existing literature gap.

The current study may be used to advance additional inquiry within applied developmental psychology. Further investigation may lead to a better understanding of the phenomenon, and potential positive change effects may improve well-being. The psychological implications can be adverse when essential resources are inaccessible, ineffectual, or delayed. Uncertain circumstances concerning professional obligations may result in the development or worsening of mental health issues. Positive implications for social change within this population involve increased awareness of these issues. Improved relocation coordination services may positively influence social change. Relocation coordination may diminish constant moves and may ensure duty assignments have adequate, accessible services, thereby nurturing heightened collaboration between military installations and the surrounding communities.

Summary

Military families confront significant hardships arising from deployments, constant relocation, and the variability of service accessibility (Farley et al., 2022; Kremkow & Finke, 2022). Military service members and spouses face an elevated risk of developing mental health issues (Ribeiro et al., 2023; Schvey et al., 2022). The diagnosis

and ongoing needs of an autistic child can have adverse effects on the mental health of military parents (Alostaz et al., 2022; Samsell et al., 2022). Parents of children with ASD face daunting challenges and endure elevated risks of mental health issues (Samsell et al., 2022; Yaacob et al., 2021). Stress is a widespread and crucial issue in the military, specifically for parents raising a child with ASD (Alostaz et al., 2022; Samsell et al., 2022; U.S. Department of Defense, 2024). Military families also encounter distinct challenges accessing essential care (Dallman et al., 2021; Dreiling et al., 2022; Samsell et al., 2022; Sands et al., 2023). The dual stressors of military service and parenting an autistic child warranted further exploration. Positive social change may result from heightened understanding, awareness, and improvements in services and supports, thereby enhancing military parents' overall well-being.

The stress process model was employed as a conceptual framework to understand military families' obstacles in accessing essential resources. Key concepts in this framework include stressors, moderation, mediation, and stress outcomes, with stress proliferation being crucial component of the stress process (Kirk et al., 2022; Pearlin et al., 2005; Zhao et al., 2022). Military parents raising an autistic child may encounter additional adversity due to unique challenges. Mental health disparities among military service members and their spouses are notable (Schvey et al., 2022). The barriers children with ASD face include practitioner misunderstanding, extended wait lists, and stigma (Han et al., 2022; Salleh et al., 2022). The following chapter is a review of the fundamental concepts surrounding military lifestyle and the obstacles families encounter in accessing essential resources.

Chapter 2: Literature Review

Military service members and their families encounter additional stressors beyond typical familial issues (Peck & Parcell, 2021). Military deployment, nation stabilization, operational readiness, and national security threats significantly increase stress (Ribeiro et al., 2023; Schvey et al., 2022). Military service members have heightened exposure to developing a clinically critical mental health disorder (Ganz et al., 2022). A third of all military members have been found to have substantial health problems such as severe mental illness, suicidal ideation, and substance abuse (Ganz et al., 2022). Service members who have acknowledged having a mental health issue may not seek help (Peck & Parcell, 2021). Limited help-seeking behaviors within military populations and heightened mental health issues are linked (McGuffin et al., 2021). Worries surrounding mental health stigma within the military contribute to the exacerbation of symptoms, causing denial. Progress may be hindered in establishing effective care for military populations grappling with mental health challenges (Ganz et al., 2022).

Military spouses also experience increased mental health issues related to lifestyle and stigmatization (Schvey et al., 2022; Toomey et al., 2021). Military spouses are deemed integral to familial health and wellness (Schvey et al., 2022; Toomey et al., 2021). Elevated levels of stress, anxiety, depression, and exhaustion are widespread within this population (Schvey et al., 2022; Senior et al., 2023). Spouses meeting the threshold for mood or anxiety disorders may report issues such as logistical barriers, deleterious beliefs toward mental health care, fears of adverse outcomes, and stigma (Schvey et al., 2022). Military spouses are essential in maintaining the health and well-

being of their families (Rossiter & Ling, 2022). The spouse's role becomes crucial during deployment and is acknowledged as a vital issue within the military population (Rossiter & Ling, 2022). Unique behavioral issues including additional complex health needs are additional barriers to accessing essential care for military spouses and their families (Rossiter & Ling, 2022). Frequent relocations are described as another pivotal barrier (Farley et al., 2022; Kremkow & Finke, 2022).

Military service members and their spouses already grappling with heightened stress may face compounded challenges when parenting an autistic child. Parents of children with ASD endure substantially higher stress than the general population (Callanan et al., 2021). Children with ASD typically have vital needs requiring comprehensive care (Dallman et al., 2021; Dreiling et al., 2022). The stigma linked to diagnosis may adversely affect parental help-seeking abilities, provider relationships, and retention of care (Divan et al., 2021; Hero et al., 2022). The ability to access and maintain care of children with ASD is vital for optimal outcomes (Dallman et al., 2021; Hero et al., 2022; Hus & Segal, 2021). Delays in diagnosis, treatment, and intervention accessibility may cause an exacerbating effect on parental stress (Beheshti et al., 2022).

Access to essential treatment for children with ASD is impeded by service availability and parental stress (Hero et al., 2022; Hyassat et al., 2023; Voliovitch et al., 2021). The challenges associated with service retention can be aggravated by the mandatory relocation of military families (Farley et al., 2022; Kremkow & Finke, 2022). Mandatory relocation is an obstacle to accessing care for parental health and well-being (Farley et al., 2022; Kremkow & Finke, 2022). The service needs of children with ASD

can be far-reaching. Essential care may not be obtained or may be deemed inefficient when compounded by military lifestyle requirements. Parental mental health may be adversely impacted when the service needs of their autistic children are unmet (Samsell et al., 2022). All family members need behavioral health accessibility to improve well-being (Callanan et al., 2021). Further exploration of military parents' experiences raising children with ASD was crucial.

Recent research addressing the individual components in this study was primarily quantitative. Military lifestyle stress, mental health implications, parenting a child with ASD, and care accessibility have been examined individually. A better understanding of these components may reveal how military parents of autistic children assess the mental health implications associated with essential resource barriers. Additional qualitative studies are necessary to provide deeper insight into the research phenomenon. The opportunity to enhance knowledge through a qualitative examination of military parent perceptions regarding essential resource barriers and mental health while parenting a child with ASD was evident given the limited research available. The voices of military parents with autistic children were captured and detailed in this IPA.

Chapter 2 begins with the literature search strategy for identifying keywords, terms, and databases. The detailed application of strategy in acquiring peer-reviewed research within the investigation scope is depicted. The subsequent sections in Chapter 2 include the conceptual framework, its history, and its components. How the stress process model had been used previously is presented. A comprehensive research review is employed to cover the key concepts such as military lifestyle implications for service

members and spouses. The chapter also includes health care accessibility barriers for service members and spouses. Issues of parenting a child with ASD and obtaining essential services are explored. Chapter 2 concludes with a summary of the existing research to justify the need for further exploration of the research phenomenon.

Literature Search Strategy

The keywords searched included *military parents, ASD, autism, autistic, health care accessibility, mental health* and their various combinations. The keywords selected resulted in a more targeted and closely aligned search, enhancing the relevance of studies pertaining to the phenomenon under investigation. Keyword combinations were initiated with military parents and ASD. Military parenthood and mental health were also combined, resulting in fewer peer-reviewed articles. Mental health and the military were then combined to retrieve additional articles. Health care accessibility and the military were combined in the examination of issues related to care needs. The literature search was conducted through EBSCO, Public Policy and Administration, ProQuest, PubMed, PsycINFO, Sage Journals, and Science Direct databases in Walden's Library. Results were limited to peer-reviewed articles published between 2021 and 2024. The literature search strategy was pivotal in including articles on health disparities among children diagnosed with ASD, military parent mental health concerns, and essential care accessibility discrepancies within this population.

Recent research on military families of children diagnosed with ASD and parental mental health was limited. The diagnosis and long-term implications of ASD have been an essential research topic. Health care accessibility challenges and mental health

concerns within military populations were prevalent subjects in recent research (Peck & Parcell, 2021; Schvey et al., 2022). Extensive documentation existed on mental illness among active duty military. Limited research was available on military spouses' mental health compared to that of active duty personnel. The present study addressed essential resource barriers and the perceived mental health implications among military parents raising a child with ASD. Articles found included individual and combined keywords employed to identify a gap in the existing literature.

Conceptual Framework

A plausible conceptual framework aligned with the purpose of this study was the stress process model. The stress process model was developed in 1981 by Pearlin and modified in 1999. Variations in stress levels may increase the development of mental health issues. The stress process model comprises stressors, moderators, and stress outcomes (Kirk et al., 2022; Zhao et al., 2022). Individual moderating elements include coping strategies, self-care practices, and the availability of community and social support. Social mediation factors are in line with individual moderation components. Stress outcomes can be defined as any psychological issues endured by this population due to perceived stressors and resources available (Kirk et al., 2022; Zhao et al., 2022). The stress process model was implemented to understand the link between factors such as military lifestyle, parenting child with ASD, essential resource barriers, parental well-being, and the resulting mental health outcomes.

The stress process model was based on several assumptions used to guide the conceptual framework. An initial concept is applied to address the interrelation of diverse

factors impacting well-being (Kirk et al., 2022; Zhao et al., 2022). The combination of factors impacts overall well-being and involves social status, daily life contexts, stress exposure, and resources available for responding to stressors (Kirk et al., 2022; Zhao et al., 2022). The connection between diverse factors is linked to the alterations in one factor, which may cause the modification of another, as a chain of effect (Pearlin et al., 2005). The chain of effect may become evident under certain circumstances when these changes simultaneously occur. Consequences associated with changes in life circumstances during one developmental period may impact subsequent stages (Pearlin et al., 2005). Stress is perceived as an ongoing process due to the interconnectedness between relevant factors and chains of effect.

Stressors

Stressors encompass situational factors that heighten stress, involving internal and external factors (Kirk et al., 2022; Zhao et al., 2022). Biological and physiological factors contribute to an individual's capacity for navigating challenging factors. External factors encompass the social context or immediate environment (Pearlin et al., 2005). Exposure risk to various stressors depends on socioeconomic characteristics and the social contexts of individuals' lives (Kirk et al., 2022; Zhao et al., 2022). Stressors linked to social status attainment include experiences of discrimination and persistent economic hardships (Pearlin et al., 2005). Background characteristics are crucial in determining how individuals handle stressors when they arise (Pearlin, 1999). The intricate connections between contextual factors and status may not frequently be readily apparent (Kirk et al., 2022; Pearlin et al., 2005; Zhao et al., 2022).

Two primary categories of stressors include life events and chronic or repetitious strains (Kirk et al., 2022; Pearlin et al., 2005). Chronic or repetitious strains are often associated with the interpersonal relationships from fulfilling social roles (Kirk et al., 2022; Pearlin et al., 2005; Zhao et al., 2022). Life events may be significantly disruptive. Life events with detrimental effects on well-being, primarily those that are unscheduled and unwanted, tend to be more impactful stressors (Kirk et al., 2022; Pearlin et al., 2005). Traumatic events are characterized by their suddenness, varying intensity, and distinctiveness from other events. Severe implications adversely affecting mental health outcomes are the chronic or recurring stressing impacting family, employment, and income (Kirk et al., 2022; Pearlin et al., 2005).

Instances in which anticipated or desired events do not materialize are also regarded as stressors, termed nonevents (Aneshensel & Avison, 2015; Pearlin, 1999). Marriage, employment, finances, and parenthood are commonly acknowledged domains of chronic stress (Pearlin, 1999; Zhao et al., 2022). The enduring roles and statuses within these areas are complicated. Difficulties arising within enduring roles and statuses are assessed as challenging to alleviate (Aneshensel & Avison, 2015; Zhao et al., 2022). The strain effect is heightened when individuals struggle to reconcile the simultaneous demands of multiple roles (Pearlin et al., 2005; Zhao et al., 2022). Substantial challenges may occur with the emergence of new roles, especially in caregiving. The caregiving role is typically unplanned but may become a long-term commitment (Pearlin et al., 2005). Role restructuring upon assuming the caregiver role impacts the fulfillment of other responsibilities (Pearlin et al., 2015; Zhao et al., 2022). Stressor prevention may be

accomplished to prevent the development of chronic stressors through role restructuring (Pearlin et al., 2015; Zhao et al., 2022).

Stress Proliferation

Stress proliferation constitutes a substantial yet often overlooked element in the stress process (Pearlin et al., 2005; Zhao et al., 2022). Stress proliferation occurs when a person is subjected to serious adversity or has a substantial risk of subsequent and additional adversity exposure. Severe stressors typically do not occur in isolation. The initial stressor is deemed primary, and the following ones are secondary, indicating they occur sequentially within the stress process (Pearlin et al., 2005; Zhao et al., 2022). The loss of a loved one can be a precursor to painful social isolation. Job loss can trigger economic strain, divorce, and the challenges of single parenting as subsequent stressors. Stressors may emerge, recede, and merge with others over time (Aneshensel & Avison, 2015; Zhao et al., 2022). Primary and secondary stressors must first be identified to capture the dynamic nature of the stress process. Identification can address causal connections between exposure to life difficulties and the outcomes associated with those experiences (Kirk et al., 2022; Zhao et al., 2022).

Moderators and Mediators

Moderators or moderating resources are the factors known to prevent, hinder, or lessen stress process development and outcomes. Social support, coping mechanisms, and mastery are three moderators or conditions (Aneshensel & Avison, 2015; Kirk et al., 2022; Zhao et al., 2022). Social support involves the realization or perception of being cared for, having available assistance from others, and possessing a supportive social

network. Various supports are effective at diverse moments in the stress process (Kirk et al., 2022; Zhao et al., 2022). Formally delivered instrumental support is most effective and can be used to moderate various types of primary stressors. Formal instrumental support has depicted effectiveness in moderating the stress linked to the daily care of debilitated relatives. Encouragement from family, friends, and informal instrumental support moderates the impact on behavioral problems experienced by the relative. Informal instrumental supports have a repressive effect on the emergence of secondary stressors (Aneshensel & Avison, 2015; Zhao et al., 2022).

Secondary stress repression is evident in conflicts between work and caregiving responsibilities. The impact of stress on depression is buffered by the perceived emotional support presence (Kirk et al., 2022; Zhao et al., 2022). An individual's behaviors in avoiding or preventing stress and its consequences are termed coping. Coping behaviors may be indicative of an alternative meaning for a stressor, reduce stress intensity, or is associated with changes in the situation from which stress emerges. These behaviors are also central in interventions within the stress process. Coping behaviors may also be used to moderate the effects of stressors within families and interpersonal social relationships. Coping should not be restricted to a direct effect as a moderating component (Aneshensel & Avison, 2015; Zhao et al., 2022). Other points of interpretation should be acknowledged (Kirk et al., 2022; Zhao et al., 2022).

Mastery is a self-concept differing from social support and coping (Aneshensel & Avison, 2015; Zhao et al., 2022). Mastery is how people perceive their ability to control the events affecting their lives. Mastery is not a fixed component of personality and may

evolve as a person's life changes (Aneshensel & Avison, 2015; Zhao et al., 2022). Mastery is of crucial importance as a moderating factor within the stress process. A person with a high level of mastery may see stressors as less threatening. A person with lower levels of mastery may evaluate stressors as more threatening (Aneshensel & Avison, 2015; Zhao et al., 2022). Social support, coping strategies, and mastery are different, interconnected resources. Deficiencies in mastery may be indicative of challenges accessing social support and acquiring necessary coping skills (Zhao et al., 2022). Mastery is crucial in the context of military parents who have autistic children, highlighting its significance in this demographic.

Outcomes

Outcomes within the stress process result from stressors and moderators. Stress manifestation is highly impacted by an individual's social and economic status (Aneshensel & Avison, 2015; Zhao et al., 2022). Burnout and depression are associated with adverse outcomes of stress (Aneshensel & Avison, 2015; Kirk et al., 2022; Zhao et al., 2022). Everyday stress may not frequently be harmful and may pose an adaptive effect. Chronic stress may be a precursor to adverse physical and mental health outcomes (Aneshensel & Avison, 2015; Kirk et al., 2022). Pathological stress may be linked with adverse mental and physical health. The vulnerability of specific groups is distorted when multiple outcomes and stressor impact are not considered (Aneshensel & Avison, 2015; Kirk et al., 2022). The expectation of multiple outcomes within military communities was anticipated because the many stressors associated to the lifestyle.

Previous Application of Theory

The stress process model has been utilized as a framework in many contexts, with findings highlighting substantial empirical support. The incorporation of social contextual factors and family within this model has extensive cross-cultural implications (Meyer et al., 2022). Substantial conceptualizations have been attained by applying the stress process model in familial contexts (Meyer et al., 2022). Vital conceptualizations encompass potential parental social supports, local contextual factors, and dynamic theoretical pathways (Meyer et al., 2022). The stress process model was employed to examine a renewed scrutiny of parent life stages and attending intersectionality. Central concepts within the stress process are evaluated from the perspective of military parents raising children with ASD. Family caregivers of persons with mental illness have been reported to experience psychological distress and hardship when they cannot access community-based services (Meyer et al., 2022; Zhao et al., 2022).

Parents who have children with ASD face daunting challenges and endure elevated risks of mental health issues (Samsell et al., 2022; Yaacob et al., 2021). The condition requires substantial parental commitment to caring a child with ASD. Primary needs may be exacerbated by a secondary diagnosis. Anxiety, depression, heightened stress, isolation, and lower life quality were found to be higher among parents of children who were typically developing or experienced other disabilities (Samsell et al., 2022; Yaacob et al., 2021). Stigma arising from others not accepting the characteristic behaviors linked to ASD impacts parental well-being adversely. A better understanding of the interacting factors contributing to parental stress and well-being was attained by

utilizing the stress process model as a conceptual framework (Yaacob et al., 2021).

The stress process model is a framework for understanding parental challenges in raising a child with ASD (Yaacob et al., 2021). Everyday challenges combined with essential service barriers, stigma, stress, and inadequate support among military families are concerning. Further exploration of the many stressors endured by military families with an autistic child may be used to provide improved services and support (Yaacob et al., 2021). The stress process model was utilized to define stressors, proliferation, moderators, and outcomes among military parents with autistic children. A better understanding of military parent experiences may be achieved if their perceptions regarding essential resource barriers are closely examined. Familial well-being is vital for military families in the upbringing of children diagnosed with ASD.

Novel stressors may be gained when caregiving has become part of existing relationships, impacting the care quality (Meyer et al., 2022; ten Hoopen et al., 2022). Further inquiries are needed to reveal how the quality of care in familial caregiving is directly and indirectly adequate. Negative attribution and resentment are frequently listed as stress process mediators in familial caregiving quality. Essential resources and interventions can reduce stress and diminish adverse outcomes (Meyer et al., 2022). Military parent caregivers of autistic children face barriers to accessing essential resources, adversely impacting their overall well-being (ten Hoopen et al., 2022). Safety risks and behavioral issues influence substantially parent-child relationships (Shannon et al., 2021). Interventions applied to reduce stress and improve essential resource access are crucial for the caregiver's overall well-being.

The stress process model has been widely employed in research to determine the relationship between stressors and health outcomes among informal caregivers (Garcia et al., 2022; Tough et al., 2022). The caregiver burden adversely impacts the health and well-being of those assuming the role (Tough et al., 2022). Anxiety and depression were usually linked with being informal or familial caregivers (Garcia et al., 2022). The adverse effects of caregiver burden may be safeguarded by social support and high-quality relationships (Tough et al., 2022). Caregivers with elevated levels of positive personality traits tend to have decreased stress levels (Garcia et al., 2022). Recent studies on mediating factors can be used to elucidate the connection between a lack of hope and perceived stress (Garcia et al., 2022; Tough et al., 2022). Military parents who already contend with stresses associated to their lifestyle, may face an additional burden when parenting an autistic child. A pressing need was apparent for contemporary research to expand knowledge of resources and strategies that safeguard caregiver health.

Literature Review Related to Key Concepts

The mental health of military service members and their spouses is substantially influenced by lifestyle. Deployments, constant relocation, and inconsistent service accessibility are notable issues within this community that must be addressed further (Peck & Parcell, 2021; Schvey et al., 2022). One in four active duty service members displayed signs of having a mental health condition, depression, and underestimated PTSD prevalence (Kline et al., 2022). The stressors linked to the military lifestyle are substantial, amplifying mental health challenges (Peck & Parcell, 2021). Recognition of the effect military culture has on overall well-being is central toward understanding how

to improve parenting strategies for raising an autistic child while serving in the military. The perceived implications for the mental health of military service members and their spouses often precede parenthood. A better understanding of preexisting mental health issues before parenting a child with ASD is critical.

Current research findings are representative of a broader understanding concerning how parenting a child with disabilities impacts mental health. Concerns about health care accessibility for parents and children are evident in the literature (Hero et al., 2022; Hus & Segal, 2021; Walsh et al., 2022). Stigma is depictive of another barrier to attaining appropriate care for parents and children (Han et al., 2022; Lyu et al., 2022; Salleh et al., 2022). Research on military parents of children with disabilities has been limited. Studies on military health care accessibility issues are ubiquitous even though many challenges have been noted within them (Divan et al., 2021; Hero et al., 2022; Hus & Segal, 2021). Relocations and accessibility to specialty care are considerable challenges for this population (Farley et al., 2022; Sands et al., 2023). A notable gap was evident in research concerning military parents with autistic children and the outcomes related to essential resource barriers, indicative of the need for further investigation.

Military Service Member Mental Health

Suicide rates among military members have been significant. Further research addressing the mental health outcomes of service members is pressingly needed because suicide rates are significantly high (Peck & Parcell, 2021). An identified and urgent issue is the reluctance of service members to seek support for mental health concerns (McGuffin et al., 2021; Peck & Parcell, 2021). Primary barriers to seeking mental health

care include stigma and cultural issues within the military (Ganz et al., 2022; Peck & Parcell, 2021). Mental health issues and treatment utilization are often stigmatized within the military community (Ganz et al., 2022; Peck & Parcell, 2021). Military characteristics are deterrents for personnel to admit problems and seek mental health support, such as demoralizing views on weakness. Avoidance of acknowledging mental health issues and seeking support is a contributing factor to the prevailing stigma substantially (Ganz et al., 2022; Peck & Parcell, 2021). Communication deficits in sharing concerns among military spouses are a considerable challenge. Support services must be provided to enhance relational, emotional, and psychological well-being, particularly during the process of redeployment (Ganz et al., 2022).

The ongoing global conflict has become a contributing factor to elevated mental health issues and suicide among military service members (Ganz et al., 2022; Peck & Parcell, 2021). The rates of suicide, traumatic brain injuries, PTSD, and other mental-health-related injuries have been at epidemic levels (Ganz et al., 2022; Peck & Parcell, 2021). Service member reluctance to seek beneficial clinical care and support is impeded by the concealment or invisibility of mental health issues (Ganz et al., 2022). Negative career implications, loss of peer confidence and trust, present barriers to help-seeking behavior. Confidentiality concerns, military health system structure, command hierarchies, and the fear of being viewed as weak are additional barriers (Ganz et al., 2022). Most service members returning from deployment screening positive for PTSD acknowledged mental health concerns. Less than half of the service members screened expressed an interest in seeking help (Ganz et al., 2022; Peck & Parcell, 2021). The

prevalent *tough it out* or *push through* mentality within military culture are factors linked to service members' reluctance toward acknowledging feelings of failure, weakness, and vulnerability (Ganz et al., 2022).

Military culture does not have an environment conducive to seeking mental health care (Ganz et al., 2022; Peck & Parcell, 2021). Service members seeking treatment declared fewer concerns concerning adverse career consequences due to stigma (Ganz et al., 2022). The findings within contemporary research can be utilized to elucidate the interplay between military culture and mental health care stigma. Career implications and mental health stigma are obstacles to accessing mental health services (Ganz et al., 2022; Peck & Parcell, 2021). The presented contemporary research addresses how stigma influences help-seeking behaviors among military service members (McGuffin et al., 2021; Schvey et al., 2022). Spouses are also subjected to mental health stigma (Peck & Parcell, 2021). Military service members and their spouses, who already face mental health stigma as a barrier to seeking essential care, may experience an aggravated impact if they are also parenting a child with ASD.

