

2015

Lived Experiences of Military Personnel Reintegrating with their Preschool Aged Children

Rob Atchison
Walden University

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Walden University

College of Counselor Education & Supervision

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Rob Atchison

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Walden University
2015

Abstract

Lived Experiences of Military Personnel Reintegrating with their Preschool Aged Children

by

Robert A. Atchison

MA Indiana Wesleyan University, 2009

BS, Indiana Wesleyan University, 2007

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

August 2015

Abstract

Researchers have indicated that school-aged children with a caregiver who had been deployed were more likely to exhibit emotional and behavioral problems. These problems were impacted by the ability of the parent at home to manage emotions so as to utilize appropriate parenting skills with the child. However, there remained an important gap in the literature regarding the experiences of the military personnel reintegrating with their preschool aged child. Therefore, the purpose of this phenomenological study was to address the experiences of military caregivers with their preschool-aged children through semistructured interviews to better understand the variables that impacted the ability to reattach with the child. The main research question for this study examined reattachment experiences of 11 military parents with their preschool-aged child during reintegration through the theoretical lens of attachment theory because previous attachment literature showed the importance of attachment development during the preschool-aged years. Data from the 11 interviews were analyzed to identify relevant themes that told the story of the experiences of those military personnel, which were then broken into the significant structural and textural descriptions to form the essence of each participant's experience. Data were member checked and triangulated using peer reviewers. Findings from this research helped clarify the positive or negative behaviors of the military parent and contextual factors that impacted the child's ability to reattach with that caregiver. The results also enhanced social change initiatives through increasing awareness and understanding, among all entities that work with the military, of the importance of attachment so as to promote programs that address ways to help those families stay connected during all phases of deployment.

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Dedication

I want to dedicate this dissertation to the men and women in the military who sacrifice so much on a daily basis serving across the world to keep this great country safe. I don't pretend to understand the many challenges that soldiers manage at home and when deployed, individually or amongst their families. However, I hope my work sheds light on some of their experiences and increases opportunities for soldiers and their families to access relevant programs to help them be successful.

Acknowledgments

I would like to thank my Lord and Savior, who has made all things possible even when I doubted myself and I always know is right there encouraging me to finish the race. Also, many thanks and much love to my wife, who has always stood in my corner, and loved and supported me even when it meant sacrificing time with the family while putting more responsibility on her in the home. I would also like to thank my parents, who sacrificed to put me through college and have modeled the importance of education by going back to get degrees and switching careers. Others I would like to thank include my committee, who always gave constructive feedback and encouraged me throughout the whole process, my professors and teachers, who gave me the knowledge and modeled for me the critical role of being a gatekeeper for the counseling profession, and my friends, who encouraged me, but probably prolonged this process throughout my schooling by diverting attention away from education to other fun things.

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Chapter 1: Introduction to the Study

Introduction

In 2010, the U.S. Department of Defense released a study stating that 44% of military personnel are parents and of that group 48% had served at least two tours in Iraq or Afghanistan. In this study I address the lived experiences of military personnel returning from deployment to reattach with their preschool aged children. Deployment is possible for military personnel and often deployments last an extended period of time.

Attachment theorists like Bowlby and Ainsworth have shown the formative years of *attachment* to be during the first few years of life (Ainsworth & Bowlby, 1991). Close to 100,000 people, or 85% of married military personnel report having children. Caregivers who are in the military are often deployed and do not have a say in where they go or for how long and often leave children at home. In this study I assessed the experiences of military caregivers returning from deployment to their preschool-aged children in order to better understand the variables that aided or detracted from the reattachment process. This may assist families in similar situations with managing the relevant challenges. Additionally, it may assist professionals in targeting interventions intended to overcome barriers to reattachment.

In this chapter I explained the research related to the topic of study and included the gap in the literature related to the topic. I explained the concern about the gap in the literature and how the study addressed the gap. Also included is a statement about the research problem and how the problem is relevant to the counseling discipline and society as a whole. The purpose of the study included a discussion about how the

problem was assessed, including the specific phenomenon addressed and the theory that guided the study. Another component of this chapter included key definitions, assumptions, limitations, and delimitations, all of which provided context to the problem being studied. The end of the chapter included information about how this study contributed to the advancement of knowledge in the counseling field with the population being studied.

Background

The culture and the quick transition from combat to noncombat situations puts families in stressful situations that they must manage in addition to normal life stressors. One soldier reported, “One day you put a bullet in a guy’s head...you’re getting shot at, and then you rotate back to Germany, to the States” (Demers, 2011, p.169). Due to the challenges faced by military families, the Department of Defense mentioned that U.S. President Obama has made the family a focus for the military for national security purposes (Esposito-Smythers & Wolff, 2011). In order to break down the President’s comment further it is important to address family issues on all developmental levels for children. For example, Barker and Berry (2009) stated that children aged five and younger make up the largest group of dependents of active duty military personnel, which equals more than 470,000 children or 40.3% of minors. These children may be the next generation of military and may be a reason for researchers to put more focus on how children deal with the stress of living in a military family.

The impact of deployment goes beyond the individual being deployed to the rest of the family. Chambers (2009) studied how military wives were affected by

deployment, specifically during Operation Iraqi Freedom (OIF) by interviewing eight military wives whose husbands were away during OIF. From the wives' interviews the authors identified seven themes: grief and loss, separation feelings, fear of the unknown, impact on couple communication, effect on family dynamics and functioning, problem-focused coping, and acceptance, motivation, and resiliency (Chambers, 2009). One spouse reported, "I had a lot of guilt that I was home raising our son and enjoying freedom while he was at war. It affected me all the time and I constantly thought about it" (Chambers, 2009, p. 222). Davis (2010) stated that a military spouse develops a higher threshold of stress due to the unique factors of being in the military, such as constant relocation.

Parental reaction to deployment and reintegration has a significant effect on the attachment and development of the child or children as well. For example, common challenges associated with reintegration include parental conflict over roles, responsibilities, and relationships as well as feelings of abandonment by the significant other and the children (Esposito-Smythers & Wolff, 2011). It is important to note that since 2003 inpatient visits by children with deployed parents have increased by 50% (Esposito-Smythers & Wolff, 2011). The child's ability to develop secure attachment is also impacted by the attachment of his or her parents. Riggs and Riggs (2011) identified that when a significant other is deployed the stay-behind parent's attachment style is directly related to the level of emotional distress felt by that parent.

The experience of the caregivers returning to their families is important to understand because it has a significant impact on the development of relationships in

their children. It is important to know how parents reconcile differences in parenting or barriers caused due to prolonged separation so they can move forward meeting the needs of their children. One father who had been deployed reported, “My role is softened because I’m gone the majority of the time...I’m seeing everything happen and I’m not participating cause I don’t really know where my place is” (Willerton, Schwarz, MacDermid Wadsworth, & Oglesby, 2011, p. 525).

This study was important to better understand the experiences of returned caregivers as they navigated through the process of rebuilding family relationships. While research has targeted the reintegration experiences of the caregivers, both the left-behind parent and the military caregiver, there had been little to no research that focused solely on the reattachment experiences of military caregivers with their preschool-aged child. Understanding attachment and reattachment experiences is valuable because other military families, the military itself, counselors, and agencies that work with those families benefit from knowing how others have or have not had success reattaching with their children.

Problem Statement

Military members who have to leave their children may come back to a completely different child because of the change in attachment during the time away. Military families deal with significant stress on relationships due to deployment, which can cause significant mental health needs within the individuals in the family (Gorman, 2009). For example, Barker and Berry (2009) found that young children with a deployed military parent were more likely to experience behavioral issues during deployment and

attachment behaviors upon return. Willerton et al. (2011) completed a qualitative study that assessed the perspectives of military fathers on affective, behavioral, and cognitive variables that determined their involvement with their children. Davis (2010) completed a phenomenological study that explored how military families with school-aged children coped with deployments. Davis (2010) looked specifically at military programs developed for families and identified themes where the families' needs were being met and not met.

Esposito-Smythers et al. (2011) identified that despite studies such as those previously mentioned, there remained a deficit on how to intervene with these families. There also remained a gap in research that targets the experience of the reintegrated parents with their preschool aged child or children upon return. Therefore, a study targeting this gap may also allow others who interact with families experiencing reattachment issues to better understand how to intervene because they have a better idea of the variables impacting the relational issues.

Purpose of the Study

The purpose of this phenomenological study was to understand the lived experiences of reintegrated parents, through the lens of attachment theory, reattaching with their children. By understanding the lived experiences of reintegrated parents reattaching or initially attaching with their children, important factors for the reintegrated parent to reattach can be identified. Additionally, variables that impinge upon rebuilding the relationship with the child can be better understood. This study built awareness about the challenges reintegrated military parents face regarding relationships with their

children by increasing the knowledge base of clinicians who work with military families. Also, knowledge grew within the military to allow successful programs to be implemented to target this need area. Finally, awareness was built within the military community regarding the normal challenges that are faced with their preschool-aged kids due to deployment, which may reduce tension between parents of the child and also reduce stigma related to seeking help with the process of reintegration between military caregivers and their child or children.

Research Questions

RQ 1: What are the experiences of military caregivers reattaching or developing initial attachment to their preschool-aged child or children upon return from deployment?

RQ 2- Qualitative: What statements describe these experiences?

RQ 3- Qualitative: What themes emerge from these experiences?

RQ 4- Qualitative: What are the contexts surrounding the experiences?

RQ 5- Qualitative: What are the thoughts regarding the experiences?

RQ 6- Qualitative: What is the overall essence of the experience?

Theoretical and Conceptual Framework for the Study

The theoretical construct for this study included attachment theory, as developed in the 1960's by John Bowlby and Mary Ainsworth. The sensitivity of the caregiver to the cues of an infant and toddler creates security that helps the child to recognize that even when caregivers are physically unavailable they are still available to meet the child's needs (Ainsworth & Bowlby, 1991). Ainsworth and Bowlby (1991) identified that infants who were securely attached to their caregiver would not cry in the caregiver's

presence while insecurely attached infants did cry. Ainsworth and Bowlby found that insecurely attached children, during toddlerhood, became indifferent about a caregiver leaving the room while securely attached children cried and were visibly upset. When strangers entered the room without the caregiver present the researchers observed the continuum of attachment based on the anxiety created by a stranger entering the room (Ainsworth & Bowlby, 1991).

Although Bowlby and Ainsworth (1991) identified that attachment is not necessarily a product of time spent with a caregiver, they did identify the importance of sensitivity to the child's cues about his or her immediate needs. Because attachment theory showed the importance of the first stages of life in the development of attachment it made sense that important caregivers who were unavailable during all or part of that time would be at a disadvantage trying to attach or reattach with their child. Ainsworth and Bowlby showed that caregivers who attempted to reconnect with a child who had developed a form of insecure attachment, might have been met by a child that did not care if they were present or, on the other end of the continuum, latched onto the caregiver in an overly dependent manner (Bretherton, 1992).

Therefore, understanding the experiences of caregivers reintegrating with their children after a deployment was critical to comprehending the process they went through to rebuild those bonds. Using attachment theory as a guide, this study's research questions were answered by connecting the experiences of the military caregiver to what was known in attachment literature about a caregiver's ability to be sensitive to the child's attachment cues in the process of reattachment following a deployment.

Nature of the Study

Phenomenological research was the best fit for this study because the focus was on understanding the experiences of reintegrated caregivers with their preschool aged children. A qualitative research design was identified as the best fit, as compared with quantitative research, because quantitative research focuses on empirical analysis, usually using a statistical measure, to generalize results while qualitative research targets a better understanding of a certain societal issue or problem (Frankfort-Nachmias & Nachmias, 2008). More specifically, a phenomenological design was chosen because of the desire for the study to approach participants in such a way that focused on the essence of their lived experience as opposed to other examples of qualitative design like grounded theory, which is used to cultivate a theory based on field study, or ethnography, which assesses the dynamics of a cultural group (Creswell, 2007).

The study tried to understand not only what the caregiver experienced, but also its expression in the language of the caregiver in order to describe and understand the meanings of the experience. The phenomena being assessed in this study were the changes in attachment with a deployed parent who returned from an extended length away from the child and how the caregiver attempted to reattach. Exploring this phenomenon with several military caregivers allowed the researcher to develop themes that showed the shared experience. This study utilized a semistructured open-ended interview, which allowed the researcher to be efficient in the use of time so as to respect the family's time, but still probe on answers to questions to get robust responses.

Purposeful and snowball sampling was utilized to recruit participants and interviews were completed with the participants selected for the study.

Definitions

The following were important definitions in this study:

Attachment: Affection connecting individuals over time (Strickland, 2011).

Attachment behaviors: The response of a child when bonds are stressed between the child and attachment figure (Strickland, 2011).

Attachment-in-the-making: A phase that lasts until the baby is six to eight months of age and is evidenced by infant behaviors that show preference toward a caregiver and also behaviors that evidence a baby's understanding of the effect of their behaviors on others (Spencer, 2011).

Attachment injuries: The feelings of isolation, vulnerability, and abandonment that occur when relationships are insecure (Crawford, 2013).

Boundary ambiguity: Confusion that exists in families about relationships, roles, and who does and does not exist in the family (Bronfenbrenner, 1986).

Clear-cut attachment: A period of time that is evident until approximately two years of age. During the clear-cut phase children show evidence of separation anxiety and are likely to cling to a caregiver or when exploring their surroundings these children will keep the caregiver as a safe foundation for the child to come back to safely (Spencer, 2011).

Combat stress reactions (CSR): The reactions that occur when the normal coping mechanisms do not function as normal causing stress in the soldier (Cohen, Zerach, & Solomen, 2011).

Epoche: To refrain from judgment in Greek (Patton, 2002).

Ethological approach: The focus on behaviors in a naturalistic setting rather than in a laboratory (Ainsworth & Bowlby, 1991).

Inhibitory control: The ability to suppress an urge or dominant response (Utendale & Hastings, 2011).

Insecure attachment: An individual who exhibits insecure attachment will behave by either dismissing the caregivers altogether or will have a difficult time handling a caregiver who is not physically present (Riggs & Riggs, 2011).

Intentionality: The process of consciousness (Moustakas, 1994).

Internal working models: A dynamic mental representation of self and other formed in early attachment relationships and carried forward to provide an internal template used to cope with stress, regulate emotions, and interact in close relationships (Bowlby, 1980).

Lower ambiguity: The military parent is physically present, but not psychologically present (Davis, 2010).

Pre-attachment: A period of time that typically occurs within six weeks of birth when a baby begins to recognize the mother from her smell and voice (Spencer, 2011).

Reciprocal relationship: A period of time that begins after two years of age and is evidenced by a child showing decreased anxiety when a caregiver is not present because they know the caregiver will come back (Spencer, 2011).

Resiliency: An individual or group's ability to positively adapt to adversity (Saltzman et al., 2011).

Secure attachment: An individual who trusts in the security of a caregiver and is able to show appropriate sadness when a caregiver leaves and happiness upon return (Riggs & Riggs, 2011).

Separation anxiety: The real or imagined worry that comes about when a child is detached from a caregiver (Ainsworth & Bowlby, 1991).

Stages of deployment: Periods of time that soldiers and their families go through in relation to being called into some form of action overseas (Maholmes, 2012). Those stages include predeployment, deployment, postdeployment, and reintegration (Maholmes, 2012).

Strange situation: The strange situation was created by Mary Ainsworth as a study assessing moms and infants in an unfamiliar environment of a research facility's playroom. A third party enters the room, who the infant does not know, and plays with the baby. At this point the mother leaves for a short period of time before returning to the room. Then, a second round of separation occurs when the mother and the stranger leave the room before returning after a period of time. This study was one of the foundational works on attachment theory that assessed how attachment is affected at an early age (Bretherton, 1992).

Trauma: The perceived or real threat to one's life (Briggs-Gowan et al., 2010).

Upper ambiguity: The military parent is psychologically present, but not physically present (Davis, 2010).

Assumptions

The first assumption was that a qualitative design enabled the researcher to answer the research questions more completely than if the design was quantitative in nature. A quantitative design may be more appropriate as a follow-up to this study when more is known about variables that impact the caregiver's ability to reattach. On the other hand, the current study allowed me to spend time ensuring that I understood the challenges experienced by the military caregiver and gather relevant themes that may relate to prominent variables that can be assessed in future studies.

The second assumption was that participants were honest throughout the interview process. Without honesty about the lived experiences of the military personnel, the themes that were addressed would not have been accurate and results would have been inaccurate and not helpful for future studies.

The third assumption was that attachment developed during the infant and toddler years made an appropriate foundation for this study (Stayton, Ainsworth, & Main, 1973). The age range that was identified for this study was specifically chosen because of the research that showed the impact of attachment figures early in a child's life. Therefore, it was imperative that the military caregivers experience reattachment with their child or children during the preschool-age years because of the research that showed the development of attachment styles during those years of development.

The fourth assumption was that deployment impacts the dynamics of the entire family (Chambers, 2009). Family systems theorists believe that each person in a family plays a role and that one person's behavior has an impact on the behavior and attitude of others. Therefore, when one person is physically removed from the presence of the rest of the family, it impacts everyone in different ways.

The fifth assumption was that the process of reintegration is different for every family. Each family has different rules and contexts, which impacts the reintegration process. If everyone's family and deployment were the same, then the solution for how to best help those families with reintegration would be less complex.

The sixth and final assumption was that participants wanted to be given a voice to help other families in similar circumstances, providers who work with military families, and the military system in general. One of the purposes of this study was that it allowed those who had lived through the challenge of reattaching with their children to increase awareness among families outside of the sample population with similar experiences.

Scope and Delimitations

A phenomenological study was conducted because there had been little research on the topic of attachment with returning caregivers and their pre-school aged children. A better understanding of military caregivers' experiences reattaching with their preschool-aged children was needed to build a foundation of the various challenges he or she overcame to be successful with their children. However, a phenomenological study also was beneficial because military personnel are more difficult to access than the

general population and I did not have immediate access to the military population from personal military experience. Therefore, a large sample for the study was not needed.

Because there were little to no previous studies directly related to this topic, it was unknown whether there would be significant differences between the branches of the military. However, potential transferability of this study was addressed by assessing how individuals from the various branches of the military approached the reattachment process with their children. Researchers who would like to see the reattachment process enacted with older children may also find the transferability of this study useful.

This study made use of personnel in any branch of the military who met the criteria for the study. Personnel who were a fit for this study included individuals who had been deployed for at least six months with no physical contact with their preschool aged children and had been reintegrated with their child or children postdeployment.

Although attachment theory was decided as the theory to be utilized for this study, other theories were assessed. One theory that was assessed for appropriateness for this study was ecological systems theory, by Bronfenbrenner (1986). This theory was based on the belief that relationships are sifted through layers of systems within one's environment, all of which impact human development. Ecological theory was considered because of the potential impact the various systems can have on the ability of the military caregiver to reattach with the child. Bronfenbrenner (1986) identified the microsystem, mesosystem, exosystem, and macrosystems, each encompassing a larger system, respectively. For example, the microsystem encompasses an individual's system as it presents when that individual is physically present with military peers, family, and

church, for example (Bronfenbrenner, 1986). The mesosystem incorporates the interaction between the microsystems and the exosystem includes systems that indirectly have an impact on the individual (Bronfenbrenner, 1986). Lastly, the macrosystem includes the culture in which that person resides (Bronfenbrenner, 1986).

Limitations

The first potential limitation was that phenomenological studies do not utilize a sample size that can be statistically significant and generalized to all military families. However, this study could be seen as a foundational study that would give insight into future studies that examine factors that impact the ability of military parents to aid or detract from their child's attachment development. The study also may not have explained the experiences of all branches of service since it did not include individuals from all branches and data was limited from branches of the military that were used. I would recommend future studies address other branches to assess for significant differences in outcomes.

This study may also have been limited because it depended on my ability to document what was being reported by the sample and understand the meaning behind what was being said so that the information could be grouped into themes. One way I addressed this limitation was by ensuring the participants had a transcript of the interviews so they could confirm the transcript was accurate. Another way the potential limitation was addressed was by using analytic triangulation to ensure that what I interpreted as a theme from the interview was what they interpreted as well.

One other potential limitation was my lack of military experience. However, not having personal military experience could be viewed as positive because it allowed me to address this study from an objective perspective. One bias I had for this study was the belief that attachment is formative during the preschool years for children, so deployment during this time period would have an impact on the relationships between the military caregiver and the child or children.

Significance

Attachment theory is applied clinically by looking at symptoms such as fear and anger and identifying where the break is in the attachment relationship. In this study I sought to identify whether children who were still developing attachment struggled with reattaching to the caregiver upon return, while also assessing the experience of the parent attempting to rebuild the attachment bond with the child or children. I also sought to help military families understand the challenges they must overcome when dealing with the prospect of deployment, which was important because Davis (2010) stated that the U.S. Army had recognized the inadequacies of current family support programs as well as challenges with families utilizing the programs that were offered.

One theme identified by Davis (2010) was that 60% of the participants reported being dissatisfied with the military supports systems available. Aronson and Perkins (2013) identified that some of the reasons for dissatisfaction with military programs could include an inability to access programs due to geography as well as continued stigma that working with the available programs will negatively impact the soldier's career path as well as image amongst other soldiers. Therefore, creating further awareness could also

be a catalyst for more appropriate family programs as well as increased attendance in such programs.

This study was needed to bridge the gap in the literature so that families and the military understood the core attachment challenges upon reintegration. This study also focused on how the reintegrated parent was or was not able to reattach and their experience of that process. As a result of this study the military community and contractors may have more information with which to provide more effective services while also helping to bridge the gap for families to utilize services that can be added support.

This study could have great implications for social change because of the awareness it brings to families, counselors, society, and military programs that could be implemented as a result as well as current programs that may be reevaluated. By increasing awareness, families have a better understanding of how to cope with any attachment issues or if necessary reach out to available programs. Also, by understanding the lived experiences of the reintegrating caregiver there is a better understanding of the variables that impact the reattachment of child-caregiver bond that could be implemented into further quantitative studies.

Summary

The focus of this study was to understand the lived experiences of military caregivers attaching or reattaching with their preschool-aged children following a deployment, which was important to increase knowledge of the challenges military families with children of that age face as a result of deployment. To date there have been

several studies that have addressed child reactions to deployment and reintegration as well as challenges the spouses of military personnel face during deployment and reintegration. However, there was a lack of information around the experiences of military personnel rebuilding relationships with their preschool-aged children. Increased knowledge about the challenges faced also increased awareness for the military community so that programs could be instituted to meet the challenge and providers who work with military families would be able to have information to address the challenges before they arise. Lastly, families with knowledge about the challenges of reintegration with their children are less likely to feel alone with their situation and more likely to reach out for available help.

The following chapter addresses current literature relevant to this study. For instance, information on the clinical use of attachment theory as well as its core tenets was discussed. Also, the literature review encompassed articles that addressed the reaction of various individuals in military families to deployment and reintegration as well as rituals and programs the families and the military utilized to target the challenges of deployment and reintegration. Child development was also addressed because of its importance to understanding the reactions of the child to deployment and reintegration as well as to parents' interactions with their child according to their development. Military culture and stigma related to mental health treatment in the military was addressed due to the impact it has on families receiving appropriate treatment for the challenges they face.

The third chapter addressed the methods of data analysis for this study. Included was a discussion about the interview methods employed in this phenomenological study,

the development of the sample, and the rationale for the methods utilized in the study. The role of the researcher was discussed so that the reader understood any personal and professional relationships between the researcher and the participants as well as any researcher bias. The process for participant selection was addressed as well as the interview process with those participants. Included was a list of the questions asked of the participants. Any issues with trustworthiness or ethical concerns were also included.

The fourth chapter included information about the setting of the interviews and the data recording process. Data analysis was reported in such a way that showed how the units were coded and grouped into themes. Due to this being a qualitative study, evidence of trustworthiness was further discussed by addressing credibility, transferability, dependability, and confirmability. The results were processed through the lens of how they answered the research questions.

The final chapter included a discussion of the researcher's interpretation of the findings. From the findings, I addressed limitations of the study as well as recommendations for future studies. Social change implications were also included.

Chapter 2: Literature Review

Introduction

Military personnel and their families have the challenge of managing stress unique to the culture in which they live. One of the unique stressors to the military is deployment, which carries with it challenges for the military member as well as the family of that individual. Relationships can be strained for military families predeployment, during deployment, and postdeployment. Caregivers in the military may have to adapt their strategies for rebuilding relationships with their children depending on the age of the child or children.

Preschool-aged children have specific challenges rebuilding attachment with their caregivers during reintegration due to the deployment occurring during the formative attachment years (Barker & Berry, 2009). There has been research on the importance of attachment from an early age as well as research on the reactions of school-aged kids with their reintegrated parents (Bowlby & Ainsworth, 1991; Spencer, 2011; Stayton, Ainsworth, & Main, 1973). However, Barker and Berry (2009) identified that there has not been much research on reintegrated caregivers rebuilding attachment bonds with their preschool-aged child or children, which is what makes this study important. Attachment is the foundation that stabilizes relationships when stressed. Through years of research, John Bowlby and Mary Ainsworth identified that a caregiver's attention to the child during the first years of life have an impact on the child's social development and sense of self as they mature into adults (Ainsworth, 1989).

The purpose of this section of the dissertation was to provide insight into the themes that will help others gain knowledge of the importance of the topic of understanding the experiences of military caregivers rebuilding relationships with their preschool-aged child or children. To understand the intricacies of rebuilding relationships one must understand how attachment works and its lasting effect throughout life. There are a variety of variables that go into the security of attachment between military caregivers and their children that will be addressed throughout the course of the literature review. Some of those variables include the parent's own attachment style, the marital relationship or relationship between military caregivers and whoever is caring for their child or children while away, and the mental health of the caregiver, among many others. Each of the aforementioned topics is addressed throughout the course of this literature review.

Literature Search Strategy

Using Walden's Library, mainly the PSYCInfo and Dissertation database, I used the following search terms: military, reintegration, attachment, families, pre-school, children, caregivers, cycle of deployment, dependents, combat related deployment, dual military family, parent, parent-left-behind, resilience, soldier, deployment, war, toddlers, service member, Iraq, Afghanistan, War on Terror, Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), early childhood development, and post-deployment. Combinations of terms included: military and reintegration, military and reintegration and attachment, soldier and combat-related deployment, soldier and attachment and children, OIF and dual military family, OEF and dual military family, OEF and parent-

left-behind, OIF and parent-left-behind, early childhood development and war, service member and dependents, parent and toddler and Afghanistan, resilience and caregiver and military, attachment and toddler and resilience, and Iraq and cycles of deployment. From the initial search for articles and dissertations, I was able to identify studies used in the researched articles that appeared to have information that would be beneficial for this study and searched for those articles to include in the literature review, which is addressed in the upcoming sections of the literature review.

Theoretical Foundation

The basis for this study was attachment theory, which has been extensively studied dating back to the mid-twentieth century with the work of John Bowlby and Mary Ainsworth. More specifically, this study utilized attachment theory within the context of relationships between returned military caregivers and their preschool-aged children, which excluded older children, significant others, and military members without children or who have not been deployed.

John Bowlby hypothesized attachment theory to be an *ethological approach* to personality, which means there is more focus on behaviors in a naturalistic setting rather than in a laboratory (Ainsworth & Bowlby, 1991). Bowlby's focus on *attachment behaviors* dated back to volunteer work he completed with maladjusted children. Some children he saw lacked affection that he attributed to an unstable maternal relationship, while others were anxious and clung to him (Ainsworth & Bowlby, 1991).

Even though Bowlby's theoretical orientation came out of psychoanalysis, he ventured away from it due to his belief that there should be more focus on real life events

in an individual's life (Ainsworth & Bowlby, 1991). Freud and Klein, two key theorists of psychoanalysis, posited that the relationship between parent and child was formed due to survival instincts instead of love and connection (Freud, 1922; Strickland, 2011). Bowlby was able to test his theories further with several research studies. For example, at the London Child Guidance Clinic, Bowlby was able to use observation of parent and child to assess 44 juvenile delinquents regarding the impact of the maternal relationship on the child behaviors (Ainsworth & Bowlby, 1991; Bowlby, 1944). Bowlby found that the lack of a maternal bond with the delinquents was more common than in his control group, which served to further enhance his belief about the prominence of attachment (Ainsworth & Bowlby, 1991).

Later, at the Tavistock Clinic, Bowlby headed a research team in a retroactive and prospective study. The retrospective study assessed 66 school children who had physical separation from their families at some point between the ages of one and four before being returned home. On the other hand, the prospective study, which included Mary Ainsworth, observed child behavior in a variety of institutional settings (Ainsworth & Bowlby, 1991; Robertson & Bowlby, 1952). Each study added to his understanding of the importance of consistent relationships from an early age. Finally, the World Health Organization asked Bowlby to complete a comprehensive study on what was known about children without consistent family care, which was published in 1951 (Ainsworth & Bowlby, 1991; Bowlby, 1951).

Bowlby attempted to find published literature to better understand his findings, but found none in the psychoanalytic literature. Therefore he began to look into

imprinting, as theorized by Lorenz, which showed similar behaviors in birds that Bowlby saw with children he had observed (Lorenz, 1937). Imprinting showed that birds who were without their mother showed distress and desire for closeness (Ainsworth & Bowlby, 1991). Bowlby also used the work of Harlow with infant monkeys to show further evidence of the child's need for proximity to the mother (Ainsworth & Bowlby, 1991). As Bowlby continued to stray from psychoanalysis he also ventured into systems and evolutionary theory to better explain his findings.

Throughout all of Bowlby's research he determined that *separation anxiety* was a direct result of a missing attachment figure and that a child's fear could either be a motivator for the child towards an attachment figure or could bring the attachment figure into the focus of a child's hostility (Ainsworth & Bowlby, 1991). Bowlby also strayed from psychoanalytic thinking in his explanation of children's grief. Bowlby believed that children could feel grief in ways that adults deal with grief. For example, a child could experience longing, frustration, and despair over the loss of a loved one and could process thoughts and show behaviors just like adults (Ainsworth & Bowlby, 1991).

Bowlby identified that when working with those dealing with attachment losses the therapist should attempt to be the *secure attachment* figure for the individual and try to understand the situation as it related to the individual's interpersonal relationships (Ainsworth & Bowlby, 1991). The therapist attempts to identify current relationships as well as past relationships that have impacted the client's *internal working model* and beliefs about relationships with others (Ainsworth & Bowlby, 1991). The entire goal then is for clients to revise their internal working model to improve future relationships.

Internal working models dominate children's understanding of themselves and others based on relationships formed during the early years of life and can be a blueprint for relationships throughout life (Riggs & Riggs, 2011). For instance, securely attached individuals will be more likely to have positive self-image and positive interactions with key relationships including spouses (Riggs & Riggs, 2011). Secure individuals are also more likely to provide responsive parenting.

On the other hand, insecurely attached individuals are more likely to present with high anxiety that manifests through avoidance or enmeshment (Riggs & Riggs, 2011). Additionally, insecure individuals are more likely to develop distrustful relationships lacking in appropriate emotional investment or intimacy (Riggs & Riggs, 2011). Insecure parenting equates to children with various challenges including fear of abandonment, emotional dysregulation, and dependency or ambivalence towards caregivers (Riggs & Riggs, 2011).

Bowlby hypothesized four stages in the process of developing attachment: pre-attachment, attachment-in-the-making, clear-cut attachment, and the formation of a reciprocal relationship (Bowlby, 1969; Spencer, 2011). The *pre-attachment* period typically occurs within six weeks of birth when a baby begins to recognize the mother from her smell and voice (Spencer, 2011). The *attachment-in-the-making* phase lasts until the baby is six to eight months of age and is evidenced by infant behaviors that show preference toward a caregiver and also behaviors that evidence a baby's understanding of the effect of his or her behaviors on others (Spencer, 2011). The *clear-cut attachment* period is next and is evident until approximately two years of age. During

the clear-cut phase children show evidence of separation anxiety and are likely to cling to a caregiver or when exploring their surroundings these children will keep the caregiver as a safe foundation to come back to safely (Spencer, 2011). The last stage, which is when the *reciprocal relationship* takes place, begins after two years of age and is evidenced by a child showing decreased anxiety when a caregiver is not present because he or she knows the caregiver will come back (Spencer, 2011).

Mary Ainsworth was another key theorist in the development of attachment theory. Ainsworth developed interest in attachment during her undergraduate and graduate programs at the University of Toronto. It was during her graduate program that William E. Blatz encouraged her dissertation topic to target security theory, which shaped her ideas about attachment theory (Ainsworth & Bowlby, 1991). Those that identified with security theory hypothesized that there are stages of security, such as immature dependent security, which occurs in infants because they rely on others for their basic needs (Ainsworth & Bowlby, 1991). As kids mature, they move towards dependent security, finally moving into mature dependent security as adults when they show interdependence (Ainsworth & Bowlby, 1991). Ainsworth strayed from security theory because she found there was not enough focus on defense mechanisms, both conscious and unconscious, that occur as individuals progress through levels of security (Ainsworth & Bowlby, 1991).

Once Ainsworth moved to London and began working on Bowlby's research team she was able to help the team understand the behaviors of children when separated from their mothers, including anxiety and defense mechanisms for some children

(Ainsworth & Bowlby, 1991). In 1954 Ainsworth moved to Uganda and began to test the findings from London with children in Uganda. Ainsworth observed 28 unweaned babies in their homes every two weeks for nine months (Ainsworth, 1967). She interviewed the mothers about their parenting values and their child's development. Through Ainsworth's observations she saw various distress signals as attachment behaviors when the child was separated from the mother, which allowed her to divide children into securely attached, insecurely attached, and nonattached (Ainsworth & Bowlby, 1991). As Ainsworth gathered her data she later took out the nonattached group and put them in with the insecurely attached group since attachment was delayed in that group due to the responsiveness of the mother (Ainsworth & Bowlby, 1991).

Then, in 1962, Ainsworth began a longitudinal study in the United States at Johns Hopkins University studying 15 infants' attachment behaviors through one year of age (Ainsworth & Bowlby, 1991). Eventually, she added 11 more families to the original study. The foundation for the study was to observe the infants in their natural setting until they turned one year of age. Then, the families came to a clinical setting thereby introducing the child to an unfamiliar or *strange situation* (Ainsworth & Bowlby, 1991). Through this study Ainsworth was able to identify behaviors such as mother responsiveness, not so much in the time spent with the child, but in the attunement to the child's needs that had an impact on attachment (Ainsworth & Bowlby, 1991).

Also, Ainsworth's strange situation utilized a semistandardized approach to examine attachment behaviors in one year-old children (Strickland, 2011). Findings from the strange situation showed increased distress in the test subjects when unfamiliar

individuals were brought into a room and the mothers left the room (Ainsworth & Bowlby, 1991; Strickland, 2011). Through observation, Ainsworth's research team identified that secure infants were able to continue to play even after initial distress from a caregiver returning to the room whereas insecure infants may ignore the caregiver totally or completely latch onto the caregiver upon return (Strickland, 2011).

Ainsworth identified that securely attached children became comfortable knowing that even if the mother was not physically present they knew she was around (Ainsworth & Bowlby, 1991). Another discovery Ainsworth made included the defense mechanisms displayed by children on all levels of attachment when the mother was not present. For example, Ainsworth found that there was a continuum of anxiety or fear when a stranger was introduced to the situation without the mother present, which in turn helped her to determine differences in the insecurely attached children's attachment behaviors based on their indifference, ambivalence, or resistance (Ainsworth & Bowlby, 1991).

Ainsworth sought to develop a better understanding of what normal infant attachment behaviors were and what caused the differences in attachment of those infants (Ainsworth, 1989). Ainsworth (1989) identified that attachment behavior is internal and external and is subject to changes based on both genetics and environment. She talked about how infants use signaling behaviors to create proximity with a caregiver, which at first may not be directed at anyone in particular, but over time they recognize the particular caregiver they are attached to by reaching, following, and verbal communication (Ainsworth, 1989).

Using Bowlby's understanding of fear responses, Stayton, Ainsworth, and Main (1973) observed 26 infants and mothers during the first year of the child's life with the purpose of understanding responses to separation from the mother and the result the separation may have on attachment, fear, and anxiety of the infant. Observation-visitor teams of four assessed the family's daily routine at three-week intervals and for a period of four hours at each observation. The research team assessed the infant's attachment behavior by comparing the child's responses to its mother, siblings, and to strangers entering and leaving the room. Stayton et al. (1973) found that mothers left their child most during weeks 30-33 and 45-48. They also found that the infants cried 26.6% of the time when the mother set the child down as compared to 15.1% when the mother departed from the child's presence, most likely due to losing physical contact with the mother (Stayton et al., 1973). Findings also showed that infants who were able to move were twice as likely to follow the mother when she left the room as compared to the stationary infant who was crying (Stayton et al., 1973).

There are other researchers who have taken attachment theory and developed its status with other populations. For example, Sroufe (2005) connected attachment with development of preschoolers' cognitive and socioemotional development while Main, Kaplan, and Cassidy (1985) created assessments for school age children and adult attachment based on their behaviors. With an interrater reliability of 70-80%, the Adult Attachment Inventory (AAI) was created to assess adults' abilities to determine the source of traumatic memories (Main et al., 1985).

Additional researchers found that adult attachment could be broken into secure, dismissing, and preoccupied attachment styles (Strickland, 2011). Strickland (2011) identified that secure individuals are able to talk with good self-awareness while those with dismissing styles are defensive and unable to talk with much depth about themselves. Lastly, Strickland identified that preoccupied adults show signs of enmeshment with their parents just as may be seen with child relationships with their caregivers. Ainsworth (1989) discussed the importance of attachment throughout development using the example of adolescent attachment behaviors through romantic relationships. In adulthood individuals show autonomous behaviors, but still show attachment behaviors in their ability to create deep and meaningful relationships.

Attachment is paramount in developing appropriate parenting skills. Strickland (2011) discussed a study that showed people with avoidant and ambivalent attachment styles were unsure of their ability to relate to kids. While parents with avoidant styles were more likely to be strict in their disciplinary style because of uncertainty about relating to kids, those with ambivalent styles were more apt to not do much of anything because of their insecurities about being a parent (Strickland, 2011).

Attachment can be defined as affection connecting individuals over time and attachment behaviors are considered the response of a child when bonds are stressed between the child and attachment figure (Strickland, 2011). The act of attachment can be affected by biology and environment, and arises out of the basic need to survive (Strickland, 2011). As previously discussed, there are a variety of factors in attachment,

including parenting values that impact a caregiver's behavior toward the child (Strickland, 2011).

Although attachment can be examined by looking at the intra- and inter-personal processes that contribute to internal working models about relationships, family systems theories look at relationships within the overarching context of the family since attachment in one person impacts relationships in the entire family (Riggs & Riggs, 2011). Attachment theory was based on Bowlby's understanding that kids desire to connect with their caregivers out of much more than self-preservation. Interestingly, Bowlby declared that children would build attachment bonds with any caregiver that makes himself or herself available as long as the person is a stable figure (Strickland, 2011).

The effect of attachment during the formative years goes well beyond childhood. Individuals with *insecure attachment* may have internal working models about relationships and how to interact with others which can cause those individuals to react aggressively towards others resulting in damaged relationships or even death (Strickland, 2011). On the other hand, there are insecure avoidant children who deal with separation in such a way that on the surface looks as though separation in a relationship does not bother them. However, the child's response is due to repeated rejection or inconsistency from a caregiver (Strickland, 2011).

Insecure-ambivalent children also struggle due to caregiver inconsistency, but they learn that caregiver responses can be manipulated by the way they respond to the situation (Strickland, 2011). Adding further evidence to the types of attachment and the

impact on relationships, Pastor (1981) observed 37 toddlers in play with peers as well as with their caregivers and they showed that securely attached toddlers played in sync with each other and showed positive signs of attachment with their caregivers while avoidant toddlers participated in the play time, but didn't interact well with other peers or their caregivers.

As has been shown, there are a variety of factors that impact attachment. It is important to state that although military families encounter distinct challenges when dealing with deployment, they are able to compensate and continue to develop relationships with their kids, especially with technology that allows for phone and video interaction. Strickland (2011) identified that deployed caregivers who have frequent phone contact with their children have better relationships with their kids, which thereby decreases behavioral issues that can develop with kids who have deployed parents. Strickland (2011) also mentioned that most studies showed significant differences between attachments with kids depending on whether their mother or father was deployed.

Attachment theory related to the present study because the focus of the study was to understand the experiences of the returned caregivers rebuilding relationships with their preschool-aged children. One of the tenets of attachment theory is that children build internal working models about themselves and their relationships based off of the security and safety of their first relationships as infants and toddlers. Therefore, attachment theory was a fit because caregivers who have been deployed missed significant time from their preschool-aged children during an important developmental

time, which may impact the quality of the parent-child relationship and could present significant challenges rebuilding attachment upon return. The research questions for this study assessed the lived experiences of the caregivers attempting to reattach to their children so as to better understand the factors that enhance or inhibit attachment based on the experiences of the caregivers.

Literature Review Related to Key Variables and Concepts

In the next section I assessed important themes in current literature that were influential to the present study. One theme that I addressed included military culture, because life in the military can be different from civilian life and can even vary between branches of the military. Included within the military culture theme is mental health stigma in the military. Another theme that I addressed included the military deployment stages and the stressors associated with each stage, not only for the soldier, but also for the soldier's family.

Since the children of the soldier were a piece of the study, child development was also discussed as it pertained to the age range that was included in this study. Also, reactions to reintegration were individually addressed, as it pertained to the soldier, the spouse, and the children for the purpose of identifying the potential risk factors associated with rebuilding attachment between the military caregiver and the child. Finally, support factors were addressed for the purpose of understanding rituals families enacted to help them overcome challenges associated with reintegration as well as identify the main programs that were available to families as a support.

Military Culture and Mental Health Stigma

When people enter the military they go through a process that can change their identity through a process of separation from the civilian culture, transition into the military culture, and incorporation of military values. Since the Vietnam War, the military has moved away from the draft and towards using volunteers, which has created a divide in the United States about the issues that military personnel face.

According to Crawford (2013), the stigma associated with seeking mental health began in World War I when shell shocked individuals were identified as functioning below optimal level. Stigma related to seeking mental health treatment can come from the public, peers, and self. When there is a negative perception of mental health for whatever reason it can cause internal turmoil about how to respond to the struggles created by deployment causing the individual to do nothing at all about the mental health challenges.

Stigma is a part of the military tradition (McFarling, D'Angelo, Drain, Gibbs, & Kristine, 2011). From the time a new recruit enters basic training he or she is taught to be tough, both physically and mentally, and to put the needs of the group above one's own needs (Zinzow et al., 2013). Slogans such as "Army Strong" and "The Few, The Proud" are common across the country and provide the mindset that only the tough survive and this mindset is needed during war (Department of Defense, 2015). One example of the evolution of the stigma around seeking mental health treatment can be seen with substance use. During the Vietnam era, use of substances was common, but after the Cold War substance use was used as an exclusionary criteria from the military

(McFarling et al., 2011). At times, soldiers who return from deployment turn to substance use to cope with their experiences. However, the evolution of how substance use was portrayed created a situation where those that did use substances were even less likely to seek treatment for fear of not only how it would look to their comrades, but also because of the implications it could have on their careers.

Before being deployed soldiers are taught techniques that help them to thrive and survive during war, but those techniques are not as accommodating when they transition home. The military teaches officers to account for their subordinates at all times, which can come across as controlling at home with their families (Danish & Antonides, 2013). Also, soldiers are taught to be aggressive and to set aside emotion on the battlefield, but at home aggression can be scary to one's family and lacking emotion can be seen as detached from the family (Danish & Antonides, 2013). It can take time for soldiers to make changes from combat to being home with their families and sometimes programs that focus on education about what to expect upon reintegration and create environments to facilitate positive interaction can help them to reintegrate with their families.

However, families face a variety of trials within the military culture that cause unique issues when accessing programs like the family readiness groups the military offers. For instance, some families in the reserves or National Guard are placed in geographical areas that do not have the same available programs that would be likely to be found around military institutions (Aronson & Perkins, 2013). There are also families that choose not to use the programs that are provided by the Department of Defense due

to stigma about taking part in mental health services and the negative impact it may have on one's military career (Aronson & Perkins, 2013).

Stigma can come from soldiers' inner belief systems because they perceive that others will see weakness or they could be concerned about how treatment could impact career progress (Zinzow et al., 2013). However, stigma can also develop because of concern that treatment may mean taking medication, which could affect job duties . Also, public stigma takes form when leaders have the mindset that those seeking treatment are intentionally trying to get out of doing their job, which can also lead to mistrust by those that desire to get treatment because of fear that their leaders would share about the mental health struggles (Zinzow et al., 2013).

Zinzow et al. (2013) interviewed 78 active-duty army personnel to assess factors that led to seeking mental health treatment as well as factors that deterred them from mental health treatment. Zinzow et al. found that preventative factors from seeking mental health treatment included concern about being on medication, discomfort with discussing mental health issues, core beliefs from the military, leader behaviors, and hearing about others' experiences with mental health treatment. Factors that promoted mental health seeking treatment included social support, leadership support, and severity of the mental health issue (Zinzow et al., 2013). Zinzow et al. noted that those with a positive experience with mental health treatment and the support of leaders would help change the negative perceptions of seeking mental health treatment.

A soldier who has positive social support and leadership accepting of treatment may deem it safer to seek treatment. A leader who understands the critical nature of

appropriate mental health treatment is more likely to be flexible to allow the soldier time off for treatment (Zinzow et al., 2013). Also, when leaders are willing to seek treatment for themselves they model the importance of treatment and break down stigma (Zinzow et al., 2013). Overall, however, participants in the study identified the primary reason for seeking treatment was the support and encouragement of family and the personal desire to be better for their family (Zinzow et al., 2013).

According to Zinzow et al. (2013), somewhere between 13 and 50 percent of those with mental health needs in the military actually get treatment. Danish and Antonides (2013) identified that 38-45% of military personnel with mental health challenges related to their deployment experiences had a desire to get help and only 23-40% of those actually received treatment. Also, Warner et al. (2011) completed a study with over 1700 military members who completed a Post-Deployment Health Assessment (PDHA). Warner et al. had the participants complete the study anonymously and the results showed that the individuals were two to four times more likely to identify interest in getting assistance for their mental health needs than those that completed the study without anonymity.

According to Danish and Antonides (2013), the Department of Defense has attempted to reduce stigma by allowing soldiers to seek mental health treatment for combat-related issues without reporting it. Two Army generals also have been outspoken about their struggles with mental health due to combat and an anti-stigma campaign was put in action by military personnel to help spread the news that seeking treatment is warranted (Danish & Antonides, 2013).

Military Deployment Stages and Stressors Associated with Each Stage

The more recent conflicts overseas, including Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), have been different from other conflicts due to the length of deployment, repetition of deployments, and increased risk of harm during deployment (Esposito-Smythers et al., 2011). There are various difficulties associated with each stage of deployment, but first the stages of deployment must be discussed and defined.

Stages of deployment are the periods of time that soldiers and their families go through in relation to being called into some form of action overseas (Maholmes, 2012). Those stages include predeployment, deployment, postdeployment, and reintegration (Maholmes, 2012). Some of the challenges veterans and their families face during reintegration include role conflict that requires the family to redefine boundaries, relational conflict within the family and outside the family, feelings of abandonment, rekindling of unresolved issues, finding the balance between individuality and the need for supports during deployment, concern about the mental and emotional health of the family, and anxiety over another deployment (Esposito-Smythers et al., 2011). Within these various reintegration challenges families have to work through the household responsibilities that one caregiver had during deployment to determine whose responsibility it is now that the veteran has returned.

Families also have to spend time communicating about emotions and attachment concerns related to the parent returning home and attempt to catch the returning caregiver up with relationships that have been built during deployment. As deployment time

increases, there is an increased risk of difficulty for service members during reintegration (Esposito-Smythers et al., 2011). When deployment stressors increase, the need for programs for those families also increases. However, Esposito-Smythers et al. (2011) identified that many of the National Guard and Reservist families have less access to programs, which increases the risk for consequences to those families. National Guard and Reserve families also do not benefit from living on a military base, which is an important source of support for families with deployed individuals, and they do not have the same pre-deployment preparation (Esposito-Smythers et al., 2011).

There are also cycles of emotions for families upon the return of a caregiver from deployment. Mateczun and Holmes (1996) identified those cycles as return, readjustment, and reintegration. The return stage signifies the physical return of the parent, but not necessarily the emotional return. Readjustment is the gradual process of recognizing the changes in the caregiver due to deployment and reintegration is the implementation and adaptation of revamped roles, boundaries, and relationships (Mateczun & Holmes, 1996).

Demers (2011) identified reintegration with family as the most challenging part of the return from deployment. The participants in the study stressed that there was also tension between them and the family due to the understanding that deployment could happen at any time. Some soldiers have tried to ask permission to stay behind on the next deployment, but this tactic has caused added stress to the military personnel left behind because they are then known throughout the community as the person that stayed behind (Demers, 2011).

Soldiers have identified that upon returning home they struggle with fitting in with civilians because they feel there is a higher standard in the military community and do not think they get the respect that they should from civilians (Demers, 2011). The impact of deployment changes people. They come home and are not the same person that left. One veteran stated, “You go home, and you don’t know how much you’ve changed until you start to get around family and friends...with them, I realize I’m not how I used to be” (Demers, 2011, p. 171). Some veterans even identified that though they were able to stay in contact with family there was disconnect because they were not able to be there and take part in the actions of the family, which caused muddling of their identity within their social networks at home (Demers, 2011).

Child Development

Deployments last anywhere between 90 days and over 15 months and the process of deployment starts prior to leaving the home base while continuing past the time of return home. Deployment purposes vary by branch of service and are not always combat-related. Within each phase of deployment are various psychological and emotional variables for the soldiers as well as their families. Attachment during early childhood is vital and plays an integral part in development such as with emotion regulation and relationships (Spencer, 2011). Children’s minds also develop rapidly during the preschool-aged years, which impact their ability to attach to caregivers and learn appropriate behaviors (Spencer, 2011).

Strickland (2011) identified that implicit memory, which include emotions, perceptions, and behaviors all begin at birth. As experiences are repeated the infant

creates a mental model about those situations. For example, infants may generalize relief and a sense of security from a mother's tender touch when the infant is upset. Around the age of one the child's hippocampus matures and helps to create explicit memories (Strickland, 2011). Explicit memories are more likely to be conscious and also include semantic and episodic memories. Strickland (2011) identified that also during the early years of life the prefrontal cortex develops and is influenced by inter and intrapersonal experiences. Over time, consistent touch from a mother to an infant can help the infant to generalize understanding that the mother can assist them through times when they are upset.

Per results from the fMRI and self-reports of the test subjects who varied in age from pre-school age to adolescent, Tottenham, Shapiro, Telzer, and Humphreys (2012) found that the stimulus of a mother helped to increase action in the left dorsal amygdala, which then increases activity in evaluative and motor regions of the brain. Due to increased maternal stimuli during the first year of life there is a boundary that develops within the child's relationship that varies based on the mother's preference and awareness of those not the child's mother (Tottenham et al., 2012). When the child is around the mother they are more likely to be less fearful, more exploratory, and freer with expression than around other adults. Based off of findings from the fMRI viewing amygdala response, Tottenham et al. utilized separate repeated measures ANOVAs to find that young children react faster to seeing their mother as opposed to a stranger.

Another feature of child development is the ability to control inhibitions.

Inhibitory control can be defined as the ability to suppress an urge or dominant response

(Utendale & Hastings, 2011). Children who show externalized behaviors at an early age are more likely to become delinquents and show traits of antisocial behaviors (Utendale & Hastings, 2011). Utendale and Hastings (2011) observed 115 kids from ages 2.75-6 with the purpose of assessing the relationship between inhibitory control and externalized behaviors as a child develops. Utendale and Hastings (2011) identified that inhibitory control develops closer to school age, which affect the externalized behaviors that are present during the pre-school age. Cognitive development occurs in the prefrontostriatal circuitry during preschool years, which is important for the child's ability to suppress inhibitions.

The Child Behavior Checklist (CBC) was utilized with mothers, at the beginning of the study and then a year after the study, to assess for inhibitory control on the inhibitory control subscale (Utendale & Hastings, 2011). The authors found that when the child's inhibitory control increased, there was a decrease in externalized behaviors (Utendale & Hastings, 2011). Further, three sets of children were taken into a playroom for structured and unstructured play while being watched by two researchers. The observers documented aggressive behaviors, which were coded as hitting another child, taking a toy away from another child, attempting to keep another child from playing, or not sharing a toy (Utendale & Hastings, 2011).

Utendale and Hastings (2011) found that the four ways of defining aggression were inter-correlated within a range of .17 and .37 with a reliability of .6. Utendale and Hastings used socioeconomic status as a control variable and found that it accounted for 46% of the variance. Young child aggression could be a sign of prefrontal cortex

development and may develop inhibitory control that would decrease aggression as they enter school age years, but those that show early signs of struggles with inhibitory control may benefit from activities that target their executive functioning to reduce the risk of further issues in the future (Utendale & Hastings, 2011).

As a toddler, kids become more capable of being social with other kids because of their rapid physiological, emotional, and cognitive development. Caregivers can impact a child's development by their reactions to the child. For example, some parents may become more controlling of their children when they become more independent, which can cause defiance (Kyong-Ah & Flicker, 2012). Kyong-Ah and Flicker (2012) identified that mothers who gently guided their child rather than being directive ended up with kids that were more committed to compliance. However, coparenting also plays a part in the development of a child because the quality of the co-parent roles impacts the behavior. For example, infants are more likely to be aggressive when they have parents that are hostile towards each other and compete in their parenting roles (Kyong-Ah & Flicker, 2012). Family systems and emotional security theory both postulate that children raised in homes with conflict are more likely to have behavior problems and delays in emotional and social development (Kyong-Ah & Flicker, 2012).

Deployment of a caregiver during early childhood can hinder the bond with that deployed parent and can also be a challenge for parents who are deployed before their child is born. When new parents return from deployment they have not had the opportunity to establish a strong connection with the child, which can cause anxiety within both the parent and the child and cause the child to cling to the caregiver they

know (Maholmes, 2012). Also, young children may not be able to process the parent coming and going at that age.

There are mixed results in studies that assess whether children with caregivers in the military are at higher risk of abuse and neglect. Factors such as coordinating childcare, having a new child, relocating, and isolation all contribute to increased risk (Maholmes, 2012). Also, deployment and stress of the return of a caregiver can be risk factors. Other research has shown that stay-behind mothers are more likely than stay-behind fathers to abuse their children (Maholmes, 2012). However, the authors also mention that more research is needed on the effect of mother deployment and reintegration. Although the risk factors portray a negative image, resilience should also be mentioned because families overcome challenges on a daily basis thanks to strong support systems (Saltzman et al., 2011). Though there are several stressors that can affect attachment bonds there are also protective factors such as responsive parenting and supportive social networks that can help to stem the negative stressors that can be associated with deployment and reintegration (Riggs & Riggs, 2011).

Children ages five and younger make up 40 percent of minor dependents in the military (Barker & Berry, 2009). Barker and Berry (2009) used a mixed methods approach in which surveys were sent to military families three months into a deployment and four to six weeks after the return of the caregiver to gain a better understanding of the challenges in the family dynamics during those periods of time. Barker and Berry assessed child behavior when a parent was deployed using repeated measures ANOVA and one-way ANOVA to assess attachment responses from the child and found that

young children who experience a parent being deployed also had increased negative behaviors and struggled with attachment behaviors upon the return of the parent from deployment when compared with other military children whose parent had not been deployed.

However, child behaviors were not solely related to the deployment. Child behavior and attachment struggles were also dependent upon child age, temperament, length of parental deployment, and number of moves (Barker & Berry, 2009). Even though pre-school aged children undergo rapid growth physically, mentally, and emotionally there is still little in the way of research assessing the attachment challenges of reintegrating with their recently returned caregiver (Barker & Berry, 2009). These authors identified the need for further development of research in understanding the effects of deployment on child attachment.

Child development is affected by *trauma* and secondary trauma in ways that have an impact on cognitive growth and development (Crawford, 2013). Although the results of trauma may tend to focus on the negative, it is also important to identify that trauma can have a positive impact on one's emotional and cognitive state, as individuals learn to cope effectively with the trauma (Crawford, 2013). Traumas that deal with abandonment tend to have the greatest effect on IQ. Child responses to deployment can vary based on gender. For instance, males are more likely to show external behaviors, such as defiance and aggression; while female behavior is internal, such as social isolation and negative self-talk (Crawford, 2013).

Potentially traumatic situations can have a serious impact on a child's development. Briggs-Gowan et al. (2010) used a diverse sample and a cross-sectional design and found that exposure to violence was positively associated with symptoms of clinical distress such as depression, separation anxiety, posttraumatic stress, and conduct issues. Family violence can be a generational pattern and is a significant issue as nearly 25% of three year-old children who have been exposed to family violence or other potentially traumatic events such as vehicular accidents and near drowning (Mongillo, Briggs-Gowan, Ford, & Carter, 2009).

Briggs-Gowan et al. (2010) utilized 213 children between the ages of two and four and used the Preschool Age Psychiatric Assessment and Child Life Events Scale to gauge psychiatric symptoms from exposure to violence. The majority of associations between exposure to violence and the child's symptoms were significant even when controlling for factors such as socioeconomic status and parental mental health (Briggs-Gowan et al., 2010). Briggs-Gowan et al. defined potentially traumatic events as the perceived or real threat to one's life, which includes family violence. Family violence includes violence directed at the children as well as between caregivers and other family members. Violence in the family has been shown as connected to internalization in older children that manifest as depression, suicidality, anxiety, and posttraumatic stress as well as externalizing issues such as defiance, substance abuse, and poor conduct (Briggs-Gowan et al., 2010).

Briggs-Gowan et al. (2010) found that violence exposure was significantly related to symptoms of depression, seasonal affective disorder, PTSD, ADHD, and conduct

issues by using bivariate tests to analyze any associations between violence exposure and child symptoms and disorders as well as multivariate linear regression to examine variables within violence exposure and association with those same symptoms and disorders. Briggs-Gowan et al. also found that exposure to violence was positively correlated with poor socioeconomic status and parental mental health issues. However, the design of the study was cross-sectional, which inhibits causality, and sampling prevented any generalizability (Briggs-Gowan et al., 2010).

Reaction to Deployment and Reintegration

The next section's purpose was to identify how each individual in a family unit reacted to deployment and reintegration. One individual's reaction to deployment and reintegration showed not only the impact on the individual, but also the ripple effect it had on the rest of the family unit. Also, the reactions that were identified presented a foundation for possible risk factors to military caregivers reattaching to their children, which may factor into the experiences of this study's sample.

Military parent. Fathers specifically have been studied to assess their involvement with their kids during the deployment cycle. Using focus groups in their qualitative study, Willerton et al. (2011) gathered 71 fathers at 14 U.S. military installations and assessed father perception of their role, relationships with their kids prior to deployment, communication with children during deployment, and reunion with their children after deployment. The overall assessment from the fathers interviewed concluded with high concern around relationships with their kids due to deployment. Willerton et al. defined father involvement in three phases: engagement, accessibility,

and responsibility. Willerton et al. viewed engagement as direct contact with their children such as play, accessibility as availability for interaction, and responsibility as attunement to the welfare of the child. Willerton et al. identified that little is known about the perspective of fathers concerning their deployment, which is a component of understanding the process of rebuilding attachment bonds for military caregivers and their children upon return from deployment.

Willerton et al. (2011) broke data into three themes: cognitive, behavioral, and affective. The behavioral themes involved responsibility and role in the family while affective themes included warmth and acceptance, anxiety and distress, and emotional withholding. The cognitive themes focused on the father's perception of his part in parenting while he was absent or as his values pertain to his own father's role while growing up (Willerton et al., 2011). Willerton et al. identified those fathers with infants either were of the mindset that leaving their children was difficult because the child would not have an understanding of the absence or easy because the infant would not be aware of the absence.

During the reintegration phase, fathers identified there is a transition period that occurs for the family to adjust to the father being home. Some fathers with infants and preschoolers were not sure if their kids would recognize them while others with even younger kids wondered about their ability to even be a father (Willerton et al., 2011). Other important themes included fathers withholding emotional contact with their children due to concern about how the emotions would affect the mission. One father stated, "As much as you want to be a part of your kid's life, you can't do that if you're

dead" (Willerton et al., 2011, p. 527). Willerton et al. (2011) identified that one of the biggest challenges fathers faced postdeployment was determining how to reconnect with their children and resume their parenting role. However, there were identified positives to deployment according to Willerton et al., including a better understanding of their child's development, more focus on quality time, and the protective culture of the military from inappropriate information for children.

Willerton et al. (2011) has implications for the current study because of the insights gained about how fathers may see their role with their children during deployment and reintegration. These insights were beneficial for me because they identified why the military caregivers had challenges reattaching to their child or children. However, one limitation identified by Willerton et al. (2011) was that focus groups might increase inaccurate answers to questions because of social desirability. Another potential limitation was that the sample included those that volunteered, which may mean the sample included those more committed to parenting as opposed to those that did not volunteer (Willerton et al., 2011).

Among the nearly two million soldiers who have served in Afghanistan or Iraq, anywhere from 31-86 percent of them have been exposed to combat (Cohen et al., 2011). *Combat stress reactions* (CSR) are the psychological reactions that occur when the normal coping mechanisms do not function, resulting in signs of emotional, behavioral, and mental distress (Cohen et al., 2011). Cohen et al. (2011) identified the difficulty controlling for one's subjective stress indicators, the authors pointed out that each individual in the sample were screened into the military the same way, had no identifiable

mental health diagnoses, and each of the sample went through the same combat experiences. Using a MANOVA to assess for the impact of CSR on the veteran's parental functioning and satisfaction, Cohen et al. (2011) found that veterans with CSR reported lower parental functioning $F(2, 274) = 12.11, p. < .001$ and lower parental satisfaction $F(1, 284) = 24.23, p. < .001$. Khaylis, Polusny, Erbes, Gewirtz, and Rath (2011) identified in a study of 114 veterans getting treatment for PTSD that 80% would prefer their families to be involved with their treatment. Khaylis et al. also discussed a study with 100 National Guard soldiers that assessed concern about raising children post deployment and 80% of the soldiers who were parents said they would consider family counseling. The majority of the sample also identified concerns with raising and getting along with their children.

Soldier response to deployment can also impact their ability to parent appropriately. Jordan (2011) pointed out that veterans are at a higher risk of suicide than civilians due to loss of individuality, purpose, and belongingness and this does not account for the post-traumatic stress disorder (PTSD) that many veterans have to overcome due to deployment. Time and patience is needed when reintegrating with family due to the unique challenges that face veterans.

Attachment not only plays an integral part in caregivers reattaching to their children, but also with a caregiver's ability to cope with deployment both for the soldier, and the spouse. War can skew a soldier's way of thinking about the world. However, secure attachment with attachment figures can serve as a base for them as they try to make sense of their experiences because they are able to trust and depend on the other

person in the relationship even when challenges arise within the relationship (Jordan, 2011). On the other hand, those with anxious attachment styles can struggle with an unhealthy level of dependence that can cause anxiety about the status of relationships when deployed to combat zones, thereby causing the individual to look elsewhere for support that might be unhealthy (Jordan, 2011). Those with avoidant attachment styles may see deployment as a way to further develop independence and create strict limits, but the challenge with this style is that it can create barriers to the reintegration process because those boundaries that were set for deployment no longer exist at reintegration (Jordan, 2011). These individuals are more likely to shut down to cope with the fear of loss in the relationship (Jordan, 2011).

Spousal response. People may experience trauma for certain events that may not be traumatic for another person. However, Crawford (2013) identified that spouses with poor attachment systems are more likely to deal with trauma when a significant other is deployed. Those with poor attachment styles may likely experience *attachment injuries*, which are the feelings of isolation, vulnerability, and abandonment that occur when relationships are insecure (Crawford, 2013). As has been previously discussed, adult attachment comes from the internal working models created from childhood about relationships. Therefore, adult attachment begins with finding proximity in relationships and finding a safe place to cultivate those relationships. Then, when there is separation it is safe to express emotions over the separation in order to gain security in the relationship (Crawford, 2013). Adults with insecure anxious attachment are more likely motivated to maintain relationships in order to avoid the stress of losing the relationship, which can

motivate towards sexual intimacy (Crawford, 2013). Crawford hypothesized that insecure relationships may be a driver for low marital satisfaction and high divorce rates in the military.

The attachment of the caregiver at home during deployment has a significant impact on the attachment of the kids. The parents that remain at home rely on their personal attachment network, because they tend to take on the responsibility of parenting in the absence of the soldier parent and to assume these added responsibilities increases the prominence of a trusting support system (Riggs & Riggs, 2011). A caregiver without a secure attachment system can struggle with parenting and maintaining positive marital relationships, which can further enhance the risk of breakdowns in attachment between child and caregiver.

In a sample of 250,626 Army wives, Esposito-Smythers et al. (2011) identified that wives with deployed spouses were more likely to report higher rates of depression (18% nondeployed compared to 24% deployed), anxiety (25% nondeployed compared to 29% deployed), sleep disorders (21% nondeployed compared to 40% deployed) and acute stress (23% nondeployed compared to 39% deployed).

Spousal response to deployment can be filled with stress due to worry about the significant other's deployment hazards, anxiety over the return of the significant other, and running the family alone, which causes the spouse to function in several atypical roles due to the deployment of the significant other. Riggs and Riggs (2011) identified that there is a correlation between insecure attachment and level of emotional distress in National Guard wives due to deployment.

It can be difficult to seek out help because of either geography or the concern over how it may affect the military career of the deployed person (Crawford, 2013). Parents who suddenly go from tandem parenting to feeling like a single parent are thrown into higher stress situations and a parent who has to do that with insecure attachment becomes even more vulnerable due to loneliness, role shifts and role overload, and low emotional support (Riggs & Riggs, 2011).

Parents with children under the age of five have to account for the increased amount of time it takes to manage those children due to their dependence on adults at that age, which can not only increase stress for the parent, but also take away from the relationship with older children. When the left-behind parent invests time into relationships with the kids to provide a secure foundation for them it can also create a dynamic for the returning veteran parent that takes time for them to adjust to the changed dynamic upon return.

Child response. In regard to children with deployed parents, behavior and stress concerns increase by approximately 18% in kids ages 3-8 years with a deployed parent, which has resulted in a 50% increase of inpatient visits for those kids (Esposito-Smythers et al., 2011). From 2003 to 2008 outpatient visits for emotional and behavioral health issues of kids have increased from 1 to 2 million (Esposito-Smythers et al., 2011). Esposito-Smythers et al. (2011) discussed how stressors such as parental absence, poor parental emotional health, worry about parental loss, and financial issues can all affect the attachment bonds because of the lack of security the child senses.

Child responses to separation from a caregiver due to deployment vary based on the child's developmental level, attachment prior to deployment, as well as attachment with caregivers left behind, and the attachment of the support system that the child has while the parent is deployed (Riggs & Riggs, 2011). Young children are more likely to show fear through behaviors such as clinginess, crying, and wetting the bed while older children are more likely to show aggression, poor anger management, and academic struggles (Pincus, House, Christensen, & Adler, 2001; Spencer, 2011).

When spouses and family are able to make meaning of the deployment there is a higher likelihood of appropriate adaptation to the situation because the families see a purpose and an end in sight (Riggs & Riggs, 2011). Higher functioning families are able to rely on their attachment network, which enables a level of flexibility when dealing with distinct challenges. It is important to remember that whether secure or insecure, normal attachment responses will most likely include some form of hesitancy and emotional withdrawal upon reintegration (Riggs & Riggs, 2011). For example, Vietnam War veterans' wives reported internal tension due to a desire for reconnecting with their spouses, yet they harbored some resentment and hesitancy for emotional attachment upon their spouses' return (Riggs & Riggs, 2011). Riggs and Riggs (2011) reported that those with secure attachment are more likely than those with insecure attachment to produce positive outcomes during reintegration such as decreased adjustment time, higher marital connection, and greater positive affect. Some service members deploy multiple times and have little time between deployments, which means that these soldiers will most likely miss large chunks of their children's lives. Riggs and Riggs identified that little has been

researched on developmental and contextual factors for resilience in kids with parents who have dealt with parents who have been deployed.

The developmental level of the child is a determining factor in the response to the returning parent. For example, a young child may have little to no recollection of the parent, so there may be a fear response similar to that of a stranger. On the other hand, older children who had some attachment to their parent may have detached emotionally from that parent as a way to cope with the loss and will continue to use detachment as a protective factor for a time upon the parent's return. The detachment time is determined by the length of separation (Riggs & Riggs, 2011).

During the past decade of the War on Terror more and more Reservists and National Guard troops have been deployed, which caused a number of challenges for the soldier as well as their families (Pfefferbaum, Houston, Sherman, & Melson, 2011). For example, these individuals are more likely to be older, train less, and be less connected to the military community (Pfefferbaum et al., 2011). These citizen soldiers are also more likely than full-time soldiers to have the mindset that deployment is less likely and to have civilian jobs (Pfefferbaum et al., 2011). Due to being less trained and not being as connected to the military community, these individuals are at a higher risk for mental health issues, which can also add to the stress of their families (Pfefferbaum et al., 2011).

Pfefferbaum et al. (2011) completed a study with National Guard families in Oklahoma with the purpose of assessing child and spousal reactions to deployment. Interviews took place 13-69 days before deployment, 133-258 days into the deployment, and 43-156 days post deployment. The National Guard soldiers were deployed anywhere

from 226-386 days. Using the BASC-2, the authors identified that the children's risk behaviors increased during deployment, but upon return from deployment the levels stabilized around the pre-deployment levels (Pfefferbaum et al., 2011). Children, between the ages of 6 and 17, were found primarily to struggle internally with worry about the future of the family ($r = .66$), thoughts about what it would be like to have a normal life ($r = .55$), and worry about the deployed parent's safety ($r = .65$) (Pfefferbaum et al., 2011). Although one of the study's limitations was the lack of a representative sample, the study showed some form of adaptive coping by the children because post-deployment scores were higher than pre-deployment scores in the area of personal adjustment and adaptive skills (Pfefferbaum et al., 2011).

Resiliency can be defined as an individual or group's ability to positively adapt to adversity (Saltzman et al., 2011). When research first came out about resiliency the focus was on understanding the individual, but as research has increased, the focus has shifted to family and the child's environment that affects one's ability to overcome trauma (Saltzman et al., 2011). A child's ability to adapt to the reintegration also is determined by the relationship between parents, parenting practices, and overall family functioning. Marital relations may be strained for any number of reasons, some of which go back to the parental insecure attachment. However, mental health of the parent also plays a part. Riggs and Riggs (2011) identified that soldiers experiencing PTSD may move toward insecure attachment evidenced by avoidance of relationships. Specific negative behaviors include: poor communication, trust, isolation, hostility, and self-absorption (Riggs & Riggs, 2011). Many of these behaviors lead into a distancing effect in a

romantic relationship, which can affect their ability to connect with the kids creating further internal issues and external behaviors in the kids (Riggs & Riggs, 2011). Sayers, Farrow, Ross, and Oslin (2009) pointed out that veterans with PTSD in their study reported their kids acted afraid, which could suggest concern over the PTSD symptoms by the kids and further attachment distance to the caregiver-child relationship.

Using a quantitative approach based on Bronfenbrenner's ecological perspective, boundary ambiguity, and attachment theory, Spencer (2011) focused on caregivers who had been deployed and the relationship with their kids under the age of six. Bronfenbrenner (1986) identified that parents who do not have consistent supports will be more likely to decrease their consistency towards their kids' needs than those with consistent supports. *Boundary ambiguity* can be defined as the confusion that exists in families about relationships, roles, and who does and does not exist in the family. This study showed that attachment behaviors such as clinginess, regression in toilet training, and defiance toward the returned parent are common during reintegration. Using a Child-Parent Relationship Scale and Parental Stress Scale, Spencer (2011) targeted the parental perspective about their relationships with their kids as well as the challenges during reunification.

When spouses are left to manage the family while their significant other has been deployed, attachment history is a major factor in their interactions with the child or children. Parents who are left behind may exhibit depression over the deployment, which can cause developmental delays in the child or children (Spencer, 2011). In short, attachment can be a child's barometer for confidence in a caregiver.

Although military history shows an overwhelming percentage of male soldiers as compared to females, there have been changes to that percentage in recent years to show the percentage difference lessening. Some studies show that there is no significant difference in child behaviors when they have a mother deployed as compared to a father being deployed (Applewhite & Mays, 1996; Spencer, 2011). Spencer (2011) recognized that when it comes to attachment, fathers who provide positive parenting before and after deployment may overcome any lack of physical presence during deployment. Fathers who are emotionally present with their infant children help their children to build emotional intelligence (Spencer, 2011). Whether the caregiver being deployed is the mother or father, children still need a supportive environment from caregivers to build appropriate emotional regulation and relationship skills.

Spencer (2011) identified that of all the military branches, individuals from the Army reported the highest level of conflict with their children. However, one of the limitations of the study was the lack of knowledge about the parent-child relationship prior to deployment. Spencer (2011) acknowledged that Family Readiness Groups should focus more on programs for parents with young children to prepare them for reunification.