Military Service Member Health Care Accessibility Issues

A persistent challenge among soldiers dealing with PTSD includes low utilization of treatment despite its widespread prevalence (Kline et al., 2022). The social stigma associated with adverse views toward seeking help has been specified as a practical and logistical barrier (Randles & Finnegan, 2022; Silvestrini & Chen et al., 2024). Untreated PTSD has severe implications, including intensified symptoms which may result in career conflict, missed work, and professional peer awareness of issues (Senior et al., 2023). A

substantial portion of soldiers (sixty-three percent) acknowledge having a mental health issue but refrain from seeking help. Behavioral health engagement may occur when PTSD symptoms escalate (Kline et al., 2022; Peck & Parcell, 2021). The high incidence of mental health symptoms or disorders and the reduced willingness to seek help among military populations are undeniably interconnected (Randles & Finnegan, 2022; Silvestrini & Chen et al., 2024). Help-seeking behaviors are important in accessing essential resources for military parents and their autistic children.

Evidence-based interventions are effective even though treatment utilization rates are much less than ideal for veterans (Kline et al., 2022). Treatment is typically focused on interventions aimed at PTSD diagnosis (Kline et al., 2022). A substantial underuse of mental health care persists among military veterans as identified in contemporary research findings (Kline et al., 2022; McGuffin et al., 2021; Peck & Parcell, 2021). A quarter of veterans with a probable mental health disorder have received treatment (Kline et al., 2022). Need factors, primarily related to PTSD symptoms, are strongly correlated with treatment utilization (Kline et al., 2022; Peck & Parcell, 2021). Sleep difficulties and impaired functioning have been identified as factors used to facilitate treatment engagement or utilization (Kline et al., 2022). The persistent stigma concerning mental health issues and treatment remains prevalent in military populations (Ganz et al., 2022).

Military Spouse Mental Health and Accessibility Issues

Military spouses have played a pivotal role in the military member's motivation, morale, and well-being (Peck & Parcell, 2021; Schvey et al., 2022). Spouses substantially impact military personnel's motivation to continue service. Military spouses provide vital

familial support and motivation throughout the service member's career (Schvey et al., 2022). Military spouses' support becomes even more significant during deployments, changes in duty stations, relocations, injury, and training opportunities (Peck & Parcell, 2021; Schvey et al., 2022). Domestic difficulties have been reported to adversely impact service member readiness. Ability, willingness to deploy, and serve may also be influenced. Military spouses may experience elevated symptoms indicative of provisional mood, anxiety, and mental health disorders (Schvey et al., 2022). The systematic barriers to mental health care faced by service members and their families are accentuated by the importance of addressing military dependent's exceptional needs (Schvey et al., 2022).

Military spouses contend with mood and anxiety issues, confronting barriers to accessing mental health care (Peck & Parcell, 2021; Schvey et al., 2022). Mental health care barriers encompass negative beliefs regarding mental health care, logistical barriers, fear of adverse consequences, and internalized stigma. Participants who met the clinical thresholds for mood and anxiety disorders could report all four barriers. Frequent relocations, deployments, and family separations may be contributing factors to an increased likelihood of developing such disorders (Peck & Parcell, 2021; Schvey et al., 2022). The mental health care barriers and notable provisional psychological issues among military spouses are central to the present research. Access to care is crucial for enhancing military spouse's mental health. Military parents of children with ASD possess unique needs, considering the substantial career and service demands.

The psychological well-being of military spouses concerning lifestyle and the ongoing global conflict has not been extensively explored (Peck & Parcell, 2021; Schvey

et al., 2022; Toomey et al., 2021). Many military spouses of deployed soldiers declare heightened functional impairment, diminished life quality, elevated cognitive and mental health symptoms. Conflicting results on the psychological well-being of military spouses are documented in contemporary research. Deployed veterans face a substantial array of psychological and physical stressors, impacting their well-being (Toomey et al., 2021). Spouses of veterans with mental health issues report difficulties in memory and attention that are not necessarily linked to deployment status (Toomey et al., 2021). Further investigation into the perceived implications of deployment is pivotal to understanding the factors associated with parenting an autistic child.

Military Parents to Special Needs Children

About 20 percent or more of military children have disabilities requiring services (Aleman-Tovar et al., 2022). The most utilized services are speech, occupational interventions, physical therapies, health care specialists, parent training, and social skills groups. Three-quarters of military families face difficulties accessing needed with adverse implications for child development (Aleman-Tovar et al., 2022). The EFMP program is designed to assist families relocated in areas with available, persistent inconsistencies are noted (Aleman-Tovar et al., 2022; Sands et al., 2023). The insurance program, TRICARE, has received mixed reviews from military families who acknowledge substantive coverage. Program navigation is a persistent issue. Deployments and relocations have been pressing issues (Aleman-Tovar et al., 2022). Individual or case advocacy is a widespread concern within this population, especially during deployment. Cause advocacy is crucial in affecting needed policy changes for

military families (Aleman-Tovar et al., 2022).

The health outcomes of military service members parenting children with special health care needs have not been thoroughly examined (Christi et al., 2023; Sands et al., 2023). The impact on the well-being of civilians parenting a child with special needs has been investigated extensively. Insight is provided through current research findings into the difficulties of raising a child with special health care needs in civilian populations (Hoover et al., 2022; Sadiki, 2023). Military parents may share similar experiences and outcomes (Sands et al., 2023). Distinct differences between civilian and military parents' experiences may be evident. Military service career unpredictability may be a factor linked to an imbalance with familial responsibilities. Health care coverage and resources may also vary between differing populations.

Contemporary research may be used to expand knowledge on parental status and well-being among military service members. Prolonged combat-related deployments and service expectations render military families more susceptible to altered functioning (Kremkow & Finke, 2022; Sands et al., 2023). Relocation, service delivery, and deployment are issues unique to military families raising children with disabilities. Multiple relocations have adverse effects on the medical care and service delivery for their disabled children. Deployments are challenges for the primary caregiving spouse (Sands et al., 2023). Current research on the challenges of military families with special health care needs children is inadequate. The present investigation on the perceived implications of essential resource barriers is designed to expand upon contemporary knowledge concerning military parent experiences.

Relocation

Frequent relocations constitute a substantial part of the military lifestyle not typically observed within the civilian community. Relocations can occur three times more often for military families (Farley et al., 2022; Kremkow & Finke, 2022). Military families of children diagnosed with ASD confront substantial barriers linked to frequent relocations. Frequent relocations may result in therapeutic intervention and routine disruptions. Disruptions encompass resource accessibility impediments, service delays, inadequate or unavailable interventions, and limited social support (Farley et al., 2022; Kremkow & Finke, 2022). Military families who are frequently required to relocate faced substantial resource barriers. Barriers to accessing essential resources may substantially impact parental well-being and are core concepts.

Most military caregiver participants reported inability and diminished capacity to access services conscientiously (Dallman et al., 2021; et al., 2021; Farley et al., 2022). Military families who have access to applied behavior analysis (ABA) reported a lack of collaboration between current and previous providers (Farley et al., 2022; Hero et al., 2022). Most caregivers' average time spent obtaining a new referral could last from three weeks to three months. The intake process for a new provider could take one to four weeks and two or more months after receiving a referral (Farley et al., 2022). Waitlists for ABA were between one month and six months. Most caregivers assessed therapeutic service delays as relocation barriers. The process of starting over comprised a relocation-induced barrier to accessing essential care shared by those caregivers (Dallman et al., 2021; Farley et al., 2022; Hero et al., 2022).

Military families of children diagnosed with ASD have reported more substantial challenges than civilian populations exposed to similar situations (Farley et al., 2022; Kremkow & Finke, 2022). Unique difficulties include dangerous work conditions, deployments, family separations, and relocations. One family member's life impacts the entire system, leading to varying degrees of emotional response (Kremkow & Finke, 2022). Military lifestyle resilience in spouses is not indicative of decreased stress among this population (Kremkow & Finke, 2022). Many military spouses have demonstrated clinically substantial parental stress levels during deployments. Military relocations are often involuntary, frequent, isolating family members. Causes associated with inaccessibility encompassed geographical relocation, resulting in feelings of isolation (Farley et al., 2022; Kremkow & Finke, 2022).

Military families must build new community relationships after being relocated (Farley et al., 2022; Kremkow & Finke, 2022). Medical and educational services must be attained after an exhaustive relocation process. Military families with an autistic child endure additional challenges related to diagnosis (Farley et al., 2022). Service continuity issues, excessive delays for therapy, and provider shortages are the most notable challenges. Low education options and inadequate support are also widespread during relocations (Kremkow & Finke, 2022). Relocations have also been implicated in the behavioral and emotional problems of children with ASD, increasing familial stress. Insufficient support has been an ongoing concern among military families (Farley et al., 2022; Kremkow & Finke, 2022).

Deployment

Heightened emotional and behavioral problems in the children of military families are linked to parental deployment (Farley et al., 2022). Outpatient behavioral treatments have been demonstrated to be effective (Dallman et al., 2021; Sands et al., 2023). Service retention has also been an ongoing issue (Dallman et al., 2021; Divan et al., 2021; Hero et al., 2022). Increased familial hardships are evident among military families due to elevated deployments and location changes. Military families endure higher challenges than their civilian counterparts (Farley et al., 2022; Kremkow & Finke, 2022). Deployments and location changes are typically not optional. Children in military families face challenges attaining and retaining services (Dallman et al., 2021; Divan et al., 2021; Hero et al., 2022). Behavioral problems in military children with ASD are an escalating concern, impacting quality of life and familial well-being. Children diagnosed with ASD frequently display behavioral problems, and therapeutic interventions are crucial in curbing these challenges (Dallman et al., 2021; Dreiling et al., 2022).

Parenting a Child With Disabilities

The extensive and not well-understood role of the invisible caregiver role is highlighted in the literature (Hoover et al., 2022). Impediments with service delivery arise from gaps in understanding. Poor communication between health care providers and family caregivers is also a handicap. Current researchers have extensively documented how military families confront similar issues concerning service delivery (Sands et al., 2023). The unmet needs of children special health care requirements are factors leading to isolation and support loss (Hoover et al., 2022; Sadiki, 2023). Isolation remains a

prevalent concern in caring for special needs children (Farley et al., 2022; Kremkow & Finke, 2022; Sadiki, 2023). Employment and financial loss are also significant due to the demands of caring for special needs children (Hoover et al., 2022). An understanding of the barriers faced by military caregivers or parents is critical for understanding mental health outcomes linked with these challenges.

Social support is an essential resource and a key factor to the well-being of caregivers (Sadiki, 2023). Social support has been acknowledged as a vital need by parents of special needs children (Kremkow & Finke, 2022; Sadiki, 2023). Isolation is experienced when inadequate caregiver support is evident (Sadiki, 2023). Military parents may encounter substantial deficits in social support when facing constant relocation. The challenges of accessing necessary social support and the isolating effects linked to frequent relocations, are notable within military populations (Farley et al., 2022; Kremkow & Finke, 2022). Military parents may benefit from increased access to social support while having accessibility difficulties. Resilience and the perception of social support can have a positive effect in reducing parental stress (Sadiki, 2023).

Parenting a Child With ASD

The diagnostic process for ASD is complicated and stressful to parents (Hyassat et al., 2023; Voliovitch et al., 2021). Parental stress is already apparent before a child has been diagnosed with ASD. A child's level of functioning impacts parental stress (Voliovitch et al., 2021). Parental stress may be aggravated further if a formal diagnosis has been delayed. The minimization of parental concerns by clinicians is linked to dissatisfaction with provided care (Hyassat et al., 2023). Multiple medical visits for the

same concerns before being addressed seriously adversely impact provider and parent rapport. Parents' feelings of being blamed for ASD symptomology in their child have been a problematic issue (Hyassat et al., 2023; Voliovitch et al., 2021). Parents have also stated difficulties attaining referrals and have suggested a connection to dissatisfaction with providers (Hyassat et al., 2023).

Adverse perceptions of the diagnostic process are the most listed factors concerning dissatisfaction (Hyassat et al., 2023; Snijder et al., 2022). Parents become frustrated when many professionals are involved in assessment, unprofessionalism, low rapport, and extended duration occur. The amount of information received during diagnosis may also overwhelm parents (Hyassat et al., 2023). Parents' adverse feelings of being overwhelmed can be associated with provider terminology and limited feedback during meetings. The lack of professional sharing regarding potential resources after diagnosis is an issue (Hyassat et al., 2023). Substantial frustration during the diagnostic process is frequently endured (Voliovitch et al., 2021). Limited resources may be linked to heightened parental stress, adversely influencing parent-child relationships (Hyassat et al., 2023; Voliovitch et al., 2021).

Parental perception of limited resource availability to meet role demands may develop into parenting stress (ten Hoopen et al., 2022; Voliovitch et al., 2021). Parental and child functioning are adversely impacted when parenting stress. Emotional availability and child-parent relationships are also harmed. Behavioral problems, social cognition, and mood disorders can be listed as problems experienced by children of stressed parents endure. Lack of support is linked to heightened parenting stress (ten

Hoopen et al., 2022; Voliovitch et al., 2021). Symptom severity, lower adaptive functioning, aggression, and increased internalizing or externalizing behaviors may be factors correlated with maladaptive coping strategies. Elevated worries and parental stress are positively correlated in this population (ten Hoopen et al., 2022). Pre-diagnostic stress among parents of children with ASD has been significantly high (ten Hoopen et al., 2022). Persistent parenting stress amounts to decreased parent functioning, social satisfaction, and mental functioning (Voliovitch et al., 2021).

Parents of children with ASD experience significant discomfort, pain, anxiety, and depression when they are also the primary caregivers (Snijder et al., 2022; ten Hoopen et al., 2022). Relationships with their autistic child, combining care, and daily activities were noted as problems. Fulfillment in caring for their child is significant, illuminating a positive effect of their role (ten Hoopen et al., 2022). Health problems are higher among this population. Quality of life is reduced when psychological and emotional functioning are negatively affected. Caregivers also experience a lower quality of life. Financial stress is also a concern due to reduced employment and increased care expenditures (ten Hoopen et al., 2022). Perceived caregiving burden has a secondary effect on the child (ten Hoopen et al., 2022).

Military parent caregivers may endure heightened difficulties owing to their overlapping lifestyle implications. A lower quality of life than general populations is notable among these caregivers (Samsell et al., 2022; ten Hoopen et al., 2022). Continuous reciprocal interactions between parent and child have been evident (Samsell et al., 2022). The interactions with their adverse impacts reduce the quality of life (ten

Hoopen et al., 2022). Reciprocal interactions between the child and caregiver within military populations may have similar implications considering the lifestyle. Military personnel and spouses have been depicted to have augmented lifestyle-related mental health issues (Peck & Parcell, 2021; Schvey et al., 2022). The decreases in help-seeking behaviors are detrimental to accessing and maintaining essential resources (Randles & Finnegan, 2022; Schvey et al., 2022; Silvestrini & Chen et al., 2024).

A child's diagnosis of ASD has a substantial influence on parental mental health, with the impact being more pronounced for the mother (Beheshti et al., 2022; ten Hoopen et al., 2022). Other overwhelming issues include stress, financial burden, extensive needs, and the physical efforts needed in fulfilling the role of caregiver to a child with ASD (Samsell et al., 2022). Familial conflicts may also emerge because the stress associated with attending to an autistic child can be overwhelming. Behavioral problems linked to this disorder may also cause parental stress (Beheshti et al., 2022; Samsell et al., 2022). Other widespread issues encompass financial constraints, lack of social support, and increased parental stress (ten Hoopen et al., 2022). Further research addressing the experiences of military parents with an autistic child was warranted. Military parent perceptions of the implications they associate with essential resource barriers may be employed to inform current and future policy.

Parents who have children with ASD may confront a lower quality of life linked to the associated stressors (Turnage & Conner, 2022). Substantial parental stress is endured when an initial diagnosis is made, being a contributing factor to additional stressors. Additional stressors include the coordination of care, career implications,

behavioral problems, and daily care (Turnage & Conner, 2022). The stressors can be emotionally and physically overwhelming. The build-up of stress over time may pose substantial implications for parental life quality (Turnage & Conner, 2022). Essential resources may be employed in mediating stressors linked to parenting a child with ASD. Further research is needed to address the severe effects on parental well-being with increased prevalence of ASD diagnosis (Beheshti et al., 2022; ten Hoopen et al., 2022; Turnage & Conner, 2022). The current research is a contribution to an expanded understanding of the implications associated with essential resource barriers.

Safety Risks

The prevalence of ASD within the United States is estimated to be at one in 36 children (Centers for Disease Control and Prevention, 2023). Children diagnosed with ASD have various impairments, such as deficits in socialization, communication, and decreased environmental awareness (Alostaz et al., 2022; Raff et al., 2021; Shannon et al., 2021). Socialization, communication, and awareness deficits may augment safety risks (Shannon et al., 2021). Many parents attending to children with ASD have unique and poorly understood concerns (Samsell et al., 2022; Shannon et al., 2021).

Contemporary research findings align with previous results concerning the challenges of parenting an autistic child (Beheshti et al., 2022; Shannon et al., 2021). Safety has been listed as a substantial concern and needs to be addressed by the ardent undertaking of caregivers who have autistic children (Samsell et al., 2022; Shannon et al., 2021).

Support from health care professionals with elevated knowledge of ASD diagnosis is required to address safety concerns (Davico et al., 2023; Shannon et al.,

2021). Safety concerns regarding education and advising parents on ASD must be acknowledged (Shannon et al., 2021). Increased parental support, a collaborative approach, and improved access to knowledge are needed (Davico et al., 2023; Shannon et al., 2021). The well-being of parents and children may be adversely impacted by communication deficits with health care providers (Davico et al., 2023). Parental perception of child safety in unfamiliar contexts during travel has been markedly low (Plummer et al., 2021). Military families may find travel challenging when dealing with new environments encountered during mandatory relocations (Plummer et al., 2021). Safety concerns addressed within current findings are closely linked to the upbringing of an autistic child, with notable impact on parental well-being.

Behavioral Issues

Behavioral issues and comorbidities associated with ASD result in heightened parental stress (Alostaz et al., 2022; Samsell et al., 2022). Heightened parental stress may adversely impact parenting behaviors. Children diagnosed with ASD experience severe challenges over time linked to an increase in adverse parenting behaviors (Alostaz et al., 2022; Samsell et al., 2022). Parental coping has been associated with positive well-being (Alostaz et al., 2022). Inefficient coping skills and increased parental stress are closely related (Alostaz et al., 2022; ten Hoopen et al., 2022). Adequate or efficient coping behavior is effective when moderating the effects of stressors within families and interpersonal relationships. Current understanding may be expanded by examining parental adaptive coping as a buffer to the association between child-related stressors and emotion-related parenting (ten Hoopen et al., 2022; Voliovitch et al., 2021).

Adaptive coping is a compensatory function and is pivotal in maintaining positive parental reactions to adverse child emotions (Alostaz et al., 2022; ten Hoopen et al., 2022; Voliovitch et al., 2021). Adaptive coping may be employed to buffer behavioral problems when parenting children with disabilities. Increases in supportive reactions are connected with higher adaptive coping skills (Alostaz et al., 2022; ten Hoopen et al., 2022; Voliovitch et al., 2021). Decreased adaptive coping skills are also linked to a child's externalizing behaviors. Low adaptive coping skills and supportive parent reactions are intertwined. Coping behavior has been described as a moderator within the framework employed by Alostaz et al. (2022) and aligns with the stress process model. Military parents are often characterized as resilient due to the circumstances exposed during service. Limited research may be an impediment to further understanding.

Parenting an Adolescent With ASD

Adolescence is a developmental period with parenting challenges. Parents of autistic adolescents report higher stress than those with typically developing children (Raff et al., 2021; Samsell et al., 2022). Symptoms of ASD may be modified while transitioning from childhood to adolescence (Raff et al., 2021). Behavioral differences delayed emotional development, social communication deficits, and restricted interests may continue as children with ASD become adolescents (Alostaz et al., 2022; Celia et al., 2020; Raff et al., 2021). Parental stress may be endured throughout all developmental stages because the caregiving challenges of raising children with ASD are evident (Alostaz et al., 2022; Raff et al., 2021). Protection from exploitation has been a critical concern. Social relationships among autistic adolescents can be complicated further by

the core symptoms of ASD (Raff et al., 2021).

Essential symptoms of ASD have been reported as a growing problem endured by parents who have children with ASD (Han et al., 2022; Vahedparast et al., 2022).

Maternal parental stress can impact their mental and physical health, with diminished quality of life. Paternal parental stress may have a direct influence on their mental health and well-being (Vahedparast et al., 2022). Mental health is significantly important in mediating parental stress's effect on parents' well-being. Parent stress level is closely linked to adequate support within the family system, treatment efficacy, and predictability of symptoms (Samsell et al., 2022; Vahedparast et al., 2022). The needs of this growing population can be met by assessing ASD as a chronic and lifelong condition.

One in 167 children in the Kingdom of Saudi Arabia is diagnosed with ASD, similar to global prevalence (AlBatti et al., 2022; Alkhonezan et al., 2023). The prevalence rate is statistically lower ($p < .05$) than in the United States, where one in 40 children are diagnosed with ASD. Similarities in elevated depression rates among parents have been reported (Alkhonezan et al., 2023, Chen et al., 2024). Parents of autistic children may be subjected to increased anxiety and depression associated with elevated stress levels. Many children diagnosed with ASD exhibit higher needs, necessitating increased parental patience, time, and effort (Alkhonezan et al., 2023). Stigma and financial pressures have been consistent issues across populations. Co-occurring family conflicts, behavioral problems, and marital complications are reported as additional strains on parental mental health (Alkhonezan et al., 2023).

Increased depression rates and elevated prevalence of depressive symptoms

among parents are linked to ASD symptom severity and financial burden (Alkhonezan et al., 2023; Chen et al., 2024). A third of the participants possessed mild depression rates. More than half experienced substantial depression rates, similar to previous research results. Financial burden did not substantially influence depressive symptoms, contradicting previous findings (Alkhonezan et al., 2023; ten Hoopen et al., 2022). Gender does not critically impact the predictability of depressive symptoms among parents with autistic children. Emotional problems associated with caregiver burden should be consistently screened. Parental support should include treatment plans for noteworthy emotional problems (Alkhonezan et al., 2023). Military families endure similar issues when coping with lifestyle stressors. The challenges these parents confront are cumbersome and are not exclusive to populations in the U.S.

Stigma of ASD

Stigma is a significant concern within the ASD community (Lyu et al., 2022; Ma et al., 2023). The stigmatized person is usually marginalized when confronting this social phenomenon (Han et al., 2022). Humiliation, isolation, and social exclusion comprise ASD stigma (Salleh et al., 2022). A person with ASD may exhibit a hidden and stigmatized identity because behavioral differences range from visibly evident to indistinct (Alkhonezan et al., 2023; Han et al., 2022). A person's ASD diagnosis is not frequently identified physically at the onset. Atypical social behaviors, verbal and nonverbal communication result in inferior first impressions (Han et al., 2022). Stigma and self-worth harm are linked to behavior stereotypes (Han et al., 2022).

ASD stigma may be a precursor to the affiliate type in parents with autistic

children (Han et al., 2022; Lyu et al., 2022; Salleh et al., 2022). Parents of children with disabilities, including ASD, often experience stigmatizing reactions from others (Salleh et al., 2022). The internalizing community stigma is described as self-stigma by parents of children with ASD (Han et al., 2022; Salleh et al., 2022). Courtesy stigma becomes an affiliate type among parents of children with ASD (Lee et al., 2024; Ma et al., 2023; Salleh et al., 2022). Stigma is a vital issue within this population, adversely impacting mental health and creating barriers to help-seeking behaviors (Han et al., 2022; Salleh et al., 2022). Further cultural research was necessary on stigmatization among parents who have children diagnosed with ASD. An improved understanding of ASD stigma may be generated by identifying potential variances in experiences (Salleh et al., 2022).

Support Needs for ASD

Children with ASD typically experience difficulty accessing care and have more substantial unmet health care needs. Children among underserved populations are subjected to increased health care disparities, suffer from issues such as delayed diagnosis and interventions, including inadequate treatment response (Dallman et al., 2021; Dreiling et al., 2022; Samsell et al., 2022). Unmanaged comorbid disorders may adversely impact the well-being of children with ASD. Pediatric primary care providers claim to provide culturally responsive, prompt, and consistent care. A struggle to provide optimal care for this vulnerable population of children is evident among health care professionals (Dreiling et al., 2022; Samsell et al., 2022). Providers may have challenging issues, including diagnostic delays, ongoing maintenance, and little formal training to address the needs of military parents who have autistic children (Dreiling et al., 2022;

Samsell et al., 2022). Inadequate confidence and knowledge in delivering services are critical issues experienced by providers, affecting their essential care delivery (Dreiling et al., 2022; Samsell et al., 2022; Steinman et al., 2022).