Family response. The trauma associated with combat can cause dysfunction in marriage, increased aggression amongst family members, and struggles overall with stability (Cohen et al., 2011; Mendoza, 2011). Relationships with their children can cause veterans with PTSD to struggle with a balance of discipline and love while moving towards extremes of control or evasiveness. According to family stress theory, when

family members see their returned caregiver struggle to function it can cause resentment and confusion with family boundaries, which in turn can cause confusion with the returned caregiver as to what his or her role in the family has become (Cohen et al., 2011).

Adult insecure attachment is seen in the context of anxiety about the availability of a significant other in time of need. These individuals may not trust others they are in a relationship with so they distance themselves emotionally from anyone that tries to get close to them (Cohen et al., 2011). Adult attachment styles also affect parenting styles through internal working models that were developed when the adult was a child. Although research shows that traumatic events affect parenting, secure attachment may stem the challenges that would usually occur from traumatic episodes (Cohen et al., 2011). It is important to note that one of the limitations of the study by Cohen et al. (2011) is that the cross-sectional design of the study prevents causality of variables such as attachment style significantly impacting parental satisfaction or functioning. Cohen et al.'s (2011) study was important for the current study because it targeted the soldier caregiver's concern for their child because of the stress reactions due to deployment.

Davis (2010) identified that ambiguous loss is a challenge that families deal with upon the return of a military parent from deployment. When a family experiences *upper ambiguity*, they view the military parent as psychologically present, but not physically present. On the other hand, a family experiencing *lower ambiguity* will refer to the physical presence of the military parent, but psychologically has accepted the absence of that parent (Davis, 2010).

Davis (2010) identified other barriers for military families that seek mental health care are the challenge of finding child care, getting approval for time off of work, and cost of mental health services if insurance does not cover the bill. However, some barriers also extend to the perception of the family because they may believe the family's Primary Care Physician can help with mental health issues (Davis, 2010). Another factor in a family's willingness to receive mental health care is their culture and ethnicity. For example, African American military personnel rely on their community and family connections while Hispanic and Asian cultures look to family relationships and try to figure out a way that the family can fit into the military culture (Davis, 2010). Davis (2010) identified that Caucasian families rely on a blend of individual, family, and community programs.

A family's ability to overcome stressors related to reintegration depends risk factors such as knowledge of the impact of deployment, false developmental expectations, impaired communication, poor parenting skills, breakdowns in organization, and no belief system to use as a guide (Saltzman et al., 2011). Reentry can cause high stress levels, as high as 39%, within the returning veteran and spouse, which in turn affects the kids (Saltzman et al., 2011). For example, caregivers who show depressive symptoms may be seen as distant to their children or lazy to their spouse, because they do not understand the stress reaction due to lack of knowledge or education about responses to deployment and reintegration. If the same family were to be educated about reasons for stress reactions, then they would most likely be more flexible and patient, allowing time for the caregiver to heal, while also lending appropriate support.

In much the same way, a child's behavior as a result of deployment and reintegration can be impacted, which makes education about child responses based on development extremely important. Children's responses can vary from stranger anxiety and regressive behaviors to inability to sleep by themselves and defiance (Saltzman et al., 2011).

The caregiver's response to the child may depend on many factors, but one area that can impact several facets of parenting is fatigue. Cooklin, Giallo, and Rose (2011) used 1276 parents with at least one child 5 years of age or younger and found that caregiver fatigue affected parental competence, parental stress, and caused parents to have less patience with their child or children. Cooklin et al. (2011) identified that factors such as poor social support, poor diet, poor sleep, and poor coping all impacted parental fatigue and 62% of their sample said that fatigue affected the way they parented.

Communication is important to every family to overcome stressful times and communication can become a challenge when a member is separated for a long period of time. When caregivers have been deployed, the intact family members continue creating memories without the deployed caregivers, while in turn; the deployed caregivers have experiences of their own that are more difficult to share. To be able to bridge the gap between experiences, families will need time and patience along with the ability to communicate and empathize with each other, because each individual member will have to deal with a variety of emotions due to the deployment and reintegration.

Several studies also noted the higher risk of marital conflict due to the marital subsystem's lack of connection on an emotional level and failure to communicate upon reintegration (Matsakis, 1996; Riggs, Byrne, Weathers, & Litz, 1998; Saltzman et al.,

2011). There is also increased risk of depression in the returned caregiver as well as the spouse if there is no trust in each other, which in turn can cause resentment in the spouse if the returned service member is emotionally withdrawn (Saltzman et al., 2011). The aforementioned factors also lead to impaired parenting because the marital conflict causes poor co-parenting and increased risk for child abuse and neglect (Saltzman et al., 2011). Saltzman et al. (2011) identified that authoritarian parenting styles reduce resilience in the family because of the inflexibility in roles, which causes poor trust and respect between caregivers regarding parenting.

However, parents who are attuned to the needs of their children are better able to help the kids respond to stress related to deployment. These parents are able to rebuild attachment bonds with their children and overcome barriers created during deployment and reintegration. Caregivers who are able to understand the challenges of deployment and reintegration are more likely to be successful through the entire deployment sequence. Also, families who are able to make sense of the purpose for the deployment are able to use the meaning to make sense in their minds and use that to help them through the deployment. When left-behind caregivers are not able to make meaning of the deployment, they are more likely to be confused and frustrated, which can lead to resentment (Saltzman et al., 2011).

Support Factors

Military families create rituals to deal with deployment cycles. Willerton et al. (2011) identified several themes that correlated to the deployment cycle. During the predeployment period, fathers may celebrate rituals like holidays or birthdays early to

build relationships and be a part of important events within the family. Fathers may have to exert cognitive involvement in the child's life by planning for the deployment in order to continue the attachment with their children throughout deployment. Sometimes fathers may plan ahead by designating gifts to give to their children immediately after being deployed or fathers may plan trips or other ways to spend more quality time prior to the deployment (Willerton et al., 2011). Throughout deployment there are themes of fathers creating rituals to monitor family relationships and control situations from afar such as setting time aside for phone calls certain days of the week, emails, or even video conferencing. In order to maintain relationships with their children many soldiers used physical affection to show warmth while others chose play and talk, depending on the child's age (Willerton et al., 2011). Whatever the mode of showing affection, interaction seems to be evident as a key factor in establishing or reestablishing a caregiver's bond to the child after deployment.

Psychoeducational programs such as online-HOMEFRONT, Military Child Initiative, Military One Source, and Military Child Educational Coalition have been initiated to help kids adapt to the deployment cycle. Outreach services such as Operation: Military Kids is a collaborative effort with the U.S. Army and surrounding community agencies used to help the community understand the needs of military children. Peer-based prevention programs that include summer camps like Operation Purple Camp offered by The National Military Family Association are also programs of benefit for military kids. Family-based programs such as The Families OverComing Under Stress (FOCUS) project target resiliency training, goal setting, problem solving,

trauma management, and communication training to help families manage expectations for various stages of the deployment process (Esposito-Smythers et al., 2011).

If any kids need admission to inpatient facilities they will be placed in facilities that accept TriCare insurance for military personnel. Specific to reintegration, Military One Source and The Joint Family Support Assistance Program offers counseling to families in formats such as online, phone, or in person (Esposito-Smythers et al., 2011). Esposito-Smythers et al. (2011) recommended programs for the caregivers who are left behind while the significant other is deployed so as to help them adjust to the deployment period. Programs focused on such processes will also need to take into account attachment issues of the non-deployed parent to better understand their struggles with adapting to the significant other being gone.

Mendoza (2011) pointed out that as of 2008, 40% of veterans of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) had visited a local Veteran Affairs Center due to mental health problems. Dating back even further, veterans of Operation Desert Storm who came back home with PTSD identified their main struggles were with maintaining relationships. Mendoza (2011) completed a grant proposal to fund The Veteran and Family Reintegration Program at the VA in Long Beach. The program would utilize home-based services, psychosocial education groups, support groups, veteran-peer outreach, and post-deployment support. The importance of this proposal lay in the fact that there are multiple systems that interact with the families of returning veterans and each is important to the reintegration process.

Trauma risk management intervention model (TRiM). Using the trauma risk management intervention model, Crawford (2013) asked the questions: how can there be a reduction in emotional distress of military personnel and their families in relation to the deployment cycle, how can there be an increase in effectiveness of mental health services provided to the military and their families, and how can the service member's understanding of maladaptive responses to traumatic stress increase. Trauma affects the way one thinks, feels, and behaves. Trauma also has lasting effects beyond the individual who was traumatized. Families of soldiers returning from deployment also are at risk for secondary trauma due to reactions of the returning individuals as well as the stories that may be told to their loved ones (Crawford, 2013).

The trauma risk management intervention model was taught to unit commanders in order to increase proper education about the model, which in turn would decrease any stigma around the intervention (Crawford, 2013). The commanders in turn could teach their men about the program. The trauma risk management intervention model consists of two phases: making meaning of trauma and managing stress related to the trauma (Crawford, 2013). The premise of the model is that traumatic events replace internal control with the external trauma, which means that individuals have to be molded to where they believe they can take back control over their life (Crawford, 2013).

One technique the military uses to help with the transition from the battlefield to peacetime routine is BATTLEMIND, which is a routine of restructuring to educate the returning personnel about how techniques they learned to stay alive in battle are not needed and can be harmful at home (Crawford, 2013). The U.S. Army created a

Comprehensive Soldier Fitness (CSF) model that targets the psychological functioning of the soldier using Global Assessment Tools (GAT), training based off GAT scores, and resilience awareness training (Crawford, 2013). Positive relationships have shown to be a good indicator of resiliency preventing maladaptive behaviors (Crawford, 2013).

Crawford's (2013) study was important to the current study because it gave a basic outline for educating individuals and groups that can impact the military family in a positive manner about how deployment impacts the family dynamics. Included in Crawford's (2013) research is an assessment of how attachment is impacted by the potential for trauma due to deployment as well as how adults handle deployment based on their attachment style, which was important for this study because it may impact the deployed caregiver's ability to reattach to the child.

The U.S. Army has identified that family support programs have not been properly advocated for over the years and that the lack of use by families also extended to the existing programs low understanding of how to adapt the program to the various developmental levels of the kids in the family (Davis, 2010). Many veterans identify the transition from active duty to civilian life as the primary stress event so it is important to target interventions to help with the transition. Some recommendations have included a veteran's lounge to be able to relax and enjoy each other's company without the formalities of duty on the battlefield or the heightened sense of fight or flight (Crawford, 2013). Other recommendations have included psychoeducation for the entire family on trauma responses, more clinicians being available to provide evidence based treatment, and preventative care. The challenge that cannot be solved overnight is how to protect

the warrior mindset, but yet normalize the release of emotion in ways that will allow for healing.

It has been identified that there is a divide between civilian and military culture. However, military personnel have the opportunity to close the divide a little by educating civilians about the military culture (Demers, 2011). Civilians that interact with military individuals can also help soldiers reintegrate by working to build a stronger support system such as support groups to help share their story, transition groups for families and friends to build better understanding of the military culture, and military cultural competence training for those in the mental health field (Demers, 2011).

Families OverComing Under Stress (FOCUS). Families overcoming under stress is a strength-based and family centered resiliency program that was developed at the University of California Los Angeles and the Harvard School of Medicine (Saltzman et al., 2011). At the time of the study FOCUS had been utilized with 5,000 children, spouses, and service members and countless more civilians. According to Saltzman et al. (2011), the program was meant to work with many cultures and a variety of types of family units with the goal of decreasing family conflict from stress and trauma through support and resiliency enhancing skills.

Outcome assessments using FOCUS were completed at 11 military installations in the U.S. and Japan with Navy and Marine families, which amounted to 742 parents and 873 children (Saltzman et al., 2011). The standardized assessments targeted mental health and coping that included measures for post-traumatic stress, depression, and anxiety (Saltzman et al., 2011). The families had undergone an average of 4.51

deployments and showed higher psychological distress in parents and higher emotional and behavioral distress in children (Saltzman et al., 2011). However, after going through the FOCUS program parents showed impairment levels down from 20% to 7% and 25% to 8% with depression (Saltzman et al., 2011). Also, child conduct issues went from 50% to 28% and emotional issues from 40% to 22% (Saltzman et al., 2011). Overall, family unhealthy functioning went from 50% to 30% after going through FOCUS (Saltzman et al., 2011).

The program typically spans 6-8 sessions with the first two sessions including only the parents, the third and fourth sessions with the kids, the fifth with the parents to plan for the sharing of the narratives, and then one to three family sharing sessions with the Resiliency Trainer (Saltzman et al., 2011). The core tenets of FOCUS include: (a) psychoeducation and developmental guidance, (b) developing shared family narratives, (c) supportive and effective communication, (d) enhancing family resiliency skills, and (e) supporting effective parent leadership.

Education comes first because families need to understand the deployment process, including its impact and the challenges that it brings to the family's functioning level. If families are able to understand what to expect from deployment they may be less likely to blame or resent one another, which leads to an individual having better capability to be introspective about how the deployment has had personal impact (Saltzman et al., 2011). Parents who are more understanding of the norms of deployment and reintegration are also able to help their children work through proper responses in

regard to the emotions attached to the caregiver being away and then coming back (Saltzman et al., 2011).

In order to build communication within the family, FOCUS targets a family narrative that incorporates each person's narrative, or timeline, into a larger family picture. The purpose is to allow each individual to share what happened during deployment and all the factors that created his or her perspective regarding the dynamics in the family. The family then gets to see how the person's experience affects the family's outlook and allows a safe environment for the individual to share. Another important piece to the program is helping the parents work toward effective co-parenting. The parental subsystem works through their own narratives to share with each other in a safe environment before coming together with the kids to discuss their narratives (Saltzman et al., 2011). The timelines that are shared by the family not only identify the significant events that happened to the individual, but also record the emotional highs and lows related to the events so that the horizontal axis identifies the event while the vertical axis identifies the emotion level evoked from the event.

A safe environment is created by working with the family on active listening skills and building empathy within each person (Saltzman et al., 2011). Finally, when the family is safe communicating their feelings to each other, they are more likely to feel encouraged about the family's ability to function well, which causes added support to work on the family dynamics moving toward the future (Saltzman et al., 2011).

In order for families to get to the point of sharing their narrative, they must learn how to have open and honest communication. Saltzman et al. (2011) identified that

families without the ability to effectively communicate are more likely to make assumptions than those with good communication. For example, a father had been injured in combat and required extensive rehabilitation. The mother was uncomfortable with telling her son about the extent of the injury and the process of rehabilitation. Therefore, the son assumed that since the topic was not discussed the father could die at any time because of the injury. When the father returned home the son stayed away from the father because he assumed the father was very frail and any contact could hurt the father. The son also thought that any time the father went to the hospital he may not return. Since the son was not able to communicate his struggles and the topic of the father's injury was not discussed, the son took out his emotions in the form of aggression toward others (Saltzman et al., 2011). Once a family has increased effective communication they are able to work on identifying stressful situations that include trauma reminders so that they can create supports to help the family work through those situations effectively (Saltzman et al., 2011).

Studies Related to Research Questions

Using a grounded theory approach, Hinojosa, Hinojosa, and Hognas (2012) interviewed 20 Army and Marine veterans to evaluate their deployment and reintegration experiences. Although technology has advanced to the point where families can communicate verbally and visually with a soldier parent overseas, there are still challenges due to the military's standards on Operational Security (OPSEC), which limits soldiers' ability to talk about what they are doing and where they are in the world (Hinojosa et al., 2012). When soldiers are not able to talk about what has happened to

them it can lead to isolation, which can create further challenges upon reintegration.

Study questions included: (1) Tell me about your interactions with your family while deployed. (2) How did you prepare for deployment? (3) How did your family prepare for deployment? (4) What family/friendship/relationship issues arose while deployed? (5) How did you try to resolve them? (6) Were they resolved? (7) Did deployment affect your family relationships? (8) What was different or the same when you returned? (9) Were there aspects of your deployment experience that made interacting with family members difficult? (10) Did pre-deployment preparations help with reintegration? The authors used retrospective interviewing, which can be a limitation due to the length of time that passes between reintegration and the time of the interview that can cause recall bias (Hinojosa et al., 2012).

Hinojosa et al. (2012) identified how operational security, technology, and various other forms of miscommunication related to relational challenges between the soldier and their family, which relates to the current study in a couple different ways. The study completed by Hinojosa et al. (2012) showed one possible factor in the role of soldiers rebuilding attachment with their children. Also, Hinojosa et al. focused on the experiences of the soldier, which was the approach that I took for the research questions of my study.

Another study that related to the research questions of this current study was completed by Davis (2010), who used a phenomenological approach to understanding the experiences of U.S. Army families with school-aged children during deployment of a caregiver. Questions for Davis' study assessed the experiences of military parents with

school-aged children during deployment, parental views of the impact of the separation, parental perception of behavior change in their children during deployment, and perception of family unity upon reintegration.

Davis (2010) used a pre-interview questionnaire to ensure that the participants that were chosen would be a good fit for the study. Then, Davis (2010) completed a pilot study using a variety of cultural, ethnic, and socioeconomic groups to validate the instrumentation. The completion of the pilot study allowed the researcher to determine the correct process to proceed while controlling personal biases and judgments about the focus issue. Davis' (2010) process was as follows: (a) group similar participant information to establish trends, (b) filter out information not relevant to the study, (c) cluster data to develop themes, (d) identify how themes relate to the participants' experience, (e) relate the themes to the study questions, (f) document the participant feedback about the phenomenon being studied, and (g) prepare the transcript. Themes from Davis' (2010) study included: child attitude, behavior change, school support, military support, and preparation for deployment.

Davis' (2010) study related to this current study because of the phenomenological approach to working with the military family to gain answers to the research questions. The differences between Davis' (2010) study and this current study was the focus on the parental subsystem's experience with school-aged children while this current study examined the military caregivers' experience upon reintegration with their preschool-aged children. The limitations of Davis' (2010) study were similar to the limitations for the current study because many of the limitations revolved around the potential flaws in

qualitative research. For example, research bias could have been a factor because not only is the researcher interested in the study outcome, but he or she also is responsible for interacting closely with the study participants and must attempt to interpret the participants' responses appropriately. Davis (2010) attempted to control for external validity by picking a sample that was within the researcher's definition of the population and also ensuring that the sample did not have an overtly unrealistic approach to their situation. Internal validity was attempted by utilizing a semi-structured interview method to allow for some control over researcher and participant bias.

Demers (2011) developed another relatable study that utilized a semi-structured interview to conduct focus groups to assess the role of the community for reintegration purposes. Open ended questions were targeted to understand how deployment impacted the lives of the participants and their interactions with their families as well as to understand the support that they received upon return (Demers, 2011). The author established credibility by using peer debriefings and member checks throughout various stages of the research process. To establish dependability, a neutral person was used to categorize 15% of the data as well as compare the themes with the categorized themes of the researcher (Demers, 2011). Transferability was established by assessing for the demographics of the members as well as eliciting in-depth descriptions from the participants as they answered the questions during the interview (Demers, 2011).

Demers' (2011) study connected with the present study's research questions because of the focus on the experiences of the soldier upon reintegration. Although Demers' (2011) study was conducted using focus groups instead of individual interviews

like the present study, the focus was still on the experiences of the soldiers and gave insight into responses regarding factors that inhibit attachment that may be expected from the present study. However, one concern in knowing potential responses from military caregivers regarding factors that increased or decreased their ability to reattach with their child is the potential for the researcher to read into the responses of the study participants rather than taking the information as is from the study participants.

Summary and Conclusions

Attachment theory has shown the value of relationships from an early age throughout years of research. This current study assessed how deployment impacted those relationships and focused on the ability of the returned parents to reattach to their child upon return. This chapter has focused on major themes in the literature that bring to a point the need for understanding the returned caregiver's experience so that future studies can look at programs that can be developed in order to help these families with the reattachment process.

The military culture is unique and still carries with it some stigma related to seeking help, whether it is for the soldiers or their family. In order to effectively manage the challenges related to reattachment, further education about the obstacles should be addressed. One of the areas that those interacting with the military families should be knowledgeable about is child development, because the stage of development of the child will impact each parent's approach to building a relationship with him or her. The person or program interfacing with the family should educate the family about what to expect from his or her preschool-aged child upon a caregiver's return to the family.

The current study examined the experiences of the returned caregivers reattaching with their children, which meant that knowledge about the deployment stages was important because of the stressors present that impacted how the caregivers related with their family. Also, stressors do not just impact the reactions of the military personnel returning to their family, but also the rest of the family. Therefore, it was important to review the potential reactions of all individuals in the family to better understand how the family dynamics could impact the reattachment process.

The gap in the current literature revolved around the lack of understanding about the soldiers' experiences reattaching with their pre-school aged children. It was unknown what factors impacted the ability of the military caregivers to reattach with their children. However, the literature review showed the importance of attachment during the preschool-aged years so it can be hypothesized that parents who experienced lengthy absences from their child or children dealt with challenges associated with rebuilding the relationship. The literature also showed the various potential reactions to deployment and reintegration by each individual in the family so as to better account for the variables that may create further challenges to the reattachment process.

The Department of Defense (2011) identified that the President has made the success of the military family a priority for his national security policy. Advocacy is an important part of military families being successful, because there are several services that could be created to help these families overcome some of the challenges they face. For example, the Center for Military Health Policy Research identified programs like support services for families with children experiencing emotional difficulties and long

deployments, resources for caregiver support especially for National Guard and Reserves, communication education in support services, programs throughout the deployment cycle, screenings for emotional health, and continued systematic research and evaluation (Chandra et al., 2011).

The National Military Family Association (NMFA) identified the need for further input from service members and their families about the support needed and the effects of deployment on families (Spencer, 2011). Understanding the needs of the family is important because there are over 500 thousand kids under the age of five in military families (Spencer, 2011). Military families need support in learning how to handle deployment and reintegration and the support should take into account the developmental levels of the kids involved because each family will have a different experience. Therefore, the current study assessed the experiences of the returning caregivers, through interviews, as they reattached with their pre-school aged children so that education with similar types of families can be facilitated better by military programs and mental health providers.

Chapter 3: Research Method

Introduction

The purpose of this qualitative phenomenological study was to examine the lived experience of military personnel reattaching with their pre-school aged children post-deployment. Using the snowball method of sampling to identify potential participants in the semi-structured interviews, the researcher utilized criterion sampling to ensure the soldier met criteria for the study. A phenomenological study was chosen because it allowed the researcher to gain the perspective of the lived experiences of the target population. Information gained from this study helped others that work with the population of this study to gain insight into their experiences and better understand how to work with the soldiers and their families dealing with reattachment to their child or children.

The purpose of this chapter was to explain the research methods for this study. Included in this chapter was a discussion of the research design and rationale for the design. Also included was a definition of the role of the researcher for the current study. Methodology was assessed for the purpose of identifying how and why the specific population was targeted and how the sample was gathered. Another purpose of discussing the methodology was to identify how the instrument was designed and the procedures for its use. Lastly, the methodology discussion targeted the plan for analyzing the data that is developed from the interviews. The final section assessed any issues with trustworthiness of the research process and included any ethical challenges unique to the study that had to have specific plans in place to overcome those barriers.

Research Design and Rationale

The research design and rationale for this study was better understood by reiterating the research questions, which was a guide for this study. Those questions included:

1. What are the experiences of military caregivers reattaching to their preschool aged child or children upon return from deployment?
2. What statements describe these experiences?
3. What themes emerge from these experiences?
4. What are the contexts surrounding the experiences?
5. What are the thoughts regarding the experiences?
6. What is the overall essence of the experience?

van Kaam (1966) explained the importance of a research subject feeling like there is someone that can understand what he or she has experienced; therefore, quantitative methods have the potential for restricting the experience of the individual. That is not to say that qualitative methods do not come with shortcomings and also have the potential for restricting experiences of research subjects if not done properly, but a phenomenological study allowed me to gather data based on the essence of the research subject's experience. The specific phenomenon for this study targeted the experience of military personnel reattaching with their pre-school aged children and the only way to understand what they experienced was to perceive the experience through their eyes, which was done best through interviews.

The specific form of qualitative inquiry that was utilized for this study included transcendental phenomenology, which Moustakas (1994) identified, revolves around the concept of *intentionality*. Intentionality can be defined as the process of consciousness and within intentionality is the noema and noesis (Moustakas, 1994). Noema is the phenomenon and noesis is the meaning, which is why the two are interrelated (Moustakas, 1994). The purpose of noema is to bring to light the meaning of the experience and bring them to full consciousness and the noesis is the process of bringing meaning to consciousness (Moustakas, 1994). A phenomenological approach can provide a guide for reflecting on the experiences of the research subject, which includes helping the subjects put their thoughts, feelings, and experiences into words. Reflection allows one to discover deeper meaning by delving into the essence of the phenomena. However, there is also a distinction between a phenomenological approach in a philosophical sense and a phenomenological approach in a scientific sense because the use of phenomenology from a scientific standpoint goes beyond pondering the definition of phenomenology to understanding how analysis using phenomenology can impact the research subjects (Giorgi, 2010).

A phenomenological researcher may choose to approach the study through the instrumentation of the interview. Patton (2002) identified that information gained during the interview process largely hinges upon the researcher's ability to conduct the interview. Therefore, open ended questions versus closed questions are an important distinction because open ended questions allowed the researcher to gain more information because the questions were not simple answers and they also allowed me to

conduct easier follow up questions to continue to focus the interview in the direction that helped gain the most relevant information necessary for the study.

Role of the Researcher

A phenomenologist assesses how people make sense of their experiences in order to develop a way of viewing the world (Patton, 2002). Therefore, the researcher tries to get as close to the experiences of the research sample as possible to try and experience what the sample experiences because that is the only way to come close to understanding the phenomena being studied. However, it must be noted that in this study I did not have any personal or professional relationship with any of the participants.

Unlike quantitative studies, qualitative inquiries require the researcher to be the instrument by completing the interviews, interpreting the data, and developing the key themes (Patton, 2002). Specifically in a phenomenological study, the researcher is vested in seeking out knowledge about the phenomena from the perspective of those who have experienced the phenomena (Moustakas, 1994).

The researcher in a phenomenological study targets intentionality, which refers to the act of bringing something to consciousness (Patton, 2002). Within the consciousness of an individual is the presentation or experience of meaning of the phenomena, cognition, and feeling (Moustakas, 1994). Therefore, the researcher's role not only includes helping the sample bring the phenomena to consciousness during the interviews, but also the researcher would need to practice self-awareness so he or she would also be intentional about how he or she is being impacted by the phenomena. Patton (2002) identified that to fully recognize intentionality one must be able to make sense of

experiences, identify the specifics related to the experience, pinpoint beliefs about the experience, and connect the meaning and essence of the experience. The researcher is always on the lookout for expanding horizons of consciousness in order to present in clear and accurate words what is being experienced by the research sample (Moustakas, 1994).

Therefore, the researcher targets the phenomenological process through the lens of *epochē*, which means to refrain from judgment in Greek (Patton, 2002). In this study I utilized epochē to try and identify any personal biases or emotional connections to the phenomena so that the experiences presented by the research sample were truly their experiences rather than the biases of the researcher. One bias I mentioned earlier is the belief that attachment is formative during the pre-school age years for children so deployment during this time period will have an impact on the relationships between the military caregiver and the child or children. It was important that I maintained an objective stance during the interview so as to ensure that my belief in attachment theory did not influence the responses of the interviewees. The interviews were completed in an environment that made the participant most comfortable. Therefore, the location was mutually agreed upon so as to limit any ethical issues related to conflicts of interest or power differential.

The researcher brackets an experience and attempts to extricate the ‘what’ of the experience, which is the concrete details of the experience, and move to understanding the ‘how’ of the experience (Moustakas, 1994). Therefore, through the phenomenological process the researcher is able to add textural and structural

descriptions to the phenomenon. After bracketing the phenomenon, the researcher takes time to horizontalize what is in the bracket so as to treat every statement equally (Moustakas, 1994). Then the researcher spends time grouping themes from the descriptions of the phenomenon.

Reflection is an important role of the researcher in a phenomenological study. One of the steps in a phenomenological study is imaginative variation, which takes the researcher reflecting on what has been bracketed and assessing the potential meanings behind the experience (Moustakas, 1994). An important piece of ensuring credibility of the researcher in a study like this one is to spend time reflecting, not only for the purpose of being able to identify the meanings behind the experience, but also so that I could identify how the experience affected me and any biases that I brought into the study (Moustakas, 1994).

Methodology

In the methodology section, I addressed the procedures associated with this study. An important piece of any study is the gathering of the participants, and I addressed the logic behind the participant selection. I also addressed the instrumentation for this study, which included semi-structured interviews, along with the particular questions that are within the interview. Lastly, my plan for completing the data analysis was addressed so that future studies may be able to replicate the study.

Participation Selection Logic

The population for this study included military personnel who had experienced a deployment of at least six months, and left a family with at least one pre-school aged

child at home. Therefore, the population for my study was gathered according to those criteria. The population for my study also had to be able to communicate their lived experience. I identified 11 individuals who experienced the phenomenon from key informants connected with the military community. Patton (2002) noted that in qualitative research one does not have to be exact with the sample size. Rather, what matters most is finding cases that match the target population and gather information that can be extricated for the study. I sought out 10 cases for this study, but the number was fluid in that I looked for data saturation, which is the point when no new relevant information is attained from new interviews. I knew when the data had been saturated when I saw no new themes emerge from the data analysis.

The participants for both the main and pilot study were primarily recruited through purposeful sampling tied in with snowball or chain sampling. These methods of sampling allowed me to find cases that were more likely to be rich in information relevant to the study because I knew that they matched the qualifications necessary for the study. The idea behind these methods of sampling as opposed to random sampling, which are more prevalent in quantitative studies, was to gain a better understanding of the topic of study rather than empirical findings that can be generalized (Patton, 2002).

I made connections with key informants with the intention of requesting information to identify the required population for the research study. I accepted research participants, both male and female, as long as they met the aforementioned requirements and had returned from deployment prior to the study. No cap was placed upon how much time had lapsed between reintegration and the time of the study because studies on

memory recall suggest events with significant emotional attachment may not be subjected to distortion (Johnson, 2001; Marsh, 2007). Participants were recruited through contacts that knew people in the military. The community partners provided the contact information of individuals they knew that met the inclusion criteria to me and then I made contact with potential participants. If the aforementioned option was not agreeable, then potential participants were able to self-select into the study and contacted me directly to express interest in participation. A flyer was used to post on Facebook, which is listed in appendix C and was submitted to the Institutional Review Board (IRB) and approved.

Prior to individuals beginning the study, they went through a phone meeting where I discussed the informed consent, seen in appendix D, and confidentiality so that the participants understood their rights and knew they could opt out of the study at any time. Also, the informed consent included the purpose of the study and the procedures for the study. The research participants were afforded the risks and benefits so they could be informed about the study when they signed the consent.

Instrumentation

I utilized a semistructured, face-to-face interview found in appendix A, that was audio-recorded enabling later transcription. Each of the eight questions I created were meant to address the main purpose, which was to better understand the lived experiences of the military personnel reintegrating with their preschool-aged child or children. The interview setting was based upon the preference of the interviewee. Prior to the interview, the interviewee completed a phone conversation, according to the checklist in

appendix E, with me and determined a mutually agreed location. I utilized a pilot study, with two individuals, to assess whether the questions were best suited for helping the research participants to describe the phenomenon as well as to help me work out any issues with the recording devices.

Also, I worked with a semistructured interview, instead of an unstructured or standardized interview, because of the flexibility the semistructured interview offers without being so flexible that the interview seems to lack preparation. Patton (2002) addressed unstructured interviews by pointing out that these interviews allow the researcher to go in whatever direction he or she desires based on what he or she is observing in the interview. More than likely, an unstructured interview would not have set questions and may change from interview to interview (Patton, 2002). One of the challenges with an unstructured interview is the amount of time the interview may take to get the information needed relevant to the study and then the follow up analysis may mean the interviewer has to work harder to pull themes because each interview took on a different complexion (Patton, 2002).

On the other hand, a standardized interview lacks flexibility and is fully focused on the interview questions (Patton, 2002). Each interviewee receives the same questions in the same order. The positives of this approach is that the interviews can be utilized with other studies because there are limited variations between interviews, time is utilized efficiently, and themes are easy to find because each interview takes on the same shape (Patton, 2002). However, the downside of a standardized interview is the inability of the interviewer to pursue topics that are relevant to the study that may crop up during the

interview because the answers deviate from the questions (Patton, 2002). The semistructured interview that I employed allowed for some flexibility to pursue items that revealed further relevant information for the study while also utilizing key central questions that ensured that each subject had the opportunity to answer the same questions (Patton, 2002).

Prior to initiating the face-to-face interview, I reviewed the informed consent again with the research subjects. The informed consent identified the purpose of the study, the process and procedures for the study and interview, as well as the plan for use of the results of the study. Also prior to the interview, the research participants received a copy of the interview questions to prepare for how to answer the questions. I memorized the questions so as to prevent decreased eye contact and engagement with the interviewee. Prior to the interviews taking place, I tested the digital and audio recorder to ensure they were working properly. I recorded the interviews using Quicktime on my computer if the interview was conducted via videoconference and used an audio recorder for the face-to-face interviews.

Procedures for Pilot Studies

A pilot study was utilized because it could be another effort at validation for the study. The individuals for the pilot study were recruited through the same process and went through the same procedures as the main sample for the study. The goal was to get a small sample of two to four individuals that were representative of the military population demographics for the purpose of going through the interview with them to ensure they understood the research questions (Creswell, 2007). Those in the pilot study

also allowed me to prepare for unexpected questions, comments, or events during the interview.

Procedures for Recruitment, Participation, and Data Collection

Each of the research questions for this study was answered through the use of a semistructured interview that lasted no more than 90 minutes. Prior to the interview, however, each participant engaged in a 30-minute phone conversation where the purpose of the study was discussed, along with the roles and responsibilities of the researcher and the participant. Confidentiality was addressed along with the rest of the informed consent. The phone conversation as well as the interview was recorded either by audio or video devices. During the initial phone conversation, I also set up the interview time with the participant if they knew they wanted to participate. If they needed time to determine whether they desired to participate or needed to consult their schedule, then the potential participants emailed me the completed consent form along with their available times for the interview.

After the interviews were completed and transcribed, I allowed the participants a chance to read the transcription and voice any concerns regarding discrepancies between what they said and the transcription. Lincoln and Guba (1985) considered this procedure a good way of increasing the study's credibility, unless there is concern by the researcher about the truthfulness of the research participants. Also, after the data was gathered and the information was bundled into themes, I debriefed with the participants either through email exchange or through a phone debriefing during which they were able to process

their experience with the study and gave feedback regarding the themes that I explained to them.

Data Analysis Plan

According to Giorgi (1979), a phenomenologist examines the entire experience of the research sample before proceeding to identify the differences in meaning between responses while also grouping similar responses. The researcher inspects the responses of the sample and tries to capture the essence of the response in order to target the insights gained as they pertain to the research questions (Giorgi, 1979). According to Moustakas (1994), the first step in the transcendental phenomenological process is the epoché, but next is the reduction process during which the researcher examines the experience completely and attempts to describe the meaning of the experience. Along with the reduction process is the imaginative variation, which can be an extension of the reduction process in that its purpose is to take the experience to create structure to the experience (Moustakas, 1994).

The first part of analysis for a phenomenological study is the description by the researcher of any personal experiences related to the phenomenon. This part is completed to ensure readers understand and the researcher is reminded of any personal biases in order to focus on the experiences of the research subjects (Creswell, 2007). Then, the researcher assesses for key pieces or information from the interviews that clearly identify the interviewees' experiences with the phenomenon (Creswell, 2007). The researcher uses those statements to develop themes that become the overarching meaning behind the phenomenon. Using examples from the interviewees, the researcher

then provides textural descriptions from the interviewee's experience with the phenomenon (Creswell, 2007). After the textural description, the researcher adds a structural description that assesses how the phenomenon came into existence (Creswell, 2007). Together, the structural and textural description become the essence of the phenomenon that encompasses the purpose of the study to better understand the lived experience of the military caregivers reattaching with their preschool-aged children.

Once the data from the interviews were gathered, I looked for meaning units, which are specific words or phrases that describe a central theme that can be supported by research along with quotes from the interviewees. As themes were identified, I discussed how the themes related to the theory that guided the study. I continued to assess for data saturation by determining when there were no new relevant themes that emerged from the transcripts. Also, analytic triangulation, which is the process by which credibility and confirmability is increased, was used through the use of a peer review expert and my methodologist to distinguish the three reviewers' similar results rather than just my analysis. These individuals signed a confidentiality agreement, seen in appendix F, even though identifying information was changed through the use of a pseudonym prior to them reviewing the information.

NVivo 10 was used to develop codes that went through a filter process to put the data into categories that showed relevant themes to the research questions. NVivo is a software program for qualitative and mixed-methods research that is used to organize and manage the data from studies to ensure researchers can find connections between data sets and also be more capable of validating their study (QSR International, 2014). It is

important to remember that everyone's experience was important and they deserved a voice to their experience. Although I looked for themes, the experiences of each individual may not have fit into the overall themes related to the research questions and those outliers were highlighted in the significant statements mentioned in the next chapter.

Issues of Trustworthiness

Qualitative methods have been disputed over time as to how validity is identified in the traditional sense for which quantitative methods are measured (Creswell, 2007). While some researchers may identify that there are parallel forms of validity for qualitative methods as compared to quantitative methods, others associate validity in the quantitative sense with credibility in the qualitative sense (Creswell, 2007). For example, in this study I allowed the research participants to read the transcripts from the interviews as well as the descriptions of the meanings to prevent biases from being present in the descriptions, which helped validate the study. However, Lincoln and Guba (1985) mentioned that just because participants review the study does not mean that it is completely accurate. Rather, it is important to mention that though the purpose of this study was to give a voice to the participants, the study findings were still just interpretations of the identified themes from the interviews.

Also, I utilized analytic triangulation to come up with consensual validity, which means that there is an agreement amongst all reviewers that the thematic grouping and evaluation of the information by the researcher is accurate (Creswell, 2007). Analytic triangulation, which is when two peer experts are used to audit the findings to ensure the

themes are accurate, is another way of corroborating the data to ensure trustworthiness and credibility (Creswell, 2007). These individuals have expertise with the population being studied as well as the type of study being conducted.

For the purposes of this study, Dr. Katherine Coule, who was my methodologist, and Dr. Barbara Riggs were utilized as the peer reviewers. Dr. Coule obtained her Ph.D. from the University of South Florida in Counselor Education and Supervision. She has been teaching in Council for Accreditation of Counseling & Related Educational Programs (CACREP) accredited graduate and doctoral counseling programs since 2006. She is a licensed mental health counselor in Florida and a national certified counselor. Dr. Coule has more than 10 years of experience working with children and families in both the private and public sectors and has specialized in treating survivors of domestic violence and sexual abuse. Dr. Coule has also counseled military families and is a military spouse who has experienced a deployment with pre-school aged children. She has published in professional journals and has presented at several community, state, national, and international conferences and workshops.

Dr. Riggs is a Professor of Marriage & Family Therapy (MFT) and the MFT Program Director at Indiana Wesleyan University. She specializes in couple and family issues, trauma recovery, anxiety and depression. She is an American Association of Marriage and Family Therapy (AAMFT) Approved Supervisor, past president of Indiana Association of Marriage and Family Therapy (IAMFT), and currently serves as a Commissioner for the Council on Accreditation for Marriage and Family Therapy

Education (COAMFTE). Her research interests include family resiliency, family strengths, faith integration, and outcome effectiveness of counseling interns.

Dr. Riggs received her Masters degree in nursing from Indiana University while her Ph.D. work was in the area of Child and Family Studies with a concentration in marriage and family therapy at Purdue University. She is a registered nurse, state licensed clinical social worker, marriage and family therapist, mental health counselor, certified in eye movement desensitization and reprocessing (EMDR), and a fellow of American Association of Marriage and Family Therapists. As the founder of Eagle Creek Counseling, she served as the Director from 1992-2004 where she continues a private practice. She is the co-author of both editions of *Marriage and Family: A Christian Perspective*.

Dr. Riggs is a Vietnam era veteran herself. She has actively counseled veterans in her private practice and has participated in Give an Hour for several years. She participated in training conducted by Joyce Smith, Military Family Life Consultant and training presented at the IAMFT biannual conference. She recently had a grant with one of her graduate students to research contributors to marital satisfaction in military families. She currently serves on the advisory council for the Center for Families at Purdue University, which closely associated with the Military Family Research Institute.

Trustworthiness for this study was also increased through the use of rich descriptions of the study parameters so that other researchers could easily transfer the process to other studies (Creswell, 2007). Trustworthiness may also be included in data saturation. Lincoln and Guba (1985) noted that there comes a point where relevant new

findings are not present and for the sake of the integrity of the study, the data collection should cease.

On the other hand, reliability or dependability was ensured through the process of recording, and transcribing data from the interviews. Using Creswell's (2007) process for creating reliability in a qualitative study, I used my dissertation methodologist to review my coding along with a second independent peer reviewer. We then came together to identify segments from the interview and identified whether there was agreement on code names for each segment and themes to see if there was intercoder agreement, which also increased confirmability because other individuals reviewed the data besides me.

As was discussed in chapter one, potential transferability of this study could be addressed in future studies by looking at how individuals from the various branches of the military approach the reattachment process with their children. I attempted to gain understanding from a variety of branches of the military, but was not able to get participants from all branches. Also, researchers who would like to see the reattachment process enacted with older children may also find the transferability of this study useful because the development of an older child looks different than a preschool-aged child and this could impact the attachment process with the parent.

Ethical Procedures

Patton (2002) identified that the process of interviewing people can impact their thoughts, feelings, and understanding of self. However, the purpose of the interview is to gather information rather than counsel people towards making changes (Patton, 2002). If

the researcher comes from the vantage of a therapist, then the urge to target change or give advice may create ethical dilemmas and could negate the purpose of rapport building in the research, which is to gain valuable information for the study.

In dealing with attachment, there is potential for reopening memories of traumatic circumstances that military caregivers faced when rebuilding relationships with their kids. However, allowing them to speak about their experience can also be a healing agent. There are also times when people will share stories that they never thought they would share. At times those stories may necessitate calling the police or Child Protective Services. Interviewees were made aware of the potential risks from the study before beginning the interviews and were told the exceptions to confidentiality during the first contact.

Participants were also given a referral list of agencies that could be contacted if the interviews trigger the need for therapeutic intervention, which is listed in appendix B. If participants decided they did not want to be a part of the study or wanted to withdraw before the study was complete, then it was explained to the participants that I respected their wishes and I ensured they understood options for counseling available to them if necessary. There was also potential for a participant to decide after the interview that they did not want their information going into the study. I explained that at that point I would seek to understand their reasoning for denying use of the data for the study and if they still determined the data should not be used, then I would shred their information and assess for a new recruit if necessary. However, this concern did not arise.

Also, when dealing with the interviewees in a raw and personal way, there is potential for significant impact on the interviewer. The interviewer may connect with a certain aspect of the interviewee's story, which may cause the interviewer to filter the story through emotions, thereby losing objectivity. I debriefed with my dissertation committee during the analysis review to ensure data interpretations were as objective as possible.

Prior to the interviews, I created a package of information that allowed the research sample to review pertinent information about the study prior to the first interview. The package of information included items such as the description of the study, interview outline, and the informed consent, along with my contact information, so questions could be answered at any time. Creating such a process allowed the research participants to be more engaged in the study and invested in the results. Patton (2002) identified that informed consent can be a topic of conversation before the interview as well as at the beginning of the first interview because the informed consent procedures solidify the study's importance to the interviewee. Just as Patton described, I also reviewed informed consent during the preliminary informational phone meeting and at the time of the interview so that the interviewees had another chance to ask questions about the study. The informed consent explained that pseudonyms would be used so that the research product would maintain the anonymity and confidentiality of the research participants.

Also, the necessary criteria for the participants to screen in for the study and the risks and benefits of the study were explained in the informed consent. The potential risk

that has already been discussed was the emotional nature of the topic of attachment relationships between the caregivers and their children. On the other hand, one potential benefit included increasing understanding of the challenges these caregivers faced due to deployment during a critical stage in the lives of their children. By developing a better understanding of the challenge, the research participants increased overall awareness of the issue and also increased the likelihood that other agencies who interact with those families can identify how to meet their needs in similar situations in the future.

Another important aspect of the informed consent was the permission to tape record and publish the dissertation. Tape recording was necessary to help with the transcription and peer review process, while publishing the outcomes of the study will increase awareness about the phenomenon, which will increase potential for better programs that target the phenomenon. The informed consent also thoroughly outlined the time commitment. The time commitment included an initial 30-minute phone call about the study, which allowed the research subjects to better understand the reason for the study. Also included was a 60-90 minute semistructured interview, either face to face or through video conferencing, which targeted the research questions that allowed for thorough understanding of the phenomenon. Included within the informed consent were also mental health care providers in case there was any emotional discomfort from the interviews.

Lastly, the informed consent outlined the security procedures for transcripts, notes, and audio tapes, which included a description of the double locked safe in my home as well as a locked briefcase for files to be stored if they needed to be in transit.

Also, records from the study will be saved in the locked safe for a five-year period after which those records will be destroyed by shredding. If recordings or communication between participants and others helping with the study must be transferred electronically, then I will utilize an electronic encryption method to maintain confidentiality.

Summary

This study utilized a phenomenological approach to gain quality information that increased understanding of the experiences of military caregivers reattaching with their preschool-aged children following reintegration from deployment. I focused on bringing to consciousness the meaning behind each individual's experience so as to help him or her as well as others who work with the military family to better understand how to help similar families plan for and manage experiences such as reconnecting with a young child after deployment.

I conducted interviews using a semistructured process with central questions as a guide so that each interviewee was asked the same questions. However, I also had the flexibility to utilize relevant follow up questions from the interviewee's responses to gain further knowledge about the phenomenon being studied. The study utilized 11 individuals from key informants who had ties in the military community who had all experienced deployment and reintegration with their preschool-aged child or children.

Lastly, the analysis of data was conducted using NVivo, with the help of a peer reviewer and the researcher's methodologist so as to ensure coding of themes was accurate. Also, the transcripts and data analysis were given to the interviewees to review

so as to ensure the interviews and data matched what the interviewees actually said and meant.

Chapter 4: Results

Introduction

As a point of brief review, the purpose of this study was to understand the lived experiences of military servicemen and women who have encountered a deployment while leaving a preschool aged child or children at home with another caregiver. By understanding the variables of reattaching with their children upon return, other servicemen and women who encounter similar situations in the future will be more capable of overcoming challenges associated with reintegration. Also, agencies that work with this population will be more prepared to support these families. Also, as a byproduct of this study, programs can be created to further support these families. The answers to the research questions at the core of this study included a description of each individual participant's experience attaching to his or her preschool-aged child upon return from deployment and within each description of the experience are statements, themes, contexts, thoughts, and an overall essence.

The purpose of this chapter was to review the results of the data collected during the interview process. Included in this chapter is a discussion about the impact of the pilot study on the rest of the study. Also, I reviewed the demographics of the participants and described the data collection process and analysis in detail. Lastly, I described the results of the information gained from the interviews and talked about the evidence of trustworthiness that was important to a qualitative study.

Pilot Study

The pilot study was completed for the purpose of identifying any changes in the main study's procedures, which was important to give an accurate voice to the experiences of the participants and also to ensure the research questions were getting answered. The process for gathering participants for the pilot study was the same as the main study, which was outlined in chapter three. The individuals for the pilot study were gathered from key informants and went through an informational phone meeting prior to the interviews at which point the informed consent was reviewed. After the informational phone meeting, the interviews were set up and conducted using the Interview Protocol attached in Appendix A.

During the informational phone meeting I found that reviewing the informed consent with the potential participants was sterile and left me with little knowledge about the potential participants. Therefore, I decided to spend time getting to know the potential participants after reviewing the informed consent. I sought a five-minute summarization of the participant's experience in order to stay within the 30-minute time frame, which also allowed me to connect with the individual and understand the basics of his or her experience. The 30-minute time frame was chosen because I felt it would give me enough time to connect with the individual and get the information I needed without taking up too much of the individual's time. Another impact from the pilot study was the addition of three questions for the interview. The additional questions included: (a) what support did you have during deployment and reintegration as it pertained to the children? (b) what programs did you know of that helped you and your child or children with the

reintegration process? (c) what would be one thing you would share with an individual that was getting ready to deploy while leaving a pre-school aged child at home?

Setting

The setting for data collection occurred via telephone, videoconference, or through a face-to-face encounter. Each informational phone meeting took place by phone while nine interviews took place via videoconferencing services such as Google Hangouts, Face Time, Skype, or Blackboard Collaborate and two interviews took place face-to-face. The nine videoconference interviews were convenient for both the participant and the researcher because of the geographical distance between both parties, whereas the two face-to-face interviews were convenient because of the geographical proximity. The face-to-face interviews were conducted at my office because a private setting was needed for confidentiality and these individuals felt my office could provide confidentiality and still be at a convenient location for them. However, the unfamiliar setting of my office could have caused a little discomfort, but none was overtly noted during the interview. Also, one challenge of using a videoconference system for an interview was the delay in communication due to Internet speed. There were several instances where the videoconference call was dropped and then reconnected for the interview to continue.

Demographics

As shown in Table 1, 11 participants were included in the data collection of the main study, two of which were also part of the pilot study. Of the 11 participants, 73% ($n = 8$) were male and 27% ($n = 3$) female and 91% ($n = 10$) were married and 9% ($n = 1$)

divorced. Seventy-three percent ($n = 8$) of participants identified themselves as Caucasian, 18% ($n = 2$) as Hispanic, and 9% ($n = 1$) as Vietnamese. Sixty-four percent ($n = 7$) of the participants were current or retired members of the Air Force, 18% ($n = 2$) Army, and 18% ($n = 2$) Navy. Seventy-three percent ($n = 8$) of the participants encountered deployments of 6-9 months, 18% ($n = 2$) 13 or more months, and 9% ($n = 1$) 10-12 months. Also, at the time of deployment 82% ($n = 9$) were between the ages of 20-29 and 18% ($n = 2$) were between the ages of 40-49. At the time of interview, 82% ($n = 9$) of the participants had been on multiple deployments. Forty-five percent ($n = 5$) of the participants had been in the military for 10 years or more. Although all participants had to have at least one pre-school aged child in order to screen in for the study, 36% ($n = 4$) had multiple children. Lastly, 91% ($n = 10$) of the participants experienced at least one deployment with at least one infant left at home and 73% ($n = 8$) experienced at least one deployment with at least one child over one year of age.

Table 1

Demographics of Participants in this Study

Gender	Male	Female	
	8	3	
Age at Time of Deployment	20-29	40-49	
	9	2	
Military Experience	9 years -	10 years +	
	6	5	
Ethnicity	Caucasian	Hispanic	Vietnamese
	8	2	1
Marital Status	Married	Divorced	
	10	1	
Length of Deployment	6-9 mo.	10-12 mo.	13 + mo.
	8	1	2
Number of Deployments	One	Multiple	
	2	9	
Number of Children while Deployed	One	Multiple	
	7	4	
Age of Children while Deployed	Infant (0-11 mo.)	Toddler (12+ mo.)	
	*10	*8	
Branch of Service	Air Force	Navy	Army
	7	2	2

Note. Unless marked with a *, n = 11. * means that some participants had multiple kids; + denotes more; - denotes less; mo is the abbreviation for months.

Data Collection

Eleven interviews were conducted over the period of six weeks using videoconference programs for nine interviews and an audio recorder for the other two interviews. The six-week period of time was not chosen for any specific reason. Rather, it was only the length of time it took to complete the interviews. I did not have 11 participants immediately. Instead, I found participants and interviewed them until the data appeared to be saturated.

I set up the informational phone call and interviews that were completed via videoconference on my laptop in my home office and the face-to-face interviews were audio recorded and completed at my work office. Each potential participant engaged in an informational phone conversation with me that lasted no more than 30 minutes at which point each participant verbalized consent to continue on with the interview process. Each participant was sent the informed consent, signed it, and sent it back with available dates and times for the interview. Interview times were set up via email and the participants completed the interviews in their chosen format. I kept the interviews to a maximum of 90 minutes, to be mindful of the participant's time, but most interviews lasted from 45-75 minutes. The only issue encountered during the data collection was a major delay in the Blackboard Collaborate videoconference system that caused one interview to be cut short because I did not feel comfortable asking follow-up questions due to a shortage of time.

There were some differences between what was expected to transpire during the data collection and what actually happened. For instance, I thought I would have to

connect with agencies that worked with military personnel in order to find my participants, but I was able to find participants by identifying key informants within my social circle, most notably by posting the flyer on Facebook. Also, once contact was made with key informants, the potential participants more commonly reached out to me first instead of me reaching out to the potential participants.

Once I started the data collection process I also realized a couple of items had to be changed to be in compliance with ethical standards. For example, the phone conversations that preceded the interviews were originally supposed to be recorded, but at that point in the process informed consents were not signed so the phone conversations were not recorded. Also, I changed the length of time the data will be kept to five years instead of three because that is the policy of Walden University. As a result of the pilot study, I realized the need to add some questions to gain rich information, which were documented earlier in this chapter. Lastly, the process of reviewing data between the peer reviewers had to be adapted due to difficulties reading the NVivo file because they did not have NVivo on their computers. Instead of sending them the data files from NVivo, they were sent the results to match the themes accordingly. The interrater reliability would have been stronger if each peer reviewer had access to the NVivo file. If they would have had access to my NVivo file, then they would have been able to do an independent analysis. Instead, they reviewed the significant statements and then gaged the fit for each statement into the relevant themes.

Data Analysis

The Stevick-Colaizzi-Keen method of analysis modification provided a guide for which to process through the data gathered during the interview process. Moustakas (1994) listed steps that I followed in bringing the data from the general to the specific, which I was able to facilitate using NVivo 10 to process data electronically: (a) create a description of my experience of the phenomenon, (b) Identify significant statements, (c) Group significant statements into themes, (d) Create a textural description of the experience, (e) Create a structural description of the experience, and (f) Integrate the essence of the experience.

Step 1: Create a Description of My Experience of the Phenomenon

Creswell (2007) identified that researchers first create a description of their experience with the phenomenon in an attempt to create an objective analysis. I have no experience with the phenomenon being studied here, so there was no concern with countertransference. However, I chose this study because of my desire to help those in the military and my passion for working with families as a therapist. As I listened to the experiences of the participants, I was able to be present with them without feeling drawn by any personal experiences since I had not directly experienced the phenomenon, but I did empathize with the challenges that were shared and some of the painful experiences of the participants that had lasted for years as a result of deployment and contextual circumstances. However, it helped to remember that even though I wanted to shift into my therapist role, I was not operating in that role for this context. In other words, my cognitive processing of *epoché* during the interviews helped me to accept without

judgment what was being shared by the participants as their experience (Moustakas, 1994).

Step 2: Identify Significant Statements

Ultimately, the reduction process that Moustakas (1994) identified as the step following epoché starts with the experience in and of itself, which starts with the verbatim transcription from each participant and then is filtered down to the specific meaning of the phenomenon for each participant. Part of the filtering process started with considering each comment from each participant and identifying the statements of significance while cutting out the repetitive and overlapping statements (Creswell, 2007).

Step 3: Group Significant Statements into Themes

Once the significant statements had been identified I developed meaning units or themes from the remaining horizons related to the phenomenon being studied. The core themes were developed out of the questions asked of each participant during the interview. The transcriptions and themes that I identified were also reviewed by each participant and triangulated using two peer reviewers to ensure that the participants' meaning units were accurate. I was able to use NVivo 10 by filtering through the transcript of each participant's experience and collecting each significant statement into core themes that I labeled within specific thematic folders in NVivo.

Step 4: Create a Textural Description of the Experience

Within each theme is the textural and structural description. Moustakas (1994) identified that the textural description of each individual's experience is important because it answers the "what" of the experience. The textural portrayal allows the

researcher to have the participant identify the phenomenon from various angles to give the experience a well-rounded vantage point for those besides the participant. The interview guide that I created for this study had many questions that asked an array of “what” questions that allowed me to see the participants’ experiences in order to share that experience with them in the present and explain those stories accurately in this study.

Step 5: Create a Structural Description of the Experience

The structural definition is the “how” of the experience. Creswell (2007) noted that within this description is the context of the experience. Moustakas (1994) identified that the structural sketch documents the sensory part of the experience and is the conscious part of the memory of the experience that creates defined meaning. The structure and the texture are intertwined. When describing an experience, it moves from the concrete texture to the inherent structure that provides the full experience (Moustakas, 1994). This study highlighted the structure through the questions asked in the interview that related to the participant’s thoughts and emotions related to the experience.

Step 6: Integrate the Essence of the Experience

The above steps are necessary to funnel the experience down to the specific essence of the experience, which is the purpose of the study. The essence of the experience is the integration of the structure and context of each individual’s experience. It is at the end of this imaginative variation that Moustakas (1994) identified that is the final step in the process and aims to produce a picture of the experience that, hopefully due to the researcher’s objectivity, allows the participants to show the world their

experience through their eyes. My study culminated with a summarization that integrated the textural and structural experience of each participant within the themes identified.

There were a variety of themes that emerged from the questions asked during the interview. Themes were categorized within each question. Note that the names from any quotations or paraphrases are pseudonyms that were created to protect the confidentiality of the participants.

Preparation for deployment.

The first theme that surfaced revolved around routines being created or maintained. For example, Andrea stated, “We enrolled her in daycare so she had a routine prior to my deployment and then during my deployment. She had the routine of going to the daycare on base so that was predictable for her and for us.” The second theme developed around how the caregiver discussed deployment with the kids. Fred shared,

When I come home from work I usually will play some video games and they'll come down and ask what I'm doing and I will tell them I'm killing bad guys. Those are the bad guys and I'm the good guy so when it came down to it I couldn't explain to them the time I was going to be gone and what I was going to be doing so I just told them I was going to be going away to kill the bad guys for real and make sure they don't come and hurt you and mommy and then I will come home. That was the only thing I could do and I am not sure they really knew what killing bad guys meant.

The third and final theme for this question was about planning for the basic needs of the family. John stated, “You have to have things in place like your wills and power of attorney and things like that so if something does happen while deployed it is all taken care of.”

Relationship with preschool-aged child/children prior to deployment.

The first theme included coping mechanisms in preparation for deployment, which incorporated a continuum from the quantity of time spent with child to distancing behaviors. One example of this theme was brought up when Adam shared, “Prior to me leaving I tried to spend as much time as possible, especially with the oldest because I knew he would remember it and it would be harder for him than the baby.” The second theme involved the caregiver’s role with the child. Jack shared,

My son as a boy is a challenge, but he pushes the envelope so for him he understood the boundaries with me. Even though I was his playmate he knew the boundaries. They knew when I laid down the law that was the end of it.

The third and final theme for this question revolved around the rituals within the family system. Jonah stated,

I would get up with her in the mornings. I loved rocking her. She was one of those kids that was a little more fussy than the rest of my children. So we had to spend some time in that sense. I enjoyed every time feeding her with the bottle and everything.

Relationship maintenance with child/children during deployment.

The themes that were identified in this question began with the many ways families communicated via distance. Adam stated,

My wife sent me a coloring book and crayons and I sat there and colored him pictures. Anytime I was down or missed home I would sit there and knock out 2-3 racecar pictures and then I would send them.

The second theme was about the emotions over missing child milestones. Jonah shared, On the first deployment I missed my daughter's first birthday. I missed July 4th and Easter and Memorial, but the only one that hit me was her birthday. That was the tough one because the Internet was out and I kind of got to see it, but my family was there. So that was tough.

The third theme revolved around changes in roles in the parental subsystem. Jonah identified that

She has to take all my roles while I'm gone in a lot of way. I am on the telephone or Skype, but I'm not there so I can have the role in a speaking manner and they'll listen, but she has to take my roles and own them. She is wearing so many hats it is unthinkable.

The fourth theme targeted the ways the participants compartmentalized their mission while being away from family. For example, Renaldo stated, "In instant messenger you don't hear the person's voice or mood like whether they are upset or happy and instant messenger allows you to keep that separate." The last theme in this question was the behavioral changes in the participants' children. Rhonda shared,

With my son, he regressed to the point where he was no longer potty trained, throwing tantrums, and just behaving badly. There was actually a point where he was taking his diapers he was wearing and just smearing them on the walls. I don't even know what kind of tantrum that is, it was just beyond, we didn't know what to do.

Transition experience during reintegration.

One theme that was identified included role changes within the family system.

Adam stated,

Me trying to come back and help instantly kind of threw my wife off because she had a set way of doing stuff. Even with disciplining my oldest, if you do something she had a whole system worked out while I was gone, putting toys in the box and this is how it happens. And me doing what I would do so it just clashed a lot and it was a lot of me stepping back and analyzing everything again and seeing what worked and what didn't work while I was gone and what I should fix and what I should just leave alone.

The second theme involved personal challenges. Ashley shared, "I believe the first couple months I still was dealing with depression so my mother-in-law took me to the VA and they are all about giving medications." The last theme revolved around memories of the initial encounter with family. For example, Mark shared about his daughter,

She ran to me at first, but then after the initial hug she was kind of trying to feel me out and get used to me. A lot of parents like to be active, but you have to take

a step back and let them warm up to you before you start to become a full-time parent.

Relationship change with child/children during reintegration.

The themes that were identified included no change, establishing or re-establishing a connection and role in the child's life, and child behavioral changes. One example of the second theme can be seen when Adam stated, "I felt comfortable holding him and playing with him, but just sitting there holding him and looking at him I just was like sorry buddy but I just don't have a connection with you yet." An example of the last theme respectively was shown when Ashley shared, "He was distant and to be honest to this day we are still working on that with him."

Thoughts and emotions about rebuilding the relationship with child/children.

The first theme that arose was the feeling of being overwhelmed. Fred stated, I was required to have a re-deployment training that talks about what to do with your family. My wife, majoring in psychology, told me the same thing, but I'm not about that stuff. I just totally went into it and she took classes about what to expect and it all happened, but I didn't notice it. I thought I was prepared, but nobody was prepared.

The second theme was frustration. Matthew shared, "Definitely frustration. Reintegrating is nothing like what you see in the movies. The kids don't just come running up to you like 'hey you're my father. I know you'. They don't just come running up to you like that." The third theme was the desire to seek out physical connection, which was evidenced when Fred shared

I remember my youngest used to always try and touch the screen on Skype and we did the typical cliché run to your family at the airport. I was in my uniform and before she even hugged me she touched my face. It killed me!

The fourth theme was when the caregiver noted developmental changes. Adam shared, “He seemed to be more grown up. His birthday happened to fall while I was gone so I missed his 4th birthday, but even in the span of that he took on a whole lot more responsibility while I was gone.”

Main challenges related to rebuilding relationship with child/children.

The first theme related to this question revolved around role transitions. Fred shared,

The minute I came home I still thought I was at war and the kids don’t know what is going on and she is pissed that she has been alone for the past eight months. And the minute I came home everything is supposed to be back to normal. It isn’t like that. Everything is very real.

The second theme was marital challenge. Rhonda gave a very clear example.

Working on the issues with my husband, I think was one. Because if I couldn’t work it out it with him there was no way to help us both reconnect with our children because he had a disconnect too being so worried about me in a battle zone.

The third theme focused on adapting to new routines. Fred shared,

I deployed and I thought life kept on going the way I left it and I set them up perfectly because they’ll remember all this stuff that I liked, but I came back and

processes changed. They got older or they needed to do something different because their mom told them to. I got back and that is where the conflict was.

The fourth theme was about identifying the child's likes and dislikes. Matthew shared,

We went back to New York to see the family and my son was back in an environment that he was used to so I could play with him and have him accept me back into the gang over here that he was in with my brothers and dad and everybody so that made it easier. Getting him into an environment he was comfortable in was pretty effective.

Positives and negatives of rebuilding the relationship with the child/children.

One theme that was identified included understanding the child's world. Jack stated, "What has worked is being persistent so getting down on his level. Talking to him, playing with him, showing him some cool pictures of things I did that he would be interested in while I was gone." The second theme addressed routine maintenance. Matthew discussed,

What worked was getting him back into an environment where he was comfortable and in my particular case he had been staying the last couple months with my mom and for him to see everybody I think it helped a lot because I was able to get him back and he was able to see that his uncle who had been doing all these things with him and now his dad is doing it with him too.

The third theme that showed what did not work was forcing roles and routines. Rhonda explained,

Just being patient because I had to realize that they had to go through this too.

They didn't want their mom to be gone. It wasn't their fault. So realizing that I think helped to understand what they went through too. I mean, they went eight months without their mom. If I was a kid, going eight months without my mom, are you serious? I would be devastated. So just realizing that they went through this traumatic experience too I think helped be able to bond with them and understand what they were going through. Not just, do what I say or else.

Role of support networks during the deployment process.

The themes that were identified included involvement of family, involvement of friends, and involvement of community. Jonah gave a good example of the role supports played in creating a positive dynamic for the family in what could be an otherwise very difficult circumstance.

We had friends that made...they didn't ask if she wanted time for her self. They said hey we are going to watch the kids on Friday for a couple hours and you can go do whatever you want. It wasn't one of those things where they say hey we'll do this this is what we are going to do. They took turns watching the kids so we had that support there and it made it a lot easier not having to worry about that and the first wasn't that way.

Programs during the reintegration process.

One theme that surfaced was that most programs had to be sought out. Andrea pointed out,

I found Operation purple that involves kids and I found another link that involves kids that are younger than 6 and they were able to take their kids with them. There are programs but you have to look for them, especially if they aren't available on your base. You have to research on your own.

Also, helpful programs appeared unavailable. Ashley shared, "Active duty has classes, but it is like financial things. But nothing that talks about how to talk with your family members." Lastly, the population would benefit from a program developed to meet their specific needs. Jack stated,

I feel there is a need for that. I feel like it should be when you reintegrate back in it should be mandatory family transition program where you come for a few days and you sit down and go through what your service member has gone through and here are some things we have talked to him or her about. I think there should be a focus on the kids because it was surprising to me how much more challenging than I thought it was going to reintegrating with the kids.

Words of advice.

The last question brought out several meaningful themes for those in a similar situation to these participants in the future. The first theme was that families should spend time together. Adam stated, "Don't take the moments before you leave for granted. Don't waste the time. Do as much as you can before you leave." The second theme was for the caregiver to ease back in the role within the family slowly. Ashley said,

Ease your way into it when you come back. Don't expect your kids to come rushing up to you. You've been gone for so long. Ease into it slowly. Don't go into it ruling with an iron fist. If anything, doing that will make them lose respect for you.

The last theme was to maintain strong communication throughout the process. Jonah said,

If I had to boil it down to one thing it would be to communicate. If your family hears your voice and sees you and you're talking to them, then they know you're there. It isn't the same thing as being there, but they know you're still there.

Each participant was given a voice for this study and each statement was significant because it was a part of the bigger story. There may have been statements that did not fit into themes identified in this study, but those statements are important nonetheless. Each individual's experience was unique and even if a statement did not make it into the themes for this study, the transcripts in the appendix highlighted each personal experience.

Table 2

Themes From Significant Statements of Participants

<u>Preparation for deployment</u>
Routine creation or maintenance
Caregiver discussion of deployment with kids
Basic needs planning
<u>Relationship between caregiver and child prior to deployment</u>
Caregiver's role
Coping with impending deployment
Rituals
<u>Relationship maintenance between caregiver and child during deployment</u>
Communication via distance
Challenges of missing developmental milestones
Changes in roles in parental subsystem
Compartmentalization of mission versus family
Child behavioral change
<u>Caregiver experience of transition from deployment</u>
Caregiver role changes
Personal difficulties
Memories of the initial encounter upon return with the child/children
<u>Relationship change between caregiver and child during reintegration</u>
No change
Establishing or re-establishing a role in the child's life
Child behavioral changes
<u>Caregiver initial thoughts and emotions related to reattaching with the child</u>
Overwhelmed
Frustration
Desire to seek physical connection with the child
Child developmental changes
<u>Main challenges related to reconnecting with the child</u>
Role changes
Marital challenges
Adapting to new routines
Identification of the child's likes and dislikes

(table continues)

Positive and negative ways of relating to the child during reintegration

Understanding the child's world
 Routine maintenance
 Forcing roles and routines

Accessed support networks

Family
 Friends
 Community

Thoughts related to available programs supporting reintegration with family

Helpful programs had to be sought out
 This population would benefit from a program tailored to their individual needs

Words of advice

Spend time together as a family
 Ease back into the family environment
 Maintain strong communication throughout the process

Evidence of Trustworthiness

Credibility can be looked at as the validation of a study, which is used in a qualitative study by using multiple outlets to create a picture of the confidence about the study's outcomes (Creswell, 2007). Triangulation was used in this study by using two peer reviewers who either had experience working with the population in the study, in qualitative research, or both. One individual was chosen as an independent reviewer because there was no link to the researcher and therefore would be most likely to be objective. Member checking was also used, which Creswell (2007) shared increased credibility by getting the participant's feedback about the accuracy of the findings. Lincoln and Guba (1985) noted that member checking is vital to the credibility process.

Transferability is the process through which one is able to link a study to other studies that may overlap and is attained through a thorough description of the results of

the study (Creswell, 2007). The purpose of sharing the data collection and analysis process is so that others who want to attempt studies that overlap can do so if they choose by repeating my study's process. For example, if somebody wanted to focus on a specific branch of the military that I was not able to utilize or work with those that had older kids, they may do so by replicating my process. Also, just as in Demers (2011), I was able to increase transferability by inquiring about demographics and by gathering rich descriptions from my interviewees.

Dependability is linked to what quantitative researchers would call reliability. Dependability and confirmability were created through a formalized process that can be utilized by other researchers if needed to recreate the study. The process for my study included: (1) identification of participants, which was developed through the use of key informants in my social network, (2) review of informed consent, which was specifically outlined as to the content of the informed consent and the example is in the appendix, (3) the semi-structured interview, of which the questions can be found in the appendix, and (4) the data analysis process, which was also outlined earlier in this study. Also, by using analytic triangulation with peer reviewers I was able to increase both dependability and confirmability because others who may be considered experts with this population or in this type of study were able to verify the accuracy of the information thereby increasing the dependability of the study.

Results

The results of this study are based on the themes that surfaced throughout the interview process, but the interview questions from which the themes arose were

developed based on the overarching research question and the secondary questions that outline a phenomenological study. The overarching question for this study assessed the experiences of military caregivers reattaching or developing initial attachment to their preschool aged child or children upon return from deployment and the sub-questions revolved around the statements, themes, contexts, thoughts, and overall essence of those experiences. Therefore, the results of the study will be broken down into themes associated with each interview question and through which the research questions will be answered.

The first interview question was “How did you and your family prepare for deployment?” Three themes emerged from this question: (a) routine creation or maintenance, (b) caregiver discussions with the kids about impending deployment, and (c) planning for basic needs while deployed. Each theme will be addressed by listing each participant’s significant statements for each theme.

Routine Creation

1a. Adam: “Basically what we did was sit down and talk everything out. She knew where I was going. We weren’t going anywhere bad. We were going to a safe spot. We were going to Qatar. We had done little things away from each other here and there. A week here and a week there. We just tried to build ourselves on that. We would try replaying that week over and over again. We knew we had to take everything day by day.”

1b. Adam: "With the technology we have today we were able to draw up a plan for every day off to talk on Skype. Every day I would be on Facebook messenger talking with her back and forth and sending the kids messages as well."

2a. Andrea: "I breastfed her basically until she was 20 months old. She was already weaning, but it created a bond between me and her. She already knew her maternal grandmother very well because we enrolled her in daycare so she had a routine prior to my deployment and then during my deployment. She had the routine of going to the daycare on base so that was predictable for her and for us, but she knew her maternal grandmother really well because when I was on the waitlist she was 7 months old so she got to know her grandma well."

2b. Andrea: "I enlisted the help of maternal grandmother and grandfather. They are retired so they were able to come out from the east coast to where I'm stationed out at west to help my husband on the evenings and weekends. She still went to daycare. She knew her teachers and friends and we set up a Skype account.

2c. "My daughter went with me during my month of pre-deployment training in Ohio. It was like 8-5 so I was able to take her with my mom and me. My husband stayed because he had to work. I was able to use a FDC, which is a family care provider at this training location. I was able to spend a lot of time with her during training in January 2014 and didn't deploy until June."

3a. Jack: "Trying to keep that closeness and help him to understand we were going to stay close while I was gone and when I get back. We were trying to keep

things as close to normal as we could. Instead of making it seem like it was a big deal what was happening. But at the same time I was trying to distance myself at the end so he isn't shellshocked when I exit."

3b. Jack: "Trying to keep the everyday routine because at that age they need a routine because that is what they are used to, but then try to figure out since Daddy isn't going to be a part of that routine help to transition him out of there. But at the same time it is a catch twenty-two because I wanted to get more involved with things because I wouldn't be able to do that while I was gone. So at bed time maybe me do the bed time every night rather than alternating because we would switch back and forth where one night I would do my daughter and then my son so it was kind of like maybe I would push towards doing one or the other so I could spend more time with them so it was a catch twenty-two because you try to peel back but at the same time try to do as much as you can while you are there. It was hard at times to figure out that balance."