Children diagnosed with ASD typically need comprehensive care to handle complicated developmental challenges (Dreiling et al., 2022; Steinman et al., 2022; Samsell et al., 2022). Co-occurring mental health and medical conditions linked to this disorder heighten challenges. The most frequently endorsed barriers include inadequate confidence in managing behaviors, time, and resource knowledge (Steinman et al., 2022). Barriers also comprise knowledge deficits, decreased confidence, resources, specialist access, time, improved reimbursement, and connection to care coordination (DiGuseppi et al., 2021; Steinman et al., 2022). Access and coordination of necessary support services are pivotal in meeting the autistic child's needs (DiGuseppi et al., 2021; Hero et al., 2022). Future research must address the implications of perceived barriers linked to deficits in confidence and knowledge.

Parents of children with ASD and their families endure challenges in many different life facets (Samsell et al., 2022; ten Hoopen et al., 2022; Yaacob et al., 2021). Parents of children with ASD have reported a need for general knowledge and behavior management strategies not addressed through structured therapy (Samsell et al., 2022). Challenges in socialization with friends or relatives and community integration are other consequential issues (Han et al., 2022; Samsell et al., 2022). Parents may also confront vital mental health issues (Samsell et al., 2022; ten Hoopen et al., 2022). Mental health issues endured by this population involve guilt, marriage strain, feelings of isolation, and

heightened stress levels (Beheshti et al., 2022; Samsell et al., 2022). Familial challenges in service delivery are ignored due to service member prioritization (Samsell et al., 2022). A comprehensive review and meta-synthesis of existing qualitative studies can be employed to expand current knowledge concerning these challenges.

Nine groups of stakeholders and 10 themes have been acknowledged concerning support needs (Samsell et al., 2022). The stakeholders identified included parents, health care providers, and educators (Samsell et al., 2022). The identified themes comprised structural needs, ASD knowledge gaps, behaviors, and socioeconomic significance (Samsell et al., 2022). Gaps in knowledge about ASD are reported as a pervasive theme substantially impacting stakeholder interactions (DiGuseppi et al., 2021; Samsell et al., 2022). The structuring of activities concerning ASD diagnosis and intentional social isolation includes lifespan adaptations among these families (Han et al., 2022; Samsell et al., 2022). Physical safety, homeschooling, home modifications, and increased economic costs encompass other life adaptations (Samsell et al., 2022). Educational interventions must also be incorporated to include the perspectives of family, service provider, and community in addressing stakeholder knowledge gaps (Samsell et al., 2022). Current research results can be extended to comprehend crucial issues impacting parental well-being within the service delivery.

Mental health issues prevalent among autistic individuals have been substantially high (Dreiling et al., 2022). Crucial barriers to accessing mental health services persist for this population. The confidence in mental health providers offering services for individuals diagnosed with ASD is markedly low (Dreiling et al., 2022). Lack of self-

efficacy and health provider training are the critical issues which may constitute mental health service barriers. Children with ASD may exhibit mental health problems, and these barriers to essential treatment are often further overlooked (Dallman et al., 2021; Divan et al., 2021; Dreiling et al., 2022). Preventative care and chronic condition management are pivotal for service accessibility (DiGuseppi et al., 2021). Community mental health service accessibility is another critical issue. Military families with constant relocation challenges may experience substantial hardships in attaining and maintaining essential resources without support.

Children with ASD have more unmet health care needs than those exhibiting other developmental disorders (Dreiling et al., 2022; Samsell et al., 2022). Non-white children with ASD may not be able to receive neurological, psychological, psychiatric, gastrointestinal, specialty, or coordinated care (Dreiling et al., 2022; Samsell et al., 2022). Gender discrepancies are also notable, with females having an increased likelihood of receiving emergency and psychiatric care (Dallman et al., 2021). Allied health treatment disparities are also prevalent among autistic children (Dallman et al., 2021). Specific socio-demographic groups have elevated risks of not receiving essential services (Dallman et al., 2021; Dreiling et al., 2022). Mandatory relocations in military populations are barriers to obtaining essential care (Farley et al., 2022; Kremkow & Finke, 2022). Socio-demographic disparities among military parents of autistic children should be explored further to discern discrepancies in their experiences with barriers and perceived mental health outcomes.

ASD Health Care Accessibility

Almost two million children of service members are provided with TRICARE health insurance by the military (Hero et al., 2022). About 20 percent or more of military children have special health care needs requiring essential services (Aleman-Tovar et al., 2022). TRICARE-enrolled children with special health care needs may receive inadequate access to essential services. Military parents have cited continual frustration with the challenges of attaining essential services for their children (Aleman-Tovar et al., 2022). Children enrolled in TRICARE endure heightened frustrations and have increased unmet needs (Hero et al., 2022). Early detection is helpful for children with ASD (DiGuseppi et al., 2021; Hero et al., 2022). Many families, primarily from vulnerable populations, have disclosed lowered satisfaction with early intervention services TRICARE insurance covers (DiGuseppi et al., 2021; Hero et al., 2022; Samsell et al., 2022). Health care discrepancies may be extensive, considering the disparities in accessing the needed treatment.

Military families can be assessed as a vulnerable population. Special needs families confront additional barriers such as stigma, dismissal of parent concerns, provider distrust, and diverse mental health beliefs (DiGuseppi et al., 2021; Lee et al., 2024; Salleh et al., 2022). Military families may also face similar barriers accessing essential resources for themselves and their children. Patient navigation may be a requirement to improving the delivery of preventative care and handle chronic condition management (DiGuseppi et al., 2021). Military families enduring essential resource barriers may face additional stress when a family member is diagnosed with ASD.

Familial stress within military populations has been historically high. Stress factors among non-military family members may have an influential effect on retention and readiness in service to the country (Kremkow & Finke, 2022).

Prevalence and core impairments among diverse populations of children diagnosed with ASD display similarities (Divan et al., 2021; Dreiling et al., 2022). Barriers to achieving adequate health care coverage among this population have been consistent across contemporary research findings. Barriers within inter-related domains encompass familial experiences, social context, diagnosis impediments, evidence-based intervention accessibility, policies, and legislation. Stigma is a substantial barrier to accessing and maintaining essential services for ASD (Han et al., 2022; Lyu et al., 2022; Salleh et al., 2022). Allied health services can be employed as beneficial interventions for children with ASD. Primary allied health services utilized within this population include speech-language pathology, applied behavior analysis, and occupational therapy (Dallman et al., 2021). Disparities in accessing medical services are reported consistently, even though most children with ASD are covered by health insurance (Dallman et al., 2021; Divan et al., 2021; Han et al., 2022).

Summary and Conclusions

Military service members have a higher likelihood of developing a clinically substantial mental health disorder (Ganz et al., 2022). Military spouses are also subjected to increased mental health issues associated with lifestyle and stigmatization (Senior et al., 2023). Stigma has been reported as a common barrier for service members and their spouses (Ganz et al., 2022; Peck & Parcell., 2021; Senior et al., 2023). Stigma adversely

impacts self-help behaviors. The existing mental health issues endured by service members and spouses may influence their parenting style or ability. Mental health care is stigmatized within the military community (Peck & Parcell, 2021; Ganz et al., 2022). Existing mental health issues are also complicated by parenting a child with ASD, adversely impacting parental well-being.

Military parents confront challenges due to lifestyle, accessibility, and essential resource retention (Peck & Parcell, 2021). Relocations are cited as a substantial barrier to accessing essential care for children with ASD, adversely impacting parental mental health (Farley et al., 2022; Kremkow & Finke, 2022). Relocation rates among military families are approximately three times higher than civilian populations (Farley et al., 2022). Parents of autistic children in the general population also exhibit substantially higher stress than those without special needs (Callanan et al., 2021). Caregiver stress and burnout have been significant issues within this population. Comprehensive care is critical for addressing the complicated needs of children with ASD. Care attainment and retention for children diagnosed with ASD is a consistent issue in various populations (Dallman et al., 2021; Divan et al., 2021). Diagnostic, therapeutic, and intervention delays are persistent concerns impacting parental mental health (Callanan et al., 2021).

Parental stress and service availability are notable barriers to accessing needed treatment. Inaccessible interventions for children with ASD were also listed as additional barriers (Dallman et al., 2021; Samsell et al., 2022). Military lifestyle stressors influence essential service accessibility and retention in addressing the mental health needs linked to parenting a child with ASD (Schvey et al., 2022). Research results concerning the

general population may not be implemented in military communities, considering the disparities in experiences associated with lifestyle. Another poorly understood issue includes the perceived implications of essential resource barriers among military parents to children with ASD. Chapter 2 included a thorough review of contemporary research on military lifestyle implications and parenting a child with ASD. Minimal research has been conducted to address the compounding effects of military lifestyle and parenting a child with ASD. A broader understanding of military parent experiences with essential resource barriers for their children was needed to understand this population.

A complete description of the methodology development, rationale, participant selection, instrumentation, data collection procedures, and ethical concerns is provided in the subsequent chapter. Chapter 3 was developed to include the rationale for a qualitative research design and methodology. The use of a purposive and snowball sampling method in participant recruitment is covered in the following chapter. The interviewing process with the eight military parents on the essential resource barriers they endure while parenting an autistic child is explained. Perceptions associated with barriers to essential resources and perceived implications were examined by addressing open-ended questions in semi-structured interviews. Other issues included the application of the stress process model as a conceptual framework to understand military lifestyle experiences, child diagnosis involving ongoing care, resource accessibility barriers, and parental mental health outcomes. The six data analysis steps in an IPA were implemented to cover rereading of transcripts, individual case analysis, theme development for pinpointing stressors, stress proliferation, moderators, and outcomes.

Chapter 3: Research Method

The objective of conducting this IPA was to explore how military parents with autistic children experience and perceive essential resource barriers. Minimal research was available on essential resource barriers and parenting a child with ASD among military populations. Military families have experienced substantial challenges in accessing essential resources (Sands et al., 2023). Heightened stress is one identified outcome of parenting a child with ASD (Alostaz et al., 2022; Samsell et al., 2022; Yaacob et al., 2021). The combined stressors of barriers to essential resources and parenting a child with ASD in the military had not been thoroughly examined. Military parent experiences with essential resource barriers were explored in the current study. Perceptions of the mental health implications associated with their experiences were also addressed to expand knowledge and affect policy change positively.

The application of an IPA as the methodology is presented in Chapter 3. Bias is mitigated through detailed descriptions of the researcher's role, the phenomenon, and the methods used. Participant selection and instrumentation are described, including how the application is supported. The data collection procedures, analysis plan, ethical implications, and trustworthiness of this phenomenological research are also defined. A phenomenological approach was applied to obtain the core meaning of a commonly related phenomenon (see Alsaigh & Coyne, 2021; Nizza et al., 2021). Phenomenological reduction is necessary in deriving the core meaning (Alsaigh & Coyne, 2021; Nizza et al., 2021). Purposive and snowball sampling strategies were used to obtain adequate participants. Consistent application of sampling methodology in other peer-reviewed

research studies supports credibility. Credibility, transferability, dependability, and confirmability are the criteria employed to build trustworthiness in qualitative research (McSweeney, 2021; Pearse, 2021; Tuval-Mashiach, 2021). Ethical concerns were also addressed by employing an informed consent form and removing identifiable participant data.

Research Questions

RQ1: How are military parents experiencing barriers to essential resources for themselves and their children with ASD?

RQ2: How do military parents with autistic children perceive the mental health implications of barriers to essential resources?

Research Design and Rationale

An IPA was employed to understand essential resource barriers military families confront while attending to children with ASD. The essence of phenomenology is associated with how people interpret their experiences (Alsaigh & Coyne, 2021; Jedličková et al., 2022; Nizza et al., 2021). Two implications in phenomenological research include the vitality or importance of knowing what people experience and what their worldview encompasses. One way of understanding how another person experiences a phenomenon is to explore it in a study. The application of in-depth interviewing is pivotal in phenomenological research to explore the phenomenon's essence (Alhazmi & Kaufmann., 2022; Alsaigh & Coyne, 2021; Nizza et al., 2021). The essence involves a mutually understood core meaning of a commonly experienced phenomenon (Alhazmi & Kaufmann, 2022; Tuval-Mashiach, 2021). The experiences are

analyzed and contrasted to isolate the essence of the phenomenon. Experiential claims are restricted by the researcher (Nizza et al., 2021).

Military lifestyle, parenting a child with ASD, and essential resource barriers were this qualitative study's central concepts of interest. The military lifestyle influences service members and their spouses' mental health (Peck & Parcell, 2021; Schvey et al., 2022). Deployments, essential resource accessibility, and continual relocations contribute to stress development in military populations, posing substantial challenges (Ribeiro et al., 2023; Schvey et al., 2022). Parents of children with ASD experience significant stressors. Essential resource accessibility has been a constant concern within the military (Peck & Parcell, 2021; Schvey et al., 2022; Toomey et al., 2021) and among parents of children with ASD (Samsell et al., 2022). The dual stressors of the military lifestyle and parenting a child with ASD were poorly understood, requiring additional research. Parental perceptions of essential resource barrier implications are crucial in understanding the phenomenon better.

Qualitative methodologies are employed to investigate social phenomena within a natural setting by implementing philosophical or theoretical frameworks (Jedličková et al., 2022; Urcia, 2021). Phenomenology is a broadly used qualitative design (Jedličková et al., 2022; Urcia, 2021). In-depth interviewing with open-ended questions is a prerequisite for phenomenological research (Alsaigh & Coyne, 2021; Jedličková et al., 2022). Open-ended questions are used in phenomenology to comprehend the essence of the phenomena (Jedličková et al., 2022; Nizza et al., 2021). Semistructured interviews are conducted to facilitate rapport between the researcher and the participant. The primary

data source of IPA is in-depth interviews to address the phenomenon (Alsaigh & Coyne, 2021; Jedličková et al., 2022). In-depth interviews were employed in the current study to examine military parents' experiences with essential resource barriers and their perceived implications.

Role of the Researcher

Assumptions and biases must be specified throughout the research process (Nizza et al., 2021; Thomas, 2021). Personal experiences with the phenomenon must also be identified. A parent of a child with ASD and a military spouse may assume participant experiences are similar to their own. Assumptions may arise from conversations with other similar parents, including military and civilian ones. Assumption and bias acknowledgment throughout the research process is crucial (Florczak, 2021; Taquette & Borges da Matta Souza, 2022). The understanding of how experiences may affect the research is critical to ensuring findings are not skewed or adversely impacted. Judgment and presuppositions are deferred by reserving the knowledge or understanding of the phenomenon (Coleman, 2022; Nizza et al., 2021).

The studied phenomenon is subjected to serious inspection, and the data are identified in their purest form during phenomenological reduction (Alsaigh & Coyne, 2021; Nizza et al., 2021; Thomas, 2021). The data are not interpreted in terms of existing distinct meanings within the current literature. Personal experiences, critical statements, and themes associated with the research phenomenon must be acknowledged (Alsaigh & Coyne, 2021; Nizza et al., 2021). An informed reader can interpret the meaning of the findings. An investigation to address what meanings reveal a recurring feature is

necessary. A conditional statement or the phenomenon's definition is provided in terms where the essential recurring features have been described.

Prior personal and professional experiences with parents of autistic children were considered. Previous work and interactions with possible participants were evaluated as professional relationships. Prior professional interactions included the child's academic progress, successes, and struggles. Parental difficulties in obtaining or retaining essential resources were not discussed extensively in previous interactions. The research phenomenon inquiry emerged from previous and current personal interactions with other parents of autistic children. Interest in barriers to essential resources arose from personal experiences with the research phenomenon. Interest in perceived implications on well-being originated from feelings other military parents of children diagnosed with ASD shared.

Previous researcher experiences may result in assumptions and biases regarding the study phenomenon. Personal beliefs impact ontological and epistemological assumptions. The worldview, or how truth and reality are perceived, determines the methodological practices a researcher will employ to conduct research (Folkes, 2022; Urcia, 2021). Epistemology is how a researcher perceives knowledge acquisition, impacting research design (Folkes, 2022; Urcia, 2021). The philosophical underpinnings in IPA include constructivist epistemology and relativist ontology. Personal value systems impact assumptions regarding human nature and agency, modifying the research process (Florczak, 2021; Folkes, 2022). Novice researchers should notice their value systems may typically change over time (Florczak, 2021; Folkes, 2022).

Endurance is a requirement in an IPA (Cairns-Lee et al., 2022; Florczak, 2021).

Reflexivity is a fully integrated component in the research process. Analysis in IPA includes an investigative process from data collection to theme identification (Jedličková et al., 2022; Smith et al., 2022). Reflexivity is evident in all aspects of an IPA.

Participants' concerns and assertions must be addressed. Reflexivity disclosure allows the reader to make more precise judgments on the researcher's influence in the research process (Folkes, 2022; Reyes et al., 2024). A reflexive approach is employed to reduce bias and preconceptions (Cairns-Lee et al., 2022; Nizza et al., 2021).

Positionality can have an influence on all stages and features of the research process (Florczak, 2021; Folkes, 2022). Positionality is associated with the position the researcher takes in the investigation. Research outcomes may also be affected. The novice researcher examining positionality will become more increasingly aware of potential biases (Florczak, 2021; Folkes, 2022). The ability to account for biases also increases (Florczak, 2021; Folkes, 2022). Positionality has an effect on which methodology is chosen in the research. Positionality disclosure describing how the research is impacted is essential (Florczak, 2021; Folkes, 2022).

Engagement with the data may last longer when an IPA is used (Jedličková et al., 2022; Nizza et al., 2021). Participant experiences were thoroughly analyzed by employing this methodology. Data interpretations were proposed and theoretical concepts were incorporated (see Jedličková et al., 2022; Nizza et al., 2021). The six steps in IPA begin with repeated transcript reading to become acquainted with the data. The second step involves initial transcript notetaking or memoing. The development of emergent

themes or personal experiential themes (PETs) is the third step (Jedličková et al., 2022; Smith et al., 2022). Connections must then be pursued across PETs in the fourth step. The fifth step involves proceeding to subsequent cases (Jedličková et al., 2022; Smith et al., 2022). The sixth step involves identifying patterns and group experiential or superordinate themes (GETs) for all cases (Jedličková et al., 2022; Smith et al., 2022).

The nature of qualitative research may make it difficult to perceive ethical dilemmas. Concerns with confidentiality breaches have been revealed in qualitative studies (Folkes, 2022; Taquette & Borges da Matta Souza, 2022). Prospective participants in the current study may have been concerned that their participation might inflict damage to themselves or others. Military parents with autistic children may have assumed a breach of confidentiality would have career implications (see Ganz et al., 2022). Potential ethical concerns about participants' autonomy are also notable within contemporary research (Folkes, 2022; Taquette & Borges da Matta Souza, 2022). Snowball sampling was employed in the current study by allowing participants to recruit others meeting the selection criteria. Potential participants recruited through snowball sampling may have felt obligated to participate when their peer or friend recruited them. Potential ethical dilemmas regarding monetary rewards, such as gift cards for participation, were assessed.

Methodology

The purpose of the current study was to explore essential resource barriers and perceived implications among military parents with children who have ASD. Purposive sampling and snowball method were employed for participant recruitment. Data

collection was conducted through in-depth semistructured interviews. The interview protocol was developed based on the research questions (see Appendix B).

Semistructured interviews were conducted and included open-ended questions from the interview protocol. Semistructured interviews can be used for in-depth analysis of participants' experiences in a formal structure (Aguas, 2022; Siedlecki, 2022).

Participants may thoroughly articulate their experiences during in-depth interviews (Siedlecki, 2022; Smith et al., 2022).

Participant Selection

Prospective participants were selected from military families with one or more autistic children. Inclusion criteria were that at least one adult parent within the family must be either active duty or recently retired. Prospective participants must also have experienced essential resource barriers for themselves and their child. Exclusion criteria encompassed military personnel who had been retired for more than 5 years for the most accurate account of current experiences with essential resource barriers. The purposive sampling strategy was used. The sample comprised only active duty or recently retired military families (within 5 years) who had at least one autistic child while in service. A snowball sampling strategy was employed, allowing initial participants to refer other families meeting the criteria. Participants were provided with the option to refer others who may have been interested in participating. Purposive sampling is a nonprobability sampling strategy used to produce a sample meeting the selection criteria (Hennink & Kiser, 2022; Ramanujan et al., 2022).

Purposive sampling has been used to recruit participants who align with research

objectives (Hennink & Kiser, 2022; Ramanujan et al., 2022). Current participants were recruited from online social media groups for military families with autistic children. Qualitative researchers must determine the sample size for their research (Hennink & Kiser, 2022; Ramanujan et al., 2022). The initial sample size in the current study included eight to 10 participants. A predetermined sample size may not be feasible, and the need for increased sampling may occur after the research has been started. Sample sizes are smaller in qualitative research for an in-depth analysis of the phenomenon (Hennink & Kiser, 2022; Subedi, 2023). Interviews are employed to gather qualitative data (Jedličková et al., 2022; Lavee & Itzchakov, 2023). Issues in recruiting participants included the concerns families may have had about privacy. Privacy issues were mitigated using an informed consent form defining the purpose of the research. Various measures were taken to safeguard the identity of participants.

Sufficient sample sizes are crucial for qualitative data (Hennink & Kiser, 2022; Ramanujan et al., 2022). Data saturation can be achieved with a smaller sample size in qualitative research (Hennink & Kiser, 2022; Naeem et al., 2024). Qualitative research samples are nonrandom. The sampling addresses participants with similar experiences to help answer the research questions and understand the phenomenon (Hennink & Kiser, 2022; Ramanujan et al., 2022). Participants must have personal and explicit knowledge of the research topic (Hennink & Kiser, 2022). Qualitative research methods are iterative and may involve altering the sampling procedure (Hennink & Kiser, 2022; Naeem et al., 2024). Changes in sample size may be evident due to the iterative nature of qualitative research (Hennink & Kiser, 2022; Naeem et al., 2024; Subedi, 2023).

Data saturation is indicative a suitable sampling method was employed (Hennink & Kiser, 2022; Naeem et al., 2024). Data saturation occurs when no further insight or issues are identified, and repetition is observed, rendering additional collection redundant (Hennink & Kaiser, 2022; Naeem et al., 2024). Data saturation is critical in qualitative research. Content validity is satisfied when the data collected capture the phenomenon's extent, implications, and diversity (Hennink & Kiser, 2022; Naeem et al., 2024). Military parents with autistic children are a particular part of the general population. Relatively homogenous populations and carefully defined objectives are employed to facilitate achieving data saturation in qualitative research (Hennink & Kiser, 2022; Naeem et al., 2024). Saturation is pivotal for determining the sufficiency of purposive sampling in qualitative research (Subedi, 2023; Hennink & Kiser, 2022). The objective was to interview eight to 10 military parents with an autistic child. Data saturation occurred after eight participants completed their interviews.

Instrumentation

Interviews are utilized for data collection in most qualitative research. Previous behavior, a person's worldview, and prior situations are issues which cannot be directly observed. Participants' perspectives were followed by asking questions about their experiences. Semi-structured interviews were conducted, allowing participants to share their experiences thoroughly. Interview questions were based on the research phenomenon and the essential data needed from participants. Questions about mental health implications and their relationship to essential resource barriers were explicitly addressed. Questions were provided in advance for parents so they could prepare and

provide written feedback or notes.

Procedures for Recruitment, Participation, and Data Collection

Participants were recruited from social media platforms specifically prepared for military families of children with ASD. The social media flyer was shared on various social media sites (see Appendix A) during recruitment. The social media flyer included appropriate contact information for participant recruitment (see Appendix A). Participant recruitment through social media platforms is commonly applied within contemporary research (Darko et al., 2022; Rahman et al., 2022). Social media as a platform for recruiting is helpful, especially for hard-to-reach populations. The use of this medium is cost-effective and efficient (Darko et al., 2022; Rahman et al., 2022). Social media platforms may be used to enable immediate and discrete contact with potential participants using direct or private messaging. Study purpose, data use, and participant anonymity were also provided. Participant eligibility was determined upon the first contact with the prospective participant. The social media flyer included participant eligibility criteria and informed consent.

Military lifestyle, ASD, barriers to essential services, and perceived mental health implications are the primary topics in the interview protocol (see Appendix B). Military families confront challenges associated with lifestyle and parenting an autistic child (Samsell et al., 2022; Schvey et al., 2022). Military families are at risk of higher stress and may struggle to attain the services prerequisite for their children (Farley et al., 2022; Schvey et al., 2022). Interview questions regarding mental health associated with attaining and retaining essential care for these families' children were included.

Relocation is one of the most severe issues military families endure (Farley et al., 2022; Ganz et al., 2022; Peck & Parcell, 2021). Relocation due to military service was central in developing the interview protocol (see Appendix B). Questions regarding relocation and deployment were also incorporated.

Semi-structured interviews lasting approximately 30 to 180 minutes were conducted when the participant was available. The timeframe for data collection was determined by participant availability. Participants were reminded of confidentiality and their rights to withdraw from the study before their interviews. The initial interview included a debriefing at the conclusion. Participant concerns and research potentiality were addressed during the debriefing. Interviews were audio recorded, transcribed verbatim, and securely stored for five years as required.

The participants were asked to confirm initial interview data during member checking. Member checking through electronic mail was conducted once the summary was developed for reviewing transcript accuracy. Additional information deemed pertinent by participants was also gathered. The potential for positive social change was reiterated during each interview. A gift card incentive was provided, and participants were thanked for participating. The offered gift cards of their choice were conveyed by electronic mail. Contact information for any questions or concerns about the investigation was provided to participants during member checking. A copy of the final results was presented to all participants upon completion and publication. Participants were informed the research would take some time before completion.

Data Analysis

An IPA is an in-depth and thorough methodology employed to derive the meaning or essence of the phenomenon (Jedličková et al., 2022; Nizza et al., 2021; Tuval-Mashiach, 2021). Qualitative researchers typically create and organize information files, by reading then memoing the data. Verbatim transcription accomplished through transcribing software occurred after each interview concluded. The memoing process occurs during the transcription review, encompassing reading the transcripts and remarking thoughts to attain more precise insights (Rankl et al., 2021; Reyes et al., 2024). Data analysis includes memoing as a reflexive tool (Rankl et al., 2021; Reyes et al., 2024). Data coding comprises organizing, interpreting, and identifying patterns. Data coding is the foundation for devising informed or verifiable conclusions (Harley & Cornelissen, 2022; Urcia, 2021). Research objectives can be tied to the data employing the coding process. Sentences are segmented, and categories are labeled with terms or themes using a specific participant language (Reyes et al., 2024; Urcia, 2021).

An IPA was applied to examine how participants perceived their experiences. The vitality and importance of understanding how people infer their experiences are two specific implications of an IPA (Nizza et al., 2021; Smith et al., 2022). The coding process in IPA is described as hermeneutic, meaning-making, and idiographic (Jedličková et al., 2022; Smith et al., 2022). The process is initiated with a repetitious reading of the transcripts (Low et al., 2023; Smith et al., 2022). Subsequent listening to the audio-recorded interviews is also helpful during the transcription reading (Low et al., 2023; Smith et al., 2022). The participant is at the center of the analysis in an IPA's first

step (Low et al., 2023; Smith et al., 2022). Active engagement with the data is essential in entering the participant's world. Chronological accounts may be employed to design the interview process and data analysis (Jedličková et al., 2022; Smith et al., 2022).

Exploratory notetaking was accomplished while retaining an open mind (Smith et al., 2022). Notes were added or expanded upon during subsequent readings. The PETs are determined by what matters to each participant (Niza et al., 2021; Smith et al., 2022). The emergent themes or PETs generated are used to represent each participant. Each case is assessed individually before continuing with the next transcript (Erdoğan, 2024; Smith et al., 2022). The superordinate themes or GETs are developed from cross case analysis and are utilized to represent participant's similar experiences. Explicit connections are prepared (Erdoğan, 2024; Smith et al., 2022). Substantial experiential statement analysis is conducted. The generating of meaning and developing an essence description are requirements in phenomenological research. Themes, statements, excerpts, and reflections are linked to specific ideas within the conceptual framework. Theme descriptions are produced, and a detailed rendering of the data are obtained.

Discrepant cases result in unexpected findings (Coleman, 2022; Jones & Donmoyer, 2021). The experiences of military parents with autistic children may vary widely, and so may the viewpoints. The discussion of discrepant cases in research may be utilized to ensure presuppositions and biases are suspended during data analysis. Discrepant cases were not detected in this study's sample population. The validity of the findings in an investigation is improved when researchers include data supporting or contradicting prevalent perspectives (Coleman, 2022; Jones & Donmoyer, 2021). Rigor

in qualitative research is crucial to augmenting confidence the findings are accurately presented. Methodological rigor and research quality may be attained with the inclusion of discrepant cases (Coleman, 2022; Jones & Donmoyer, 2021).

Issues With Trustworthiness

Trustworthiness may be considered an issue in qualitative research if proper steps are not taken to ensure the accuracy of findings (Motulsky, 2021; Tuval-Mashiach, 2021). Trustworthiness will be determined depending on how data are gathered, analyzed, interpreted, and the findings are presented. Qualitative researchers do not necessarily seek replicability (Fischer & Guzel, 2023; Tuval-Mashiach, 2021). Confirmation bias can pose a threat to trustworthiness (McSweeney, 2021; Tuval-Mashiach, 2021). Attention and mindfulness of biases throughout research to include diminishing their influence are crucial (McSweeney, 2021). Strategies assuring findings are valid in establishing trustworthiness within qualitative research are necessary. The trustworthiness of research is dependent on four criteria: credibility, transferability, dependability, and confirmability (McSweeney, 2021).

Credibility

Credibility is linked to how the findings align with reality (Pearse, 2021). Member checking was utilized to improve credibility. The member-checking process involved distributing summarized individual interviews to assure accuracy. Data saturation was employed to ensure credibility as another strategy. The participant sampling strategy is directly linked to the achievement of data saturation in research (Subedi, 2023; Hennink & Kiser, 2022). Researchers practice reflexivity, a form of self-awareness (Reyes et al.,

2024). Bias and preconceptions can be reduced through reflexivity. Reflexivity is beneficial and is associated with enhanced quality of knowledge generated in practice (Cairns-Lee, H., Lawley et al., 2022; Reyes et al., 2024).

Transferability

Transferability is not a target in phenomenological studies. The research includes thick descriptions, such as contextual information at its center (Pearse, 2021). Thick description yields rich data (Lavee & Itzchakov, 2023; Pearse, 2021). Rich data are of crucial importance in transferring the findings to other contexts or populations. Research data with in-depth, substantial, and relevant characteristics are imperative. The data can be obtained using effective interviewing and interplays (Lavee & Itzchakov, 2023). Participants can elaborate further in their responses by asking open-ended questions during the interviewing process (Lavee & Itzchakov, 2023).

Dependability

The various triangulation processes can be employed to promote reliability (Makel et al., 2022). Multiple data source utilization comprises triangulation (Kakar et al., 2023; Makel et al., 2022). Interviews and member checking were utilized as methods of triangulation. Data source triangulation encompasses gathering data from various sources (Kakar et al., 2023; Makel et al., 2022; Pearse, 2021). Participants were military parents of children with ASD, being male, female, and active duty members or spouses. An audit trail is formed when each data analysis step is accentuated (Coleman, 2022). Audit trails may be utilized to establish the findings precisely portray participant responses (Coleman, 2022). The research process is explicitly described in this chapter.

Confirmability

The confirmability of a research study describes the neutrality in the findings (McSweeney, 2021; Tuval-Mashiach, 2021). Confirmability captures an objective reality (Pearse, 2021). Research findings should depend on participant responses, excluding potential researcher bias or personal motivation (Pearse, 2021). Open-ended questions during interviews can be used to improve credibility and confirmability (Lavee & Itzchakov, 2023). The bracketing process is a depiction of potential researcher bias or personal motivation (Alsaigh & Coyne, 2021; Thomas, 2021). An IPA researcher utilizes their background and expertise in data analysis. The IPA researcher first describes and interprets the data accordingly (Nizza et al., 2021).

Ethical Procedures

Human freedom and dignity are vital ethical principles for scientific research (Taquette & Borges da Matta Souza, 2022). Institutional Review Board (IRB) approval was needed before executing this research. An IRB member reviewed this proposal and all necessary documents before conducting the investigation. The IRB ensures Walden University's strict ethical standards are followed while conducting research. Informed consent from each participant before data collection was also a prerequisite. A digital response to electronically mailed consent form marked with "I consent" was obtained from each participant. Partner organizations were not employed for this exploration. Ethical guidelines are used to protect participants from harm and certify research ethicality (Taquette & Borges da Matta Souza, 2022).

Participants were offered incentives such as gift cards for participating. Gift cards

were presented to participants for their allocated time. Confidentiality and participant rights were indicated in the informed consent form. Potential positive social change was discussed before and after interviews. Interviews were conducted on the Zoom communications platform. Interviews were audio recorded. Participants were not video recorded to protect their privacy and maintain confidentiality. Pseudonyms instead of real names were utilized for participants. Member-checking was conducted to ensure participants could verify interview responses upon reflection. The consent form included an expression that the participant could withdraw from the study at any time. Participants were informed they could access military-provided mental health support if they felt distress after the interviews.

Military populations may hesitate to participate in research for fear of career or peer reprisal (Ganz et al., 2022). Military members and parents of children with ASD endure stigma (Ganz et al., 2022). Participant confidentiality is essential. Parent interviews from the same family were conducted separately due to the nature of the research. Each person could reveal their perspective without possible spousal impact through separate interviews. The parent was afforded complete confidentiality during individual interviews, which ensured autonomy. Participant confidentiality has been reported as paramount (Folkes, 2022; Taquette & Borges da Matta Souza, 2022). The debriefing process is also a significant and expected step in the research.

Confidentiality is a vital ethical issue in qualitative research (Folkes, 2022; Jedličková et al., 2022). Participant transcriptions and other collected documents were safely secured (see Appendix A). Interview transcripts excluded participant names.

Pseudonyms were utilized instead of real names. Personal identifiers were removed from documents that were stored. Digitally stored participant information was encrypted and secured with passcodes. Access to the locked area and password-protected devices is limited. Data collected will be destroyed after five years as required. Breach of confidentiality poses a potential risk to research participation. Research participants were protected by implementing the abovementioned steps during the entire data collection process, and the risk of confidentiality breaches was reduced significantly.

Summary

The research phenomenon included the military parents' perceived implications of experiencing essential resource barriers due to lifestyle and raising a child with ASD. A phenomenological approach was implemented to garner military parents' perceptions on essential resource barriers and perceived implications in this population. The essence of phenomenology is associated with how people infer their experiences. Limited research exists on military parents of children diagnosed with ASD. Military parents' challenges in accessing essential resources are substantial concerns (Dallman et al., 2021; Divan et al., 2021). The dual stressors of the military lifestyle and parenting a child with ASD have not been thoroughly examined. The current qualitative research was designed to reveal military parent experiences with essential resource barriers and their perceived implications. The role of the researcher, potential biases, and personal experiences with the phenomenon were unveiled to improve trustworthiness.

Participant recruitment and selection was purposive, based on current military active duty service member or spouse, retired no more than five years, and having at least

one child with ASD during service. Requirements for participation included experiences with essential resource barriers. Social media platforms for military parents with autistic children were investigated and used in participant recruitment. A social media flyer was disseminated using social media platforms to the abovementioned groups (see Appendix A). An informed consent form was attained before participating by electronically mailed document to each participant who expressed interest. The sampling size was kept constant. Data saturation ceased participant recruitment. Data analysis was conducted before achievement of saturation. Data saturation is indicative that a suitable sampling method was employed (Hennink & Kiser, 2022).

Phenomenological analysis is an in-depth method used to obtain the phenomenon's essence (Alsaigh & Coyne, 2021; Tuval-Mashiach, 2021). Verbatim transcriptions, memoing, researcher notes, and observations were employed in theme identification. Units of observation included military lifestyle, ASD, essential resource barriers, moderators, and mental health. Components of the stress process model involved the conceptual domains framing this research. The data gathered during interviews underwent thematic coding, systematic organization, and patterns were pinpointed for interpretation. Triangulation, rich data collection, reflexive auditing, and audit trails were employed to establish trustworthiness (Kakar et al., 2023; Makel et al., 2022). Chapter 4 is a comprehensive overview of the ethical procedures, data collection, an in-depth analysis, results presentation, and trustworthiness validation through meticulous adherence to the methodology. The chapter includes a detailed representation of theme development, also Sample Excerpts used to identify emergent and superordinate themes.

Chapter 4: Results

The purpose of this IPA was to explore how military parents with autistic children experience and perceive essential resource barriers. An IPA was employed to obtain thick and rich data through semistructured interviews. The interviews included eight participants, and an analysis of the data collected was presented. Interviews were conducted using the Zoom communications platform. The interviews lasted 30 minutes to under 3 hours. Five demographic questions were presented at the beginning of each interview if not collected previously through electronic mail. The interview protocol included 17 open-ended questions (see Appendix B). Questions were asked concerning participants' experiences with essential resource barriers for themselves and their children. Questions were also asked regarding how participants perceived the impact of those experiences on their well-being. Questions on the resources participants depended on and their needs were also included.

A thorough review of recent studies resulted in two research questions. The first research question was written to obtain an understanding of the essential resource barriers military parents had experienced. Barriers to mental health services among military personnel and spouses are notable (Kline et al., 2022; Peck & Parcell, 2021). Barriers to health care for children with ASD and other disabilities have been documented in recent research findings. Military personnel and spouses endure elevated incidence of mental illness associated with lifestyle (McGuffin et al., 2021; Schvey et al., 2022; Senior et al., 2023). Civilian parents of children diagnosed with ASD also confront heightened mental illness (Hoover et al., 2022; Sadiki, 2023). Limited research was found on military

parents of children with disabilities, and this gap may impede the understanding of experiential differences between populations.

Chapter 4 includes a presentation of the barriers military parents with autistic children experience and the perceived implications. I describe participant recruitment and how the social media flyer was disseminated (see Appendix A). Eight active duty or recently retired military parents who had endured essential resource barriers participated in the study. Participant demographics include the branch of service, age, and years in service. The interviews lasted from 30 minutes to almost 3 hours. The use of a gift card incentive and rationale is explained. The application of an IPA and the six steps in data analysis are also provided. The results from a thorough analysis, including themes generated, are presented. Major themes linked to barriers experienced included relocation, deployment, and stigma. The perceived mental health outcomes included depression and stress. Detailed results were provided by implementing triangulation, informed consent, and data saturation to ensure trustworthiness.

Setting

Participant recruitment occurred through social media groups on various sites prepared for military families of children diagnosed with ASD. Group administrators were asked permission to share the social media flyer on their pages before dissemination (see Appendix A). Prospective participants were contacted through social media using private messaging regarding their interest in participation. The informed consent form was then electronically mailed to participants. Interview questions were sent electronically after obtaining informed consent. Interview questions were provided before

the interview so participants could review them and prepare. Interviews were then scheduled based on the participant's convenience. The eight participants interviewed lived in several locations on or near military installations.

Interviews were virtually conducted due to the pandemic conditions and for participant convenience. A private location was used to conduct the interviews. Each interview lasted from 30 minutes to 3 hours. The interviews were audio-recorded through the Zoom communications platform, and transcription software was used to transcribe them. Interviews went smoothly without interruptions. Each participant was offered a 10-dollar virtual gift card as an incentive for participating. Personal or organizational pressure that may have impacted the interpretation of the results was not evident.

Demographics

Research participants included eight active duty or recently retired military parents with at least one autistic child while in service. All participants responded to the informed consent form acknowledging and verifying participation. The inclusion criteria for participants were as follows: (a) military service member or spouse, (b) active duty or recently retired (within 5 years), (c) have at least one child with ASD while in service, and (d) endured essential resource barriers. One participant was both a service member and a military spouse. Two were active duty military spouses. Five participants were retired service members or spouses, including two sets of parents. Five were Army affiliated, two Coast Guard, and one Navy. One Coast Guard participant was previously a Marine member spouse (see Table 1).

Table 1*Demographic Data by Participant*

| Participant | Military affiliation | Age (years) | Branch of service | Time in service (years) | Current child age (years) |
|-------------|----------------------|-------------|---------------------|-------------------------|---------------------------|
| P1 | Service member | 34 | Coast Guard | 16 | 6 |
| P2 | Service member | 41 | Retired Army | 21 | 11 |
| P3 | Service member | 44 | Retired Army | 22 | 19 |
| P4 | Service member | 49 | Retired Army | 20 | 10 |
| P5 | Military spouse | 44 | Retired Army | 13 | 10 |
| P6 | Military spouse | 39 | Retired Army | 17 | 11 |
| P7 | Military spouse | 28 | Marines Coast Guard | 8 | 8 1.7 |
| P8 | Military spouse | 39 | Navy Marines | 15 | 7 9 |

Data Collection

Participants were recruited through social media platforms designed for military families of children diagnosed with ASD. The social media flyer was posted to three private and two public Facebook pages after page administrators approved them (see Appendix A). Posts on the public pages were removed owing to an inundation of responses from fake accounts. An adjustment was made to use only private social media groups for recruitment. Ten potential participants reached out by private messaging on social media, sharing their electronic mail addresses to receive the informed consent form. Participant eligibility was determined during initial contact. Ten potential

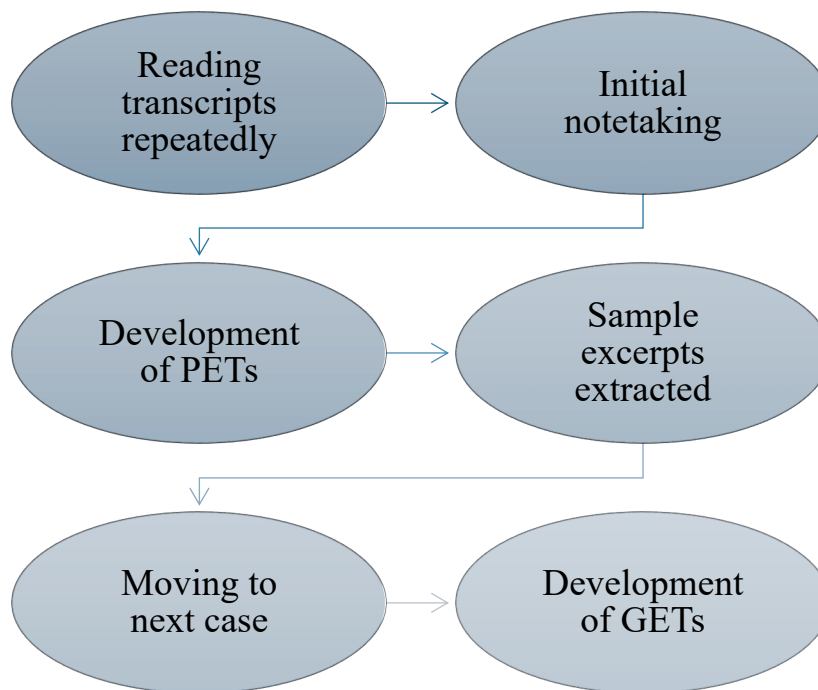
participants were sent the informed consent form.

Nine of 10 potential participants responded to the electronically mailed consent form. Eight participants provided available interview times, so they were scheduled at their convenience. Interviews with individual participants were conducted on the Zoom communications platform between May and August 2023. The interviews were planned to last 1 hour. The actual time ranged from 30 minutes to almost 3 hours. Interviews were audio recorded, and these recordings stored securely. Recordings were then deleted from the Zoom communications platform. Audio files were transferred into Otter transcription software. Individual transcriptions were reviewed and edited to ensure interview accuracy, and personal identifiers were removed to ensure confidentiality.

Summaries were developed and electronically mailed after each participant completed the interview. Follow-up questions were included when necessary, and participants were asked to respond or share further information. Each participant was asked to provide feedback on the accuracy of the electronically mailed summary and address any subsequent queries (see Figure 1). The electronic mail included a gift card incentive for the participants who accepted them. Four participants did not accept the gift card incentive. The interview summaries were presented after each interview and reiterated in the electronically sent summary. All participants revealed interest in receiving the final results once the study was completed.

Figure 1*Data Collection Process*

An IPA was conducted to explore how military parents of children diagnosed with ASD experienced and perceived essential resource barriers. The implications of using an IPA include understanding how participants interpret their experiences (Jedličková et al., 2022; Nizza et al., 2021). The coding process in an IPA is characterized as hermeneutic, centered on meaning making and idiographic interpretation (Jedličková et al., 2022; Nizza et al., 2021). The initial phase involved progressing from the theme development to assignment. Theme assignment commenced with a thorough reading of the first interview transcript then moving on to the next. The development of PETs was formulated to reduce the data by extracting analytically vital participant excerpts from the transcripts (see Jedličková et al., 2022; Nizza et al., 2021). The data reduction procedure encompassed the first three steps of an IPA and was iteratively applied to each of the eight transcripts (see Figure 2).

Figure 2*Data Analysis Process*

Connections across PETs within each case were undertaken to develop GETs. The fourth step in an IPA involves seeking connections across cases. The fifth and sixth steps encompass transitioning between cases in addition to identifying patterns. Explicit connections emerged between the GETs and the stress process model during the IPA's fourth, fifth, and sixth steps. The GETs and excerpts from sample participants were then associated with concepts in the stress process model. Stressors, moderators, and mental health outcomes were the primary concepts within the conceptual framework. Resource needs were also identified during pattern development. Discrepant cases were not identified during data analysis.

Environmental Barriers

The environmental barriers most frequently discussed included relocation, deployments, lack of military services, and community support for all participants. Relocation or duty station location were also substantial challenges with continuity of care (see Table 2). Relocations were described as a dominant barrier by participants, affecting all aspects of their lives. Essential services within and outside of the new duty station assignments varied significantly. Reestablishment of care during relocations was difficult, resulting in delays or complete service inaccessibility. The increased stress associated with the navigation of a new location was noteworthy. Resume gaps for military spouses were impediments to career and financial stability. Continuity of care was a crucial concern regarding relocations and deployments.

Table 2

Group Experiential Theme: Relocation

Personal experiential theme

Relocations mean long waits for services.
 Constant relocation prevents continuity.
 Difficulty establishing community supports.
 Resume gaps are viewed as instability.
 Different school criteria and services exist.
 Friendships, familial ties, and social support are lost.
 Therapies and services are canceled.
 Lack of consistency occurs between installations.

Nonexistent support for military spouses of deployed service members was a significant impairment to their ability assuming multiple roles (see Table 3). Military spouse career aspirations or educational goals were also impeded during deployments,

affecting their well-being. Developmental regression occurred in one child with ASD due to military parent absence. Mental health accessibility for service members during deployment was described as challenging. Community support during deployments was described as minimal or not available. Military and community support in general was also a crucial issue. Military programs geared toward helping parents of children with disabilities during deployment were described as nonexistent.

Table 3

Group Experiential Theme: Deployment

| Personal experiential theme |
|---|
| Deployments lead to regression in child. The reintegration time is too short. Inadequate screening occurs upon redeployment. Active-duty spouse is not always present. The reintegration time is too short. Number of deployments is overlooked. |

Accessible housing for military families on and off the installation was described as a significant impediment by three participants (see Table 4). Events catered to families who have members who have a disability or sensory issues were scarce, varying by location. Military branch disconnect was also a barrier for U.S. Coast Guard families serving on different installations. Participants who were associated with the U.S. Coast Guard described services as inaccessible or lacking at duty stations of other military branches. Financial discrepancies in funding for the differing service branches was described as a barrier accessing supports provided to other families at those installations.