4. Jonah: "The second one I don't know if there was a whole lot of challenges as far as getting them prepared as much as we just we continued our daily routine as much as we could. I took them out to do a couple extra things."

Caregiver Discussions with the Kids about Impending Deployment

1a. Adam: "Basically it was 'hey I have to go to work for a long time' and at the time he was kind of understood but didn't understand the zombie kind of thing. He knew that I was a cop so we were goofing around one day when I was at work back home. I was like 'oh I go shoot zombies every day'. That is what I do. He

asked ‘oh are you going to go shoot zombies’ and I was like ‘yes buddy’. He thought it was funny, so then we went from there and I said there are a lot of zombies over there that need taken care of, basically trying to make it a fun thing that I am going to take care of zombies and that was where he was almost okay with the idea. He didn’t fully understand what was going on, but other than that we just tried to explain everything the best that we could to a three year old.”

1b. Adam: “I don’t think he grasped what was going to happen until after I was gone.”

2. Andrea: “She was too young to understand what was going on. She is bilingual so she

speaks Vietnamese and English so I told her mommy is deploying to Afghanistan. Even though she didn’t quite understand.

3a. Ashley: So in regards to me talking to the kids I honestly did not really speak to them about it.

3b. Ashley: “You took the approach of saying that it wasn’t going to be a big deal and you weren’t going to hype it up to your kids. You basically said mommy is going to go and left it at that.

4a. Fred: “when I come home from work I usually will play some video games and they’ll come down and ask what I’m doing and I will tell them I’m killing bad guys. Those are the bad guys and I’m the good guy so when it came down to it I couldn’t explain to them the time I was going to be gone and what I was going to be doing so I just told them I was going to be going away to kill the bad guys for

real and make sure they don't come and hurt you and mommy and then I will come home. That was the only thing I could do and I am not sure they really knew what killing bad guys meant. They have seen me with my gun before at work.

4b. Fred: "It wasn't until the night before I left that we told the oldest. There was no point telling the youngest about me leaving at that age. I told my oldest daughter that daddy was going away. I got her a Build-A-Bear with my voice in it saying be good and things like that so she would remember my voice. I said daddy is going away. I am going to miss you a lot. I was crying and she wasn't so after that I guess I said my goodbyes and she didn't really understand, which hurt me a little bit. We go back to our room and go to bed and we hear my daughter crying so we go back and ask what is going on and she said I'm really going to miss you a lot. At that point we understood that she understood at least a little bit what was going on."

4c. Fred: "They didn't really have any questions because they didn't understand what was going on and maybe it was better that way that they were blind to it all."

5a. Jack: "We decided for preparation purposes because they were so young and probably don't understand time we decided to wait until closer to December when I was going to leave to tell them because you have a preschooler that a minute doesn't mean anything to him compared to one year."

5b. Jack: "We sat the kids down and told them what was happening. Again the time frame doesn't really comprehend for them. My son had no clue what that

meant and my daughter was confused about the time frame trying to figure out what one year or ten months really meant.”

5c. Jack: “The first part of the discussion was explaining to them again what I do with the Navy. That I have a second job and that I go away...they are used to me going away a weekend a month and my daughter was used to me going away for a couple weeks at a time so I think she understood that. So then we talked about how my job takes me away for a longer period of time, longer than two weeks. So what we tried to do to help quantify it we tried to relate it to things they understood. So we were coming up on Christmas so we told them that after Christmas I was going to leave and then we talked about how for my daughter she would have school through the spring and the summer and we talked about how she had dance and soccer in the spring and that I wouldn’t be around for that and she has a dance recital in June and I wouldn’t be around for that. Then she gets done with school and she has things she does in the summer and I wouldn’t be around for that. And then we talked about how she would start third grade in September and right when she started school that is when Daddy would come back, like maybe around Halloween time. So we used a calendar of events that she would understand so we could lay out how long I would be gone. With my son he listened but he lost interest before we finished the conversation so you know that is what you expect with a three year old.”

6. John: “Wasn’t much we could do to prepare for it. We kinda just let him know that I was going to be gone for a while and he obviously saw me packing all my

stuff. It was funny one time he climbed into one of my bags. He was trying to go with me apparently. Yeah it was hard for him to grasp what was going until I actually left."

7a. Jonah: "I let her know that hey daddy is going to have to go away. I had TDY before that so she had been used to that. So I told her that daddy was going to have to go away for a bit and that he has to go. You know how daddy goes to work and he goes out there and patrols to protect against the bad guys and sometimes I have to go really far away so I can keep the bad guys away from here. So she understood that and worked with that. Most of the time we didn't have sadness."

7b. Jonah: "The oldest we talked to a little more because she understood better. The youngest we also spoke to but I don't think she fully grasped the concept."

7c. Jonah: "When I knew they were focused and listening attentively we would talk about it a little and then when they lost focus and were like oh hey squirrel we would just drop it. We hit it a few different times."

7d. Jonah: "The oldest I think she realized I was going to be gone longer than I had been. The longest I had ever left was about six weeks before that. I think she realized I was going to be gone longer. I don't know if they fully comprehended how long I was going to be gone."

8a. Mark: "The first one she was only 4 months old so I was there for the birth, which was a good thing and then when she got older I kind of just did family

things and spent as much time with her as possible because I knew she wasn't going to understand what was going on once I left.

8b. Mark: "I think it was easier to leave when she was a few months old because she didn't know much about what was going on."

8c. Mark: "I let her know I was going to be gone a few months, but I wouldn't be gone forever and I would work with mommy to set up Skype and stay in touch as much as possible during the deployment. I don't think she fully gathered it until she didn't see me coming around because I was getting her 50% of the time and once I left she wasn't coming over like she was."

8d. Mark: "My family came down and took me to the airport so we rode together and I held her all the way there. That was an emotional time because that was the last time I was going to say see you later for a few months."

9a. Rhonda: "We just tried to talk about how mommy wasn't gonna be around for awhile."

9b. Rhonda: "They don't understand the danger of it, so we left that out of it."

9c. Rhonda: "Tried to tell them that, uh, you know, we would be able to talk and daddy is going to be there to be able to take care of them for whatever, uh, for all of their needs."

9d. Rhonda: "We tried um, doing a like a calendar thing saying this is where we are today and then this is when I'm gonna be coming home. And every day I want you to mark out a day. See how close or how much closer it is for me to come home."

9e. Rhonda: "I couldn't explain what I did to them because they wouldn't understand. But just being over there, we tried to show them on a map where I was um, things like that."

9f. Rhonda: "He would say you know, mommy's just at work. You know, she's in the Navy. It's what she has to do. She's serving her country and it's something she has to do. He made it sound more heroic than it actually was. He was really trying to build it up to make it seem like I was doing something really good for the world or something, I don't know."

Planning for Basic Needs while Deployed

1. Adam: "She was a stay at home mom and went to school at the same time. We knew childcare would be taken care of. It was just the part of making sure she had all the help she needed once I had rolled out."

2a. Andrea: "I also prepared four weeks of frozen milk even though she was weaning and eating solids."

2b. Andrea: "She had the extra support and she had her friends and teachers at school that kept everything predictable even with me gone."

3a. Ashley: "He got out because when there are two spouses in the military it is called dual military and one person has the option to get out on the family care plan meaning that you don't have anyone to watch your kids so one of you can get out. Usually it is females, but I told my husband, you are the brains of this family. If I get out, I am not going to do anything. I don't want to go back to school and I

refuse to sit at home. Where if you get out you can go back to school and I can stay in. So we went with that plan and he went back to school.

3b. Ashley: "I was talking to my husband on our way back and I told him that if I get out he has no job and is not done with school. We had three babies in diapers and no money to live. He was like whatever you decide you make that decision on your own. I am with you and will support you, but it needs to come from you because I don't want you to hold that against me. I was like well I think I should go on this deployment because we need this money and you need to finish school. Mentally I prepared myself. As for the kids it is kind of weird but I needed some time away. I know that every kid has a different experience, but I had experienced the milestones with my first two and I was pretty sure that I would get pictures and stuff with my third one. To me what was important was the future. My husband was going to school and one of the things was that with the money we were going to save up we were going to buy a house."

3c. Ashley: "I also wasn't stressing about the situation because my husband has a really good family support system. So when we moved forward he moved back to Indiana and in with his parents. His sister was supposed to go as a missionary to California, but she put her plans on hold to stay with my mother-in-law and my husband to help with the kids."

4. Jack: "Lets get everything lined up first with the kids and we will deal with us later. So that didn't get evolved until it was right upon us mid December. For us from a relationship perspective we had been married for ten plus years so I think

we knew we could survive that. I think the question was what is it going to be like for that initial onset and what is it going to be like integrating back in because not knowing what I was going to be doing over there and not knowing what our contact was going to be like. We didn't know if we were going to be able to talk every day, once a week, so I think towards the end of December we were trying to figure out how our relationship was going to work while I was there and she was here. So quite honestly that was a bit stressful because she was looking for answers that I couldn't give and I was trying to figure out what it was going to look like for the next ten months."

5a. John: "Preparing my wife and kid for where they were going to stay when I was gone. They ended up moving back home so that family could help take care of my child."

5b. John: "She was definitely stressed with figuring out how to take care of a baby all by herself. That was part of the reason why she came back to Indiana so she could have that support and help. Another big aspect of it was she kept talking about how she didn't know what she was going to do and that she was going to be completely bored, which was why she decided she was going to get a job in Indiana to keep her mind off of things. We talked about that quite a bit because she was real stressed about not having much to do without me being here."

5c. John: "You have to have things in place like your wills and power of attorney and things like that so if something does happen while deployed it is all taken care of. Which now puts the thought in your mind of what if I don't come back so now

you're not only thinking about what is going to happen and I'll see you in six months, but you think about how they're going to be taken care of if I don't come back."

6a. Jonah: "Her family came out and was out there for the deployment."

6b. Jonah: "I did our taxes and we did a little shopping spree. We bought a computer for each one of us. We had a desktop but no laptops so we bought a couple laptops. I bought myself an iPod so I could listen to some music over there. That way we could also Skype."

7. Matthew: "My wife came back up to New York for a little while so that she had some support and some help. From our family her parents my parents that kind of thing."

8. Rhonda: "We did take about a month of leave and I went back home to IN to visit my family. Uh, so, we, that, that helped a lot. Just to be able to relax and see everybody and the kids got to see them. Because I don't even think, I think that was the first time they actually met the whole family."

The second interview question was, "How would you characterize your relationship with your pre-school aged child/children prior to deployment?" The themes for this question included: (a) caregiver role with the child or children, (b) coping mechanisms in preparation for deployment, and (c) rituals within the family system.

Caregiver Role with the Children

1a. Fred: "For about three or four months every negative action that happened was met with physical discipline. Every small little thing was met with a smack on the

hand or if she said something negative there was a smack on the mouth. If it was something more there was maybe two smacks. After three or four months she was the best girl in the world. She ate all her food. She wouldn't talk back. After three or four months of having her I would wake up in the morning after a shift and they had already played with their toys, picked up their toys, got each other dressed, and were quietly waiting for breakfast. It wasn't like they were soldiers or anything, but they were disciplined. I was very grateful I did that then because they keep up with those habits now. After that they really gravitated towards the structure. In no time they started calling me daddy without me asking them to. Maybe it was natural with me being the only male in the household. We had a really good relationship by the time I had to leave."

1b. Fred: "I obviously had the role of a husband and I can say this because my wife just admitted it herself. She was kind of a child when we got together. She was very young. She was 18 years old. She had her first child when she was 16 so a lot of that party time and youth she should have experienced she didn't get to so even when we were engaged our apartment was a mess. It wasn't a very nurturing environment so I kind of felt like I had to be a father to the children and I had to teach her how to be a mother and a wife at the same time and that took a minute."

1c. Fred: "I tell people all the time that if they see me yelling at my kids don't think that it's because I am frustrated with my life. At that point I am an artist. I love my life. When they turn 18 that is my product to the world so I am happy any time I am doing something with my children."

2. Jack: "My role with the kids was definitely more of a disciplinarian just by nature. My wife works from home so they know how to push her buttons and know what they can get away with where with me they don't. It is kind of like I become that disciplinarian because there is more of that threat there from me. My son as a boy is a challenge, but he pushes the envelope so for him he understood the boundaries with me. Even though I was his playmate he knew the boundaries. They knew when I laid down the law that was the end of it."

3. John: "I was that playmate in a sense."

4. Jonah: "My belief is that a father should be around a lot."

Coping in Preparation for Deployment: Distancing Behavior and Quantity Time

1a. Adam: "Prior to me leaving I tried to spend as much time as possible, especially with the oldest because I knew he would remember it and it would be harder for him than the baby."

1b. Adam: "There is a park right in the middle so it was just me and him out there playing superheroes."

2a. Jonah: "I had a wonderful relationship and still do with them. I tend to put myself to the back for my kids. I want them to have what I didn't have as a kid. Not to the point that I want to spoil them, but I want them to have the treats that I didn't get. I don't want them to have to deal with those things, but at the same time I want them to be independent. I guess most of the time I was always around spending time with her."

2b. Jonah: "I tried to spend as much time as I could with them. I know they have a bond with their mom that I can't have, but anytime and everything I could do I would."

2c. Jonah: "I'll just change out of uniform and play with the kids until they go to bed. We put our kids to bed at seven so that doesn't leave a lot of time with them so we monopolize that time when we can."

3. Mark: "I would say we were starting to mesh and get a good relationship. We were bonding well and getting into a routine as far as the divorce went. She also has a brother a little older that was involved during the first deployment, but now she was getting into a routine without having her brother around and she took a couple steps back because it was no more coming to my house for two weeks out of the month.

4a. Matthew: "My son and I would try to do as much as we could together."

4b. Matthew: "You do your best to spend every last minute with your family. In my case my wife and son we spent every last minute we could together because we knew there were going to be a lot of things I missed. In that last week I don't think there was a point where my wife and I were apart. We spent every waking minute together."

5a. Rhonda: "With my son, he was always like a momma's boy. He's my first. I was always able to be with him up until that point."

5b. Rhonda: "We were really close, I mean we lived on base so we did everything together."

6a. Adam: "I only got to spend at best 8 weeks with him total so my role with him almost shifted all my roles to my wife. She kept saying it too. She would say that she had to get used to doing it by herself. Even though I would stand there and try to take over to help her out she would kind of push me out of the way so she could prepare herself for when I was out the door."

6b. Adam: "You want to attach yourself, but you don't want to fully dive in because you know you are leaving so you walk that fine line to try and do everything with him, but at the same time you push him aside because you don't want to be so attached that it becomes a mental strain before you leave."

7. Ashley: "My baby was hard because as a mother I kind of had to cut the cord and pretend I never had him because at three months old me leaving him was like I kind of just handed him over to my mother-in-law."

8. John: "He didn't understand that dad wasn't coming back for a while and that made it hard because I had to tell him I wasn't going to be able to play for quite a while. And that kind of put a wedge there."

Rituals within the Family System

1. Andrea: "I breastfed her up until the day I deployed."
2. John: "When dad was home it was playing T ball or playing on a little kid basketball goal or chasing each other through the house or sword fighting or whatever."

3a. Jonah: "I would get up with her in the mornings. I loved rocking her. She was one of those kids that was a little more fussy than the rest of my children. So we

had to spend some time in that sense. I enjoyed every time feeding her with the bottle and everything.”

3b. Jonah: “I would wrestle with her at that time. We would go down to the park.”

3c. Jonah: “Their personalities are completely different so the relationship with each one depend upon what they like to do. The one I call bulldog likes to play with dolls and doing that kind of stuff so I did more of that with her whereas the older one would read books and the younger one would rip them up. The oldest had more of a learning personality so we went in that direction with her more. She wants to know every little detail. She loves to read about tornados. We had to get books about tornados. The younger one wanted to dress and play. They both like to dance and they liked doing dancing before I left as well.”

4. Matthew: “Whether that be boat rides or the zoo.”

5. Rhonda: “I would take my son out to the park. There was a park right behind our house. We had a little kiddie pool in the back yard. I would take him there. We would just talk about whatever, he liked to tell stories. Um, and then when I actually did have my daughter, he was really into wanting to help and bond with her and play with her. And then I guess with her, I mean she was a baby so I just did what mommy’s do with babies. Snuggle and play with them.”

5b. Rhonda: “Breastfed until um, they got teeth.”

The third question was, “How were or were you not able to maintain the relationship with your child/children during deployment?” The themes that were identified in this question included: (a) ways families communicated via distance, (b)

emotions over missing child milestones, (c) changes in roles in the parental subsystem, (d) compartmentalizing the mission while being away from family, (e) behavioral changes in the participants' children.

Ways Families Communicated Via Distance

1a. Adam: "My wife sent me a coloring book and crayons and I sat there and colored him pictures. Anytime I was down or missed home I would sit there and knock out 2-3 racecar pictures and then I would send them."

1b. Adam: "Every month I sent him a package of some sort. I would say 'hey if you're good for mom you are going to get this' and I just built it up. He started getting into Ninja Turtles so I got him Ninja turtles one month and then a couple more than the next month until I came home."

2. Ashley: "I loved mail. What I would do was draw pictures. Or at the time they were trying to teach my oldest her ABCs so I would draw the ABCs in big bold print and then she would ask for me to draw her something so when I called my husband he would tell me she wanted me to draw her a lion. I remember that because I still have that mail and those pictures I would draw for her. My middle one too."

3. Jack: "What I did to stay connected was every week I would email my wife something and ask my wife to read it to the kids or give it to the kids and I would say Hey how is school going or how did the play go and same thing with my son I would say how are your trucks doing or how is soccer going. Things like that. So I was always asking them what was happening with them that time in their life. So

my wife would read that and they would give her a response and she would respond back via email. So those were the combination of things we would use to keep communication going between us. The other thing I did before I left I had recorded these voice books. We ordered a bunch of books and you could record your voice. We always read a story before bed at night. We always read a story. I recorded my voice reading a story to them so basically my wife would turn the pages, but it was my voice reading to them. We did that and then I did the thing with the bear where you could record a message in the bear and then they squeeze the bear and it says the message back to them. It was really a combination of those things along with trying to reach back via email or telephone to keep in touch. I think it worked for the most part, especially for my three year old out of sight out of mind. Not seeing me every day they kind of forget about it whether I liked it or not it was better for them only seeing me on the video once a month and only speaking on the phone every week or two because it made it easier for them that I wasn't there and it was just mommy."

4. Jonah: "I made a teddy bear with my voice in it and I made a couple books that they could read back. My middle daughter still loves my teddy bear and you can barely hear it. They have some things set up on base for you and sometimes over there, like in Kuwait they have a video camera set up that you can do. We did the little things like the video and the teddy bears."

5a. Mark: "I had a teddy bear and some drawings that she had done and that would perk her interest."

5b. Mark: "We did the Build-A-Bear. We went and picked it out and did the recording that said daddy loves you and misses you so that she could hear my voice at any time. Another thing is the USO takes care of parents. They do a book reading thing where you would read a book to your child and they would video record it and send it to your child so they could read along with you on the video. I have a couple pictures where she was reading along with me and she was pretty excited."

6a. Matthew: "The Bx had some stuffed animals so I would get him stuffed animals and try to bribe him to stay in front of the screen for an extra few seconds."

Emotions over Missing Child Milestones

1a. Andrea: "It was tougher when I went to Texas for training. That was on Mother's day so out of all the times they could have sent me. That was tough for me, but you put on your war game face and do what you need to do."

1b. Andrea: "During my deployment I cried maybe once when my husband said, "Everything is okay now, but we had to take her to the emergency room. She had a really high fever". I wasn't there to help her so it was a cry of relief, but also frustration because I wasn't there. I couldn't nurse her."

2a. Fred: "In reality everything kept on going even with daddy gone. Things couldn't be put on pause. I didn't want to accept that my children had grown without me and that they had grown closer to my wife without me there. Not that

I don't want them to be close with my wife. I don't want my family to grow without me being a part of it. Sure I'm a part of it, but over the computer."

2b. Fred: "For example, there was this one time before I left there was this aquarium in Ohio. We wanted to take them to this aquarium because the kids loved fish so I shared that with my children. While I was deployed, about four or five months into it, I didn't want life to go on. Go to the store, get the groceries, and go home and wait for me. I'll be home soon. I promise, but she was like I need to take the kids to do something and I really want to take the kids to the aquarium. I was like No! That is for the family. She said she wouldn't, but she knew she had to do something so she put it on a credit card that I didn't know about and I found out about it later. I was like you went to the aquarium! I broke down. I wasn't trying to be a pussy, but in my mind I was like how could you do that. That was for me and my children. Life went on without me. It really hurt me when it shouldn't have. It says something about my state of mind."

3. John: "It was difficult for me because I'm used to sharing what was going on in my day. So it was difficult for me, but it made it easier for my wife because I could listen more to what she is doing and what my son was doing or saying. He was working on potty training so I was hearing stories of how that was going or not going."

4a. Jonah: "On the first deployment I missed my daughter's first birthday. I missed July 4th and Easter and Memorial, but the only one that hit me was her birthday. That was the tough one because the Internet was out and I kind of got to

see it, but my family was there. So that was tough. The second deployment I left in October so I missed Thanksgiving and Halloween and I missed Christmas. Those are the ones I missed and that was tough, but I didn't miss any birthdays, but I missed on TDY my second daughter's birthday."

4b. Jonah: "Sadness. I knew what I was getting into when I came in, but that still doesn't mean it is enjoyable. It wasn't any fun."

5. Mark: "I missed her birthday. I was gone from January to June so I missed her birthday but I got back shortly after so we celebrated it after."

6a. Matthew: "As far as milestones go for my son I watched him say his first words on webcam. I watched him take his first steps on webcam. As far as the milestones go I watched all of those through my computer screen, which was certainly difficult but it is also one of those things where you're kind sitting down and you're on a camera and you have friends around and stuff like that. You know they may not be sitting just like you and me are right now talking one on one, but you have friends that are around you and you can say 'hey come here look at my boy walking' and you still have that same sense of pride. That's still my son and I am still happy and proud for him. I mean it's not the same as being right there to have him walk to you so you can catch him there in your arms and give him a big hug like you see on movies. All the things I got to see with my daughter.

Nonetheless it is still the same feeling."

6b. Matthew: "It was really tough, but again I was fortunate to have the webcam available so when they were doing the cake and different things, my wife

positioned the camera so I could see the things they were doing. I was able to see him eating his cake and opening presents. I went to work that night and when I came back to check my email two days later I was able to open my email and there was a bunch of pictures with him and his presents or with cake all over his face. It certainly didn't put me where I wanted to be but at that point in the deployment I had already been down there for three months so it was kind of like it is what it is. It wasn't just his birthday that I missed. I missed the Thanksgiving dinners with the family and Christmas. It was nice to know that what I was doing was providing him with all these presents and the little extra money from deployment kind of helped."

7a: Rhonda: "While we would Skype my husband would hold him on his lap and I was in a little barracks room and we would just talk. I was able to spend Christmas with them that way. So that was really nice. I think that helped. I think that might have helped me more than it helped them."

7b. Rhonda: "I was able to get them stuff and I mailed it to them and I got to see them open it. You know, my mother in law was there helping over the holidays. So they had grandma there. So, I think it was just a big deal for me getting to be there with them on Christmas morning. I know it meant a great deal for me so I'm sure it did for them."

Role Changes in the Parental Subsystem

1a. Fred: "I think I tried too hard to keep up that role while I was deployed and not let my wife take it over so when I was Skyping with them I was like blah blah

blah, but the screen does not intimidate them so it was up to my wife and I had a problem with that. It didn't help that when I got back I decided I was going to get right back into it and nothing changed."

1b. Fred: "In reality everything kept on going even with daddy gone. Things couldn't be put on pause. I didn't want to accept that my children had grown without me and that they had grown closer to my wife without me there. Not that I don't want them to be close with my wife. I don't want my family to grow without me being a part of it. Sure I'm a part of it, but over the computer."

2. Jack: "I think some of it was me just accepting and saying hey I can't be there to make these decisions or fulfill these roles so she is going to what she is going to do and I think part of it was her reacting and doing what she needed to do to get through it. Roles and decisions for example if something happened with the house or expense wise happened we approached it by saying hey you do what you think is right. Shoot me an email and tell me what is going on and if I can respond quick enough we will converse over email but if not then she needed to make those decisions and not worry about what I think because it is your house while I'm gone and you don't need me to make those decisions. I think with the kids from a role perspective where I couldn't be there it was challenging for my wife and it took some time for the kids to see where she was going to be a disciplinarian like daddy was, especially for my son. Like I said earlier my son was able to manipulate and push her buttons with her where with me he wasn't sure so when things got escalated he would be like okay I'm getting in trouble

now. I think it took a few months for my wife to insert herself and it took my son a while to realize that she was going to step in and be the disciplinarian.”

3a. Jonah: “Being away from the family you can’t touch them, hold them, give them a kiss or hug them. My wife, whenever they’re sick I am the one to take care of them because she doesn’t deal with throw up very well and it doesn’t bother me. Those are the little things you don’t think about. You miss being the protector and the caretaker and you can’t be that over there. I know while I’m over there I’m there to make things better over here. When you’re not around it is difficult.”

3b. Jonah: “She has to take all my roles while I’m gone in a lot of way. I am on the telephone or Skype, but I’m not there so I can have the role in a speaking manner and they’ll listen, but she has to take my roles and own them. She is wearing so many hats it is unthinkable.”

4. Matthew: “It was really difficult at first, especially the first couple months. You see the pictures and videos and you are happy that everyone is doing good, but you get pictures sometimes and for awhile it was like I would see my brother holding my son in pictures and I would think that it should be me in those pictures and not him. There was definitely some frustration in the beginning because I missed my son a lot and going to spending every day with him to ‘hey I’m not there right now’ and you see all your family holding them and making him laugh uncontrollably and you’re like ‘that should be me. I don’t want my son to know my brother better than his dad’. But then the more you look at it you think that at least he has somebody there. It’s not just him and his mom and once you realize

how blessed you are to have someone there with your family it puts everything in perspective. As time went on you realized that my son has someone there all the time and fortunately for me he doesn't know what is going on so I definitely felt a lot more at peace with the fact that he had somebody there."

Compartmentalizing the Mission while Being Away from Family

1. Adam: "You have to know where your priorities are at that time. As bad as it might sound, your family is always your number one priority but you sometimes have to put them aside and focus on what you have to do to make sure your family is your first priority. Sometimes that might mean making family your second priority and what we are doing over there your first priority. It isn't something that everyone can do, but it is something that develops over time and you have to basically know you can do it or you can't. I'm one of those guys that can set things aside for the moment while I'm at work. I can put that aside. I can put my family stuff aside for the day and focus on the task at hand and as soon as that is done and I put my guns away. I'm good at shutting it off. Work is work and home is home. That is basically where I draw the line. I don't try to take my work home and I don't take my home to work."

2. Ashley: "there was no point in me stressing over something I had no control over and plus I had my good family support back home. My husband is reliable. You hear of these horror stories of spouses having affairs, but I walked around with a smile and people were like how do you do it every day walking around with a smile? I was like why shouldn't I smile? They were like well aren't you

worried about your husband? I was like no my husband is taking care of my kids and my kids are well taken care of and it's out of my control.”

3. Fred: It's like when you are deployed you are a carefree person. I have all my children at home. I have my wife. My home and all my belongings. For some reason when you are deployed even though those are all your things and belongings they are not on your mind at all so you become carefree. You don't become reckless, well kind of you do, but nothing matters.”

4. Interviewer: “So in your mind it was actually a good thing that you weren't able to communicate daily because it allowed the family to go about their lives and not be reminded constantly that you are gone.” Jack: “That is how I looked at it. It wasn't that it made it easier or harder. It just was what it was. I think it made it easier for the kids.”

5. John: “For the most part it was easy to keep my mind over there and not here because there was so little communication. If we would have had no issues getting online and talking it would have been harder because it would have felt more like a normal job.”

6. Jonah: “I was able to compartmentalize. I am able to shut off family. The first six weeks it took me to get into that place of compartmentalizing, but then the last six weeks at that point the door isn't going to stay shut. You're ready. Especially the last month. I have my orders and I know it is going to be longer, but you know it is getting down to those last days and the door won't stay shut so you get that feeling of missing them to the worst degree. It starts to set in a lot more.”

7. Renaldo: "In instant messenger you don't hear the person's voice or mood like whether they are upset or happy and instant messenger allows you to keep that separate."

Behavioral Changes in the Participants' Children

1. Adam: "The one thing he did was instead of sleeping in his bed he felt obligated to sleep in my spot in my bed with my wife so I guess that was the same concept because he knew that while dad was gone he got to sleep with mom."

2. Andrea: "My parents were telling me that when I was gone and she would get mad at dad she would cry for grandma and grandpa, but if she was mad at everybody she would cry for mommy. It was kind of funny. And then she had assigned seats so it was like grandma sit here and grandpa sit here and daddy sit here and this is mommy's seat. Everyone had to sit in the same place every night."

3. Fred: "They were acting out more. The youngest, who was already shy became even more so and the oldest being more active started acting out negatively to the point where my neighbors would say that they could tell I wasn't around because she wouldn't listen to anybody. And it could be that she was suffering emotionally from me not being there, but if you asked me it was because daddy wasn't behind her back watching so she could do what she wanted to. My daughter was a terror while I was gone so I asked what do you mean and she was like my daughter did something at a party and mom told her to say sorry and she refused no matter what she was threatened with and that may sound like a normal

little kid thing but at the level I had them they would have said sorry instantly.

She was a brat.”

4a. Jack: “I noticed that as time went on three months in we would get on these video chats and in the beginning it was like okay my son was engaged for four or five minutes which is a long time for a three year old, but then he wouldn’t even come over to say hello and even my daughter too it felt like she was kind of drawing back. It was like ten seconds of hey what is going on and then she was off doing her thing and I felt like it was almost they were getting used to me not being there.”

4b. Jack: “It was challenging for me because it was like they forgot about me and I was trying to ask them questions to bring them back and they are not. It was challenging, but at the same time I was like hey this is what is making it work for them.”

5a. Jonah: “My wife, for the first two to six weeks while I was gone, she had to deal with the changes in the home. The kids did change by testing the boundaries and they had a different attitude. We did see that change.”

5b. Jonah: “They tested the boundaries. They fought a little bit more. They talked back a little bit more. They just tried to see what they could get away with. I’m the discipline person in the family and they know mommy would give them a little more leniency so they had to see what they could get, but also I mean she would be the better one to explain what they did, but they would talk back to her

and throw tantrums. A couple times they would hit. A little bit of everything that comes with a child acting out.”

5c. Jonah: “By the time I had gotten back they had acted out in the first few weeks and A) they got into a routine with her or B) they stopped caring. I think they got into a routine and got used to her being there. They were good when I got back. They still had their children moments, but for the most part they were pretty good.”

6. Mark: “I think she was confused at first, but as the days went on she saw me frequently on Skype and I don’t think there was any change like she didn’t know who the guy was on the screen. I saw a change in her attitude as she grew, but nothing about me being gone.”

7a. Rhonda: “My daughter she was, she had just turned one a couple weeks before I left. So she, she just didn’t understand at all. She still, she’s 7 now. She still has, she’s a totally daddy’s girl. And I think that had a lot to do with it.”

7b. Rhonda: “With my son, he, he regressed to the point where he was uh, no long potty trained, throwing tantrums, just behaving badly. There was actually a point where he would, he was taking his, the diapers he was wearing and just smearing them on the walls. It was that kind of uh, I don’t even know what kind of tantrum that is, it was just beyond, we didn’t know what to do.”

7c. Rhonda: “That’s when all hell breaks loose, is when I’m gone.”

7d. Rhonda: “My son would wake up in the night and want to sleep in bed with my husband.”

7e. Rhonda: "My son was getting um, angry and I noticed it around Christmas time, actually. It was shortly after that I realized, I mean he was three. So he was getting more and more angry, more than a three year old should be. I mean I have a three year old, she just turned four the other day, so I know what normal anger is and what he was doing. And it was just, it wasn't regular tantrums, it was like I said, the regressing and the potty training and um he stopped talking."

The fourth question asked was, "Discuss the transition experience during reintegration." Themes that surfaced from this question included: (a) role changes within the family system, (b) personal challenges, (c) memories of the initial encounter with the child or children.

Role Changes within the Family System

1a. Adam: "Transitioning back into being a dad took a little while to get used to because for the baby mom has been his whole world for the past 8 months or so and he wasn't going to listen to anything I had to say and anytime he was crying he wanted mom. Me trying to come back and help instantly kind of threw my wife off because she had a set way of doing stuff. Even with disciplining my oldest, if you do something she had a whole system worked out while I was gone, putting toys in the box and this is how it happen blah blah blah. And me doing what I would do so it just clashed a lot and it was a lot of me stepping back and analyzing everything again and seeing what worked and what didn't work while I was gone and what I should fix and what I should just leave alone."

1b. Adam: "We just sat down and as things unfolded she said 'hey this is what is working and it is working good. If you see a problem with it we can talk about it but if not just keep rolling with it'. And most of the stuff she applied while I was gone worked. Discipline stuff like when the oldest got in trouble he would have to put a toy in a box and would have to do good things for a certain amount of days however big the issue. If it was something minor like maybe you need to make sure you put your dishes in the sink and feed the dog and you can get your toy out tomorrow night. Stuff like that I stepped back and looked at everything and saw what she did and what I felt might change and most of the time when I brought stuff up to her we were usually on the same page so it kind of just took a little while."

2a. Andrea: "After that she wanted mommy. She wanted mommy to change her diaper. When I got home she was able to talk a lot more. She sang her nursery rhymes. She was 20 months old when I left so she was about 26 months old when I came back. I saw how much she had grown and how much she could vocalize. She would say 'mommy do it'."

2b. Andrea: "Also, for me getting into a routine that my husband had already set. There were differences in bath time and reading a book after bath time and little things like I would let her stay up a little later after bath time than my husband did. He would have her in bed by 7:30 and I would stretch it out to 8:30 or 9. I guess I tried to follow what my husband did while I was gone. So I tried to figure out what he did while I was gone."

2c. Andrea: "When grandpa and grandma left she was mad at mom and dad. She would cry out for grandma and grandpa. It was heartbreaking."

3a. Ashley: "I loved the military and I wanted to stay active duty, but my husband was like this is not the lifestyle I want for my family so you need to get out."

3b. Ashley: "Ft Drum, NY is one of the bases that you are on a deployment every other year and he was like the kids need their mother and I need my wife. He knew that I loved being in the military so it was like lets compromise. At first I asked for a divorce because I wanted to stay in and I didn't think I could be a stay at home mom. That wasn't my thing. So he was like no you need to come home. We need help and your children are waiting for you. So when I was clearing all I could do was pray about it. You have to go through all these classes and there was this person there letting us know that there are bonuses for joining the National Guard and you keep your medical and there is an armory in Marion. My husband knew how much I loved it so he told me to go for it."

3c. Ashley: "I went through a deep depression. My mother was ready to enjoy her grandkids. She told me if I needed any help to let her know. I didn't understand what she meant by that, but because I was the type that didn't ask for help and now I know what she meant by what she said. She was like here are your children. You're a mother now and a wife. And now I was a stay at home mom."

3d. Ashley: "My children did experience me at my lowest. I tried to avoid the VA, but I did end up going eventually. I couldn't leave the house and I didn't want to interact with anybody. There were all these overwhelming panic attacks that I

would get. It was like a wave taking me under and to get over it I would scream really loud. I tried not to do it around the kids, but there were two occasions where I did and couldn't stop and I could see the fear in their eyes. I didn't want them to think it was okay for people to act the way I was acting."

3e. Ashley: "I tried really hard the first year to play it off by hugging them. I don't like rough play, but I would try to hug them, touch them, and caress their hair and do activities with them so they wouldn't get that feeling that I wasn't really there. I was physically there but not mentally. I knew it was just a phase I was going through and I didn't want it to affect them. I knew that it wasn't a permanent thing for me, but it could be for them so I tried to play it off as much as I could the first year."

4. Fred: "I thought I knew how to be a father and that I had it down and they needed to learn from me. So I was going home with that mindset. Being away for 6 months my attitude didn't help. My wife and I were having problems so it got really rocky for a second to the point that we didn't think we were going to make it. We did, but the plan was that we were going to call it quits. Even to the point that we had planned on when each person was going to have the kids so I would take the kids every weekend because I had to work on the weekdays. There were no sharing responsibilities really. I have them. I guess my experience differs from others that come home to a happy family.