Table 4*Group Experiential Theme: Lack of Community Support*

| Personal experiential theme |
|---|
| <p>Few events are disability friendly. EFMP and ACS are inadequate. Limited familial community supports. The transition to veteran status is challenging. Safety issues and lack of crisis intervention services are widespread Resources beyond FRG are unavailable. Military branch and service disconnect. Lack of collaboration exists between programs.</p> |

Health Care Barriers

The dominant experiential themes across the health care barriers surrounded issues regarding continuity of care and provider accessibility (see Table 5). Participants consistently identified the military-provided TRICARE insurance as a substantial barrier. Lack of coverage, inaccessibility, care discontinuity, and constant policy changes were revealed as challenges in accessing care for the parents and also for their children. Specialty care inaccessibility was difficult especially for services within the military community. TRICARE representatives were unaware of or provided inaccurate information regarding policies. The military treatment facilities (MTFs) on the installations must be used first to access referrals for civilian providers. Services for specific therapies were no longer provided once the child entered the school system, which meant less hours of essential services.

Table 5*Group Experiential Theme: TRICARE*

 Personal experiential theme

Specialty care is unattainable.
 Website is unclear and not updated.
 Health care and VA are disconnected.
 MTFs must be used first.
 Claims process is inadequate and inefficient.
 Referrals are denied, leading to delays.
 Inadequate knowledge of ASD is evident.
 The case manager is unavailable.
 Representatives are unaware of policies.
 No coverage of therapies once in school.
 Marriage counseling and therapy are denied.
 MTFs do not provide optimal care.
 Coverage is inadequate, nontransparent, and expensive.

Issues linked to provider accessibility, apathy, and lack of understanding were extensively deliberated (see Table 6). Extensive wait times were a serious concern given the high needs of many children diagnosed with ASD. Parents also disclosed concerns with mental health professionals who lacked knowledge of the military lifestyle and parenting an autistic child. Accessibility issues persisted after retirement due to location and providers not accepting of TRICARE insurance. Stereotypes linked to ASD and sexism expressed by providers were described as impediments to receiving a diagnosis for female children. Developmental regression was said to be ignored. School personnel were described as lacking knowledge and disregarding or refusing to acknowledge ASD.

Table 6*Group Experiential Theme: Providers*

| Personal experiential theme |
|---|
| Lack of cohesion exists among providers. |
| Many do not accept TRICARE. |
| The dismissal of developmental regression. |
| Sexism and ASD stereotypes are severe issues. |
| Wait times for services are extensive. |
| School personnel knowledge gaps. |
| Difficult to attain even after retirement. |
| A lack of knowledge on ASD parenting is evident. |
| The diagnostic process is challenging. |
| Civilians do not understand the lifestyle. |
| Providers are unprofessional, apathetic, and confrontational. |
| Frequent changes affect continuation of care. |
| They refuse to evaluate and diagnose. |
| Military reluctant to refer for services. |
| Attaining an individualized education plan is difficult. |
| The military does not accept outside diagnosis. |

Male military participant described stigma as a significant impediment to help-seeking behaviors toward accessing mental health care for themselves (see Table 7). Negative perceptions regarding mental illness and care were described as rampant in military culture. The majority of military personnel discussed how it took a long time before they could acknowledge and seek mental health care. Military spouses described the issues surrounding ASD diagnosis and the stigma associated with the disorder (see Table 3). Parents described feeling judged by people in the community due to stigma. Another spouse felt ASD or special needs diagnosis is misunderstood, leading to social stigma and isolation. One military spouse discussed how advocacy was frowned upon within the community when trying to find resources for her autistic child (see Table 3).

Table 7*Group Experiential Theme: Stigma*

 Personal experiential theme

Impeded help-seeking behaviors.
 Advocacy is frowned upon.
 Taboo to have a special needs child.
 Negative perceptions of mental illness are present.

Moderators of Stress

Various experiential themes emerged from the moderators utilized by military parents (see Table 8). Moderators were found to alleviate stress. Military parents deliberated how supports could be moderators when confronting essential resource barriers, specifically those provided by peers and self-care. Exercise, meditation, and breathing techniques acquired in therapy were discussed as useful when dealing with essential resource barriers. Advocacy, advancing education, and pursuing hobbies were utilized by a few participants as tools in moderating stress. Parent-to-parent support from military community groups was described as a crucial moderator in navigating systems for their children (see Table 8). Family members who were nearby provided significant support for one military spouse participant. Dual income and higher rank of active duty or retired personnel was reported as a positive factor moderating the stressors associated with the health care deficits regarding TRICARE.

Table 8*Group Experiential Theme: Moderators*

| Personal experiential theme |
|------------------------------------|
| Grounding and breathing techniques |
| Advocacy for self and child. |
| Education |
| Coping skill development. |
| Social media groups |
| Family members nearby |
| Higher rank means additional pay. |
| Medication |
| Hobbies |
| Exercise and meditation |
| Parent-to-parent support |
| Dual income |

Resource Needs

The PETs associated with resource needs were primarily based on community support within and outside the military (see Table 9). Discussions on military community support needs included stabilization, appropriate housing on the installations, service consistency, crisis intervention, and service navigation. Stabilization was a considerable need to prevent service and support disruptions. The lack of crisis intervention services within the military installation meant children would have to rely on civilian community services not always readily available. Parenting classes specifically designed for those who have a child with developmental disabilities was discussed by several participants as a crucial need. Military programs EFMP and ACS were described as inconsistent in providing resources or guidance. Civilian community supports included Medicaid state

waiver programs and Americans with Disability Act homes. A consistent theme across all participants was the lack of military and civilian community support.

Table 9

Group Experiential Theme: Resource Needs

| Personal experiential theme |
|--|
| EFMP and ACS need to provide support. |
| Stabilization |
| Providers focus on mental health |
| Sibling workshops |
| Support service navigation |
| Advocacy |
| Educational resources and supports |
| Crisis management services on installations. |
| Consistent respite care |
| ADA home accessibility |
| Support groups |
| Parenting classes for special needs. |

Mental Health Outcomes

The substantial mental health outcomes linked with barriers led to multiple PETs (see Table 6). Responses to experienced barriers revealed outcomes such as anxiety, depression, role strain, and stress proliferation. Anxiety and depression were contributing factors linked to social isolation by participants. Social isolation was described as a result of stigma associated with ASD and the personal feelings parents attributed to their experiences. Stress proliferation, a pivotal concept in this research, was observed throughout the eight interviews, with initial stressors causing additional ones, affecting well-being. The barriers linked to military lifestyle and parenting an autistic child result in additional stressors for each role. Role strain among the active duty and recently

retired military parents was significant, linked to the guilt of choosing between career or their role as a parent. Potential eating disorders were identified by two military spouse participants as a negative coping mechanism linked to stress and depression.

Table 10

Group Experiential Theme: Mental Health Outcomes

| Personal experiential theme |
|-----------------------------|
| Anxiety |
| Isolation |
| Negative Coping Mechanisms |
| Depression |
| Role Strain |

Evidence of Trustworthiness

Proper steps are crucial to establishing trustworthiness in qualitative research. Trustworthiness is determined by how data are collected, analyzed, interpreted and the findings presented (Makel et al., 2022). Qualitative researchers do not seek replicability, as described in Chapter 3 (Fischer & Guzel, 2023; Tuval-Mashiach, 2021). Detailed descriptions of the steps in the data collection process were provided to ensure transparency. The process included fully disclosing prior knowledge and assumptions to prevent confirmation bias. Research trustworthiness may be hindered by confirmation bias if not addressed adequately (McSweeney, 2021). Trustworthiness in this investigation was sought through the attainment of credibility, transferability, dependability, and confirmability (Makel et al., 2022).

Credibility

Credibility of this research was reinforced by implementing member checking and achieving data saturation (Motulsky, 2021). Individual interview summaries were shared with participants during the member-checking process to validate and enhance the credibility of the findings. Data saturation was achieved and an essential criterion for credibility. The sampling strategy was purposive, a contributing factor to this saturation goal (Hennink & Kiser, 2022). Direct excerpts were employed to illustrate the richness of data attained during the interviews. Reflexivity was necessary to ensuring researcher self-awareness. An IPA involves the researcher's interpretation of the participant's meaning-making during data analysis (Reyes et al., 2024). Prior knowledge and experience with the research phenomena were incorporated into the data analysis process for transparency and reflectivity (Reyes et al., 2024).

Transferability

Phenomenological studies are not primarily designed for achieving replicability (Fischer & Guzel, 2023; Tuval-Mashiach, 2021). The garnering of thick descriptions and contextual data is important for obtaining rich information in research (Lavee & Itzchakov, 2023; Pearse, 2021). The findings may be transferable to other contexts or populations through the rich data collected within this examination (McSweeney, 2021; Pearse, 2021; Tuval-Mashiach, 2021). Interviews and the interactions occurring during the process have been identified as an effective means of gathering rich data (Lavee & Itzchakov, 2023; Jedličková et al., 2022). The use of open-ended questions during the interview were an opportunity provided for participants to elaborate on their responses

(Lavee & Itzchakov, 2023; Jedličková et al., 2022). The interviewing process was used to facilitate rich data collection that is relevant, in-depth, and substantive (Lavee & Itzchakov, 2023; Jedličková et al., 2022). Ethical concerns were managed by electronically sending participants an informed consent form and removing identifiable data in all transcripts for confidentiality.

Dependability

Triangulation was utilized to improve and promote reliability. One form of triangulation includes using multiple data sources (Makel et al., 2022; Pearse, 2021). Data source triangulation involves gathering data from diverse sources. Triangulation was achieved by using interviews and member checking. Interviews involved military parents from various branches. Different perspectives were attained from participants in Army, Marine, and Coast Guard families. The inclusion of males and females were utilized to provide insights from both genders. A better comprehension of how individuals experienced similar phenomena from different viewpoints was attained from two couples within the sample. Audit trails may be used to establish that the findings accurately display participant responses (Coleman, 2022). Audit trails were utilized to confirm the dependability of the research results.

Confirmability

The confirmability of a research study encompasses capturing an objective reality (McSweeney, 2021; Pearse, 2021; Tuval-Mashiach, 2021). The research findings did not depend on personal motivation or biases. Findings were based on participant responses attained from semi-structured interviews. Open-ended questions were employed during

the interview to improve confirmability and credibility. The IPA researcher leverages their expertise and background during data analysis. The data are first described and then interpreted by the researcher (Nizza et al., 2021). Data were first described and subsequently interpreted during data analysis. The results included detailed descriptions from direct participant excerpts attained through interviews.

Results

An IPA is an extensive and investigative process spanning data collection and analysis (Nizza et al., 2021; Smith et al., 2022). Tables were developed to organize the data results, incorporating relevant sample excerpts. The development of the GETs was facilitated through exploratory notes and PETs. Sample excerpts were then selected based on their relevance to the research questions. The GETs linked to military parent experiences for themselves or their children with ASD concerning the first research question are depicted in Tables 2 and 3. The dominant barriers participants described included relocation, TRICARE, providers, and a lack of military or civilian community support. The second research question was centered on the perceived mental health implications concerning essential resource barriers. The sample excerpts regarding the second research question are subsequently illustrated in tables for each theme.

Environmental Barriers

Group Experiential Theme: Relocations

Relocations were a significant and recurring theme for all participants. Issues concerning relocations include reestablishing medical care and support services (see Table 11). The establishment of care and medication accessibility were evaluated as

issues concerning relocations for parents in addition to their children. Relocations for participants meant all therapies and services were revoked, requiring reapplications in the other state or location. Relocation was associated with financial stability due to military pay discrepancies and the potential necessity of maintaining separate households, for ensuring continued services for their children. Negative career implications for spouses were also highlighted. Resume gaps resulted from mandatory moves, linked to frequent job changes. The active duty spouses expressed a common sentiment “I am constantly moving and having to change jobs.”

Table 11

Participant Responses on Relocation

| Participant | Sample excerpt |
|-------------|---|
| 4 | “So my wife had to continue living with her parents because that was where medical care was available.” |
| 6 | “Having to reestablish all of those support services is incredibly challenging. And depending on where you go, the criterion for getting services is completely different.” |
| 6 | “If you are constantly moving, there are constantly gaps in your resume.” |
| 7 | “Whenever we relocate...my biggest concern; it is getting doctors; it is getting medication prescribed.” |

Group Experiential Theme: Deployment

Two military spouses identified deployments as barriers, necessitating them to assume multiple roles. Multiple roles encompassed duties such as attending to their household, children, career, and socialization with substantial difficulties (see Table 12).

Deployments were also regarded as impediments to maintaining a career and continuing education. Responses such as “And then there is the barrier that I cannot go out and work because of specifically my husband’s job, his hours are very unpredictable” was an excerpt regarding spouse participant’s experiences with diminished career aspirations. Service members labeled deployments as a barrier to being home during significant life events. A service member described how reintegration was a crucial issue in this statement: “I was consistently deploying...So, while you are trying to reintegrate with your family, you have to start preparing for your next training.” Deployments posed challenges, hindered mental health, and access to medication. The limited time between deployments was a barrier to conducting thorough screenings of mental health issues among military personnel by mental health care providers.

Table 12

Participant Responses on Deployment

| Participant | Sample excerpt |
|-------------|--|
| 3 | “In my instance, I was actually told that I would be able to access some medications that I needed. And when I got there, the medication... was not authorized.” |
| 6 | “There was not much support...like you have kids to take care of, you have to go to work, you are running a household, and you are dealing with the stress of worrying about your spouse, and it just kind of feels like you are on your last leg, you are on your own.” |
| 7 | “He was just a hollow version of himself, like I did not recognize him by the end of my husband’s deployment, because our son just had no confidence.” |

Group Experiential Theme: Lack of Community Support

Military community support was perceived as insufficient, inaccessible, or non-existent (see Table 13). Parents of special needs children expressed the need for improvement in respite care, childcare, and social events within the community. Parent education classes offered by the military community were deemed inadequate in providing guidance or support for those with special needs children. The dissemination of information on ASD or the next steps after diagnosis was reported to be inadequate or unavailable, including addressing safety concerns within installation housing. Concerns were raised about the shortage of ADA homes within the military community, as conveyed in this statement: “And so there are only like six or seven homes at each base that are accessible.” Similar barriers were identified in the civilian community even though concerns extended to encompass the inadequacy of educational support and limited faculty knowledge within the school environment. The transition out of the military posed challenges due to the limited support from military and civilian communities. Service member transition services were limitedly provided and excluded families. The results highlight the difficulties of navigating resources when the military and needed civilian community support was unavailable.

Table 13*Participant Responses on Lack of Community Support*

| Participant | Sample excerpt |
|-------------|--|
| 1 | “It’s not something that the Special Needs Program Managers know about to tell us about.” |
| 6 | “In the military, there really was no information...you need access to ABA? Go find that.” |
| 7 | “Babysitters...as soon as you tell them my kid has autism...they wanted to charge me three times the price.” |
| 8 | “And then there is the barrier that I cannot go out and work...to assist with some of the financial part of things.” |

Military Branch Disconnect. The armed forces of the United States comprise the Army, Marine Corps, Navy, Air Force, Space Force, and Coast Guard. The Coast Guard is the sole branch not supported by the U. S. Department of Defense, impacting service accessibility (see Table 14). Two participants highlighted accessibility issues related to the service branch, both were spouses and one was also a service member. The Coast Guard has few installations, meaning service members and their families are often stationed at the installations of the other armed forces. Military treatment facilities in the Army, Marine Corps, and Navy installations were reported to not always provide services for Coast Guard families, leaving them reliant on the surrounding civilian community. Disparities in military community support services among differing branches were identified as a concern. Services provided by one branch were not continually accessible to Coast Guard families.

Table 14*Participant Responses on Military Branch Disconnect*

| Participant | Sample excerpt |
|-------------|--|
| 1 | “A lot of MTFs do not take Coast Guard because they are DoD MTFs.” |
| 7 | “Nothing. Because we are Coast Guard they told us that we have to register with EFMP... We are not eligible for the EFMP group program.” |

Health Care Barriers***Group Experiential Theme: TRICARE***

The military-provided health care insurance, TRICARE, emerged as a dominating theme among all participants (see Table 15). TRICARE-related barriers were highlighted, including insufficient coverage, referral issues, unreimbursed claims, policy changes, and financial burdens. Participants expressed that obtaining coverage of essential therapies for their children and mental health care posed highly stressful barriers. Inconsistent policies were cited as leading to delays or denials of therapeutic interventions deemed essential for their child’s development. The financial burden linked to TRICARE encompassed the costs of deductibles and copays for therapies provided within the civilian community. Issues with the claims process and reimbursement for out-of-network providers were substantial concerns. Unpaid claims and bounced checks from TRICARE resulted in debt accumulation to include financial strains. Military pay did not afford additional medical coverage for the typical service member. Policy issues and discrepancies were factors dependent on insurance representatives who struggled providing proper, consistent regulations or where to access it.

Table 15*Participant Responses on TRICARE*

| Participant | Sample excerpt |
|-------------|--|
| 1 | “We were on TRICARE Prime Remote because there are no MTFs in that area. We had to pay out of pocket.” |
| 3 | “Your premiums are pretty high... So you have to deal with what you got and what TRICARE offered.” |
| 5 | “So they do not want to pay for my therapy visits...now you have to pay for my residential eating disorder program.” |
| 7 | “And then the idea of TRICARE also doesn’t want you to have therapy for your kid. For autism.” |

Group Experiential Theme: Providers

Participants mentioned several barriers associated with provider care, such as accessibility, apathy, cohesion issues, and lack of knowledge. Most participants stated accessibility was challenging. Provider turnover and rejection of TRICARE insurance were major impediments to accessing quality care. All participants described prolonged wait times for their children’s diagnostic evaluations. Apathy and lack of knowledge among primary care providers were also substantial (see Table 16). Participants stated how providers blamed them for their child’s ASD, denied testing, or removed the diagnosis, blocking access to needed therapies and interventions. A consistent issue highlighted by participants was the lack of knowledge among service providers. One participant expressed frustration, “Having to deal with the inconsistency of service providers, you know, ASD awareness, and being able to be guided or assisted in that

initial period of the diagnosis.” Parents of children with ASD who are female pointed out sex differences in ASD symptoms and presentation (see Table 16).

Table 16

Participant Responses on Providers

| Participant | Sample excerpt |
|-------------|--|
| 1 | “She was suggesting that my vaccinating my son had caused his autism.” |
| 3 | “Nobody ever looked at my record and said...over the past 15 years, he has been deployed eight of those years, you know, this guy might need some help.” |
| 4 | “One significant problem is, you know, finding ABA therapy that is willing to take TRICARE.” |
| 5 | “The turnover is incredibly high in these agencies...a different RBT like every other week.” |
| 8 | “I still don’t think he has autism. I think he has just ADHD...she removed that diagnosis from his chart.” |

Group Experiential Theme: Stigma

Stigma was a predominant barrier among service members concerning help-seeking behaviors. Mental health stigma within the military was identified as a barrier to accessing mental health care (see Table 17). The tough-it-out and alpha male or female mentality prevented two service member participants from seeking the care they needed, impacting overall well-being. The effects of stigma as a help-seeking barrier were described as leading to adverse career and familial relationship implications. Participants recounted that experiences in combat zones during deployments made them realize something was wrong. The stigma surrounding mental health care within the military was

described as a contributing factor in the denial of issues associated with those experiences and reduced their willingness to seek help. Social stigma was defined as a barrier to participation in everyday or community events. Adverse comments, unsolicited advice, and stares from strangers regarding the child’s ASD behaviors were specifically described as barriers to community engagement.

Table 17

Participant Responses on Stigma

| Participant | Sample excerpt |
|-------------|--|
| 3 | “So, the stigma of getting...services to help with coping.” |
| 5 | “Saying that you have a mental health issue or the stigma that comes along with it, like a sign of weakness, or in some cases irresponsibility, because some people might think that you don't have your life together.” |
| 7 | “I have had people come up to me in grocery stores...telling me I am a bad parent for not correcting my kid’s behaviors.” |

Group Experiential Theme: Moderators

The mental health outcomes linked to essential resource barriers may be better understood when considering moderators and resource needs. Questions on moderators and resource needs were posed to understand how military parents perceive the implications of experienced barriers. Moderators encompass the resources participants have at their disposal. Identified moderators included therapy, coping skills, health care, self-care, social or community support, and financial stability (see Table 18). Six of eight participants disclosed they received mental health care to navigate the challenges

associated with the military lifestyle and parenting an autistic child or children. Self-care and coping skills included advocacy, strengthened belief systems, volunteerism, exercise, also medication as moderating resources. Social and community supports included parent-to-parent outreach, stabilization, friendships, family, remote work, also non-profit organizations. Service member participants with higher military ranking, prolonged years in service, and those who were retired disclosed heightened financial stability or flexibility as a moderating factor.

Table 18

Participant Responses on Moderators

| Participant | Sample excerpt |
|-------------|--|
| 1 | “I have to see a therapist, a civilian therapist, because it has been so hard.” |
| 4 | “They say that having a child with special needs will either make your faith or break it...it made my faith I know I had to rely on that a lot.” |
| 5 | “The most information...was from other parents...social media, and just parent to parent.” |
| 7 | “Civilian providers, are more willing and more quickly, to refer you to get extra help.” |

Group Experiential Theme: Resource Needs

Needs were identified, centering around a centralized resource specifically tailored for parents of children with ASD. Participants expressed the need for additional community support, expanded coverage through TRICARE, advocacy, family deployment services, and increased respite care. Stabilization was highlighted as a crucial element to diminish service gaps, enhance continuity of care, and familial support during

the transition from the military (see Table 19). Participants identified a need for improved accessibility to military and civilian support, which is currently unavailable. Many accentuated the importance of a centralized resource, a one-stop shop, offering information to navigate health care, state programs, disability organizations, community support, and advocacy. Most participants described a need for a centralized information and resource location within the military installations. Crisis management on military installations is crucial for families of children with ASD. Parent training tailored to meet the needs of families with children who have disabilities was described as an urgent need. Military and civilian communities also lacked accessible housing to include playgrounds. One participant expressed the importance of inquiring about parent mental health and the perceived implications on child outcomes.

Table 19

Participant Responses on Resource Needs

| Participant | Sample excerpt |
|-------------|---|
| 1 | “Stabilization... it allows us to maintain the support system we have established.” |
| 3 | “Definitely the advocacy and expanding the service support.” |
| 5 | “Folks who understand...the Medicaid state waiver programs... special needs trust...We have not yet been able to find the right people to do that.” |
| 6 | [When describing the needs associated with the transition from active duty to retirement.] “There is a lot of focus on the active duty person when they retire... there is almost no thought given to how it affects the spouses and kids.” |
| 7 | “A program like parent support, but it would be available for people when they have a diagnosis for their child.” |

Group Experiential Theme: Mental Health Outcomes

Each participant identified several mental health issues, such as stress, depression, anxiety, harmful coping mechanisms, isolation, and role strain (see Table 20). Feelings of overwhelmingness, frustration, sleep loss, and exhaustion were linked to higher stress. Participants detailed experiencing shame, guilt, and unhealthy coping mechanisms when responding to the barriers they confronted in accessing care. One parent expressed the challenge associated with insufficient resources to address existing mental illness and the resultant inability of being present for their child. Two participants articulated feelings of conflict between choosing a career over their family. Participants also described social isolation due to stigma and inadequate support. Two individuals highlighted harmful coping mechanisms associated with food (see Table 21). Indications of role strain were widespread among participants, substantially impacting their well-being.

Table 20*Participant Responses on Anxiety, Depression, and Isolation*

| Theme | Participant | Sample excerpt |
|------------|-------------|---|
| Anxiety | 1 | “I couldn’t focus on anything else because I couldn’t be settled until I figured out how to get him what he needed.” |
| | 4 | “There were a lot of days where I really did not know what was going to happen and I was terrified.” |
| Depression | 1 | “Just knowing that you’re helpless is such a terrible feeling.” |
| | 4 | “I am not going to lie and say that there were not some days that I thought about whether having a gold star might have been a better option.” [Describing previous thoughts of suicide as better option for child benefits]. |
| | 5 | “Anger, depression, isolation, feelings of hopelessness and feelings of an overwhelming wondering and insecurity in yourself.” |
| Isolation | 1 | “So I felt very isolated.” |
| | 7 | [Once diagnosed with ASD, you felt ostracized or excluded?] “Yeah. We do not want to see it... to hear it. You do not exist.” |

Stress proliferation was observed among all participants during data analysis. Shared experiences illuminated stress proliferation associated with primary stressors of a military lifestyle and parenting an autistic child. Social or familial support loss was linked to feelings of isolation by participants, associated with parenting an autistic child and lifestyle (see Table 20). Deployment as a source of role strain and conflict was discussed by service members (see Table 21). Active duty participants expressed conflicting feelings about their role as service members and parents. The conflict had negative career

and familial implications, contributing to mental distress. Inadequate health care coverage or provider inaccessibility resulted in increased child behaviors which heightened parental stress. Military spouse lack of employment was linked with financial burdens and inability to achieve personal goals.

Table 21

Participant Responses on Negative Coping Mechanisms and Role Strain

| Theme | Participant | Sample excerpt |
|----------------------------|-------------|---|
| Negative coping mechanisms | 5 | “I developed an eating disorder.” |
| | 7 | “And so, eating in front of him became a thing where I just didn’t eat when he was awake.” |
| Role strain | 4 | “If I was choosing work over my family or myself over my family...it was extremely challenging to my mental health. And that led to a very dark period of my life.” |
| | 6 | “Nothing stops, you still have to take care of your house and still have to work and you still have to be there for your kids and your partner.” |
| | 7 | “It makes you feel you are a failure as a parent.” |

Summary

The research participants wanted to share their experiences regarding essential resource barriers and perceived mental health implications. Most parents focused on resource barriers associated with their children who have ASD. Barriers experienced were consistent with the contemporary research, and the potential to expand the literature. Military lifestyle barriers were unique to this population. Military families exclusively

confront challenging issues, such as deployments, mandatory relocations, TRICARE, and branch disconnect. The stress process between the barriers they experienced, the moderators they shared, and mental health outcomes are significant. Barriers could continue to pose additional challenges even after they have left the military.

The first research question was written to address essential resource barriers. The barriers participants expressed concerning essential resources align with the literature and expand upon the findings within current research. All participants faced challenges regarding relocations, TRICARE, providers, and lack of community support. Relocations were linked to substantial gaps in attaining and retaining essential resources. The health insurance TRICARE was identified as challenging to navigate and linked with inadequate coverage of needed services. Providers were defined as lacking knowledge and understanding of ASD. Provider accessibility was also critical, with many not accepting TRICARE or having a high turnover rate. Military and civilian communities regarded support as purported or limited. Additional TRICARE coverage options required higher copays not always attainable for service members and their families.

The second research question was directed to understand better how military parents perceived the implications of essential resource barriers. Stress, anxiety, depression, and role strain were significant outcomes linked to the barriers. The results elucidated crucial mental health implications for military parents who endured these issues. Primary stressor expansion and surfacing of secondary stressors were notable through participant responses. Role strain was a significant result for military parents of children with ASD. Military personnel and their spouses felt conflicted between career

goals, personal aspirations, and parenting their autistic child. Stress proliferation was discovered during the interviews and individual case analysis. Primary stressors were expanded, resulting in additional concerns. The mental health outcomes associated with essential resource barriers may further aggravate existing mental illness.

A comprehensive interpretation and the findings within the context of the stress process model is presented in Chapter 5. Potential questions derived from the findings of this research may result in further inquiry. Theoretical implications are described concerning the need to identify causal connections between stressors, stress proliferation, and the associated mental health outcomes. Further research recommendations discovered from the findings illuminate the need to examine more thoroughly specific military branches and child levels of functioning. Military service funding discrepancies may affect individual branches differently. Advocacy was a crucial resource need among the participants of this research. Potential positive social change stemming from the knowledge gained encompasses an improved understanding of how advocacy and enhanced support is necessary. Practice recommendations are also addressed, including the need for expanded mental health screenings.

Chapter 5: Discussion, Conclusions, and Recommendations

This study was designed to explore how military parents of children with ASD experience and perceive essential resource barriers. Constant relocations, deployment, and service accessibility discrepancies are crucial factors in stress development for this population, with primarily adverse effects (Ribeiro et al., 2023; Schvey et al., 2022). Substantial challenges exist in accessing essential care for military parents and their children with ASD (Sands et al., 2023). The extensive needs of children and service accessibility issues adversely impact parents' well-being (Billen et al., 2023; Christi et al., 2023; Samsell et al., 2022). A better understanding of the mental health outcomes linked to parenting an autistic child while in military service required further investigation. The implications of the dual stressors resulting from a military lifestyle while parenting a child diagnosed with ASD were not extensively covered and understood in recent studies. Limited research on this population was the rationale for conducting an IPA to expand the knowledge of military parent experiences. An IPA was pivotal in identifying and interpreting how military parents perceive the mental health implications they associate with essential resource barriers.

Invaluable insights were gained from parent perspectives regarding their lived experiences. Participants confronted extensive barriers with substantial outcomes due to persistent essential resource accessibility issues. The stress process model was implemented to examine the moderators having a crucial role in the outcomes of caregiving-related chronic stressors. The mediating effect of resources parents have at their disposal may directly impact the mental health outcomes linked to a military

lifestyle and parenting a child with special needs. The moderating resources identified were used to elucidate how the available limited resources impact the lives of military parents who have autistic children. Perceived resource need identification may be utilized to build a framework for developing and implementing support services.

Chapter 5 includes an interpretation of the research findings, social change implications, recommendations for future research, and concluding thoughts. This study expanded current knowledge on how military parents have experienced and perceived essential resource barriers. The difficulties participants confronted in accessing the support and services they needed to verify the issues concerning a military lifestyle are described. The barriers imposed by a military lifestyle could impact the capacity to parent a child with ASD (Farley et al., 2022; Peck & Parcell, 2021). Parent stress and burnout were evident. The complicated needs of children with ASD require comprehensive and ongoing care (Dreiling et al., 2022; Samsell et al., 2022; Steinman et al., 2022). Inconsistencies in accessibility and retention of essential services have continued across various populations (Dallman et al., 2021; Divan et al., 2021).

Parental mental health is adversely impacted by diagnostic, therapeutic, and intervention delays (Billen et al., 2023; Callanan et al., 2021). Military lifestyle stressors influence service accessibility to address the mental health implications concerning parenting a child with ASD (Schvey et al., 2022). The potential social change aspect of the current study includes applying knowledge gained to devise outreach initiatives. Outreach deficits may impede parents' knowledge of accessible resources. Improvements to existing resources in matching needs is crucial. Parents' fulfillment in caring for their

children positively impacts their roles (ten Hoopen et al., 2022). Access to essential resources while navigating a military lifestyle and the challenges associated with parenting an autistic child is pivotal to improve well-being.

Interpretation of the Findings

Interpretations of the findings were attained by a comprehensive data analysis. The data gathered in this IPA were applied to verify and expand recent research findings regarding essential resource barriers. The two research questions in this study were addressed by collecting rich and thick data. RQ1 focused on the essential resource barriers military parents endured for themselves and their children with ASD. RQ2 addressed the mental health outcomes linked with those barriers. Military parent participants revealed they experienced vital barriers to essential resources for themselves and their children with ASD. The mental health outcomes associated with the essential resource barriers they endured could be utilized to explore how the dual stressors impacted the military lifestyle and parenting of an autistic child. Military parents confront substantial implications concerning mental health, impacting their overall health and well-being.

Environmental and Health Care Barriers

RQ1: How are military parents experiencing barriers to essential resources for themselves and their children with ASD?

Environmental Barrier: Relocations

The reestablishing of care associated with relocations was a significant and recurring barrier all participants described. Families must relocate the established care

and navigate a new educational system due to mandatory relocations. Locations of military duty stations were identified as being in areas where services were inaccessible or extensive wait times were required. One parent defined the circumstance as having a separate household and residing in another state where services were accessible. Most participants had health care and medication continuity issues due to relocations. Continuity of care was the most crucial concern. Resume gaps due to constant relocations were considered impediments for career advancement and financial stability.

Previous researchers addressed relocation issues, which were confirmed by current findings. Frequent relocations were confirmed, causing routine and therapeutic disruption issues for military families (Farley et al., 2022; Kremkow & Finke, 2022). Military parent caregivers cannot promptly access the needed services (Dallman et al., 2021; DiGuseppi et al., 2021; Farley et al., 2022). Therapeutic service delays and starting over are barriers associated with relocating to new duty stations (Dallman et al., 2021; Farley et al., 2022; Hero et al., 2022). Relocation-caused disruptions include resource accessibility, inadequate or unavailable interventions, loss of social support, and service delays (Farley et al., 2022; Kremkow & Finke, 2022). Isolation results from inaccessibility due to geographical location (Farley et al., 2022; Kremkow & Finke, 2022). Isolation is discussed further in the mental health outcomes section.

Environmental Barrier: Deployment

Deployments have been defined as having severe implications on military families (Farley et al., 2022; Kremkow & Finke, 2022). Regression in children and ongoing mental health care retention issues were significant barriers for military parents

during deployments. Nonexistent support for spouses of deployed service members was detrimental to their ability to assume multiple roles. Deployments impeded the spouse's ability to attain and retain employment or achieve educational goals. Diminished career aspirations due to elevated demands of parenting alone during deployments were significant and affected well-being. Community support during deployments was limited or nonexistent, resulting in feelings of isolation and self-doubt. Deployment as a stressor without necessary support services within the context of the stress process model may result in adverse mental health outcomes for caregivers.

Service member well-being was adversely influenced by the inability to be present for their spouses during deployments. One service member expressed they could not receive mental health care, including medications, during deployment. Mental health care was deemed an essential resource and a moderating factor for several participants. Deployment as a barrier to an essential resource adversely impacts spouses and service members (Kline et al., 2022; McGuffin et al., 2021; Schvey et al., 2022). Low treatment utilization issues persist even though a substantial prevalence of mental illness is evident among military personnel (Kline et al., 2022). The inability to access mental health care while deployed may be linked to stigma and low treatment utilization. Most of the current participants described mental health care as substantially impacting their ability to handle the military lifestyle and meet the needs of their children with ASD.

Environmental Barrier: Lack of Community Support

Military and civilian support is vital for ensuring families of children with ASD have access to the optimal services. A central office is needed at duty stations where

parents can learn how to navigate community services, procedural policies, and essential resources. The EFMP program is designed for ensuring families relocated to various locations receive the needed support, but inconsistencies remain (Aleman-Tovar et al., 2022). Recent research findings illuminate the inconsistencies between duty locations and supports provided (Sands et al., 2023). Current participants identified these deficits as impediments to accessing appropriate support. Inconsistencies within the EFMP program may be detrimental for families relocated to areas without necessary services.

Accessibility of homes that are Americans with Disabilities Act compliant was noted by three participants as a barrier. Reduced environmental awareness elevates safety risks (Alostaz et al., 2022; Raff et al., 2021; Shannon et al., 2021). Military installations lack sufficient housing accommodations for families with special health care needs. Parents of children with ASD are left to find accessible homes within the civilian community or reside in inadequate housing. Disability and sensory-friendly events vary depending on the location of the duty station or nearby communities. Already displaced families may feel isolated due to their lifestyle when accessible housing and inclusive events are unavailable. Participants who described community deficits identified isolation as a consistent and considerable concern.

Military families move frequently, and duty station assignments are typically mandatory. A mandatory relocation or PCS can place families far from potential or established support systems, including friends, relatives, and employment. Isolation is a substantial concern within this population due to increased demands in caring for a special needs child (Hoover et al., 2022). Social support is an identified need among

parents, and isolation occurs due to the deficits (Farley et al., 2022; Kremkow & Finke, 2022; Sadiki, 2023). Accessibility is critical for military families undergoing disruptions in military and civilian community support due to relocations. Perceptions of social support and resilience may diminish parental stress (Sadiki, 2023). Participants with established social support described how this phenomenon is beneficial to overall well-being. Military and civilian communities must focus on means of increased outreach including accessibility to this vulnerable population.

All military branches except the Coast Guard are funded by the U.S. Department of Defense, which may have impeded some families' access to appropriate and necessary services. Coast Guard participants identified difficulties accessing MTFs and were not eligible for services under the EFMP program provided to other service branches. The Coast Guard has few installations. Service members and their families are frequently assigned, work, or live at other military branch duty stations. Services differ across branches, the U.S. Department of Defense funds only the Army, Navy, Air Force, and Space Force. Coast Guard families living on U.S. Department of Defense installations are not provided the same support and confront obstacles in accessing essential services. Discrepancies in funding and policies between military branches may be linked to a crucial component of the armed forces being excluded.

Health Care Barrier: TRICARE

The military-provided health care insurance TRICARE received substantial criticism from all participants, who described the provider as inadequate or difficult to navigate. Many studies documented higher unmet needs and frustrations among families

of children enrolled in TRICARE (Aleman-Tovar et al., 2022; Hero et al., 2022).

Procedural clarity is crucial with participants identifying discrepancies between insurance representatives, policies, follow-through, and payments. Representatives were reported to be unaware of policies and presented misinformation, resulting in delays and elevated parental stress. Two participants revealed their spouses conducted extensive research to provide representatives with proper insurance guidelines. TRICARE website was also defined as unclear and having outdated or inadequate information. Refusal to cover necessary ASD therapeutic interventions was the main issue. Coverage of therapies was refused when the child reached school age, adversely impacting their development. The primary stressors of insurance deficits were the financial burden linked to uncovered specialty care, billing issues, and additional plan costs.

The TRICARE prime health care plan has a requirement for families to use MTFs exclusively unless services are unavailable. Delays in care from months to more than 1 year were attributed to insurance restrictions. Specialty care provided at MTFs were declared to prioritize active duty personnel, causing extensive wait times for family members or requiring them to go into the civilian community. Optimal care for special needs family members was defined as unattainable or nonexistent. Specialty care referrals were denied or delayed, causing increased parental stress and harming child progress. Case managers of TRICARE tasked to assist special needs families could not be reached or had limited knowledge of familial needs concerning ASD interventions, paperwork, and governing policies. Insurance deficits aligned with the barriers linked to providers, explicitly those working at the MTFs.

Health Care Barrier: Providers

Distrust in providers was cited by many families concerning early intervention services TRICARE provides (DiGuseppi et al., 2021; Hero et al., 2022; Samsell et al., 2022). Providers within the MTFs had limited knowledge and understanding of parenting a child with ASD (Aleman-Tovar et al., 2022). Provider apathy has been a consistent problem among MTF providers. One current participant revealed that a provider refused to evaluate a second child even though behavioral issues associated with ASD were evident and familial history of diagnosis was well known. The refusal to evaluate the child for ASD caused ongoing delays in receiving early therapeutic interventions deemed pivotal to optimal outcomes. Providers in the MTFs were stated as rushing participants, causing them to feel unheard and dismissed. Another accessibility concern included the inability to take children for parent appointments. The reluctance of military providers to refer for further services or acknowledge outside diagnosis resulted in distress and delays associated with necessary care. Unaddressed parental concerns by clinical providers leads to dissatisfaction (Hyassat et al., 2023).

One parent recalled leaving a pediatrician's office enraged when a pediatrician suggested that they had caused their child's ASD through vaccination. Developmental regression was alleged to be dismissed by pediatricians in the MTFs. Cohesion between military and civilian providers was also identified as problematic. Civilian providers do not fully comprehend the military lifestyle, impeding the efficacy of mental health treatment. Constant military provider rotations were linked to additional challenges in continuity of care and an unattainable therapeutic alliance. The diagnostic process was

complicated and challenging, with wait times from months to more than 1 year.

Participants with female children highlighted how gender was a consequential factor in receiving a timely diagnosis even though behavioral differences between sexes are well documented (Paolizzi et al., 2022; Saure et al., 2023). Barriers persist during retirement due to new location and provider unfamiliarity with TRICARE. Limited providers and those accepting TRICARE pose substantial barriers. Providers within the academic setting did not have complete knowledge of ASD or disregarded the diagnosis. The process of obtaining and implementing an individualized education plan was also challenging. Knowledge gaps among school personnel persevere, adversely impacting the continuity of support. School professionals approach each parent differently, resulting in miscommunication and misunderstanding between spouses regarding expectations within the academic setting.

Health Care Barrier: Stigma

The stigma associated with serving in the military was identified as delaying help-seeking behavior for service members. Adverse views associated with mental health care are pervasive in military culture (Kline et al., 2022; McGuffin et al., 2021). Service member participants addressed how tough-it-out and the alpha male mentality in the military initially hampered their ability to pursue help. The availability of clinical access was defined as complex, explicitly during deployments. Clinical access unavailability and underuse of mental health care are identified as barriers in contemporary research findings (Kline et al., 2022; McGuffin et al., 2021). A holistic approach to well-being could not occur when the focus was on PTSD, Other mental health concerns or societal

reintegration after deployment are ignored. Interventions aimed at PTSD diagnosis include the principal treatment modality in military populations (Kline et al., 2022). A service member spouse identified the stigma of parenting an autistic child and feeling isolated with increased anxiety in social settings. A holistic mental health care approach is crucial in supporting service members and spouses of a child diagnosed with ASD.

Mental Health Outcomes

RQ2: How do military parents with autistic children perceive the mental health implications of barriers to essential resources?

Previous findings concerning health care availability and accessibility issues for special needs families including military service members have been well-documented. Special needs children experience elevated unmet needs, resulting in familial isolation and critical support loss (Sands et al., 2023). Parent isolation is a pervasive concern in caregiving special needs children within the current literature and the findings of this research. Participants identified the overwhelming feelings of stress, insecurity, anxiety, anger, hopelessness, and depression concerning barriers to accessing essential resources for their children. One parent elucidated how the stigma linked to ASD resulted in feelings of being excluded or ostracized within their community. Parental stress associated with parenting an autistic child is widespread, explicitly for mothers, adversely impacting their physical and mental well-being (Vahedparast et al., 2022).

Parental stress and well-being are mediated by mental health (Samsell et al., 2022; Vahedparast et al., 2022). Military service members and spouses have elevated mental health problems linked to lifestyle (Schvey et al., 2022; Sullivan et al., 2021). All

participants described some mental health issues concerning a military lifestyle and parenting a child with ASD. Parents who have developed mastery endured decreased adverse outcomes. Stigma and low mental health care utilization are associated with a military lifestyle (Kline et al., 2022; McGuffin et al., 2021). Service members and spouses with prior mental illness problems may experience exacerbated symptoms connected to stressors before entering the caregiving role. The findings of the current research did not encompass data on mental health before the child's diagnosis. Future research should be designed to examine military parents' well-being before parenting an autistic child for understanding developmental outcomes.

Role strain and conflict were noted in the research findings. Service members described their struggles with balancing their military and parental roles. Service members expressed stress, guilt, and conflict while identifying their experiences with essential resource barriers. Spouses described the challenges or inability to meet various role demands independently. The inability to reconcile simultaneous demands of multiple roles increases the strain effect (Pearlin, 2005; Zhao et al., 2022). Stress proliferation may occur when a demanding military lifestyle exposes parents to adversity, resulting in the risk of experiencing additional challenges (Pearlin et al., 2005; Zhao et al., 2022). Challenges in life are usually interdependent. Essential psychosocial resource absence may result in a causal chain of stressors impacting well-being (Aneshensel & Avison, 2015). The mental health outcomes connected to these barriers are better understood when the moderators and perceived resource needs are evident.

Moderating Resources

The moderators participants implemented comprised self-care practices, advocacy, hobbies, exercise, knowledge expansion, and accessing the limited resources in their community. The moderating resources they depended on were scarce due to accessibility issues. Nonexistent information concerning community support inside and outside the military installations is identified as a barrier. Participants described their challenges in obtaining the necessary information to parent effectively. Participants also relied on social media, working from home, returning to school, and trusting other parents because community support is virtually nonexistent. Information acquisition was highly impacted by knowledge gained from other parents of autistic children. Participants with improved access to social support or practiced self-care expressed a higher sense of well-being. Subjective burden is linked to reduced informal psychosocial resources (Zhao et al., 2022). The identified moderating resources should be further addressed to specify resource consistency across increased sampling size and timespan.

Resource Needs

The identification of resource needs is crucial to understanding participant experiences with barriers accessing essential services. The barriers noted in this research's findings are further comprehended by perceived resource needs, mental health outcomes, and moderators. Participants described the EFMP program deficits as barriers, aligning with current research on the challenges military families experience when enrolled. Military parent participants consistently reported deficits in military and civilian community support services. Health care insurance needs were paramount, discrepancies

in practice apparent, application of policies inconsistent, and notable problems evident. A one-stop resource facility to navigate TRICARE was urgently needed because procedural clarity and navigation were identified as barriers within this population. Community outreach inside and outside the military duty stations is crucial for military families accessing available resources. Advocacy for support service expansion is also necessary. The need for bridging the gap between military, state, and federal programs is imperative if special needs families are to be provided with adequate health care while serving the nation.

Mental health checks for spouses of deployed service members are unavailable. Constant relocations and deployments can be listed as stressors within military populations (Schvey et al., 2022). Mental health checks for spouses of deployed personnel and while relocating are critical to ensuring well-being during challenging times. One participant stated that the parent support program offered on the military installation was not helpful while parenting a child diagnosed with ASD. The prevalence of ASD among military children is noteworthy. Parents need information and support after a diagnosis has been made (U.S. Department of Defense, 2024). Parent support programs designed for parents of children with disabilities are urgently needed. Community and social support are defined as moderating resources (Zhao et al., 2022). Community and social support accessibility is impacted by a military lifestyle.

A reexamination of stabilization policies for families with special needs members is necessary toward their overall development and well-being. Identified needs include health care continuity, respite care accessibility, and familial or community support

systems which may be sustained by stabilization. Procedural clarity on eligibility and practice is critical for families who cannot relocate due to their exceptional needs. Service member participants highlighted that they needed stabilization for their families to ensure continuity of care and support. Educational support and therapeutic interventions differed substantially from one location to another. Routine and therapeutic disruptions adversely impact familial well-being (Farley et al., 2022). Relocation policies result in service disruptions and accessibility issues (Farley et al., 2022). Stabilization may be a mediating factor between stressors and associated mental health outcomes.

Limitations of the Study

Several limitations were identified in this research. Potential participant familiarity with the researcher through social media sites designed for military families of autistic children may pose privacy concerns. Military service members may distrust the research process, and familiarity may further hinder participation (Krause-Parello et al., 2021). The recruitment process took considerable time despite the relatively smaller population size and sampling methods. Purposive and snowball sampling were applied to acquire participants meeting the research requirements, limiting generalizability. Time constraints and scheduling issues were comprehensibly present. Most participants required adequate time to plan around work, appointments, and finding appropriate childcare. Several potential participants displayed interest and then declined when informed consent was asked.

The sample size was limited due to recruitment difficulties. Recruitment difficulties encompassed limited access to private social media groups. Social media flyer

distribution on public pages led to an inundation of responses from fake accounts. The delays prolonged the recruitment process. A prolonged recruitment process was not an impediment to data saturation. Data saturation was achieved with a sampling size of eight. Qualitative research sampling size is typically low in reaching data saturation (Hennink & Kiser, 2022). Recruitment methods associated with military families warrant further scrutiny to increase the participation of this understudied population.

The interviewer's familiarity with the research phenomenon could be reported as a concern linked to the trustworthiness of this qualitative research. Personal familiarity with the phenomenon was disclosed at the onset of each interview. Rapport was established by disclosing personal experience with the research phenomenon, reducing stigma. Affiliate stigma experienced by parents of children with ASD may hinder research participation (Ma et al., 2023). Knowledge of the phenomenon was set aside to pinpoint participant experiences accurately, restricting researcher assumptions and bias during data analysis. Privacy concerns were discussed to mitigate participation reluctance during recruitment and individual interviews. Confidentiality was accentuated to assure the service member participants. Active duty service members might consider that participation in research may adversely impact their careers (Krause-Parello et al., 2021). A consent form with explicit definitions of the research purpose was employed to alleviate confidentiality concerns.

Recommendations

A larger sampling size would be beneficial to elucidate further the relationship between barriers and the mental health implications of those experiences. A sample size

of eight was adequate for data saturation to be achieved. Further studies should include a larger sample size and a specific branch or service. A specific military branch would display a more accurate account of experiences depending on the resources accessible to specific populations. A more homogenous population may be required to identify explicit discrepancies linked with accessibility. Military installation services differ substantially based on location. Inconsistencies in accessibility for EFMP have been described as a persistent issue (Aleman-Tovar et al., 2022; Sands et al., 2023). Further analysis should consider the locations where military parents confront essential resource barriers against where their needs are met adequately.