5a. Jack: "For the first few weeks it was all about mommy. Mommy, mommy, mommy. I don't know if that was because...I think it was two-fold because that

was all he knew for 10 months and for someone three to four years old that was a time when you are learning a lot as a kid and I also think it was that he wasn't sure how long Daddy was going to be here so I think that transition took a little longer."

5b. Jack: "I realized that it wasn't business as usual and things did change and routines are different now. They functioned as a single parent home for eleven months and for me to come back in and say I'm the disciplinarian and put the hammer down when it needs to it wasn't going to work and the things and processes they used to do are different now. So I think I went in with the mentality of figuring out what was going on and let me see where I need to step in but at the same time that becomes difficult as well for me because you want to dive right in and be like lets get things back to the way they used to be. Four of us in the household so lets function that way and you can't do that. At the same time I'm seeing boundaries that are being crossed so I'm wondering what is going on. Why is she doing that and not understanding that this is the way it worked for eleven month. You can't just unwind eleven months in two weeks. So I think that some of those roles have gotten back to what they were, but at the same time some of those things have stayed changed and I think that it is just the way the house functions differently now. I don't think we have a defined role of me being a disciplinarian more than my wife. It is now more of a 50/50 role. I think I defer to her more because she has been able to read them now for 11 months and I am still trying to figure out what works and what doesn't work."

6a. Jonah: "My wife is more lenient than I am so coming home part of it was they were over-exuberant and I think I kind of touched on it I had a chaplain that talked about it on the first deployment who talked about not jumping right back into your role because the kids are overjoyed and sometimes they do stuff that is a little crazier than you want. Kids can't handle emotion the same way so don't get upset. It is a different set of circumstances because over there you have things you have to do and you have troops under you and I had to tell them what to do and get upset and write paperwork and counsel them. I'm trying to use nice words, but there were times they weren't obeying and you had to get into them. In the same way there are times you weren't doing what you needed to do and you got chewed up. It isn't that you're heartless, but it is more strict and authoritative. And then you come home and my wife isn't strong in that area. She really picks her battles whereas I'm like I have enough caffeine in me I can pick any battle I want so there was the difference in our ideology so it was tough for me to see things like that. The kids wanted to be with me the whole time so that part wasn't tough getting to spend all my time with them, but it was tough seeing them act out and having to defer to my wife knowing that was one of my roles but knowing that I didn't want to step into that role fully and it took awhile before I fully stepped into that role. I wanted to jump in but I slowly walked into it. Even then it took a few days before really getting into it."

6b. Jonah: "I am more of a person who did a little bit more of the fun times. I might have liked them to do certain things, but I also liked to get them out to do

fun things. I was able to jump into that role really quick, but I was more of the activity kind of person. I also had the tendency to take on the spiritual development. I took those roles back, but I didn't know where my kids were spiritually. I didn't know what my wife had taught them. I believe in steps and that is how I teach them."

7. Mark: "You try to be patient. There are other options that you can look at. Definitely being a single parent made it harder just because you had to play the mom and dad role and I was more on the dad side. There are classes through the military and post-deployment classes to help manage stress and the way you treat people. I did sit through a couple of those and I think those helped me out as far as managing my airmen and my daughter."

8a. Matthew: "I didn't want to discipline. I just spent all this time away so the last thing I want to do is yell at him so I kind of got the intel from my wife about what are the things that make him laugh. What has been going on recently? What is his favorite toy? I had got the stuffed animals and brought those home in my carry-on that way I was able to give him different toys so it was me trying to get back in his life. I didn't want to be the bad guy at all. I was going to give him all the cookies and sugar he wanted and let him play with all the toys he wanted and do whatever he wanted because I want him to accept me into his life. It was definitely tough."

8b. Matthew: "Living with her for as long as I did, our roles were really well defined. My wife has taken on so much responsibility as far as our family goes because she was always the constant. I was always the variable."

8c. Matthew: "I can control the situation so for her to have my son and she is the one that knows when he eats, sleeps, and go for a nap and when he can do certain things and when he is exhibiting signs that tell her when he needs to do something it was hard. As soon as I came home initially it is not like you just jump right back in as the man of the house like you rule the roost telling everyone where to go and what to do. There is certainly a short transition period where you work back in to your household. You don't want to just jump back in there. It took a while. At least a couple weeks. It's kind of like you're back in a honeymoon phase for a little bit. You just spent a bunch of time away from each other and now that you're back together nothing can be wrong. You're so happy to be back with each other that you don't care about anything else, but after that I saw a lot of change. My wife being back home was the one to set up the house and did everything so it was kind of like I'm back at home but I'm not in control of anything. She had been the lone person on the home front so she knew everything that was going on and knew when to do what so I had to step into their routine and join into everything they had going on. It wasn't like pre-deployment where we had our own system going. I really had to take a few steps back and observe for a little while before jumping in and getting involved in it."

9. Renaldo: "You come home and you are less than a week or two from a combat zone so that transition is hard enough but then to have to care for an infant that you haven't dealt with before is another confrontation not to mention having teammates that have all this money from deployment that want to go out and party but you have new responsibilities with a young child and reconnecting with your wife."

Personal Challenges

1. Ashley: "I believe the first couple months I still was dealing with depression so my mother-in-law took me to the VA and they are all about giving medications. I told them that I can't deal with medications. When it comes to that, I am weak. Meds are three times worse on me. The nurse said to cut the pill in half. It was this tiny blue pill. I remember it making me like a zombie for three days."

2. Jack: "I think the patience thing has definitely changed. I think my sense of urgency and of what is important has changed. I don't want to say I walk around saying that nothing matters. It certainly is not that, but I do find myself looking around and wondering is it really that big of a deal. I think that to some extent it is positive, but can be a negative because certain things that might set my wife off I am like who cares it isn't a big deal. Now you have these extremes where I don't care and she does. I feel like what I have seen and been exposed to I think there are way bigger things that are going on so what I have found is that I can't compare the extremes of what I have seen over there to here because things that are important. For example, in my civilian job when they tell there are things that

have to be done right now, I'm like well if we don't get this done right now is someone going to die. No nobody is going to die, but I can't relate it to that and it is important in it's own way so for me I have to separate those things and that is a work in progress."

3a. John: "I just spent 6 months with a group of people that were constantly together. We went to get food together, played games together, and then I come home and had my friend but after that it was silent. There was always noises over there. I was always near flight lines. There were always planes overhead and in Iraq you hear combat in the background. So to come home to a house that was completely silent was almost eerie. It was difficult to take in that silence. It was almost worse than the noise."

3b. John: "Sleeping was different. Especially with the empty house. Over time I have grown into things. But initially coming back sleeping was hard. I would sleep with the light on and something that made noise to help with that and it would take me a while to get to sleep."

3c. John: "On deployment there is a strict set routine. You have everything down so you don't have to think about what you have to do or what time. None of that. So everything is right on the dot. Then you come back and there is so much chaos going on because there are so many things to get done and so many places to go. There is no order or set way of doing it. What needs to get done first or last or whatever. There is so much freedom in that that it seemed chaotic to me because there was 6 months of someone telling you what to do and when to do it."

4. Jonah: "I still don't like crowds. When we go to concerts or anything like that I still freak out a little bit. So if my wife wanted to do stuff that was a little more crowded it would make me a little more uneasy. That was one of the bigger things. Another thing was living by myself in a twin bed for six months makes a difference. Also not being around kids for six months is different. Also being able to touch my wife is completely different. It's like the first time you touch your wife in an intimate way. Being able to hold her hand going home was like experiencing the sparks again. That was a great thing. It was like re-courting. With the kids you're not used to hearing them cry or scream. There was one time I heard the baby monitor and the next thing I knew I was at the door."

5a. Rhonda: "he had a set way of parenting the kids. So you come home, maybe you had in your mind the way things were when you left and then some things changed around. So that adds so initial stress and frustration. Then, it sounds like you guys moved and then you find out you're pregnant and then you're also dealing with your own PTSD and the whole change from being on deployment to your everyday life with your family."

5b. Rhonda: "We were having issues and we went to counseling. He was just ignoring me and I was angry at him, or just angry in general. So, we weren't even communicating. I would go upstairs and go to bed and he would stay down stairs and watch tv. We weren't communicating, we weren't talking. We are the best of friends, so all we do is talk. So when that wasn't happening when I got home, it

wasn't anything like what I thought. I thought it would be this amazing homecoming and it was gonna be awesome, and it wasn't anything like that."

5c. Rhonda: "What helped with the kids is understanding that me and my husband had a problem. And if me and my husband had a problem then there's no way that I'm good with my kids. I think that helped. In going to counseling, that really opened both of our eyes, because we weren't being open and honest with each other. So we weren't necessarily taking it out on the kids, but we weren't being fair to them. We were kinda being selfish, we both were and we both realized that. So the kids were acting out. My son was constantly getting in trouble at day care."

Memories of the Initial Encounter with the Children

1. Adam: "The second I walked through customs and he saw me he froze. He didn't know what to do. My youngest after I held him for a second he kind of slapped my face. The look on his face was priceless because he realized that I was actually a real person. It was like oh wow you're not on a computer."

2. Andrea: "When I got off the plane at the terminal I saw my daughter, my parents, and my husband and at first she kind of was like wait a second I don't have mom in a box so she was kind of shy. I remember she hugged my husband's legs and was shy and then I picked her up. I didn't cry because I think I got that out while I was deployed. So I picked her up and I gave her a kiss and started talking to her. She recognized my voice and was fine. She kept hanging on to me, but by the time we were at the baggage claim all she wanted to do was push her

own stroller. It was kind of like hey mom I remember you and I missed you. I'm going to give you a big hug, but I want to be independent.”

3. Ashley: “My second deployment it was just my husband and son that came to New York for the ceremony. My son was looking at me like I know you but I don't know you because he has only seen me in pictures.”

4. Jack: “didn't want to get too close because he wasn't sure what was going on. Then after a few weeks of being home, I didn't go back to my civilian job until January, so I was home for a few weeks. After a couple weeks of seeing me around all the time I think he realized that Daddy was here so that transition started to get a little bit easier to where he started to let me get more involved in his routine.”

5a. John: “I only had a couple more months in the military. She was like I am going to stay here because there is no reason for me to quit my job and then come back in a couple months and try to get my job back, so she just stayed in Indiana. So when I returned home I came back to Colorado there was nobody to greet me. That was real tough. Coming home to an empty house on my first night back in the states was a hard transition. One of my good buddies from Indiana who was stationed with me came to pick me up and took me to dinner so I had somebody there to be with so that was helpful, but coming back to an empty house was rough.”

5b. John: “I guess after seeing all the pictures and videos upon return and there is all the family and signs the biggest thing I pictures was coming home and me and

my wife having time to ourselves, going to dinner, having a night on our own and of course doing stuff as a family and me spending time with my son and doing things with him and interacting with him. It kind of went down that way when I finally arrived because when I arrived at Indianapolis airport my grandma, and my aunt, and cousins had made signs and they were all cheering and they took me to dinner and then when we got home they were staying at my mom's so I went and woke my wife up and it was you know it was just there were no words to describe it. She was just so excited to see me. She just started crying and wrapped her arms around me."

5c. John: "She could wrap her arms around me and hold on for a bit. She said you better wake up your son because he will be mad if you don't, so I went in and woke him up. Of course he jumped right awake hugging me and holding me so we went into the living room and played for an hour or two in the middle of the night because he was so excited to see me and wanted to show me his toys and show me what he was doing. He wasn't using words yet, but was chatting my ear off maybe gibberish and going on and on."

6a. Jonah: "Both of them were amazing reunions. The first time, even though when I left she was only six months old, she didn't want to leave me when I returned. She didn't want to leave me and she remembered me. It wasn't like I was a stranger to her. That was amazing. My wife had to handle the luggage because she didn't want to let go. The first time coming back the disciplinarian side wasn't that big a deal because that hadn't developed yet. But the second time

coming back my oldest was hanging out with a boy that was there the whole time, saying she was going to marry him and all that stuff so they were playing and everything. Of course she came over and spent time with me, but she wasn't so clingy. Whereas the other one didn't want to let go of my hand."

6b. Jonah: "She wanted to be with me the whole time, which was really nice. I loved that experience, but the second one was tougher."

7. Mark: "She ran to me at first, but then after the initial hug she was kind of trying to feel me out and get used to me. A lot of parents like to be active, but you have to take a step back and let them warm up to you before you start to become a full-time parent."

8a. Matthew: "Coming home was actually a disaster from the beginning because of the sensitive information of when the military moves. There was a lot of misinformation given. My wife and I were both hoping she could meet us right at the airport, but due to all the secret squirrel stuff going on with the military movements our families ended up missing us at the airport."

8b. Matthew: "Once I got back and was able to call and tell them where I was at my wife met me at the base with my son. It was kind of bad at first because my son was walking and he wasn't doing that when I left. Seeing him walk and he had this crazy long red hair because I told my wife I wanted to be there for his first hair cut. When my wife was trying to turn him to look at me he kept moving away because he wasn't sure who I was. He had that look in his face like I've seen you before. I believe he recognized my voice, but he hadn't seen me so he

was like running to my wife. It took about 10 minutes or so of coaxing him and letting him know that I was his dad. Eventually my wife sat him down and he came running down the sidewalk and gave me a hug and wasn't so scared anymore. Once I picked him up and held him it was like everything was good."

9. Renaldo: "Simple stuff like going to sleep and baby's crying because he needs fed. At that time when he was young he had bad reflux. He would eat and then throw it up and cry because it burned, so trying to figure out his routines and how to interact with him he had this medical condition that complicated the simple things."

The fifth question asked stated, "How did your relationship with your child/children change or not change during reintegration?" The themes that were identified included: (a) no change, (b) establishing or re-establishing a connection and role in the child's life, and (c) child behavioral changes.

No Change

1. Adam: "I don't know that it shifted too much because of the constant connection we had before I was gone."
2. Fred: "I think they remembered right away. When I left it was to the point that the kids could do something, good or bad, and I would have their attention. As far as discipline they were right on top of it."

Establishing or Reestablishing a Connection and Role in the Child's Life

1a. Adam: "I felt comfortable holding him and playing with him, but just sitting there holding him and looking at him I just was like 'sorry buddy but I just don't have a connection with you yet.'"

1b. Adam: "Coming back I didn't feel I had that full on connection. I had that emotional connection, but it really wasn't quite there at the same time."

1c. Adam: "He would just cry. He would say I don't want you to leave. I don't want you to go to work.. My wife was just dropping me off at a training building so I could get processing done and he thought I was leaving again so we had to explain to him that I wasn't going anywhere and it took him awhile to realize that."

1d: Adam: "There were times where I would just kick my wife and son out of the house. It was still the middle of the winter so I would send them elsewhere and me and him would just sit there and hang out. He would roll and crawl around."

1e. Adam: "I explained it to my wife that I don't know how to be a parent to the baby because I haven't been there for so long. Now he has passed a lot of checkpoints that I normally would have been involved in."

2. Andrea: "When I first got home I just wanted to spoil her since I hadn't seen her for 6 months. I had to learn to put my foot down. But then we went home to visit family out east and my brother who has two kids showed she was really spoiled. At night she would ask 'mommy can I have more milk?' and I would be like okay and she would ask four or five more times and I would say okay every

time. Her cousins, who were 5 and 7, would start laughing because they would see me. Every time she would ask for more milk they would be like ‘There she goes again’. She could get away with being spoiled by mom, but lately I have had to learn to say no.”

3a. Ashley: “I figured out I could take the kids to the gym. They had a daycare that I could take the kids to and pretty soon I was done with depression.”

3b. Ashley: “We would stop at the park and get ice cream. It helped relieve stress for me and they got to interact with other kids as well.”

3c. Ashley: “Just last year he came to me and gave me a kiss and a hug. I’m not trying to pressure him, but sometimes I think he does it on purpose saying don’t touch me you’re so mean to me. But he’ll cuddle up with me, but I won’t say anything because I don’t want to scare him off. I love touching their cheeks. He would push my hand away, but now he’ll let me do it.”

4. Fred: “We did a lot of things together. My wife would be where she was and I would be with the kids. We would go to a pumpkin patch, gardening, working in the garage, and doing whatever we could to make sure the attention was on the kids and me.”

5. Jonah: “From my side it is something you treasure when you are gone for so long. Not to say that when you leave you don’t cherish your children, but it is another angle in which you see them. In some ways I cherish those moments with them more.”

6. Mark: "I tried to take advantage of all the time I had and the little things she was doing and cherishing those because when you are gone you realize how much you miss out."

7a. Matthew: "It was just as simple as chasing him around the house and finding out what he enjoyed and be with him when he was doing the things he enjoyed."

7b. Matthew: "It was like I was coming back and him being born again. I didn't know anything. Watching him play with my brothers was kind of where I would take note of different things like the things he liked to do and what made him laugh and the toys that he liked at the time. It was difficult to try and come back and go right back into knowing what it was that he was going to want to do. He was all over the place so I would just follow him around and when he would stop and do stuff I would try to do it with him. I really just wanted him to know that this guy is all right even if he didn't remember me all that well. It was certainly difficult following him around relearning who my son was and the things that he liked to do. I really made my wife do all the yelling because she had been there the whole time. I didn't want him to look at me thinking who is this guy and why is he yelling at me."

8. Renaldo: "Learning on the fly because she was going through her masters so she had school and stuff like that. So I was learning on the fly and she would try to talk me through it."

Child Behavioral Changes

1. Ashley: "He was distant and to be honest to this day we are still working on that with him. I mentally prepared myself for that. My mother-in-law was more worried than me. She was afraid I would hold a grudge against her because my son was so attached to her. She was like I don't want your feelings to get hurt. I was like no it is natural that he favors you because you raised him. I gave him to you practically so don't worry about me. I mentally prepared myself for us to not have that bond. To this day, he is now 7, he is daddy's boy and his grandparents are the world to him."
2. Mark: "At the beginning she wanted other people besides me. She wanted grandma or uncle because they are the two that watched her the most while her mom and I were both deployed. She would run to them before me and that was a little sting."
- 3a. Rhonda: "She just didn't understand at all. She still, she's 7 now. She still has, she's a totally daddy's girl. And I think that had a lot to do with it."
- 3b. Rhonda: "when I got back, there was still the love there obviously, but my daughter was still young, she was one. She didn't want to have anything to do with me. That was one. She wouldn't let me hold her."
4. Andrea: "I jumped right back in when I should have observed more. My daughter wanted me to do everything and she was able to vocalize that. Now I think we give her too many choices. She would say 'I want mommy to change my diaper' or vice versa."

5a. John: "The biggest thing I remember was the clinginess that we talked about before was tripled."

5b. John: "He was always on my lap and for a good while he was sleeping with us. In fact the first few nights I slept in his bed with him because there was no putting him to bed and expecting him to sleep without me."

5c. John: "He didn't want me to put him down so it was difficult. I had to just drop him off and leave and let them deal with his behavior. Then when I got home at night there was still that clinginess."

5d. John: "He actually threw fits if the attention was on anyone else when I was around. He would get mad and try to pull the phone away from my ear. He would start crying and throw himself on the floor because he didn't want the attention on anyone else. It was that bad."

6. Jack: "I think she noticed a bit more of him acting out when I was gone and he seemed to be more of a handful, but when I came back that seemed to subside and he seemed to be in check. In day care he seemed to not get in as much trouble. The other thing she noticed is that he talks back, like in a snappy attitude, and I noticed it when I got back and that hasn't changed. That snappy attitude, like you can't tell me to do that. Even when I tell him to do something he will tell me no you can't tell me that and then he will go to mommy. So some things we noticed come back in line but other things like that haven't changed. But it all started when I left."

7a. Rhonda: "My son, he, he regressed to the point where he was uh, no long potty trained, throwing tantrums, just behaving badly. Uh, there was, there was actually a point where he would, he was taking his, the diapers he was wearing and just smearing them on the walls. It was that kind of uh, I don't even know what kind of tantrum that is, it was just beyond, we didn't know what to do."

7b. Rhonda: "And my son was still angry and still being aggressive. Still had the potty training issues. It was getting better and got better when I got back. But it was definitely not as fun. It was a big big difference."

The sixth question in the interview was, "Discuss your thoughts and emotions related to rebuilding the relationship with your child/children during reintegration." The themes from this question included: (a) feeling overwhelmed, (b) frustration, (c) desire to seek physical connection, (d) noted developmental changes, and (e) desire to do everything for and give everything to their kids.

Feeling Overwhelmed

1a. Ashley: "I was doing laundry and was sobbing. My mother-in-law walked in and the kids came up to her and told her that mommy was crying again."

1b. Ashley: "Overwhelming because I don't like expressing my feelings so when she hugged me I just broke down and started crying more."

2. Fred: "I was required to have a re-deployment training that talks about what to do with your family. My wife, majoring in psychology, told me the same thing, but I'm not about that stuff. I just totally went into it and she took classes about

what to expect and it all happened, but I didn't notice it. I thought I was prepared, but nobody was prepared."

3. Jack: "It is that trying to figure out where I fit in in his world. I think at times I don't fit in in his world. At times he has evolved without me being there and I don't know how to get involved. That in itself is tough."

4. Renaldo: "Being a first time father you don't really know what to expect and what life is like with a young child as opposed to before when you could do what you wanted when you wanted. Those are the kind of things I thought about, but prior to deployment we were outside the wife every day so those kind of thoughts aren't as frequent and even though you do think about them it doesn't occupy as much of your time as what is happening in the present."

5. Rhonda: "I realized that I did have a problem, I wanted to separate it from my kids. I didn't want them to see me, I didn't want to take anything out on them any more than I was. And I realized that I was. So, I loved them too much to want to do that anymore and want to hurt them. And them to see me like that. I was so angry. I didn't want them to see me like that. So, just realizing that I needed to do that helped a lot so I was able to focus on them when I need to. And when I needed to, focus on myself."

Frustration

1. Adam: "I didn't struggle with it because I knew it would take time. As time went on it would finally form. Honestly it didn't take very long for it to form. Once he came up and slapped me in the face to pat me it started to kick in more

and constantly seeing him day to day helped bring that back full circle fairly quick."

2a. Jack: "But for him it has been 11 months and it is going to take time for him to get to a 50/50 spot or start separating."

2b. Jack: "I get frustrated and say okay fine. If that's what you want then there you go and toss this day out as a lost cause and then the next day he is fine. Even 20 minutes later he is fine. Daddy this daddy that, but it seems like in the past it was like I want mommy but daddy is fine. Now it is persistent. Even tonight we were doing something and he was like mommy and I was like mommy isn't doing this."

3a. Matthew: "Once my wife put my son down and my wife was there with one of her friends, my son turned around and ran away from me. He was like' why are you trying to grab me'. I got down on my knee and put my hands out and he turned around and booked in the opposite direction. He was like why is this guy trying to touch me. He really just wanted to be with his mom and at that time I just wanted to be with my son and that was frustrating. Like I said, I also was there watching two of my guys hold their kids for the first time. This was the first time they got to physically lay hands on their child so there is that sense where you're like it could be so much worse."

3b. Matthew: "Definitely frustration. Reintegrating is nothing like what you see in the movies. The kids don't just come running up to you like hey you're my father. I know you. They don't just come running up to you like that. Certainly when you

get off a bus with 13 guys that you just spent 8 months with everyone's wife comes running up jumping on them and they're so happy to see them you kind of want to see that with your kids too but you didn't."

4a. Rhonda: "With my daughter, I was heartbroken, I was devastated that she didn't remember me. She saw me on skype, so it was surprising too and hurtful. But she was a baby so I tried to hold her and be there for her too."

4b. Rhonda: "I thought it was gonna be like so magical. My expectations were up here and what happened was like way down here."

5a. John: "One of them was frustration because like I said I was trying to reconnect with him but it seemed like I wasn't giving enough attention or time and as much as I loved spending time with him and doing things there was still other things I had to do or spending quality personal time with my wife. I would be trying to sit and watch a movie with her or talk with her and my son would come in and interrupt t and try to get involved with whatever was going on and it was frustrating to me. But her picture of it was you know you're ignoring him, but my thought was there is two of you and one of me and I'm trying to spend time with you both. I get to spend time with him during the day and now I want to spend time with you. It felt like I was the only one worried about spending time with others besides him so that was frustrating."

5b. John: "Back to the discipline and stuff that was a hard transition because they had their set routine and things and now I am jumping into the middle and join in with discipline and bedtime routines and things like that and in doing that it made

things difficult because she had things set and she knew it. She would start disciplining him and I would just sit there because I didn't know what to do with it. My mom would come in and say are you going to go in and help your wife with your son and I wouldn't know what to do or say. My wife would be like look I got this so butt out I got this. It was hard because I was trying to be a partner in how we were raising our kid but yet it was like she wasn't letting me because she felt like it was easier for her to handle it rather than letting me get in there. I would yell or spank him and she would say that isn't how I handle things and I was like well that is fine, but this is the way I handle things now that I am back. Instead of doing what most couple would do and discuss how we would handle the situation. That wasn't there for us at all because she knew how she was doing it and thought that it was working and I was coming in running things the way I thought they should which made a big clash and that made things difficult on our relationship as well because then we are fighting over that stuff."

5c. John: "We had several discussions and even today it is still a challenge of who is doing the discipline right or wrong and how things are handled."

Desire to Seek Physical Connection

1. Adam: "Once he came up and slapped me in the face to pat me it started to kick in more and constantly seeing him day to day helped bring that back full circle fairly quick."

2. Fred: "I remember my youngest used to always try and touch the screen on Skype and we did the typical cliché run to your family at the airport. I was in my uniform and before she even hugged me she touched my face. It killed me!"
3. Matthew: "Certainly it was frustrating but once I got to hold my son it was euphoric. You're in this state of mind where nothing could be wrong. I remember one particular case where I had my son in my left arm and my wife in my right and at that moment you feel like a god. Having both of them there was great. You get a chance to look around at everything else going on around you and even though my son doesn't really know who I am now we will get there."

Noted Developmental Changes

1. Adam: "He seemed to be more grown up. His birthday happened to fall while I was gone so I missed his 4th birthday, but even in the span of that he took on a whole lot more responsibility while I was gone. He didn't necessarily fill in the gap while I was gone because he was way too young for doing something like that but just little things like feeding the dog and helping my wife out with the baby and all that type of stuff doing little things around the house that he wouldn't have done unless I asked him before I left he did on his own after I returned."
- 2a. Andrea: "the biggest thing that changed when I got back was that she was already weaned when I got back. I offered to let her breastfeed but she laughed at me so that showed me she was done for good, which was fine with me."
- 2b. Andrea: "Trying to understand what she was saying was hard. My husband would understand and I would have to ask him."

2c. Andrea: "She loves the iPad. That is one thing that changed when I got home. She is learning her nursery rhymes, abc, counting. At dinnertime we would have to shut it down. At dinnertime I would count to 10 and she would know it is time to turn it off. The last time I did it she didn't cry for the first time. So I know it is working. She knows mom will follow through so don't be surprised and don't throw a fit. That was the other surprise. She knows what an iPad is and how to operate it. She doesn't know how to unlock it, but she knows how to turn it on and ask for us to put in the code. She is really clever. And she grew two shoe sizes. That was the other big change. I thought I had planned ahead by buying up in size, but not enough."

Desire to Do Everything for and Give Everything to their Kids

1. Adam: "It was basically how do I spoil these kids. That's the first thing I wanted to do. My wife wanted to keep it simple, but I wanted to do the opposite. I wanted to spoil them and let them know that for all their hard work while I was gone wasn't unnoticed so I spoiled them at Christmas and any other time that I could."

2. Jack: "Get involved as much as I can. Play with him and understand what he is doing and talk more about it. Try to understand from my wife what him and her did while I was gone and see what his interest level has become so I can get involved."

3. Jonah: "We did things together. We watched movies together, stayed up later, and spent more time together. I would give them more treats. I tried to take each

out on a daddy daughter date so I could spend individual time with each of them.

We would go out and spend time together. It would look different for each kid.

We would also do things together as a family, like putt-putt. We did some painting and pottery. We tried to do activities that we could do that they liked.”

4. Mark: “After deployment you want to do those things after missing out for 6 months. I feel like it was about making up for time lost so I overloaded myself with things to do with her. So I did more with her after deployment than prior to deployment.”

5. Rhonda: “With my son, I was scared. Because I was afraid that he was gonna hurt his sister, hurt himself, hurt other people which he would do minimally with the hitting and throwing stuff. But I was afraid that it was going to be something that would last and not go away. So I really tried to show him love and attention to try to break it up so that he wouldn’t be so angry.”

The seventh interview question asked, “What were the main challenges related to rebuilding your relationship with your child/children?” Themes for this question included: (a) role transitions, (b) marital challenges, (c) adapting to new routines, and (d) identifying the child or children’s likes and dislikes.

Role Transitions

1. Ashley: “I tried really hard the first year to play it off by hugging them. I don’t like rough play, but I would try to hug them, touch them, and caress their hair and do activities with them so they wouldn’t get that feeling that I wasn’t really there. I was physically there but not mentally. I knew it was just a phase I was going

through and I didn't want it to affect them. I knew that it wasn't a permanent thing for me, but it could be for them so I tried to play it off as much as I could the first year."

2. Fred: "The minute I came home I still thought I was at war and the kids don't know what is going on and she is pissed that she has been alone for the past eight months. And the minute I came home everything is supposed to be back to normal. It isn't like that. Everything is very real."

3. Jack: "You can deploy and put your family in a box. Everyone is over there doing their thing and I'm here doing my thing so you can move forward pretty easy. When you come back here and say let me open that box now and let me take my deployment and let me put that in a box. It is not that easy to simple to compartmentalize it. In fact at times it seems much more difficult to open the box here and get back involved with life than it does to stay deployed."

4. John: "I felt like I couldn't talk. So my job now is with the VA so I work with a lot of veterans so it is a lot easier to talk about things because we are able to share stories about our experiences. I have found that it helps making contact with other veterans so having that connection even when you get out helps a lot."

5. Matthew: "Yeah there was a couple different times where you really get addicted to deployments. Sometimes when you're there with your family you can't help but think about the people you met. You're doing missions with these people and sleeping with these people. You're doing everything with these people that you're with. Now that you're back at home with your family you still think

about how you left another family so you can't forget about them right off the bat and it is hard at first to accept the fact that even though you only just met these people, you have still been shot at with these people, gotten orders thrown at us, and been through these things together so you build another family while you're down there. Initially coming back even though you're here you feel like you should be back there too. That was difficult. You have a lot of experiences thrown at you like getting shot at. Once you withdraw from that and you're away from it a little while and you have time to think about it you think about how fortunate you are to have made it home. It is kind of like you have to withdraw from your family a little bit because there is a lot of emotion when you come back. Trying to jump back in with my family certainly the withdraw from doing the stuff you do when you're there and then coming back is tough. The other challenges that I had when we would go places you are still so used to watching your back and used to assessing every place you go for a possible threat. It makes it difficult to go out initially because you're not...you may be back physically but you're not back mentally and it is really kind of a difficult thing to do as soon as you get back so there was definitely a few times right away where there were a couple incidents where I had to step back from my family to regain my composure where I may have experienced something. Even being around family or loud noises. My wife wanted to go to a couple different places, like malls or fiars, but right after you come back from deployment where crowds are a really bad thing you don't want to jump back into crowded places. There were a couple times where I had to be

like hey listen, as much as I want to do this with you guys, I can't. There are just certain things I cannot do. There were activities that I did not want to do because of just coming back made it uncomfortable. Since I was there crowded places are still not a good place for me. I can deal with them better having been back for the time I have been back, but initially there were activities that I did not want to partake in because of the circumstance.”

6. Rhonda: “I talked to my boss and he's the one who said that I needed to talk to someone because I was showing anger at work too when I got back. I loved working there, so they noticed I wasn't the happy, cheerful self that I usually was. So my boss had an open door policy so we were always talking and he kinda knew everything about me and what was going on with my home life. So he recommended that I go talk to somebody.”

Marital Challenges

1. Fred: “Was a new father and new husband and tried to take on a dominant role like a traditional household. I rule and you make the tortillas and keep the house clean and the children we will be heard not see. She was a new mother and wife so there were a whole bunch of things that kept us from communicating what needed to be done to successfully reintegrate me into the family so we had lots of arguments when I was gone, which led to more arguments when I got back.”

2a. Mark: “We did a dissolution of marriage. We did it our selves and took it to the courthouse and they signed off on it. We did 50-50 custody and worked it out as much as possible. But then I was deployed and things started happening so we

had to take it to court because she tried to get full custody. We had continuances until I got back from deployment and then she was deployed while I was deployed so she stayed with grandma for a couple months and then when I got back I took custody and then when she got back that is when we had the custody issues.”

2b. Mark: “She has been around a volatile relationship. Me and her mom do not have peaceful exchanges. Either we don’t say anything or she is accusing me of something. I started recording everything I did and taking screenshots and stuff. I think a lot of that has beaten her down. It’s not how a relationship should work out.”

3. Rhonda: “Working on the issues with my husband, I think was one. Because if I couldn’t work it out it with him there was no way to help us both reconnect with our children because he had a disconnect too being so worried about me in a battle zone.”

Adapting to New Routines

1a. Fred: “I deployed and I thought life kept on going the way I left it and I set them up perfectly because they’ll remember all this stuff that I liked, but I came back and processes changed. They got older or they needed to do something different because their mom told them to. I got back and that is where the conflict was. You’re not doing it the way daddy likes it. My wife would be there and she would say that we decided to do it this way. No no no. My way works better. So it caused problems with the children, but it caused more of a problem between me

and my wife. For the children to see that we were arguing over ways to do something they noticed that there was conflict between us in that sense.”

1b. Fred: “We learned that daddy was dealing with stuff that we don’t know about and we are going to help him the best that we can and if he gets mad at us we’ll just say okay and after we hang up on the computer we’ll just do it the way we want to do it. All I need to know that you’re doing it the way it makes me happy because I’m going through stuff that you can’t understand so please do this for me. When you hang up you can do it the way you want. Just don’t tell me.”

2. Jack: “There are some challenges there because you figure lets go back to the way things were and that is where some friction occurs, but I agree with you. I think we both said hey things have changed since I left and lets go along and see what changes and doesn’t change. It has made the transition easier.”

3. John: “She was the one that had the routines down and putting him to bed and getting him ready and getting him to where he needed to go. I had a routine over there that was completely different from what they were doing. Even when I returned I had to change my routine because it was completely different from when I was over there so yeah it was all on her.”

4. Mark: “The biggest one was being the parent and not disciplining her because I got impatient with her. Getting her potty trained and doing the regular things that a 2-3 year old should do so I tried to build that relationship as quickly and as best as possible.”

5. Matthew: "You have to be a father figure and that was a challenge because it was difficult to be a father. I didn't want to be a father. I wanted to be my boy's friend. I wanted to be that person that every single time he was looking for someone to play with him I didn't want him to have to go to his mom. His friend is right here. I 'll play with you. That was really difficult at first. Like I said you have to take a step back and slowly work your way back into everything. You can't jump back in the minute you get home and I have only seen my son for an hour and I'm already spanking him for touching stuff and yelling at him telling him he can't do this or that and he is like go back to Iraq or wherever you were because you yelling at me right now I don't really like you. I even noticed that after a few weeks of being a friend to him and trying to play with him so much and taking him to do everything that the first couple times I told him no that he couldn't do something, he really snapped back and looked at me like 'are you really telling me no'. That was definitely the biggest challenge of everything trying to transition from not having a part in his life to being an authority figure over his life so that was the biggest challenge I had."

6a. Renaldo: "By that point they already have a routine and she knows based on his face whether he wants to play or when he grunts or points to stuff what each little thing meant so I was playing catch up. Also he had to be held a certain way to fall asleep and I don't know that so if she was out at the store trying to get him down for a nap I didn't know the hold or the walk. Just to get him to fall asleep I had to watch her and try to mimic it."

6b. Renaldo: "The main challenge was just never having to deal with a child before, especially with it being my child and being so young. I was the type that didn't like to hold other peoples' babies when they brought them around so that was a challenge. Getting used to holding him. It took a while to get a connecting because you are coming home from a deployment working through with your own stuff before you even think about dealing with a wife or a young child so that definitely took some time before there was a bond or connection with my son."

7a. Rhonda: "Trying to balance work and home and everything and all the emergency room visits."

7b. Rhonda: "I think the hardest thing with my daughter was just trying to establish a rapport with her and trying to get her to realize that I'm mommy. She was my baby girl."

Identifying the Children's Likes and Dislikes

1. Adam: "Finding their likes and dislikes again. Finding what the new thing is on TV since it changes so much. What is into and not into? What does he want to do and not want to do? What has he moved on from? I knew the stuff from 6 months ago and I thought he was into those things and found out that he had moved on from that. I was like 'Alright cool I will just find out what is into now and just be adaptable.'"