Military service members and their spouses usually experience more elevated mental health issues than the general population (Peck & Parcell, 2021; Schvey et al., 2022). A deeper understanding of the stress military parents who have children with ASD experience is necessary. A quantitative approach may encompass a survey including questions on current well-being to determine stress. A Perceived Stress Scale (PSS) could be utilized to gather data on current stress levels associated with the parental role. Research on military service member health is ample but primarily concentrated on PTSD treatment (Kline et al., 2022). Research conducted to address service member's mental health concerning parental role is scarce. A better understanding of this understudied population is necessary due to the limited research on military spouse mental health. Further investigation on military parent mental health is indispensable.

Quantitative studies centered on the compounding effects of a military lifestyle may be conducted to expand knowledge. The effect of additional stressors on well-being

must be further scrutinized in this population. Stress associated with the identified barriers specified in the current findings could be modeled employing a multi-linear regression. The level of distress linked to each independent variable should be tested. Identification of the most impactful stressors is crucial in potentially impacting the maximum change. The development of optimal practices can be streamlined and highlighted by utmost need to investigate the most impactful stressors. Optimal practices may be implemented to direct organizations in providing more effective support services.

A consequential concern among this population is the stigma linked to a military lifestyle and ASD. Several participants identified stigma as hampering help-seeking behaviors and social engagement. Three service member participants described how mental health stigma in the military could be a barrier to seeking help initially. Help-seeking deficits among military personnel result in decreased accessibility to mental health services and are crucial (Randles & Finnegan, 2022; Silvestrini & Chen et al., 2024). The perceived social stigma was identified in data collection as a barrier to community participation. Affiliate stigma concerning parenting children with ASD or other developmental disabilities has been underlined as a barrier persistent across cultures (Han et al., 2022; Lee et al., 2024; Lyu et al., 2022). Further exploration is essential for the development of educational resources toward diminishing stigma within military populations and the ASD community as a whole.

Parents' sex differences may be significant in how they perceive essential resource barriers and outcomes regarding parenting a child with ASD. Extensive research can be found on sex differences associated with parenting attitudes, practices, and

familial constructs (Gomez et al., 2023). Female and male perspectives may substantially differ, concerning assumed gender roles. Notable differences were found between participants of different sexes and gender roles. Male participants revealed fewer barriers for their children than themselves or female counterparts. All male participants were service members, with considerable time away from their families. Time away from family or a reluctance toward sharing might be contributing factors, which may be linked to gender roles. One female service member participant was also a military spouse who identified that coping mechanisms differed between herself and her husband. Further research addressing how sex or gender differences moderate stress would be helpful.

Implications

Potential for Positive Social Change

Military parents raising children with ASD confront many barriers to accessing resources (Malik-Soni et al., 2022; Schvey et al., 2022; Steinman et al., 2022). The results of this research may be employed to influence positive social change, encompassing increased awareness, outreach, and advocacy for essential support service improvements. Positive social change can occur when all parties, comprising parents, military services, and community organizations, assemble to achieve a common goal. Participants explicitly described the barriers to accessing needed resources for themselves and their children. One significant resource need included expansion and consistency within the EFMP program available to Department of Defense branches. Program variations exist between locations, hindering the efficacy of a program meant to prevent resource accessibility issues (Sands et al., 2023). The inclusion of Coast Guard service

members and families not currently funded by the Department of Defense is important to ensuring all who serve are supported adequately. Continuity of services is crucial to ensuring families are kept from areas where support is insufficient or inaccessible.

Many barriers military parents endured were associated with several and continual deficits linked to the health insurance services TRICARE provided. All participants felt frustration in accessing care for their children. Children enrolled in TRICARE confront elevated unmet needs, decreased satisfaction with provided interventions, and persistent accessibility problems (Dreiling et al., 2022; Farley et al., 2022; Hero et al., 2022). Military personnel and their spouses face challenging mental health issues, with health care accessibility as a barrier (Dallman et al., 2021; Peck & parcel, 2021). Improvements are needed in TRICARE policies, coverage of care, and outreach initiatives. Policies were identified as unclear, inaccessible, and unknown or inconsistent between the insurance representatives. Updates to the TRICARE website could potentially and positively impact social change. Parents can readily access and advocate for essential resources knowledgeably if policy accessibility is probable.

Collaboration between military installations and the surrounding communities is also crucial to impacting positive social change. Collaboration can also be a method utilized to improve relocation coordination services. Military service staff knowledge regarding civilian support was termed outdated or inaccurate. Military support providers should stay abreast of community resources inside and outside their installations. A collaborative approach could be used to ease the burden on known, potentially overused resources and comprehensively extend services. Enhanced awareness can be achieved

through collaborative efforts as organizations use marketing and networking to reach underserved populations. A heightened societal awareness may prompt substantial community improvements, expansion of services, and support for military families.

Societal challenges and needs must be addressed if research is to affect change (Reupert, 2023). The research questions asked in this investigation were intentionally developed to improve the well-being of military families, a prerequisite for affecting positive social change. How research is disseminated can help fill the gap between research results, their implementation to policy, and practice in affecting positive social change (Reupert, 2023). This research was disseminated by publishing in a database accessible worldwide. Future researchers should consider expanding upon the findings in this investigation. The results were also communicated to the stakeholders for catalyzing efforts in addressing the substantial gap between needs and accessibility. Advocacy emerged as a notable resource need and a moderating factor utilized by several participants. All interviewees expressed a desire to receive the research findings upon completion. Military parents demonstrated high engagement and willingness to contribute positive changes in their community. The inclusion of military parents in influencing policy and practice is crucial for ensuring familial needs are addressed adequately.

Theoretical Implications

The stress process model was utilized to gain insights into how military parents navigate essential resource barriers for themselves and their children with ASD. The stress process model has been widely utilized in research for comprehending how chronic stressors of daily life are moderated by the personal and social resources available to an

individual (Zhao et al., 2022). The foundational assumptions connected to the stress process model encompass social status, daily life contexts, stress exposure, and response services (Kirk et al., 2022; Zhao et al., 2022). A chain of effect is observed when the interconnectedness between these multiple factors results in changes to one another (Pearlin et al., 2005). A chain of effect is evident within this population due to the interconnected nature between stressors associated with a military lifestyle and parenting an autistic child. Changes in life circumstances during one developmental period may have ripple effects, influencing subsequent stages (Pearlin et al., 2005).

Role restructuring becomes imperative upon assuming caregiving (Pearlin et al., 2015; Zhao et al., 2022). The development of chronic stressors may be prevented by fulfilling other demands (Zhao et al., 2022). Military parents entering the caregiver role must utilize support services currently available to them. The necessary community support services for military families are predominantly inaccessible, challenging to navigate, and inconsistent as illuminated in this research. Military and civilian organizations are urged to contemplate augmenting outreach efforts, implementing improved screening for needs, including utilizing collaborative approaches. The mental health outcomes identified in this research are indicative of unsustainable stress levels within this community. The results should serve as a catalyst for motivating change among stakeholders and those invested in supporting this population.

Stress proliferation was evident in all participants. Stress proliferation is often overlooked in research employing the stress process model (Pearlin et al., 2005; Zhao et al., 2022). Future researchers employing this model should analyze this crucial

component within the stress process. Severe stressors rarely occur in isolation. Military parents encounter compounded stressors associated with lifestyle and parenting an autistic child, exposing them to severe adversities. Programs targeted at these families should consistently screen for primary, secondary, and emerging stressors. The identification can be employed in elucidating causal connections between exposure to life difficulties and their subsequent outcomes (Kirk et al., 2022; Zhao et al., 2022).

Practice Implications

Substantial work is required before the needs of military parents with autistic children are met. A complete review of current findings has resulted in multiple recommendations for practice, encompassing further investigation. The experiences of military parents with developmentally disabled children merit continued examination, necessitating ongoing research. Further investigation could be employed to extract vital data for enhancing policy and practice. The development of military policies that are equitably implemented across all branches is imperative. Policy application discrepancies can be a hindrance in meeting the needs of these families. A collaborative approach employed to ensure optimal practices, may initiate improved outcomes.

The mental health of military service members and their spouses is substantially impacted by lifestyle. Inconsistencies in service accessibility have been a persistent issue (Schvey et al., 2022). Practitioners should examine each barrier the participants described in this research as impeding mental health service accessibility. Barriers as impediments to care included relocations, provider availability, deployment, military branch disconnect, stigma, and TRICARE. Military community stigma concerning mental illness

and care must be addressed directly. Reduced or delayed help-seeking behaviors among service member participants are attributed to the pervasive mental health stigma.

Psychologists are crucial in addressing this issue by prioritizing and actively promoting mental health care within military populations to mitigate the impact of stigma.

The accessibility barriers arising from mandatory relocation and deployment can be effectively addressed by formulating clear, consistent policies designed for families with elevated essential needs. Participants expressed a lack of confidence in the current policies, perceiving them as insufficient in protecting their families from the challenges associated with relocations and deployments. Community outreach and wellness checks on military spouses during deployments are deemed necessary. Service providers, doctors, therapists, social services, and community organizations supporting these families can be associated with this increased outreach. Interviewees identified deployments as incredibly stressful, especially for spouses who assume multiple roles in the service member's absence. The well-being of military spouses is pivotal in family functioning. The psychological well-being of military spouses has not been comprehensively explored. Future researchers should investigate the barriers spouses may confront due to the need for more knowledge regarding available resources (Peck & Parcell, 2021). Developmental psychologists working with military families should further address spousal mental health implications linked to lifestyle, parenting an autistic child, and compounding effects.

Therapeutic intervention inaccessibility as barriers for children with ASD in the military have not been adequately studied (Farley et al., 2022; Kremkow & Finke, 2022).

Research on the needs of autistic children has been extensively conducted, except for the military populations. The diagnostic process is highly stressful for parents, and delays may result in adverse perceptions (Snijder et al., 2022). Parent frustration concerning information overload during diagnosis causes overwhelmed feelings (Hyassat et al., 2023). Providers must consider the audience while discussing diagnosis, therapeutic interventions, support services, and potential or expected outcomes. Service providers may consider spreading behavioral health services to the parents of the children attending their facilities. Parental stress and well-being both are impactful to child functioning and development (Voliovitch et al., 2021).

Conclusion

Military families' face copious challenges associated with deployments, mandatory relocations, and service inaccessibility (Farley et al., 2022; Kremkow & Finke, 2022). The increased risk of developing mental health issues for service members and their spouses has been markedly high (Ribeiro et al., 2023; Schvey et al., 2022). Diagnosis and continual needs of children with ASD have a compounding effect on military lifestyle implications for parents (Alostaz et al., 2022; Samsell et al., 2022). Challenges in essential care accessibility are also widespread for this population (Sands et al., 2023). Stress and burnout are other substantial issues among military parents of children with ASD (Callanan et al., 2021). Stigma is explicitly persistent in military and ASD communities. Contemporary research findings were verified and expanded upon by using a thorough data analysis in this exploration.

The compounding effects of a military lifestyle and parenting a child with ASD

are substantial, adversely impacting overall well-being. Similar studies addressing the differing experiences of civilian and military parents with autistic children are scarce. Military parents endure more unique challenges than their civilian counterparts. Knowledge has been extended to explore distinct challenges endured by this understudied population. The barriers and perceived mental health outcomes military parents confronted were extensive, persevering beyond service to the country. Essential resource accessibility challenges have been ongoing (Dallman et al., 2021; Divan et al., 2021). The mental health outcomes linked to essential resource barriers are worrying. The confirmed barriers included relocations, deployments, TRICARE, service branch disconnect, lack of community services, and stigma.

Comprehensive interpretations concerning a military lifestyle and parenting a child with ASD resulted from rich data gathered through qualitative methods. Relocations have been a verified source of interruptions to routine and therapeutic interventions (Farley et al., 2022; Kremkow & Finke, 2022). Deployments are a burden for military families (Farley et al., 2022; Kremkow & Finke, 2022). The unmet needs of children enrolled in TRICARE can be detrimental to their development (Aleman-Tovar et al., 2022). Lack of knowledge and understanding among MTF providers concerning parenting a child with ASD is a persistent problem (Aleman-Tovar et al., 2022). Coast Guard families experience additional and significant issues due to disparities in funding. Military and civilian community support service deficits are ongoing issues impacting the continuity of care (Sands et al., 2023). The stigma associated with ASD and mental health care in the military is a barrier that cannot be readily overcome. Military culture

still encompasses adverse views on mental illness and care (Kline et al., 2022). Parents internalize community stigma associated with ASD (Lee et al., 2024; Salleh et al., 2022).

Perceived mental health outcomes concerning essential resource barriers in this population are the issues needing urgent attention. Parent stress levels and well-being are mediated by mental health (Samsell et al., 2022; Vahedparast et al., 2022). The additional stressors of parenting a child with ASD adversely impact the elevated mental health issues among service members and their spouses concerning lifestyle (Schvey et al., 2022). Isolation and support loss arise from elevated unmet needs (Sands et al., 2023). Parents striving to navigate the unmanageable labyrinth of a military lifestyle and ASD experience many critical issues, such as stress, insecurity, anxiety, anger, hopelessness, depression, including other mental health implications. Subjective burden may lead to perceptions of reduced informal psychosocial resources (Zhao et al., 2022).

Future research is needed to overtake the findings of this investigation. The development of a better understanding is central to specifying needs among this indispensable population. The mental health of this specific population is not explicitly comprehended because they experience extensive stressors. The everyday challenges faced by military families of children with ASD must be addressed to effect necessary change (Reupert, 2023). The preliminary findings within this research can be extended in addressing the needs of this population. Policies and practices which may enhance well-being are crucial to addressing substantial needs. Further exploration is critical for supporting military families of children diagnosed with ASD because they confront exponential adversities while serving the United States of America.

References

- Aguas, P. P. (2022). Fusing approaches in educational research: Data collection and data analysis in phenomenological research. *Qualitative Report*, 27(1), 1–20.
<https://doi.org/10.46743/2160-3715/2022.5027>
- AlBatti, T. H., Alsaghan, L. B., Alsharif, M. F., Alharbi, J. S., BinOmaid, A. I., Alghurair, H. A., Aleissa, G. A., & Bashiri, F. A. (2022). Prevalence of autism spectrum disorder among Saudi children between 2 and 4 years old in Riyadh. *Asian Journal of Psychiatry*, 71, 103054. <https://doi.org/10.1016/j.ajp.2022.103054>
- Aleman-Tovar, J., Schraml-Block, K., DiPietro-Wells, R., & Burke, M. (2022). Exploring the advocacy experiences of military families with children who have disabilities. *Journal of Child and Family Studies*, 31(3), 843–853.
<https://doi.org/10.1007/s10826-021-02161-5>
- Alhazmi, A. A., & Kaufmann, A. (2022). Phenomenological qualitative methods applied to the analysis of cross-cultural experience in novel educational social contexts. *Frontiers in Psychology*, 13, 1–12. <https://doi.org/10.3389/fpsyg.2022.785134>
- Alkhonezan, S. M., Alkhonezan, M. M., Yara, A., Hanan, B., & Rheem, A. (2023). Factors influencing the lives of parents of children with autism spectrum disorder in Saudi Arabia: A comprehensive review. *Cureus*, 15(11), 1–6.
<https://doi.org/10.7759/cureus.48325>
- Alostaz, J., Baker, J. K., Fenning, R. M., Neece, C. L., & Zeedyk, S. (202). Parental coping as a buffer between child factors and emotion-related parenting in families of children with autism spectrum disorder. *Journal of Family Psychology*, 36(1),

153–158. <https://doi.org/10.1037/fam0000757>

Alsaigh, R., & Coyne I. (2021). Doing a Hermeneutic phenomenology research underpinned by Gadamer's philosophy: A framework to facilitate data analysis. *International Journal of Qualitative Methods*, 20, 1–10.

<https://doi.org/10.1177/16094069211047820>

American Psychiatric Association. (2022). Autism spectrum disorder. In *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text rev., pp. 56–67).

Aneshensel, C. S., & Avison, W. R. (2015). The stress process: An appreciation of Leonard I. Pearlin. *Society and Mental Health*, 5(2), 67–85.

<https://doi.org/10.1177/2156869315585388>

Beheshti, S. Z., Hosseini, S. S., Maroufizadeh, S., & Almasi-Hashiani, A. (2022). Occupational performance of children with autism spectrum disorder and quality of life of their mothers. *BMC Research Notes*, 15(1), 1–6.

<https://doi.org/10.1186/s13104-021-05890-4>

Billen, R. M., Sams, J., & Nordquist, V. M. (2023). A conceptual model of parenting children with disabilities. *Journal of Family Studies*, 29(4), 1781–1803.

<https://doi.org/10.1080/13229400.2022.2085617>

Blais, R. K., Tirone, V., Orlowska, D., Lofgreen, A., Klassen, B., Held, P., Stevens, N., & Zalta, A. K. (2021). Self-reported PTSD symptoms and social support in U.S. military service members and veterans: A meta-analysis. *European Journal of Psychotraumatology*, 12(1), 1–17.

<https://doi.org/10.1080/20008198.2020.1851078>

- Brinkman, A. H., Barry, T. D., & Lindsey, R. A. (2023). The relation of parental expressed emotion, parental affiliate stigma, and typically-developing sibling internalizing behavior in families with a child with ASD. *Journal of Autism and Developmental Disorders*, 53(12), 4591–4603. <https://doi.org/10.1007/s10803-022-05760-3>
- Cairns-Lee, H., Lawley, J., & Tosey, P. (2022). Enhancing researcher reflexivity about the influence of leading questions in interviews. *Journal of Applied Behavioral Science*, 58(1), 164–188. <https://doi.org/10.1177/00218863211037446>
- Callanan, J., Signal, T., & McAdie, T. (2021). What is my child telling me? Reducing stress, increasing competence and improving psychological well-being in parents of children with a developmental disability. *Research in Developmental Disabilities*, 114, 1–8. <https://doi.org/10.1016/j.ridd.2021.103984>
- Chen, X., Tong, J., Zhang, W., Wang, X., Ma, S., Shi, D., Yan, D., & Liu, Y (2024). Factors predicting depressive symptoms in parents of children with autism spectrum disorder in eastern China. *BMC Public Health*, 24(1), 1–11. <https://doi.org/10.1186/s12889-024-17731-7>
- Christi, R.A., Roy, D., Heung, R., & Flake, E. (2023). Impact of respite care services availability on stress, anxiety and depression in military parents who have a child on the autism spectrum. *Journal of autism and developmental disorders*, 53(11), 4336–4350. <https://doi.org/10.1007/s10803-022-05704-x>
- Coleman, P. (2022). Validity and reliability within qualitative research in the caring sciences. *International Journal of Caring Sciences*, 14(3), 2041–2045.

<https://oro.open.ac.uk/81588/1/Coleman%20Validity%20and%20Reliability.pdf>

Dallman, A.R., Artis, J., Watson, L., & Wright, S. (2021). Systemic review of disparities and differences in the access and use of allied health services amongst children with autism spectrum disorders. *Journal of Autism and Developmental Disorders*, 51(8), 1316–1330. <https://doi.org/10.1007/s10803-020-04608-y>

Darko, E.M., Kleib, M., & Olson, J. (2022). Social media use for research participant recruitment: Integrative literature review. *Journal of Medical Internet Research*, 24(8), 1–20. <https://doi.org/10.2196/38015>

Davico, C., Marcotulli, D., Succi, E., Canavese, C., Bodea, A.F., Pellegrino, M., Cuffari, E., Cudia, V.F., Svevi, B., Amianto, F., Ricci, F., & Vitiello, B. (2023). Working with children with autism undergoing health-care assessments in a day hospital setting: A perspective from the health-care professionals. *Children*, 10(3), 1–10. <https://doi.org/10.3390/children10030476>

DiGuseppi, C., Rosenberg, S. A., Tomcho, M. A., Colborn, K., Hightshoe, K., Gutiérrez-Raghunath, S., Cordova, J. M., Dooling-Litfin, J. K., & Rosenberg, C. R. (2021). Family navigation to increase evaluation for autism spectrum disorder in toddlers: Screening and linkage to services for autism pragmatic randomized trial. *Autism*, 25(4), 946–957. <https://doi.org/10.1177/1362361320974175>

Divan, G., Bhavnani, S., Leadbitter, K., Ellis, C., Dasgupta, J., Abubakar, A., Elsabbagh, M., Hamdani, S. U., Servili, C., Patel, V., & Green, J. (2021). Annual research review: Achieving universal health coverage for young children with autism spectrum disorder in low- and middle-income countries: A review of reviews.

Journal of Child Psychology & Psychiatry, 62(5), 514–535.

<https://doi.org/10.1111/jcpp.13404>

Dreiling, N. G., Cook, M. L., Lamarche, E., & Klinger, L. G. (2022). Mental health project ECHO autism: Increasing access to community mental health services for autistic individuals. *Autism: the international journal of research and practice*, 26(2), 434–445. <https://doi.org/10.1177/13623613211028000>

Erdoğan, Ö. (2024). A system approach to the self: Interpretive phenomenological analysis. *Heliyon*, 10(1), 1–19. <https://doi.org/10.1016/j.heliyon.2023.e23260>

Farley, B. E., Griffith, A., Mahoney, A., Zhang, D., & Kruse, L. (2022). Brief report: Identifying concerns of military caregivers with children diagnosed with ASD following a military directed relocation. *Journal of autism and developmental disorders*, 52(1), 447–453. <https://doi.org/10.1007/s10803-021-04936-7>

Fischer, E. & Guzel, G. T. (2023). The case for qualitative research. *Journal of Consumer Psychology*, 33, 59–272. <https://doi.org/10.1002/jcpy.1300>

Fletcher, R. (2023, August 18). *Military reunion & reintegration after deployment | Plan my deployment*. Plan My Deployment.

<https://planmydeployment.militaryonesource.mil/reunion-reintegration/family-members/what-to-expect-an-overview-of-reunion-and-reintegration/>

Florczak, K. L. (2021). Best available evidence or truth for the moment: Bias in research. *Nursing Science Quarterly*, 35(1), 20–24. <https://doi.org/10.1177/08943184211051350>

- Folkes, L. (2022). Moving beyond 'shopping list' positionality: Using kitchen table reflexivity and in/visible tools to develop reflexive qualitative research. *Qualitative Research*, 23(5), 1301–1318.
<https://doi.org/10.1177/14687941221098922>
- Ganz, A., Yamaguchi, C., Koritzky, B. P. G., & Berger, S. E. (2022). Military culture and its impact on mental health and stigma. *Journal of Community Engagement & Scholarship*, 13(4), 1–13. <https://doi.org/10.54656/ZZHP1245>
- García, C. F. J., Hernández, A., & Blanca, M. J. (2022). Life satisfaction and the mediating role of character strengths and gains in informal caregivers. *Journal of Psychiatric and Mental Health Nursing*, 29(6), 829–841.
<https://doi.org/10.1111/jpm.12764>
- Gómez, O. O., Rubio, A., Roldán, B. A., Ridao, P., & López, V. e I. (2023). Parental stress and life satisfaction: A comparative study of social services users and nonusers from a gender perspective. *Journal of Community Psychology*, 51(1), 345–360. <https://doi.org/10.1002/jcop.22907>
- Han, E., Scior, K., Avramides, K., & Crane, L. (2022). A systematic review on autistic people's experiences of stigma and coping strategies. *Autism research: official journal of the International Society for Autism Research*, 15(1), 12–26.
<https://doi.org/10.1002/aur.2652>
- Hennink, M., & Kaiser, B. N. (2022). Sample sizes for saturation in qualitative research: A systematic review of empirical tests. *Social Science & Medicine*, 292(6), 1–10.
<https://doi.org/10.1016/j.socscimed.2021.114523>

- Hero, J. O., Gidengil, C. A., Qureshi, N., Tanielian, T., & Farmer, C. M. (2022). Access to health care among Tricare-covered children. *Rand Health Quarterly*, 9(4), 1–97. <https://doi.org/10.7249/rr-a472-1>
- Hoover, C. G., Coller, R. J., Houtrow, A., Harris, D., Agrawal, R., & Turchi, R. (2022). Understanding caregiving and caregivers: Supporting children and youth with special health care needs at home. *Academic Pediatrics*, 22(2), S14–S21. <https://doi.org/10.1016/j.acap.2021.10.007>
- Hus, Y., & Segal, O. (2021). Challenges surrounding the diagnosis of autism in children. *Neuropsychiatric disease and treatment*, 17, 3509–3529. <https://doi.org/10.2147/NDT.S282569>
- Hyassat, M., Al-Makahleh, A., Rahahleh, Z., & Al-Zyoud, N. (2023). The diagnostic process for children with autism spectrum disorder: A preliminary study of Jordanian parents' perspectives. *Children (Basel, Switzerland)*, 10(8), 1–14. <https://doi.org/10.3390/children10081394>
- Infurna, F. J., Staben, O. E., Lachman, M. E., & Gerstorf, D. (2021). Historical change in midlife health, well-being, and despair: Cross-cultural and socioeconomic comparisons. *American Psychologist*, 76(6), 870–887. <https://doi.org/10.1037/amp0000817>
- Jedličková, L., Müller, M., Halová, D., & Cserge, T. (2022). Combining interpretative phenomenological analysis and existential hermeneutic phenomenology to reveal critical moments of managerial lived experience: A methodological guide. *Qualitative Research in Organizations and Management: An International*

Journal, 17(1), 84–102. <https://doi.org/10.1108/QROM-09-2020-2024>

Jones, J. A., & Donmoyer, R. (2021). Improving the trustworthiness/validity of interview data in qualitative nonprofit sector research: The formative influences timeline.