2. Andrea: "Nursing. She has replaced the nursing with reading a book or singing a song. I would sing the sleep song by the Secret Garden. She memorized it within about two weeks. She would start singing with me."

3. Jack: "I think the biggest challenge is him and I the way we were where we were these playmates and he has seen that I have been gone for a while and now my playmate is my sister or mom. I want mom to do that, but I think those are the bumps we still have where it becomes heated at times. I'll say we are going to go do this and he is like no I want mommy. And I'll say no it isn't going to be mommy it is going to be daddy. So I see that struggle a little bit and I also see that my patience isn't where it used to be so I see I get more frustrated with him more than I did in the past so that creates some friction where I become reactive to him and now there is this friction back and forth."

4. Jonah: "Part of it is realizing that you don't have that same relationship because you go away and kids change so much in six months. There are some things that stay the same, but they change as well. The kids sometimes would be into something when I left and then it was changed when I got back. My oldest was more into dolls than when I left and the challenge was figuring out what they were into and then connect in those spots. If you try to do things they aren't interested in then it doesn't work."

5. Matthew: "We went back to New York to see the family and my son was back in an environment that he was used to so I could play with him and have him accept me back into the gang over here that he was in with my brothers and dad and everybody so that made it easier. Getting him into an environment he was comfortable in was pretty effective."

6. Rhonda: "With my son, I think it was the anger that was the hardest for me.

Just trying to get him not to be so angry because there was no reason for it, I was home."

The next question stated, "What worked or did not work regarding rebuilding your relationship with the child/children?" The themes present for this study included: (a) understanding the child's world, (b) routine maintenance, and (c) forcing roles and routines did not work.

Understanding the Child's World

1. Adam: "What worked was listening to him. 'I like this not and not that'.

'Alright cool bud we'll do what you like and go from there'. Stuff that didn't work was all on me. I still had the thought processes of 6 months ago and my wife was like 'no it doesn't work any more. We've moved on and this is what works now', so I was like 'okay if that works for you then it'll work for me'. I would just adjust and move on."

2. Jack: "What has worked is being persistent so getting down on his level.

Talking to him, playing with him, showing him some cool pictures of things I did that he would be interested in while I was gone. I would show him these cool armored vehicles and show him some things I did that he could relate to. I would also try to sit down and have him tell me about, I would ask him questions about things he did, like what he did in soccer even though it happened six months ago."

3. John: "The big thing between him and I that stuck with him was the sword fighting. When we first playing again when I returned it was sword fighting. We

just did that the other day again. That is our thing. We sword fight. That is the biggest thing that stuck that we do together. We sword fight.”

4. Jonah: “All kids love playgrounds so that was a great thing. Another thing that worked amazingly was that I asked my wife what they were into. Sometimes taking a step back as an observer the first couple days helped to adjust.”

5. Mark: “I think reading to her and doing educational things. Taking her outside and taking her on walks were things that worked.”

6. Matthew: “Every chance that we got to play with him and do the things he was doing I think the biggest success was trying to not jump right back in and make him accept me as his dad. Coming in and sitting back and not trying to impose my will and have a say in everything he did and wanted to do and observing what he was doing where I felt I could just slide in there and play. I think that is how things are in a lot of situations in life. When I felt like I could interject with what he was doing and jump in if he was playing with some cars and drive them around with him or playing with the dogs if I could try to make the dogs do something to make him laugh or if I found a particular food that he liked such as chicken nuggets I could grab him something to make him feel comfortable. I just wanted to regain his trust.”

7a. Rhonda: “We do girly things like go shopping and do hair and go do things together. Me and my son will go, we will all go to the par.”

7b. Rhonda: “We have Seaworld here. It’s like a half an hour away. They have year passes you can get for like \$59. So it’s really cheap. So we would buy the

year passes and we would go every weekend. It was free, you would buy the initial pass, you didn't have to buy anything while you were there, so it was a pretty cheap way to spend the day together out with them. It's Sea World. It's great. So we went every weekend. And I think that helped a lot, just being out together and not be angry. We were at this fun place where we could be together."

Routine Maintenance

1. Andrea: "I also sang to her songs she would hear at daycare. She loves listening to certain songs and singing. She also has nursery rhymes from grandma and grandpa that are in Vietnamese."
2. John: "Some sort of routine."
3. Matthew: "What worked was getting him back into an environment where he was comfortable and in my particular case he had been staying the last couple months with my mom and for him to see everybody...I hate to compare my kid to a dog but even when you have a dog that is protective over you as soon as you have a dog that you let the dog know that this person and that person are okay and when I'm in here with my son and I'm around my dad, brothers, and wife and anyone my son knows is okay and I'm amongst them and interacting with them it made it easy on him because he doesn't have to accept the fact that it is just mom and me. I think it helped a lot because I was able to get him back and he was able to see that his uncle who had been doing all these things with him and now his dad is doing it with him too."

4. Rhonda: "It was maybe a couple months because I was with her every day and she saw me every day. I would play with her every day. So I think she finally realized that, alright, she's okay."

Forcing Roles and Routines did not Work

1. Fred: "If I were to deploy again I would try my best not to yell because I don't recognize what I'm saying, especially to a little girl with me being the only man in the house I have to understand that is even more important than being a father. I am the only example they have of what a man should be. I really do take that into account so I try not to yell too loud."

2. Jack: "What doesn't work, which is challenging, is the patience thing, trying to force something or try to force him to do things with me. It could be as simple as my daughter going somewhere with my wife so I say you're driving with me and he wants to drive with mom and I say no you're driving with me and I put him in the car and forced him to do something he didn't want. To force the integration does not work. And I also think what doesn't work is me stepping in trying to take control. For him if he is asking for my wife or there are things she has to do. If he is getting reprimanded and I'm yelling at him or disciplining then there are times he is not accepting and I have to let my wife step in and do it."

3a. Mark: "Some of the disciplinary things that I did did not work with her to make her mind or stay focused on what I wanted her to focus on."

3b. Mark: "Early on I think spankings helped. We tried timeout. Spankings were my last resort, but were most effective. Timeouts didn't work because she didn't

understand. Spanking was my best discipline and is my worst method today because it is wham bam and it is over and keep going.”

4a. Rhonda: “Forcing them didn’t work. Yelling at them didn’t work.”

4b. Rhonda: “Just being patient because I had to realize that they had to go through this too. They didn’t want their mom to be gone. It wasn’t their fault. So realizing that I think helped to understand what they went through too. I mean, they went eight months without their mom. If I was a kid, going eight months without my mom, are you serious? I would be devastated. So just realizing that they went through this traumatic experience too I think helped be able to bond with them and understand what they were going through. Not just, do what I say or else.”

4c. Rhonda: “We didn’t constantly yell at them. They were going through these emotional things that they didn’t understand so.”

The first of the added questions to the original interview guide stated, “What role did support networks play during the deployment process?” The support network themes included: (a) family, (b) involvement of friends, and (c) involvement of community.

Support Networks

1. Adam: “We lived on base at the time and the cul-de-sac that we lived on we had a lot of friends. Our geographic location in terms of family....I’m from Pennsylvania and she is from south Jersey. Max amount of driving is 3 hours for each of us. So it was fairly close. This being the second time in the area and the second time we came back we had all our friends from the first time as well.”

2a. Andrea: "He had a network of grandma and grandpa in the house along with dad. She was a daddy's girl. She had the extra support and she had her friends and teachers at school that kept everything predictable even with me gone."

2b. Andrea: "I knew all the people on base and I knew her teachers and friends at the day care. I knew the day care was literally steps away from my husband's building where he worked. She was surrounded by people she knew."

2c. Andrea: "Grandpa styled her hair while I was gone. Grandma was there to do all the good cooking and grandfather, who was so much fun. He always thought of games. She gets her sense of humor from grandpa. My husband had it pretty good. All he had to do was drop her off and day care and pick her up. Everything else was being taken care of. That network of family was what made the difference. I don't think my husband could have taken care of everything all by himself. For my daughter, she loves grandma and grandpa. There was a time on Skype when she would jump up and down in excitement because my husband would tell her grandma and grandpa were coming back from going out. She would scream and I could see that excitement, which was heartwarming and was confirmation to me that she was okay and I had nothing to worry about and I could focus on the mission. She loves her grandparents."

3. Ashley: "I also wasn't stressing about the situation because my husband has a really good family support system. So when we moved forward he moved back to Indiana and in with his parents. His sister was supposed to go as a missionary to California, but she put her plans on hold to stay with my mother-in-law and my

husband to help with the kids. So in regards to me talking to the kids I honestly did not really speak to them about it. I tried to talk to them about the situation, but when I left my mother-in-law and sister-in-law would show pictures and in 2007-2008 at that time it was really hard to get in contact with family in the states. Back in those days you may wait an hour and a half to get into this AT&T trailer to get a 20-minute phone conversation. Internet was gold out there. It wasn't as accessible as it is today so the pictures I would take I would print and then send them home. Talking to them on the phone, we were on a time limit, so most conversations were through my mother-in-law that the bonding thing happened."

4. Fred: "The first time that I deployed we were lucky because we lived near other wives that had been in for twenty years so she got lucky. The only issue was that they were no longer fazed with the first deployment jitters. She had issues that were real to her that they had already learned were not a big deal. Now she works with other wives and the main concern is that they have very real issues but are told not to worry about it. You'll get over it, which is not what they need to hear. It needs to be addressed because telling someone to just get over it and that it will be fine when he gets home is not helpful when she still has several months at home alone with kids. There is nothing anyone can say that will make it go away, but there are better things to say than just get over it."

5. John: "She was definitely stressed with figuring out how to take a baby all by herself. That was part of the reason why she came back to Indiana so she could have that support and help. Another big aspect of it was she kept talking about

how she didn't know what she was going to do and that she was going to be completely bored, which was why she decided she was going to get a job in Indiana to keep her mind off of things. We talked about that quite a bit because she was real stressed about not having much to do without me being here."

6a. Jonah: "The second one we kind of knew what the problems were from the first one and also it was easier on the second one for other reasons as well. I knew my wife was taken care of more with our church. We had friends that made...they didn't ask if she wanted time for her self. They said hey we are going to watch the kids on Friday for a couple hours and you can go do whatever you want. It wasn't one of those things where they say hey we'll do this this is what we are going to do. They took turns watching the kids so we had that support there and it made it a lot easier not having to worry about that and the first wasn't that way. We had friends, but we hadn't developed them to that level. Then on that level even the friends and the spouses that we had a good relationship after the deployment with all the guys I deployed with on the first one we became good friends with them and their spouses became good friends as well so we had that aspect as well, not to mention it is chaotic the first time you go."

6b. Jonah: "The 2010 one I know her family came out and was out there for the deployment."

6c. Jonah: "In some ways easier on the second one because during my first deployment my wife moved in with her family for a good portion of it and then she came back a little before I came back so she had to deal with that and that was

a stressor for me because I was not able to help and then on the second deployment she stayed home the whole time.”

6d. Jonah: “I think it helped that we were married when we came in and had an idea of what we were going to be going through. People from church had kids too so they played together and I have had a good time with communication with them.”

7a. Mark: “We had continuances until I got back from deployment and then she was deployed while I was deployed so she stayed with grandma for a couple months and then when I got back I took custody and then when she got back that is when we had the custody issues.”

7b. Mark: “My family came down and took me to the airport so we rode together and I held her all the way there.”

8a. Matthew: “My wife came back up to New York for a little while so that she had some support and some help. From our family her parents my parents that kind of thing.”

8b. Matthew: “I think it’s the culture too. I see a lot of people join the military to get away from their families, to get away from their families, to get away from their neighborhoods that weren’t the best growing up. People have a lot of different reasons for joining and that wasn’t one of mine. I did it strictly because I thought it was my calling. I wanted to serve and I didn’t hate my town. For us coming back to New York it wasn’t dreaded like some people. It definitely made it easier for our circumstance. Having a place to come to stay with my mom for a

few weeks and stay with her mom for a few weeks or stay with her dad or whatever the case may be, it definitely takes your mind off of it and at the same time it's nice because everyone wants to know what is going on so when I call or was on Skype they all get to know that you're okay."

8c. Matthew: "Having my brother there was nice in the sense that my wife had somebody close to me to talk to as well because I was very close with my brother growing up. She doesn't have to go through it alone. It's your husband but it's also a brother or son. You don't have to sit inside a house and feel isolated like oh my God the only thing I have is gone."

8d. Matthew: "It's nice to have someone to sit down with. If she was nervous about something or hadn't heard from me in a while my brother could step in and be like 'it's fine. Nothing is going to happen to him.' It's nice to have that because certainly while you're in that arena you have a lot on your mind and you can't help but sometimes getting into a mentality where you just think the worst and sometimes you get caught in traps. You could have bullets flying past you and mortars going off, but one of the guys in your unit just found out that his wife might be having an affair back home and you sit there thinking I'm glad my wife isn't sitting at home by herself because I know that's not the case with me. I have family all over the place and they're there to support her. I know that she doesn't feel like she is alone and needs somebody so there is a lot of underlying benefits and certainly the greatest ones for me was the peace of mind knowing that I don't have to worry about somebody robbing my house. I don't have to worry about

somebody doing anything. I have my dad, my brothers, I have everybody here to where she can be safe. If she wants to go have a drink or blow off some steam she has somebody there to watch the kids. There is somebody there to talk to all the time and there is somebody there to watch over her all the time so for me I can't even explain how much of a peace of mind that gave me sitting down every day.”

9. Renaldo: “We lived about 12 hours away from family. Up until she had our son it was just her and whatever friends. Once she had our son she moved up with family until I moved back for good.”

10a. Rhonda: “My mother in law was there helping over the holidays. So they had grandma there. So, I think it was just a big deal for me getting to be there with them on Christmas morning. I know it meant a great deal for me so I’m sure it did for them.”

10b. Rhonda: “We don’t have any family around. It’s just us.”

10c. Rhonda: “He had emotional support from far away but he, he had um, his mom come that one time to help out over the holidays.”

10d. Rhonda: “I had some friends there. We all went through training together in Fort Jackson. We were there for about a month. So I knew them and then we all went to the same camp together in Afghanistan. We were all really close so I leaned on them. And they were all about the same age as me or a little older who had kids that understood. So I really leaned on them a lot and talked to them for advice and stuff. And back here, my husband had our neighbor and she had a son the same age as my daughter. So they were both babies. So she was a big help and

she's my best friend now. I didn't know her before I left, but my husband introduced himself. She's not in the military, but her husband was. So we really leaned on them for support. At least he did. She was able to watch the kids for him or when he went to the ER, she was able to watch one while he took the other. So she was there a lot for him. And then when I got home she still is my best friend. She's really the only one that I've leaned on. It made a world of difference."

The second additional question that was added to the interview guide was, "How were programs helpful or not helpful during the reintegration process?" Themes for this question included: (a) identified helpful programs, (b) helpful programs appeared unavailable, and (c) the benefit of a program being developed to meet their specific needs.

Identified Helpful Programs

1. Andrea: "I found Operation purple that involves kids and I found another link that involves kids that are younger than six and they were able to take their kids with them. There are programs but you have to look for them, especially if they aren't available on your base. You have to research on your own."
2. Fred: "We really like the yellow ribbon club at the school. It is a small group broken up by grades. They group kids on the same developmental level. I don't think there are any more than 10 kids at a time and talk about things in their realm of understanding. Our daughter was in kindergarten last time and they worked on things like showing pictures of where they may have gone and did letters and

drew pictures. Whenever the parent comes back they are invited to a welcome home lunch at school. We had a friend whose son acted out to the point of being violent when the dad left and that was one of those semi-common things that happen. He was really upset and didn't understand what was going on and nobody was paying attention to that and she didn't understand what to do. She thought he was just being a brat. It took others to let her know the severity of the issues and why they were taking place. Something specific to their experience and age group in a small group helps them to know they're not alone."

3a. Jack: "The Warrior Transition Program is really focused on the individual that was deployed and you reintegrating into society. It doesn't focus too much on your spouse or your kids, especially pre-school type kids."

3b. Jack: "There is something called a returning warriors workshop that is offered three to six months after you get back and it is meant for you and your significant other and you can go there for a weekend and they go through these things to a certain level, but that is the only thing I know about and that's for you and your significant other."

4a. Rhonda: "At the school they have a counselor for military children. I didn't even know this, I didn't know they were meeting with this counselor like twice a week.

4b. Rhonda: "We have the Family Support Center on base. And I'm pretty sure that they have family therapists."

5. Ashley: "When you come back in the National Guard they have these Retraining times for three months that involves psychological help, administration stuff, and family reintegration. They call it Yellow Ribbon. They let you bring your family. The kids go to one class and the adults go to another. They talk to the kids about mommy and daddy coming home from deployment so they see other kids that are going through the exact same thing."

Helpful Programs Appeared Unavailable

1. Adam: "There is a group of wives that will sponsor each wife that has a deploying husband and they'll put together dinners and other than that that is the only thing I know of."
2. Andrea: "They didn't have anything where families could get away together, at least not on my base. There was something in Utah, but nobody told me about it until years later. They had hiking and stuff like that."
3. Ashley: "Active duty has classes, but it is like financial things. But nothing that talks about how to talk with your family members. They just say don't beat your wife or dog because there are times when that happens, but what about the children."
- 4a. Fred: "Here are similar programs, but they can't handle the workload. They send way too many people out and have way too many people coming back. They're basically like hey see us before he goes, see us midway, and we'll see you when he gets back."

4b. Fred: "It isn't helping suicide rates, PTSD, and divorce in the military. Mass briefings do nothing."

4c. Fred: "There are similar programs, but they can't handle the workload. They send way too many people out and have way too many people coming back. They're basically like hey see us before he goes, see us midway, and we'll see you when he gets back."

4d. Fred: "The guy giving me a briefing about reintegration is someone that sat in an office his whole career. Was deployed somewhere. Sat in an office there and now comes back and thinks he knows what reintegration is all about. I'm like no I'm the one with the gun out in the convoy that won't be back. Your experiences are different from mine. Just because we were deployed doesn't mean we are going through the same thing. On my wife's side she is getting a debriefing from a wife whose husband was deployed once for four months in twenty years and sat in an office and is at home waiting for a nice shiny car to pull up and tell her that I'm gone. We can't even fathom what families do whose husbands leave every four months flying."

5. John: "I know when I was doing my separation briefing from the military they had a couple people come and talk about it, but I don't remember many programs and I don't remember what they were."

6a. Jonah: "They take care of your family, but they don't have anything like this. They don't have anything about discussing with your kids or anything like that."

7. Mark: "I don't think of any program that affected both of us at the same time. I know that one of the things that helped me was finding things that we could do together like a petting zoo, but I didn't know the area and you can only Google so much. You can ask around and once you find out what those are you go do them together and rebuild that relationship and not focus on discipline."

8. Matthew: "They certainly had them and they had those reintegration days at the base and you talk to those people. They have a lot of briefings and you have people come in that give you a run down that are tailored to your specific needs. They try to give you some advice. They were helpful in a sense, but I think it was a lot of generalized information that was being sent back. You sit there and you don't care what they are talking about. It was like 'if you want me to reintegrate with my kid then let me leave so I can go be with my kid'. I didn't want to sit there and listen to someone talk about how I needed to act with my kid. I do remember certain circumstances where they would say things where it was like yeah that is close to my situation. One of the people that did a briefing hit the nail on the head with the reintegration part. She was the one that said to sit back and go with the flow and realize that a lot of time has passed and things have changed. It is helpful to have someone there that studies that kind of thing and knows the psychology behind having a kid at that age. It is helpful to have someone that knows what the kid's mindset would be. There were other people that told you to do this and you just didn't want to listen to them talk. Family advocacy had a lot of good things to say and bringing in civilian psychologists that understood what

was going on in your kids' life you could picture what was going on with each of your kids. I think it made my transition time shorter and my frustration less."

9a. Rhonda: "I think there was maybe a workshop maybe of how to prepare your kids. But there wasn't any that I know of, there wasn't anything we could do together."

9b. Rhonda: "There are all kinds of programs that they say it's for spouses, but it's really only wives. So my husband tried to go be a part of this support group and he tried to take the kids with him. It was like a kids and parents thing. I forgot what it was called, but they let him stay but he didn't feel welcome. He was the only guy there. There was no support there. They claimed it was a spouses, it was like a club or something, I don't know. It was mainly wives and they made him feel like a really small person and made him feel really bad."

9c. Rhonda: "We basically did it on our own."

10a. Renaldo: "They give you like a 30 minute slide show about what to expect and how you should act and not get mad at this or that but it was more about getting you to check the box so they could say they gave you some sort of counseling and get you back home."

10b. Renaldo: "Basically don't go in there trying to change stuff and don't beat your wife all in a 30-minute slide show. I'm sure there were programs out there for those that sought them out."

The Benefit of a Program being Developed to Meet their Specific Needs

1a. Adam: "I do think that would be beneficial. Having a group of individuals that are going through the same thing you are going through always helps."

1b. Adam: "I deployed with someone that was going to be gone when they were expecting their first child and most of my team had kids. We helped each other get through certain things when we were missing our kids and I think things should flow the same way when back home. Those individuals should have some sort of contact with each other, even if it's just a phone number and text back and forth."

2. Ashley: "In the National Guard you have your civilian life and then you get pulled away and put into full military mode, which you're not used to. But for me being active duty previously when you're in it 24/7 I knew what to expect, but there were young soldiers, newlyweds, young children involved, that were lost and it would be really helpful for them."

3a. Fred: "They take mass groups and say hey your husbands are home. Congratulations. Look for this and this and this. Instead of saying you come with me. What is he doing? Maybe we can handle it like this. Husband, what is going on? Maybe you should do this. It would have to be one-on-one or small group kind of thing. The moms program my wife does makes other moms feel better when they have a chance to vent, but it doesn't stop when I come home. It is still a long process. They all have to be worked out otherwise it continues to fester."

3b. Interviewer: "It sounds like program-wise it would be something that would need to be individualized to each person." Fred: "For it to be effective. That may be overwhelming, but in a perfect world it would work and it would help the kids. It just needs to be put out there. Too many programs in the military are mandatory and that makes people not want to take part. Make it voluntary and make it clear what the specialty is all about. There are too many programs that are doing too many things rather than focusing on one area."

4a. Jack: "So me personally I feel there is a need for that. I feel like it should be when you reintegrate back in it should be mandatory family transition program where you come for a few days and you sit down and go through what your service member has gone through and here are some things we have talked to him or her about."

4b. Jack: "I think there should be a focus on the kids because it was surprising to me how much more challenging than I thought it was going to reintegrating with the kids."

5a. John: "I guess because I didn't see combat I felt I wouldn't be one that needed a program for me and my family. I thought it wouldn't be a big deal seeing my family, but it isn't that way whether you think you didn't go through anything or not. The time away changes things with you and your family."

5b. John: "Yes that would be a huge help because I felt there was no guidance of how to discuss that reintegration into your child and spouses life and re-sharing of the roles because even still it is hard for my wife to give them up and for me to

take them because I got used to not having them and her rather taking them and risk me screwing it up. Even now she will say she wishes I would do more of this or that but it got to the point to where I felt I didn't have to do it and now it is hard for me to think about even taking it."

6a. Jonah: "I think there is definitely a need for people that could use it."

6b. Jonah: "I think there is a place for a program for people to have a better idea of what they're going into and how to prepare them for that because we fail them as fellow soldiers when we don't sit down because it is awkward."

7. Mark: "If you have a list of things that is kid and adult friendly it would build that relationship back up and that would be beneficial rather than death by PowerPoint."

The last question that was added to the original interview guide was, "What words of advice would you give to others that are going to be in your position in the future?"

Themes for this question included: (a) spend time together, (b) ease back into the family slowly, and (c) maintain strong communication.

Spend Time Together

1. Adam: "Don't take the moments before you leave for granted. Don't waste the time. Do as much as you can before you leave. Depending on what you're into and schedules and stuff. We are so close to the DC area and I'm a big sports fan and I love going to baseball games. It just so happened that the only game we were going to get to was opening day. I made sure that me and my oldest got to go to the game. Find things that your kids enjoy and do that before you leave,

even if it is a winter or summer project. Go from there. Knock it out with them.

He talked about it. He said ‘when you get back we are going to do this or that’. I tried to take him as many times throughout the year and he enjoys it.”

2. Jack: “You really need to almost come back and force some time with you and your spouse and then you with your children. Almost take time with both kids, spend time with one child doing things with one child and then spend some time with the other child and then obviously spend time together as a family. I think what I did and do enough of was have secluded time with each of them and show them that you are focused on them only and not on everything else.”

3. Mark: “I would definitely tell them to take advantage of the time they have left before they deploy because you can’t get enough hugs and kisses before you leave so take advantage of family time because it is 6 months of no family except via Skype. Take them and do something special that you wouldn’t normally do and enjoy them before you leave.”

4a. Andrea: “You have to find support networks. It takes a village to raise a child. I would recommend building a network of people. If the child is in day care don’t change that. Keep them in the same routine as much as possible. Keep them familiar with family and people they can trust. Kids grow fast, so plan ahead appropriately. From an emotional standpoint I would recruit family members or people in the church that you can trust. We had to update our will so I told my sister that she was the chosen one if my husband or me were to be gone.”

4b. Andrea: “For other parents spiritually, emotionally, physically surround yourself with others you trust. Don’t do it by yourself.”

Ease Back into the Family Slowly

1. Adam: “I would encourage all deploying parents to expect that so they have it in their head in case it does happen. They might be mad or sad. Expect the worst and hope for the best so you can mentally prepared for something like that and if it goes better it goes better.”

2. Ashley: “Ease your way into it when you come back. Don’t expect your kids to come rushing up to you. You’ve been gone for so long. Ease into it slowly. Don’t go into it ruling with an iron fist. If anything, doing that will make them lose respect for you.”

3a. Matthew: “Don’t try to come in and run the show right off the bat. I think that was the most pivotal thing in my experience. Take the time to sit back and observe what is going on to figure out what works and doesn’t work and how your family reacts to certain things. Time causes changes, even if it is 6-8 months. It is certainly easier if you accept that change and turn around and observe what is going on and slide in where you feel you fit rather than trying to go in and impose your will. I think it is very good to have an observation period and watch how things have changed and accept those things that have changed. If there are things you don’t like about what is going on I wouldn’t hesitate to address them, but the biggest thing that was most successful was sitting back and observing.”

3b. Matthew: “Don’t interject where you’re not needed. It would have been insulting to my wife if I would have come home and grabbed the reins and imposed my will. I think my wife would have told me she didn’t need me because she had been doing it by herself for the last 8 months and I don’t think my son would have accepted me half as fast if I would have come home smacking him on the butt for everything that he did wrong and yelling at him.”

Maintain Strong Communication

1a. Ashley: “There is no excuse for communication. Communication is a big thing. From the person staying behind there is no excuse why not to talk to them about their mom or dad being gone.”

1b. Ashley: “Give them support. Ask how they’re doing. Don’t call being demanding.”

2a. Fred; “Do not argue.”

2b. Fred: “Always talk about finances, but be sensitive. The advice always stems around keeping the marriage together because without the marriage the children suffer.”

2c. Fred: “Kids pick up on everything so they know when there are problems and it is a horrible experience for them as well so you try to censor if you have issues. Don’t share the issues with the children.”

2d. Fred: “Watch what you communicate. I tell my guys not to call every day because if you call every day they stop talking to you about how much they miss you and how important you are and start talking to you about how the pipes burst.

3. Jack: "I think spending time with the kids explaining to pre-school aged children what you are doing whether through pictures or books and how long it is going to be."

4. John: "Stay in contact with your family as best as possible. Because I felt it helped hold what you look and sound like in their mind when you have that communication that otherwise would have been a struggle for them to remember who I was. I feel it would have been harder to reconnect, but because of Skype and other video chat sources you can hear and see each other and still grow even though you're thousands of miles away. So staying in contact is key."

5. Jonah: "If I had to boil it down to one thing it would be to communicate. If your family hears your voice and sees you and you're talking to them, then they know you're there. It isn't the same thing as being there, but they know you're still there. I think that is why my kids came straight to me after not seeing me for six months. I think that by spending time communicating with them even if you can't understand them."

6. Matthew: "I asked my wife where I could help rather than jumping in and asking what they needed from me rather than saying get out of my way and let me do this."

7. Renaldo: "It is easier to communicate now. I would tell people to take advantage of those things. Communicate with your family. Get on Skype and see your kids so they don't lose that bond that you've already established."

8. Rhonda: "Realizing that me and my husband had an issue was also key in realizing that I needed to bond with my children as well."

The themes addressed in this section of the study were broken down in the next steps of the methodological process under the auspices of the purpose of this study, which was to understand the lived experience of military servicemen and women who have encountered a deployment while leaving a pre-school aged child or children at home.

Synthesis of the Textural and Structural Description

Prior to deployment, military families in this study had to plan for a significant piece of the family system being gone for an extended period of time. In most cases these military servicemen and women were in the process of developing an attachment or had recently attached with his or child or children. Five of the participants in this study identified that one of the ways they prepared for deployment was by creating or maintaining a routine that allowed the family to maintain stability during the absence of a caregiver. Most of the participants had been away from their families before for shorter periods of time so being apart was not necessarily a new thing for the children. However, the parental subsystem understood that the time frame was going to be more intense. Creating a routine sometimes started with a mindset such as taking it one day at a time, which Adam mentioned was what he and his family did during previous shorter lengths of time away from the family.

However, there was also a planning process for new routines to be created and in place for when the caregiver was gone. Multiple individuals talked about how they

would talk to their families during their days off while deployed. Adam was no different in that he and his wife laid out a plan for communication prior to deployment so that he could continue to maintain a relationship with his family while gone.

Others recognized the need to get supports involved in order to create a routine before leaving. Andrea identified that her child would need some structure and support so she pulled in the child's grandparents and daycare so that the child's father could maintain employment while also ensuring the child's needs were being attended by familiar faces at all time.

Others took the mindset that it was best to create a normal atmosphere, which sometimes was difficult because people like Jack knew that the time was coming where he would have to exit the family and he did not want his child to be frantic when he left so Jack tried to distance himself in some ways from the family. Jack recognized that there needed to be a balance of creating a normal routine for the child with him in it, but still try to ease the transition by tapering himself out of the equation slowly so as to not upset the routine too much. However, Jack also identified that this became difficult because he wanted to spend more time with the child because he knew he was going to be gone for a long period of time.

Another consideration for those that tried to maintain a routine was breastfeeding. Since this study took into consideration preschool-aged children, there was the possibility of working with servicemen and women with infants or toddlers that were breastfeeding. Andrea experienced this firsthand because she was still breastfeeding up until the day she was deployed, which in some ways was difficult for her because it was a bonding

experience and the routine had to be stopped when deployment occurred.

Caregivers also had to determine how they were going to handle conversations with their kids about deployment, which can be a challenge at the age this study takes into account because the kids are at a developmental level that makes it difficult for them to understand the concept that their mom or dad is going to be gone for a while. Some tried to get creative by linking the deployment experience to an experience the child would understand. For example, Fred and Adam linked their conversations with the kids to video games and shooting bad guys whereas Jack and Rhonda related the length of time they were going to be gone to a calendar of events that they knew the kids would understand. Others like Ashley decided to wait until close to the time to leave to explain to her kids that she was leaving because she did not want to make a big deal out of it whereas others did not want to upset the routine of their kids or distract from the time left they did have with their kids. One thing that almost every participant had in common, however, was their belief that the pre-school aged kids did not understand the length of time because they could not quantify time.

One other order of preparation revolved around making sure the caregiver's family was taken care of while on deployment. Sometimes this meant ensuring supports were in place to help out the left-behind caregiver. In Ashley's circumstance this meant making a choice between her husband and her career in the military so that one person could remain home with the kids. In Jack's circumstance preparation meant prioritizing planning for the basic needs of his family first and then focusing on any emotional strain that he or his significant other felt about the impending deployment. Others took time to

make sure taxes and wills were in place, which also made deployment feel very real.

John noted that he wanted to ensure everything was in place in case the worst happened while deployed, which made him think about the danger and that made it seem more real to him.

In order to understand the full experience of the participants, it was also important to take into account the attachment of the child with the deploying caregiver. One of the themes that developed from gaining a better understanding of the caregiver's relationship prior to deployment revolved around their role with the child. The individuals that spoke to their role with their child or children were males and they spoke to either being disciplinarians, playmates, or both. One thing that was consistent was that they saw the importance of being around for their kids and invest in their lives, which was highlighted when Jonah stated, "I believe fathers should be around a lot."

Themes also developed in the way participants coped with deployment in their relationship with the child or children. Participants talked about either trying to spend as much time as possible with the child or distancing themselves from the relationship in order to protect the child from the separation. Individuals such as Ashley, who had infants, were more likely to use distancing as a coping mechanism because they had to separate so quickly after the child was born. Most of the other participants then tried to spend as much time as possible because they knew the length of time they were going to be gone.

Another way that attachment was evidenced within the participants' relationship with their children was through the rituals within their family system. Some individuals

utilized rituals in their family system as a way to attach with their child or to make up for significant events they were going to miss while being deployed. Rituals included breastfeeding, ways to play with their kids such as sports, reading, and playing with dolls. Others with infants also enjoyed bonding by rocking and snuggling with their children.

Once caregivers were deployed they had to figure out how to maintain the relationship with their child, which can be difficult when one is not physically present. Participants in this study varied in their method of communication. Many times it depended upon when the deployment occurred because communication via videoconference has only been around for most people within the past few years. Prior to videoconferencing the individuals such as Ashley and Renaldo communicated through the telephone, instant messenger, email, or mail. There were other creative methods, such as when Adam colored pictures for his child or when Ashley drew pictures and mailed them. Several others created voice recordings that were installed in bears or in books so the kids could play them while the caregiver was away. Although each individual had a unique way of communicating, every individual also developed a system for communicating as frequently as possible.

There were also challenges with maintaining the relationships with the children due to missing important milestones, such as birthdays and holidays. Andrea talked about the challenges of being gone when she had been breastfeeding up to the point of deployment while Fred and Jonah talked about how painful it was that they did not experience everything their family experienced together without them. Many individuals talked about how grateful they were for videoconferencing, like Skype, that allowed them

to be there for important events, but they also identified that it was not the same as being there in person. Also, when using videoconference systems, servicemen and women had to worry about whether the Internet was going to function for the videoconference, which was an added stressor. When the Internet did work, people like Matthew got to watch milestones such as first steps for his toddler on a screen, which he explained was really hard but he felt grateful that he was able to see anything at all.

Another difficulty encased in maintaining relationships was the change of roles that occurred in the parental subsystem. Individuals that tried to maintain the same role as before deployment ran into obstacles such as trying to discipline over videoconference when the child knew there was nothing the parent could do from a distance. Others, like Jack, found that they had to learn to accept the change in roles and that their significant other was capable of handling the day to day decisions in the family in their absence. There were roles that some did not even realize they had that when removed from the family they realized that it was a role they missed. For example, Jonah recognized that he was the one to care for his kids when they were sick and he missed being the protector for the kids while deployed.

The experience of maintaining the relationships with kids while being deployed also has to take into account the ability of the deployed individual to compartmentalize for the purpose of staying focused on the mission while deployed. Although for most individuals, family is the number one priority, these same individuals also recognized that to keep their families safe they had to focus on the present priority of their mission. For some the process of compartmentalizing was made easier because they understood the

strong support system that was in place back home caring for their families. Ashley noted

There was no point in me stressing over something I had no control over and plus I had my good family support back home. My husband is reliable. You hear of these horror stories of spouses having affairs, but I walked around with a smile and people were like how do you do it every day walking around with a smile? I was like why shouldn't I smile? They were like well aren't you worried about your husband? I was like no my husband is taking care of my kids and my kids are well taken care of and it's out of my control.

Several other individuals noted that inconsistent communication had the benefit of making it easier to compartmentalize because they did not talk to or see their families every day. However, when it came closer to going home these individuals also recognized that it was more difficult to maintain the separation between home and the mission because they were looking forward to going home.

Some of the participants noted that although they were trying to maintain a relationship with their children from a distance they also noticed changes in their kids. For instance, individuals like Jonah, Fred, and Rhonda shared that they noticed their kids testing boundaries with the left behind parent while others like Jack noticed that over time the kids became less interested in spending time on the phone or videoconference. Another interesting theme was found with Adam and Andrea's kids because when they were deployed the kids maintained the memory of the deployed parent in interesting ways. Adam's child ended up sleeping in bed with his mom where Adam typically slept

when home and Andrea's child made sure that at the dinner table mom's spot was preserved even while she was deployed.