Nonprofit & Voluntary Sector Quarterly, 50(4), 889–904.

<https://doi.org/10.1177/0899764020977657>

Kakar, Z., Rasheed, R., Rashid, R., & Akhter, S. (2023). Criteria for assessing and ensuring the trustworthiness in qualitative research. *International Journal of Business Reflections*, 4(2), 150–173.

<https://doi.org/10.56249/ijbr.03.01.44>

Khanh, T.L., Thi Lan Anh Mai, & Phuong Anh Hoang. (2023). Stigma among parents of children with autism: An integrative review. *Pacific Rim International Journal of Nursing Research*, 27(3), 530–548.

<https://doi.org/10.60099/prijnr.2023.261650>

Kirk, D. L., Kabdebo, I., & Whitehead, L. (2022). Prevalence of distress and its associated factors among caregivers of people diagnosed with cancer: A cross-sectional study. *Journal of Clinical Nursing (John Wiley & Sons, Inc.)*, 31(23–

24), 3402–3413. <https://doi.org/10.1111/jocn.16167>

Kleykamp, M., Montgomery, S., Pang, A., & Schrader, K. (2021). Military identity and planning for the transition out of the military. *Military Psychology*, 33(6), 372–

391. <https://doi.org/10.1080/08995605.2021.1962176>

Kline, A.C., Panza, K.E., Nichter, B., Tsai, J., Harpaz-Rotem, I., Norman, S.B., & Pietrzak, R.H. (2022). Mental health care use among U.S. military veterans:

Results from the 2019–2020 National Health and Resilience in Veterans Study.

Psychiatric Services, 73(6), 628–635. <https://doi.org/10.1176/appi.ps.202100112>

- Krause-Parello, C.A., Flynn, L., Moreno, S.J., Dillon, J., Hibler, D.A., Lapiz-Bluhm, M.D., ... Weglicki, L.S. (2021). Operation PCOR: A community engagement project preparing veterans as full partners in PTSD-related research. *Journal of Veteran Studies*, 7(1), 14–22. <http://doi.org/10.21061/jvs.v7i1.202>
- Kremkow, J. M. D., & Finke, E. H. (2022). Peer experiences of military spouses with children with autism in a distance peer mentoring program: A pilot study. *Journal of Autism & Developmental Disorders*, 52(1), 189–202. <https://doi.org/10.1007/s10803-021-04937-6>
- Kruth, M. L., & Stephen, H. M. (2022). Reiterating a need for antiracism praxis in nursing and psychiatric nursing education. *Journal of Nursing Education*, 61(8), 439–446. <https://doi.org/10.3928/01484834-20220602-04>
- Lavee, E., & Itzchakov, G. (2023). Good listening: A key element in establishing quality in qualitative research. *Qualitative Research*, 23(3), 614–631. <https://doi.org/10.1177/14687941211039402>
- Lee, E.-J., Qin, S., Park, J., & Ivins-Lukse, M. (2024). Exploring the relationship between courtesy stigma and life satisfaction among caregivers of youth with intellectual and developmental disabilities. *Stigma and Health*. Advance online publication. <https://doi.org/10.1037/sah0000516>
- Lee, Y., & Song, Y. (2022). Coping as a mediator of the relationship between stress and anxiety in caregivers of patients with acute stroke. *Clinical Nursing Research*, 31(1), 136–143. <https://doi.org/10.1177/10547738211021223>
- Low, M. Y., McFerran, K. S., Viega, M., Carroll-Scott, A., McGhee Hassrick, E., &

- Bradt, J. (2023). Exploring the lived experiences of young autistic adults in Nordoff-Robbins music therapy: An interpretative phenomenological analysis. *Nordic Journal of Music Therapy*, 32(4), 341–364.
<https://doi.org/10.1080/08098131.2022.2151640>
- Lyu, Q., Yu, X., Wang, J., Wang, X., Ke, Q, Liu, D., & Yang, Q. (2022). Self-esteem and family functioning mediates the association of symptom severity and parental affiliate stigma among families with children with ASD. *Journal of Pediatric Nursing*, 66, e122–e129. <https://doi.org/10.1016/j.pedn.2022.04.019>
- Ma, Y., Lee, L. Y., & Zhang, X. (2023). Affiliate stigma and related factors among parents of autism spectrum condition: A pilot study from mainland China. *Autism & Developmental Language Impairments*, 1–10.
<https://doi.org/10.1177/23969415231168567>
- Makel, M. C., Meyer, M. S., Simonsen, M. A., Roberts, A. M., & Plucker, J. A. (2022). Replication is relevant to qualitative research. *Educational Research and Evaluation*, 27(1–2), 215–219. <https://doi.org/10.1080/13803611.2021.2022310>
- Malik-Soni, N., Shaker, A., Luck, H., Mullin, A. E., Wiley, R. E., Lewis, M. E. S., Fuentes, J., & Frazier, T. W. (2022). Tackling health care access barriers for individuals with autism from diagnosis to adulthood. *Pediatric Research*, 91(5), 1028–1035. <https://doi.org/10.1038/s41390-021-01465-y>
- McGuffin, J. J., Riggs, S. A., Raiche, E. M., & Romero, D. H. (2021). Military and veteran help-seeking behaviors: Role of mental health stigma and leadership. *Military Psychology*, 33(5), 332–340.

<https://doi.org/10.1080/08995605.2021.196218>

McSweeney, B. (2021). Fooling ourselves and others: Confirmation bias and the trustworthiness of qualitative research – Part 1 (the threats). [Fooling ourselves and others – Part 1] *Journal of Organizational Change Management*, 34(5), 1063–1075. <https://doi.org/10.1108/JOCM-04-2021-0117>

Meyer, K. N., Glassner, A., Lee, K., Pickering, C. E. Z., & White, C. L. (2022). Conceptualizing how caregiving relationships connect to quality of family caregiving within the stress process model. *Journal of Gerontological Social Work*, 65(6), 635–648. <https://doi.org/10.1080/01634372.2021.2010855>

Military OneSource. (2024, April 30). *Deployment basics for friends and family*. <https://www.militaryonesource.mil/relationships/support-community/deployment-basics-by-service-branch/#:~:text=Generally%2C%20deployment%20means%20a%20scheduled,you'd%20recognize%20back%20home>

Motulsky, S. L. (2021). Is member checking the gold standard of quality in qualitative research? *Qualitative Psychology*, 8(3), 389–406. <https://doi.org/10.1037/qup0000215>

Naeem, M., Ozuem, W., Howell, K., & Ranfagni, S. (2024). Demystification and actualisation of data saturation in qualitative research through thematic analysis. *International Journal of Qualitative Methods*, 23, 1–17. <https://doi.org/10.1177/16094069241229777>

Nizza, I. E., Farr, J., & Smith, J. A. (2021). Achieving excellence in interpretative

phenomenological analysis (IPA): Four markers of high quality. *Qualitative Research in Psychology*, 18(3), 369–386.

<https://doi.org/10.1080/14780887.2020.1854404>

Paolizzi, E., Bertamini, G., Bentenuto, A., & Venuti, P. (2022). Interpersonal synchrony:

Interaction variables and gender differences in preschoolers with ASD. *Frontiers in Psychiatry*, 13, 1–11. k <https://doi.org/10.3389/fpsyt.2022.1009935>

Pearlin, L. I. (1999). Stress and mental health: A conceptual overview. In A. V. Horwitz & T. L. Scheid (Eds.), *A handbook for the study of mental health: Social contexts, theories, and systems* (p. 161–175). Cambridge University Press.

Pearlin, L. I., Schieman, S., Fazio, E. M., & Meersman, S. C. (2005). Stress, health, and the life course: some conceptual perspectives. *The Journal of Health and Social Behavior*, 46(2), 205–219. <https://doi.org/10.1177/002214650504600206>

Peck, B. S., & Parcell, E. S. (2021). Talking about mental health: Dilemmas U.S. military service members and spouses experience post deployment. *Journal of Family Communication*, 21(2), 90–106. <https://doi.org/10.1080/15267431.2021.1887195>

Plummer, T., Bryan, M., Dullaghan, K., Harris, A., Isenberg, M., Marquez, J., Rolling, L., & Triggs, A. (2021). Parent experiences and perceptions of safety when transporting children with autism spectrum disorder. *AJOT: American Journal of Occupational Therapy*, 75(5), 1–9. <https://doi.org/10.5014/ajot.2021.041749>

Prosek, E. A., Burgin, E. E., Pierce, K. L., & Ponder, W. N. (2023). Military spouse mental health outcomes after receiving short-term counseling services. *The Family Journal*, 31(4), 580–586. <https://doi.org/10.1177/10664807231163259>

- Raff, N. S., Mire, S. S., Frankel, L., McQuillin, S. D., Loveland, K., Daire, A., Grebe, S., & Rosenbrock, G. (2021). Understanding perceptions underlying the self-reported stress among parents of adolescents with autism spectrum disorder: Considerations for supporting families. *Research in Autism Spectrum Disorders*, *84*, 1–13. <https://doi.org/10.1016/j.rasd.2021.101770>
- Rahman, M., Aydin, E., Haffar, M., & Nwagbara, U. (2022). The role of social media in e-recruitment process: empirical evidence from developing countries in social network theory. *Journal of Enterprise Information Management*, *35*(6), 1697–1718. <https://doi.org/10.1108/JEIM-12-2019-0382>
- Ramanujan, P., Bhattacharjea, S., & Alcott, B. (2022). A Multi-stage approach to qualitative sampling within a mixed methods evaluation: Some reflections on purpose and process. *Canadian Journal of Program Evaluation*, *36*, 355–364. <https://doi.org/10.3138/cjpe.71237>
- Randles, R., & Finnegan, A. (2022). Veteran help-seeking behaviour for mental health issues: a systematic review. *BMJ Military Health*, *168*(1), 99–104. <https://doi.org/10.1136/bmjmilitary-2021-001903>
- Rankl, F., Johnson, G. A., & Vindrola-Padros, C. (2021). Examining what we know in relation to how we know it: A team-based reflexivity model for rapid qualitative health research. *Qualitative Health Research*, *31*(7), 1358–1370. <https://doi.org/10.1177/1049732321998062>
- Reupert, A. (2023). Research that results in positive social change. *Advances in Mental Health*, *21*(3), 183–185. <https://doi.org/10.1080/18387357.2023.2232615>

- Reyes, V., Bogumil, E., & Welch, L. E. (2024). The living codebook: Documenting the process of qualitative data analysis. *Sociological Methods & Research*, 53(1), 89–120. <https://doi.org/10.1177/0049124120986185>
- Ribeiro, S., Renshaw, K. D., & Allen, E. S. (2023). Military-related relocation stress and psychological distress in military partners. *Journal of Family Psychology*, 37(1), 45–53. <https://doi.org/10.1037/fam0001030>
- Rossiter, A. G., & Ling, C. G. (2022). Building resilience in US military families: Why it matters. *BMJ Military Health*, 168(1), 91–94. <https://doi.org/10.1136/bmjmilitary-2020-001735>
- Sadiki, M.C. (2023). Parenting a child with disability: A mother's reflection on the significance of social support. *African Journal of Disability*, 12(0), e1–e3. <https://doi.org/10.4102/ajod.v12i0.1157>
- Salleh, N. S., Tang, L. Y., Jayanath, S., & Abdullah, K. L. (2022). An explorative study of affiliate stigma, resilience, and quality of life among parents of children with autism spectrum disorder (ASD). *Journal of Multidisciplinary Health care*, 15, 2053–2066. <https://doi.org/10.2147/JMDH.S376869>
- Samsell, B., Lothman, K., Samsell, E. E., & Ideishi, R. I. (2022). Parents' experiences of caring for a child with autism spectrum disorder in the United States: A systematic review and metasynthesis of qualitative evidence. *Families, Systems, & Health*, 40(1), 93–104. <https://doi.org/10.1037/fsh0000654>
- Sands, M. M., McGuire, S. N., Meadan, H., DiPietro-Wells, R., & Hacker, R. E. (2023). Military families with young children with disabilities: Families' and providers'

perceptions. *Early Childhood Research Quarterly*, 64, 61–71.

<https://doi.org/10.1016/j.ecresq.2023.01.013>

Saure, E., Castrén, M., Mikkola, K., & Salmi, J. (2023). Intellectual disabilities moderate sex/gender differences in autism spectrum disorder: A systematic review and meta-analysis. *Journal of Intellectual Disability Research*, 67(1), 1–34.

<https://doi.org/10.1111/jir.12989>

Schvey, N. A., Burke, D., Pearlman, A. T., Britt, T. W., Riggs, D. S., Carballo, C., & Stander, V. (2022). Perceived barriers to mental health care among spouses of military service members. *Psychological Services*, 19(2), 396–405.

<https://doi.org/10.1037/ser0000523>

Senior, E., Clarke, A., & Wilson-Menzfeld, G. (2023). The military spouse experience of living alongside their serving/veteran partner with a mental health issue: A systematic review and narrative synthesis. *PLoS ONE*, 17(5), 1–25.

<https://doi.org/10.1371/journal.pone.0285714>

Shannon, C. A., Olsen, L. L., Hole, R., & Rush, K. L. (2021). ‘There’s nothing here’: Perspectives from rural parents promoting safe active recreation for children living with autism spectrum disorders. *Research in Developmental Disabilities*,

115, 1–10. <https://doi.org/10.1016/j.ridd.2021.103998>

Siedlecki, S. L. A.-C. F. (2022). Conducting interviews for qualitative research studies. *Clinical Nurse Specialist: The Journal for Advanced Nursing Practice*, 36(2), 78–

80. <https://doi.org/10.1097/NUR.0000000000000653>

Silvestrini, M., & Chen, J. A. (2023). “It’s a sign of weakness”: Masculinity and help-

seeking behaviors among male veterans accessing posttraumatic stress disorder care. *Psychological Trauma: Theory, Research, Practice & Policy*, 15(4), 665–671. <https://doi.org/10.1037/tra0001382>

Snijder, M. I. J., Langerak, I. P. C., Kaijadoe, S. P. T., Buruma, M. E., Verschuur, R., Dietz, C., Buitelaar, J. K., & Oosterling, I. J. (2022). Parental experiences with early identification and initial care for their child with autism: Tailored improvement strategies. *Journal of Autism & Developmental Disorders*, 52(8), 3473–3485. <https://doi.org/10.1007/s10803-021-05226-y>

Steinman, K. J., Stone, W. L., Ibañez, L. V., & Attar, S. M. (2022). Reducing barriers to autism screening in community primary care: A pragmatic trial using web-based screening. *Academic Pediatrics*, 22(2), 263–270. <https://doi.org/10.1016/j.acap.2021.04.017>

Subedi, M. (2023). Sampling and trustworthiness issues in qualitative research. *Dhaulagiri: Journal of Sociology & Anthropology*, 17(1), 61–64. <https://doi.org/10.3126/dsaj.v17i01.61146>

Sullivan, K. S., Hawkins, S. A., Gilreath, T. D., & Castro, C. A. (2021). Mental health outcomes associated with profiles of risk and resilience among U.S. Army spouses. *Journal of Family Psychology*, 35(1), 33–43. <https://doi.org/10.1037/fam0000702>

Taquette, S.R. & Borges da Matta Souza, L.M. (2022). Ethical dilemmas in qualitative research: A critical literature review. *International Journal of Qualitative Methods*, 21(3), 1–15. <https://doi.org/10.1177/16094069221078731>

- ten Hoopen, L. W., de Nijs, P. F. A., Duvekot, J., Greaves-Lord, K., Hillegers, M. H. J., Brouwer, W. B. F., & Hakkaart-van Roijen, L. (2022). Caring for children with an autism spectrum disorder: Factors associating with health- and care-related quality of life of the caregivers. *Journal of Autism and Developmental Disorders*, 52(11), 4665–4678. <https://doi.org/10.1007/s10803-021-05336-7>
- Thomas, S. P. (2021). Resolving tensions in phenomenological research interviewing. *Journal of Advanced Nursing (John Wiley & Sons, Inc.)*, 77(1), 484–491. <https://doi.org/10.1111/jan.14597>
- Toomey, R., Alpern, R. E., Reda, D. J., Baker, D. G., Vasterling, J. J., Blanchard, M. S., & Eisen, S. A. (2021). A cohort study of neuropsychological functioning in spouses of U.S. Gulf War veterans. *Life Sciences*, 284, 1–7. <https://doi.org/10.1016/j.lfs.2021.119894>
- Tough, H., Brinkhof, M. W. G., & Fekete, C. (2022). Untangling the role of social relationships in the association between caregiver burden and caregiver health: an observational study exploring three coping models of the stress process paradigm. *BMC public health*, 22(1), 1–14. <https://doi.org/10.1186/s12889-022-14127-3>
- TRICARE. (2023). *What is Tricare?* <https://www.tricare.mil/Plans/New>
- Turnage, D., & Conner, N. (2022). Quality of life of parents of children with Autism Spectrum Disorder: An integrative literature review. *Journal for Specialists in Pediatric Nursing*, 27(4), 1–24. <https://doi.org/10.1111/jspn.12391>
- Tuval-Mashiach, R. (2021). Is replication relevant for qualitative research? *Qualitative Psychology*, 8(3), 365–377. <https://doi.org/10.1037/qup0000217>

- Urcia, I. A. (2021). Comparisons of adaptations in grounded theory and phenomenology: Selecting the specific qualitative research methodology. *International Journal of Qualitative Methods*, 20, 1–14. <https://doi.org/10.1177/16094069211045474>
- U.S. Department of Defense. (2024). *The Department of Defense comprehensive autism care demonstration annual report 2024*. <https://health.mil/Reference-Center/Reports/2024/01/08/Annual-Report-on-Autism-Care-Demonstration>
- U.S. General Services Administration. (2021, November 27). *Subchapter C - Permanent change of station (PCS) allowances for subsistence and transportation expenses*. GSA. <https://www.gsa.gov/policy-regulations/regulations/federal-travel-regulation-ftr/i1186607>
- U.S. Department of Veteran Affairs. (2015, September 2). *What is deployment?* Go to VA.gov. https://www.va.gov/vetsinworkplace/docs/em_deployment.asp
- U.S. Department of Veteran Affairs. (2021, March 11). *I am an active duty service member*. VA. https://www.va.gov/opa/persona/active_duty.asp
- Vahedparast, H., Khalafi, S., Jahanpour, F., & Bagherzadeh, R. (2022). The actor–partner effects of parenting stress on quality of life among parents of children with ASD: The mediating role of mental quality of life. *Journal of Autism & Developmental Disorders*, 52(1), 142–149. <https://doi.org/10.1007/s10803-021-04919-8>
- Voliovitch, Y., Leventhal, J. M., Fenick, A. M., Gupta, A. R., Feinberg, E., Hickey, E. J., Shabanova, V., & Weitzman, C. (2021). Parenting stress and its associated components prior to an autism spectrum disorder (ASD) diagnostic evaluation. *Journal of Autism & Developmental Disorders*, 51(10), 3432–3442.

<https://doi.org/10.1007/s10803-020-04804-w>

Walsh, C., Lydon, S., Geoghegan, R., Carey, C., Creed, M., O'Loughlin, L., Walsh, E., Byrne, D., & O'Connor, P. (2021). Development and preliminary evaluation of a novel physician-report tool for assessing barriers to providing care to autistic patients. *BMC Health Services Research*, *21*(1), 1–15.

<https://doi.org/10.1186/s12913-021-06842-1>

Yaacob, W. N. W., Yaacob, L. H., Muhamad, R., & Zulkifli, M. M. (2021). Behind the scenes of parents nurturing a child with autism: A qualitative study in Malaysia. *International Journal of Environmental Research and Public Health*, *18*(16), 1–13. <https://doi.org/10.3390/ijerph18168532>

Zhao, Y., Hughes, M., & Teaster, P.B.. (2022). Exploring caregiving stressors and informal resources among Alzheimer's caregivers. *Aging and Health Research*, *2*(3), 1–8. <https://doi.org/10.1016/j.ahr.2022.100091>

Appendix A: Social Media Flyer

Participants sought for study on essential resource barriers among military parents of children diagnosed with autism spectrum disorder.

A better understanding of experiences with barriers to essential resources among military parents of autistic children may inform or advance necessary policy change. For this study, you are invited to describe your experiences of essential resource barriers.

Essential resources include:

Health care Therapeutic Services Housing Family Friends Community
Support Education Childcare Financial Support

This study will involve completion of the following steps:

- Participate in an audio recorded interview on Zoom communications platform lasting approximately 60 minutes.
- Participation in follow-up electronic mail for researcher interpretation, accuracy, and feedback.

The researcher seeks 8 to 10 volunteers who are:

- Military members or spouses that are parents of a child diagnosed with autism spectrum disorder (ASD).
- Have experienced barriers to essential resources due to military lifestyle and parenting a child with ASD.

This study is being conducted by a researcher who is a doctoral candidate at Walden University.

To confidentially volunteer, contact the researcher.

Appendix B: Interview Protocol

Interview Protocol Questions

Date of Interview: ____/_____/2023

Completed By:

Participant ID# _____

- Explanation of the study purpose and potential implications.
- Explanation and examples of essential resources.
- Inquire if participant has any questions or concerns before beginning interview.

Demographic Information Questions:

1. Are you an active duty service member, veteran, or military spouse?
2. What is your age?
3. What branch of service?
4. How many years have you served or been a part of the military community?
5. Do you have a child who is diagnosed with autism spectrum disorder? Age?

Semi-Structured Interview Questions:

Barriers to Essential Resources

“What barriers have you experienced in accessing essential resources for yourself?”

“Tell me about your experiences with barriers in accessing essential resources for yourself.”

“Of these barriers, which are the biggest?”

“What barriers have you experienced in accessing essential resources for your child with ASD?”

“Tell me about your experiences and barriers in accessing essential resources for your

child.”

“Of these barriers, which are the biggest?”

“How do you feel deployments and mandatory relocations have affected your ability to attain and retain essential resources for yourself?”

“How do you feel deployments and mandatory relocations have affected your ability to attain and retain essential resources for your child?”

Moderators

“When you have experienced essential resource barriers, what resources do you feel you need to assist you?”

“What resources or self-care do you utilize in mediating and overcoming the negative feelings associated with essential resource barriers?”

“Tell me about your experiences with military provided support services.”

“Tell me about your experiences with services provided within your community.”

“What do you feel would assist with services and supports for you and your family?”

Mental Health

“How have the barriers to essential resources for yourself impacted your mental health?”

“How have the barriers to essential resources for your child impacted your mental health?”

“How do you perceive the sources of support and services or lack thereof, impacts your overall well-being?”

Closing Interview

“Is there anything else you would like to share with me?”

The information you have shared today is significant in identifying the needs of military parents who have children with ASD, and the barriers to essential resources you experience.

Debrief

Thank you again for participating in this interview as part of my research project. I want to reiterate that your privacy is of utmost importance and personal identifying information will not be shared. I will contact you by phone or electronic mail and share with you a summary of the interview for verification of interview. Once my research study is complete and if you are interested, I will share the results with you.

Follow-up:

Date: _____ / _____ /2023 Time: _____ a.m./p.m.

Location: _____

Confirm contact information, follow-up date and time, and THANK YOU!