As each of the participants transitioned back home from deployment they started to re-establish relationships with their children or for some this was their first chance to establish a bond with the child. However, there were factors that influenced each participant's ability to reconnect with the child starting with the initial encounter with the child upon return. Some individuals recounted positive memories of their experience while others noted some initial adversity.

Another factor in the reattachment experience for the caregivers and their children was the reestablishment of roles within the family system. Some individuals recognized that their significant other had a system in place for the family and it was necessary for the returned caregivers to observe the changes rather than trying to force themselves into the system as they remembered it prior to deployment. Many times this meant sitting down with the significant other to have the changes in the system explained to the returned caregiver. Sometimes passing the role of disciplinarian off to the significant other was good for the returned caregiver and the kids because it allowed the returned caregiver to have time to spend with the child free from a role that had the potential of disrupting the bonding process. For example, Jonah talked about how it was hard to see his wife in the disciplinarian role but it did allow him to only focus on spending time with the kids. For others like Fred, Ashley, and Renaldo, going straight from a combat zone and structure to a different role that had a different structure than what they left caused some difficulty. Another noted challenge was the variety in child reactions to the

returned caregiver. Jack identified frustration with his kids because they just wanted mom even though they had spent all their time with mom while he was gone. On the other hand, Andrea talked about how her child wanted her to do everything for her and with her even though those had been other people's roles while she was gone.

Another theme that indicated some of the factors that may have impacted the returned caregivers' ability to reconnect with their children was the personal challenges that were encountered upon return. For instance, Ashley talked about dealing with depression and the difficulty of putting on a happy face for the kids. Others like John and Jonah talked about how some of the combat experiences translated at home because they had difficulty with being in crowded places or handling the different noises experienced back at home. John discussed how eerie it was to try and sleep at home with the silence after adjusting to all the noises encountered at a base while deployed.

Also, after experiencing a combat deployment, perspectives changed because things that seemed so important prior to deployment paled in comparison to what was experienced during deployment. Jack stated, "I do find myself looking around and wondering is it really that big of a deal. I think that to some extent it is positive, but can be a negative because certain things that might set my wife off I am like who cares it isn't a big deal." Personal challenges related to deployment had the potential for affecting relationships. Rhonda talked about how her PTSD diagnosis affected the relationship with her husband and created a tense dynamic for a while at home with the kids and was not until she and her husband went to counseling that tension began to be relieved.

The process of reattaching with a child began as soon as the first contact upon return from deployment. As each individual recounted his or her initial experience with each child, there were themes that became apparent. Each individual's experience gave them a bit of a glimpse into the experience they could expect over time as they reattached to the child. Most of the participants talked about how their kids had an initial hesitation during the first encounter after returning from deployment and some talked about the facial expression of the child being one of confusion because they had seen the returning caregiver's face through a screen rather than in person. A couple of the individuals had to wait to see their family because the family wasn't directly available upon their return. John talked about the anticlimactic feeling of coming home and his family was in another state, when the picture that he envisioned was one of a happy reunion. Still others, like Jonah, experienced a happy reunion where his child remembered him right away and wanted nothing but to be held by him.

The work on rebuilding the relationship with the child or children began after the reunion. A couple of individuals described their experience as seeing no change in the relationship as Adam noted he saw there was no change due to the constant connection they had prior to the deployment and Fred focused on the structure and discipline he had implemented prior to deployment being something they remembered that helped them remember the expectation when he returned. However, many other individuals noted that they felt there was some time that needed to be invested in reconnecting with the child, especially for those that came home to infants or children that were infants when they left for deployment. Some of those individuals, like Adam and Renaldo, had to learn to be a

parent again because they had not been around for so long. For many, reconnecting took the form of doing activities together such as going to the park or doing things around their home. Many, like Jonah and Mark, realized the importance of time spent with their kids because of the time spent away from them. Sometimes learning how to parent meant figuring out a balance of seeking out time to spend with the child and maintaining discipline and boundaries, such as when Andrea realized from being around other family that she had “spoiled” her child and needed to learn how to say no.

During the process of reestablishing a relationship with the child, many parents noted difference in their children. Someone like Ashley and Rhonda recognized that deployment created a distance with one of her children that is still evident years later. During the initial reattachment process many individuals talked about how the kids gravitated towards the people that were in their lives during the caregiver’s absence due to deployment, which caused some pain because of the caregiver’s desire to reconnect. On the other hand, there were those like Andrea and John who vocalized the challenges associated with the child being clingy with no understanding of boundaries. John noted,

He actually threw fits if the attention was on anyone else when I was around. He would get mad and try to pull the phone away from my ear. He would start crying and throw himself on the floor because he didn’t want the attention on anyone else. It was that bad.

Others echoed the difficulty with negative behaviors. Jack talked about an attitude of disrespect that wasn’t present before he left and Rhonda identified that her son had regressed to the point of no longer being potty trained and she stated, “There was actually

a point where he was taking his diapers he was wearing and just smearing them on the walls. We didn't know what to do."

Participants were asked about the cognitive or emotional output from their experience of reattaching with their children and several themes emerged. A common description was that of feeling overwhelmed through the process, whether that was because of the shift in roles from soldier to parent, personal challenges related to deployment, or a lack of understanding about what to expect from the reattachment process. Jack gave a common description of the thoughts of other participants,

It is that trying to figure out where I fit in in his world. I think at times I don't fit in in his world. At times he has evolved without me being there and I don't know how to get involved. That in itself is tough.

Others like Renaldo experienced being a parent for the first time and had no idea what to expect in the family system upon return.

Another common description of the reattachment experience was that of frustration. Most identified with feeling frustrated even though some realized that reconnecting with their children would take time. Participants were able to reflect on the fact that their children had been missing a key part of their lives for several months and just because that piece was now back in their lives changes would not occur immediately. Matthew gave a clear indication of the reasoning for the frustration,

Reintegrating is nothing like what you see in the movies. The kids don't just come running up to you like hey you're my father. I know you. They don't just come running up to you like that. Certainly when you get off a bus with 13 guys that

you just spent 8 months with everyone's wife comes running up jumping on them and they're so happy to see them you kind of want to see that with your kids too but you didn't.

Others talked about how they expected a magical reintegration experience, but the children may have been too young to remember the returned caregiver or may have felt cautious about their return because the child had not experienced the caregiver in person for several months and that caused devastation to some. Others talked about frustration in the context of trying to get caught up with the routines that had been set while the caregiver was deployed. The changing of roles that took place during deployment were not handed back immediately just because a caregiver had returned and to some that was difficult because that was the routine they were used to at home.

Another common description of the thoughts and emotions revolving around the reintegration experience was the desire to find a connection with the child. Adam and Fred talked about the initial encounter with their children bringing all the swirling thoughts and emotions that may have been positive or negative to a sense of euphoria because their children had engaged with them. Matthew put it best,

Certainly it was frustrating but once I got to hold my son it was euphoric. You're in this state of mind where nothing could be wrong. I remember one particular case where I had my son in my left arm and my wife in my right and at that moment you feel like a god. Having both of them there was great. You get a chance to look around at everything else going on around you and even though my son doesn't really know who I am now we will get there.

A couple other individuals thought about the physical development that occurred during the time that lapsed since they saw their children last. While reconnecting with his child, Adam noted that his son appeared to be more capable of taking on responsibility because it was expected while Adam was deployed, which created a sense of pride in Adam because of his son's positive behavior. Andrea emphasized the importance of breastfeeding in her child's development and recognized some of the developmental differences upon return because her child wanted no part in breastfeeding. Andrea also identified that her child's cognitive development had come to the point where her daughter was able to communicate clearly and follow basic tasks such as operating electronics.

One of the key descriptions of the thought processes of participants regarding reconnecting with their kids was the desire to do anything for their kids. Adam stated, "It was basically how do I spoil these kids. That's the first thing I wanted to do." The returned caregivers wanted to get involved with their kids as much as possible so for some that meant sitting down with their significant others to get a better idea of the child's interests that had evolved during deployment and for other it meant creating time that was individually adapted for each child so that they could make up for lost time from deployment. For example, participants that came home to kids that were struggling behaviorally talked about trying to do things with the kids to minimize some of the aggression or negative behavior.

Throughout the process of reattaching with the children the participants of this study came across many challenges. One of the descriptions involved shifting roles. The

participants were asked to go from a combat zone to their families in a matter of days or weeks and that created some difficulties. Some like Ashley recognized that as she dealt with the challenges associated with shifting roles she had to put on a happy face so that she did not hurt her kids, but this was not easy because as Fred noted,

The minute I came home I still thought I was at war and the kids don't know what is going on and she is pissed that she has been alone for the past eight months.

And the minute I came home everything is supposed to be back to normal. It isn't like that. Everything is very real.

The participants of this study talked about compartmentalizing the mission versus the family during deployment, but then when they came home there was some decompression that caused blurring of roles. Some were able to find relief through hobbies like exercise while others like John were able to find jobs that involved being around veterans, which can be really helpful because the participants of this study were spending months with the same people in a stressful environment. These people could be considered a second family and may have been considered a loss to come home from deployment and not be around them again. Individuals like John, Matthew, and Rhonda talked about the difficulty of shifting from combat to family because of the differences in environments. They were used to the noises and stresses of combat and in some ways transferred those contextual factors when they came home, which added another layer of difficulty to reintegrating with their kids. Rhonda noted that it took seeking help for her to gain traction reattaching with her children upon return from deployment.

Another factor in reattaching with the children were marital challenges that developed during reintegration. Participants like Fred were still learning what it meant to be a father and a husband when they deployed so it became difficult to handle some of the stresses of reintegrating when the foundation of the marriage was still developing. Others like Mark came home from deployment to dealing with custody issues, which created stress and took time away from the process of reattaching with his child. Rhonda and her husband recognized that it was imperative for them to work through their issues if they were going to expect progress in the relationship with the children.

Another factor that impacted the reattachment process was the participants' ability to adapt to new routines. Those that thought life continued as it was pre-deployment came back to different structure and routines and the transition of these routines on the participants added a layer of tension in the relationship with the significant others because it required strong communication about the changes and flexibility by both individuals. Also, many of the returning parents were used to taking on certain roles in the family and those that were disciplinarians like Matthew did not want to jump into that role right away because they wanted to be able to facilitate the bonding experience rather than do something that might cause distance in the relationship. It is also important to point out that those that were returning to infants were also learning how to integrate in with those infants, maybe for the first time. Renaldo talked about how his wife knew all the indicators of behavior in his child and knew the routine the child needed and he had to catch up as a parent for the first time.

Part of the process of reconnecting with the kids included getting to know their likes and dislikes and for some this was a challenge because they had an idea of their child pre-deployment and now the child had six months or more to develop new interests.

Adam gave a good description of how he had to approach the bonding process,

Finding their likes and dislikes again. Finding what the new thing is on TV since it changes so much. What is into and not into? What does he want to do and not want to do? What has he moved on from? I knew the stuff from 6 months ago and I thought he was into those things and found out that he had moved on from that. I was like alright cool I will just find out what is into now and just be adaptable.

Some were used to being the person in the family that the child saw as the playmate and had difficulty with the role change in this area because all the participants wanted to do was reconnect with the children and they were used to playing with other people during the participants' absence.

In a similar way, many individuals identified that one of the things that facilitated the bonding process was understanding the child's world, which meant that the returning caregiver had to get on the child's level and figure out what they liked and did not like and throw away perceptions of the child from before deployment. Persistence was important because the child needed to see that the returned caregiver was invested in them and that they were not leaving again anytime soon. One of the similarities in many of the comments from the participants was the idea that when they were able to find connections with the child they were able to bond with the child and redevelop the attachment faster.

Also, the participants noted that maintaining the child's routine helped facilitate the relationship growth process because it allowed the child to feel secure in the midst of being around a parent figure that they may have known on some level, but were not intimately familiar. Over a period of time of consistency with the returned caregiver involved the child was more likely to accept the caregiver and feel secure that the caregiver was not leaving again soon.

On the other hand, many individuals identified that they were not successful when they tried to force themselves into the child's life and routines. Some individuals identified that self-awareness was important because it may have seemed simpler to try and force things to be the way they were in the family prior to deployment, but it was not in the best interest of their family. Jack mentioned,

To force the integration does not work. And I also think what doesn't work is me stepping in trying to take control. For him if he is asking for my wife or there are things she has to do. If he is getting reprimanded and I'm yelling at him or disciplining then there are times he is not accepting and I have to let my wife step in and do it.

Many individuals like Fred, Mark, and Rhonda talked about how forcing discipline and yelling did not help the bonding process early on because the child was not familiar with them and the relationship that was there prior to deployment had been put on hold for a while. Rhonda described,

Just being patient because I had to realize that they had to go through this too.

They didn't want their mom to be gone. It wasn't their fault. So realizing that I

think helped to understand what they went through too. I mean, they went eight months without their mom. If I was a kid, going eight months without my mom, are you serious? I would be devastated. So just realizing that they went through this traumatic experience too I think helped be able to bond with them and understand what they were going through. Not just, do what I say or else.

One of the themes that developed throughout the deployment process and through reintegration was the impact of support systems. Those that had reliable support systems had a way to manage stress during deployment as well as reintegration, which allowed the returned caregivers to focus on their mission while they were deployed and focus on reattaching with their child or children upon return. Some participants talked about the value of having friends and family nearby to support the family that was left behind during deployment so that the remaining caregiver could maintain the stability of the home while others moved their families to the vicinity of family during deployment to create a more stable environment for the family. Some talked about the structure they were able to implement to maintain a routine because they had community supports such as daycare. One of the roles supports played during reintegration was that of a sounding board. The returning caregivers and their spouses were able to share about their experience and get feedback from friends that had gone through what they had been through. Another role that supports played during reintegration was that of routine maintenance. If those supports played a role in facilitating a routine during deployment, then some participants found it helpful to maintain those roles so that the child did not feel out of their element while the caregiver attempted to reattach to the child.

There were some themes that came about while assessing for programs that were available to the participants that related to the bonding that needed to occur between the participants and their children. Identified helpful programs included Operation Purple, Yellow Ribbon, Warrior Transition Program, Family Readiness, and Returning Warrior Workshop. However, one description that stood out from the participants of this study was that these programs were not perceived as readily available to the participants. Some, like Andrea, had to seek out programs that specifically focused on reconnecting with her child. Most individuals recognized some form of mass briefing that took place upon return that related to integrating into family life, but most shared that overall these briefings did not prepare them for what they needed to know trying to bond with their children upon return.

However, participants stated that there were pieces of various programs that were helpful such as bringing in psychologists that understood the mind of a child and specific family activities that create an optimal atmosphere for bonding. Most individuals identified that a program that focused on attaching with a preschool-aged child after deployment would be helpful for them and their significant other because it would be focused on their individual needs and gives information about the child development needs that otherwise they would not know.

There have been themes throughout these descriptions that point to the trial and error process that many of these individuals managed throughout the process of reconnecting with their children that would be helpful for future families of pre-school aged children to know as they traverse a new dynamic within their family system. One

thing the participants suggested is to spend as much time together as possible because it is easy to take time for granted and not realize what the time means to both the child and the absent caregiver until they do not have the option of spending time together.

Spending time together was important prior to deployment as well as after deployment. Participants talked about being persistent spending time with each child while also individualizing the time with each child. Connecting the child with other familiar supports during deployment is also included. Andrea stated, “You have to find support networks. It takes a village to raise a child.”

Another point was to ease back into the family dynamics slowly and to understand that it was a process to reconnect with the kids, which also meant being cautious about the way one disciplined immediately upon return. Most participants found it helpful to observe the structure and the children for a time upon return so that they could understand how the dynamics had changed while away from the family, which included being respectful of those changes that the significant other had implemented during deployment. For example, Matthew stated, “I asked my wife where I could help rather than jumping in and asking what they needed from me rather than saying get out of my way and let me do this.”

The last point described by the participants was about maintaining good communication patterns with each other, which meant communicating with the kids and the significant other about changes and supporting those changes because the kids pick up on tension between caregivers. Most also said that communicating during deployment was beneficial in the relationship with the kids and their significant other, although some

said that it was helpful to not know about some of the decisions the significant other made because they did not want it to distract them from their mission. Jonah summed up this point of advice:

If I had to boil it down to one thing it would be to communicate. If your family hears your voice and sees you and you're talking to them, then they know you're there. It isn't the same thing as being there, but they know you're still there. I think that is why my kids came straight to me after not seeing me for six months. I think that by spending time communicating with them even if you can't understand them.

Summary

It was important to focus on the overarching research questions after breaking down the participants' responses to understand the experiences of the phenomenon. What are the experiences of military caregivers reattaching to their pre-school aged child or children upon return from deployment? The rest of the sub-questions were answered throughout the phenomenological process outlined earlier in this chapter. One can conclude from the textural description of the phenomenon that much was factored in besides the actual act of reattaching with the child because the structural descriptions showed that many of the thoughts and emotions attached to the bonding experience were also connected to the many factors each individual had to sift through to have a successful reattachment experience.

In response to the overarching research question for this study, many individuals responded with an experience that highlighted a balance of managing personal challenges

related to a change in environment from combat to family life while also managing the shifted roles in the dynamics at home with the changes in relationship with their children upon return. The participants in this study leaned on the supports around them to facilitate the reintegration process with the family as well as with their child because many of these supports were central figures in the child's life while they were deployed.

The next chapter addressed some of the conclusions that were gleaned from the information given by the participants in this study. Also, the next chapter addressed the recommendations and limitations of the study along with the implications that were made from the results of this study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to gain a better understanding of the experiences of military mothers and fathers who experienced a deployment away from their preschool-aged children and invested time and energy into reattaching to their children upon return. Attachment literature has shown that the formative attachment years of a child are during those preschool-aged years and lengths of time apart can create additional challenges to the attachment process between caregiver and child (Ainsworth, 1967; Ainsworth & Bowlby, 1991; Bowlby, 1969). The experiences explained by participants in this study showed that the context of the reattachment process following deployment was important to the overall success of the revitalization of the relationship between the returned caregiver and the child or children.

The participants of this study voiced unique challenges to their reintegration experience. Though there were many similarities between experiences, they also encountered specific differences. Some of those similarities included the importance of finding supports to facilitate stability in the family throughout the deployment and reintegration process along with the ability of the reintegrated caregiver to adapt to the changes in the family roles and responsibilities, which also included understanding that the needs of the child changed during the caregiver's time away from the family.

Starting during predeployment the interviewees explained the significance of preparation for deployment by ensuring the basic needs of the family and creating and maintaining routines for the kids to have some consistency when the caregiver deployed.

Also, in preparation for deployment two major coping mechanisms were used: distancing and spending lots of time together. Distancing was used as a coping mechanism by either the caregiver or the child to deal with the impending separation due to deployment. Spending lots of time together was used because the caregiver recognized there was going to be a lengthy separation that caused a disruption in the relationship.

Relationships between the deploying caregiver and the child were primarily characterized through the caregiver's role with the child and the rituals that the caregiver used to connect with the child prior to deployment. Then, during deployment, relationships were stressed due to the geographical distance so themes incorporated the way the family was able to continue communication as well as the many emotions from missing child milestones and role changes that occurred amongst the parental subsystem due to one caregiver being deployed. Deployed caregivers talked about how compartmentalization was necessary to stay focused on their mission even when they were trying to maintain a relationship with a young child back home. Lastly, during deployment, caregivers talked about how their child experienced behavioral changes that were not necessarily negative, but gave evidence to the importance of the role of the deployed caregiver within the family system.

The returning caregivers talked about memories of their transition experience and highlighted the initial encounter with their children by talking about the euphoria of seeing their families and also the difficulty of seeing their children hesitate when seeing them. Caregivers had many factors to consider while reattaching to their children during reintegration, including role changes and personal challenges. Although a couple of

individuals talked about no change in their relationship with the children, others identified the process of establishing or reestablishing a connection and role in the child's life and in some cases they had to do so while working through behavioral changes in their children. Some of these experiences created a sense of overwhelming frustration because of the difficult role transitions, marital challenges, and the complicated process of determining how the child had changed during the time of deployment.

Most individuals worked through the difficult transitions by utilizing support networks that included family, friends, or the community that surrounded the children with familiar faces. Also, there were helpful programs available to those families, but what most of the participants found was that those programs were not readily available and they saw the benefit of having a program specifically developed for returning parents with preschool-aged children. Overall these participants wanted others that would go through a similar situation to their own to know how important it is to spend time together, communicate, and ease back into the family system.

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

Interpretation of the Findings

There were a variety of themes that framed the results of this study, which were developed using NVivo 10 to group the responses of the 11 interviewees. Many of the themes relate to the studies identified in the literature review of this study. Each theme was broken down according to the interview questions and those questions attempted to target the full experience of the military servicemen and women as they went through the deployment process with preschool-aged children. The interviewees voiced the importance of preparation for the family system for deployment and reintegration as it pertained to the family life cycle that include preschool-aged children by explaining their experience throughout the entire process of deployment through reintegration.

Barker and Berry (2009) identified that there are unique challenges because of the timing of deployment coming during the formative years of a child's attachment. Children develop internal working models early on in life from the relationships they have during those years that can impact the way they view relationships the rest of their lives (Riggs & Riggs, 2011). Bowlby's theory was that attachment progressed in four stages that included preattachment, attachment-in-the making, clear-cut attachment, and the formation of a reciprocal relationship (Bowlby, 1969; Spencer, 2011). Each of these stages was hypothesized to occur within the first couple years of life, which is relevant to the children's age of the participants in this study. Ainsworth and Bowlby (1991) identified that attachment needs are addressed more so in terms of responsiveness to the child rather than time spent with the child, which makes it important for those that experience deployment during the child's formative years to understand the child's needs

during the time of separation. Ainsworth's strange situation showed that one year olds showed distress when placed in an unfamiliar situation with an unfamiliar person and that on a continuum there is a level of anxiety in those children, whether securely attached or insecurely attached (Ainsworth & Bowlby, 1991). Ainsworth (1989) showed that attachment behaviors take into account not only the responsiveness of the parent, but also the environment and genetics. Ainsworth also showed that responsiveness to the child includes signaling behaviors to create a sense of closeness with the caregiver.

Most of the participants in this study experienced deployment in which they had access to video communication with their families. They had to strike a balance of spending time communicating via video enough to maintain a relationship and not so much that they compromised their own ability to focus on their mission while deployed. The signaling behaviors that Ainsworth (1989) talked about as vital to the attachment process could be maintained in the sense that the children were able to see and hear their mother or father even though they could not actually reach out and touch them.

The participants in this study talked about the need for programs that fit their specific needs, so even though the military culture may promote an attitude that minimizes the need to seek out help, these individuals appeared to be willing to take part in a program that helped them reconnect with their families (Zinzow et al., 2013). These participants also did not appear to fit within Aronson and Perkins (2013) description of military families not taking part in programs because of stigma because most participants talked about some program in which they participated or wanted to participate. Some

participants also were able to get help for personal issues because they had supportive leadership (Zinzow et al., 2013).

These programs are important because military families deal with relational conflict, role conflicts, and mental and emotional health of everyone in the family due to deployment (Esposito-Smythers et al., 2011). Esposito-Smythers et al. (2011) also pointed out the importance of spending time communicating about the aforementioned issues, which corresponds with the concerns many of the participants brought up about their experience. There are many factors that influence military families' ability to reconnect, which also increases the need for appropriate programs (Esposito-Smythers et al., 2011).

Mateczun and Holmes (1996) hypothesized that families go through return, readjustment, and reintegration as a process of reconnecting with the returned caregiver. The experiences of the participants of this study seemed to reiterate these stages because many participants talked about the difficulty of returning home and taking time to observe the changes in the family dynamics that occurred during deployment while the readjustment time would fit with the process of everyone absorbing the ripple effect of adding a vital piece of the family unit. An example from the participants would be the identified emotions of being overwhelmed and frustrated during the process and the behavioral changes noticed by the caregivers in their children upon return.

Demers' (2011) study also seemed to resonate with the participants of this study because of their experience upon return. Coming home after being in a combat situation can be a tough transition, and not just in the family dynamic. Jack stated

I feel like what I have seen and been exposed to I think there are way bigger things that are going on so what I have found is that I can't compare the extremes of what I have seen over there to here because things that are important. For example, in my civilian job when they tell there are things that have to be done right now, I'm like well if we don't get this done right now is someone going to die. No nobody is going to die, but I can't relate it to that and it is important in its own way so for me I have to separate those things and that is a work in progress.

Deployment can change a person's sense of identity, even with the increased ability to maintain connection with family during deployment (Demers, 2011).

Willerton et al. (2011) broke down the experiences of deployed individuals by gender and into themes of cognitions, affect, and behaviors, which was helpful for matching the experiences of the majority of participants in this study. For example, many participants of this study vocalized concern about their ability to parent while others also identified with the thought that leaving an infant would be easier for the infant because the child would have no memory of that experience. The participants in Willerton et al. also talked about separating the mission from the emotional strain of their families at home, which was a common theme with the participants of this study. A last point of connection between the participants in Willerton et al. and this study was the challenge of determining how to reconnect and create a new role in the changed family dynamic upon return to the family.

Another factor in the bonding process between the deployed caregiver and the pre-school aged child is the development of the child. Spencer (2011) reminded readers that a child's cognitive development is rapid during the first years of life and they quickly attach memories to experiences, even if some of them are unconscious due to the lack of development at such an early age. Memories related to experiences also explain the hesitation some children of the participants had upon the caregiver's return from deployment because they did not have repeated face-to-face encounters with the deployed caregiver for a period of time, which led them to stay close to the caregiver they did have contact with during deployment (Riggs & Riggs, 2011).

Also, Maholmes (2012) addressed a concern that caregivers who have been deployed prior to their child's birth creates an added dimension of difficulty because there was no opportunity for connecting with the child. Multiple participants in this study talked about the difficulty of coming home to a child that they had not had the opportunity to connect with prior to deployment, which led to difficulties connecting upon return and relational imbalance between the left-behind caregiver and the child and the returned caregiver and the child because of the difference in available time to bond with the child. However, these same caregivers also recognized that deployment at such an early age appeared to be preferred to being deployed when there is a stronger chance of the child recognizing the caregiver being gone due to developed cognitive functioning and attachment to the caregiver.

Barker and Berry (2009) talked about the variety of factors that influence the link between deployment and an increase in a child's negative behavioral output and

attachment difficulties. This study did not include enough participants to be able to expand the information of Barker and Berry, but the participants that talked about negative behaviors from their children mentioned their concern about those behaviors being linked to the caregiver's absence due to deployment.

Riggs and Riggs (2011) highlighted the importance of protective factors such as supportive social networks in the deployment process because military spouses have to take on added roles in the absence of the deployed spouse. Riggs and Riggs noted the impact of insecure attachment style on the left-behind spouse as well as the children, but interestingly the participants of this study all identified how they were able to utilize support during and post-deployment to combat some of the additional difficulties of deployment and reintegration. Riggs and Riggs talked about the effect PTSD has on relationships, which impacted Rhonda's experience of reintegration. She talked about how her PTSD diagnosis affected her relationship with her husband, which impacted her ability to reconnect with her kids. Rhonda mentioned some of the symptoms such as poor communication, trust, isolation, and hostility that are evident with PTSD (Riggs & Riggs, 2011).

Caregiver response to the child upon return tends to impact the child's response to the returned caregiver. Saltzman et al. (2011) discussed the negative connection between authoritarian styles of parenting and resilience due to inflexibility, which relates to the experiences of participants in this study because many talked about the importance of observing the child in their setting and easing their way back into the family system.

Support networks within families under stress allow those families to experience success. Rituals created by families help them to deal with stress as well. Willerton et al. (2011) mentioned rituals such as celebrating events prior to the actual events due to impending deployment or spending more time to make up for lost time during deployment, which are both ways participants of this study identified as important for their relationships with their children. Other rituals included the ways families communicate via distance and the ways they show physical affection upon return, which were also ways mentioned by participants in this study as effective (Willerton et al., 2011).

Limitations of the Study

Qualitative studies do not have the capacity to create statistically significant results. This study utilized 11 individuals in a semi-structured interview format. These individuals were from the Army, Navy, and Air Force. The participants were either active in the military, Reserves, or inactive. However, I was not able to recruit anyone in the Marines. Each of these individuals spoke to their specific experience alone. There may have been some merit in focusing on one branch in order to gain a more representative sample of experiences within that branch. However, the results of this study showed the individual factors that each person encountered during his or her experience. Therefore, a study that focused on one branch of the military may not yield much of a difference from this study because every person's experience is unique.

Another limitation that was addressed was the potential concern of researcher bias. This was remedied by ensuring that the transcriptions and themes were given to the

participants to review for accuracy. Also, two peer reviewers who had experience working with the population for this study and with experience conducting research reviewed the results. These individuals were able to review the data and the corresponding themes and descriptions of the essence of the data to verify accuracy, which also minimized the risk of researcher bias. One could also see my lack of military experience as a way of decreasing researcher bias because I did not have any personal involvement that connected with the individuals in this study.

Trustworthiness of this study was something taken seriously, which was why there were various steps instituted to try and protect the trustworthiness of this study. However, there were some difficulties. For example, only six of the 11 participants emailed me back verifying the accuracy of the data. Therefore, I cannot be certain that every individual agreed on the accuracy of the transcription and thematic grouping. Also, the peer review process could have been incorporated prior to the thematic development, which could have ensured that the themes that were developed most accurately represented what the participants stated.

Recommendations

The results of this study showed a variety of factors that influenced each individual's experience with bonding to a child upon return from deployment. A future study that was able to pinpoint which factors were most influential in the reattachment process would be helpful to anyone working with families in those situations and also to anyone that wanted to develop a program to facilitate the bonding process. One of my goals as this study developed was to identify a way to provide support for this specific

population within the military. The results showed that most individuals saw a need for a program that was specifically designed to facilitate a smoother transition between them and their children upon return from deployment. For instance, Fred talked about the various programs that he knew about from his experience in the military, but identified that many of the programs are general and are not set up for each individual's experience. By understanding the experiences of individuals in this study, I feel more capable of creating a program that could be developed to support a successful reattachment process for others in a similar situation to the participants of this study.

Implications

Even without creating a practical program that enhances a family's ability to reattach following a deployment, there are potential social change implications from this study. On an individual level this study allowed participants to share their story. Andrea stated, "This allowed me to decompress." As was stated in the informed consent that each individual signed, there may have been therapeutic benefits to sharing even though that was not the intended purpose. Also, because participants were able to share their story, they were able to facilitate a process for highlighting potential pitfalls for those that find themselves in a similar situation in the future. Even those that recognized that they had a smooth transition with their kids identified that they saw others that had a detrimental transition. Adam identified that a friend of his found himself completely cut off from a relationship with his son because of deployment, so giving a voice to Adam's experience can have positive repercussions for those that were not a part of this study because it increases awareness for this population about some of the challenges.

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

There were also implications at an organizational and potentially societal level because the participants' experience will allow those that work with them on a daily basis, such as the military and the mental health community, to have a greater awareness of what they handle during the reintegration process with pre-school aged children and a better idea of how to help the returning caregivers facilitate a healthy and successful reintegration with their children. Others with interest in supporting the military community, like myself, may be able to create programs that are a better match for this specific population's needs. With all systems working together to support the reintegration of the child and returning caregiver, there is a stronger likelihood of healthy functioning families in the community, which impacts everyone.

Conclusion

Stress can impact each individual in a positive or negative manner. Those in the military take on stressors that civilians could not understand. Therefore, it is important

that professionals working with individuals in the military understand those stressors.

This study was completed to highlight the experiences of individuals in the military that not only take on the stressors of deployment in a combat situation, but also the balance of a family with pre-school aged children.

There is an increase in understanding by anyone that interacts with this population because the experiences of this population were highlighted. The likelihood is that combat deployments or at least deployments that take those in the military away from their families will continue to some extent for the foreseeable future, which means there is a generation of children with parents protecting our country that have to be away from them for a period of their development that is extremely important for attachment purposes. Therefore, it is vital that anyone supporting military families with preschool-aged children through the deployment and reintegration process is aware of the unique challenges affecting this population in order to better help these families facilitate a successful reattachment process.

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Appendix A: Interview Protocol

- 1) How did you and your family prepare for each stage of deployment?
 - 2) Discuss your relationship with your pre-school aged child/children prior to deployment.
 - 3) How were or were you not able to maintain the relationship with your child/children during deployment?
 - 4) Discuss the transition experience during reintegration.
 - 5) How did the relationship with your child/children change or not change during reintegration?
 - 6) Discuss your thoughts and emotions related to rebuilding the relationship with your child/children during reintegration.
 - 7) What were the main challenges related to rebuilding your relationship with your child/children?
 - 8) What worked or did not work regarding rebuilding your relationship with the child/children?
- Additional questions added after pilot study:
- 9) What role did support networks play during the deployment process?
 - 10) How were programs helpful or not helpful during the reintegration process?
 - 11) What words of advice would you give to others that are going to be in your position in the future?

Appendix B: Referral List

COUNSELING REFERRAL LIST



<http://www.militaryonesource.mil>
<http://www.tricare.mil/CoveredServices/Mental/GettingMHCare.aspx>
http://www.indianapolis.va.gov/services/Mental_Health_Services.asp
<http://www.ivbhn.org/site/>
<http://www.giveanhour.org/ForVisitors.aspx>

Appendix C: Research Flyer

RESEARCH PARTICIPANTS NEEDED TO HELP MILITARY FAMILIES

Attention to military veterans



Purpose

- Build awareness about the challenges reintegrated military parents face rebuilding relationships with their pre-school aged children by increasing the knowledge base of those that work with military families.
- Knowledge will increase within the military to create capable programs to be implemented to target this need area.
- Awareness will be built within the military community regarding the normal challenges that are faced with their pre-school aged kids due to deployment.

Eligibility Requirements

- Be a veteran of at least one tour that lasted for at least six months, when your family wasn't present with you.
- Must have had pre-school aged child/children left-behind at the time of deployment.

Next Steps

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

Rob Atchison (765) 669-2410
Rob.a.atchison@gmail.com

Appendix D: Informed Consent

CONSENT FORM

You are invited to take part in a research study exploring the lived Experiences of military personnel reintegrating with their pre-school aged children following deployment. The researcher is inviting military personnel who have experienced a deployment of at least six months, have been home for at least one year, and left a family with at least one pre-school aged child at home at the time of the deployment to be a part of the study. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

This study is being conducted by Rob Atchison, LMFT, NCC, who is a doctoral student at Walden University.

Background Information:

The purpose of this study is to understand the lived experiences of the reintegrated parent with his or her pre-school aged child or children. By understanding the lived experiences of a reintegrated parent reattaching or initially attaching with his or her child, one is more capable of recognizing the important factors for the reintegrated parent to reattach as well as the factors that impinge upon rebuilding the relationship with the child.

Procedures:

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

- Participate in an informational phone meeting that will last no more than 30 minutes, for the purpose of better understanding the points mentioned in this informed consent and identifying a location for the interview.
- Informed consents will be reviewed and signed by the participants prior to the interview.
- A face-to-face or Google Hangouts interview will be conducted with each of the participants that will last approximately 90 minutes. This interview will be audio recorded if face-to-face as well as if completed via Google Hangouts. The researcher has several questions related to the experiences of the participant that will be used to gather relevant themes amongst all participants that will be included in the final study publication.
- Prior to ending the interviews, phone follow-ups will be set up, between the researcher and the participants for the purpose of reviewing information gathered during the interviews (i.e. transcripts of the interviews and themes identified by the researcher). Participants will receive the documents ahead of time to review for accuracy so the phone call should last no more than 15 minutes.
- Upon completion, a link to the study will be sent to local agencies that work with military families as well as to the local military installations and the families that

participated in the study so they can share the study to anyone that they know who may be impacted by the study.

Here are some sample questions from the interview:

- 1) Explain how you and your family prepared for each stage of deployment.
- 2) Discuss your relationship with your pre-school aged child/children prior to deployment.
- 3) Share about how you were or were not able to maintain the relationship with your child/children during deployment.
- 4) Discuss the transition experience during reintegration.
- 5) Share about how your relationship with your child/children may or may not have changed during reintegration.
- 6) If applicable, discuss your thoughts and emotions related to rebuilding the relationship with your child/children during reintegration.
- 7) If applicable, explain the main challenges related to rebuilding your relationship with your child/children.
- 8) If applicable, identify what worked or did not work regarding rebuilding your relationship with the child/children.

Voluntary Nature of the Study:

This study is voluntary. Everyone will respect your decision of whether or not you choose to be in the study. No matter where you were recruited from to participate in this study, you will not be treated any differently if you decide not to be in the study. If you decide to join the study now, you can still change your mind later. You may stop at any time.

Risks and Benefits of Being in the Study:

Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as stress or emotional discomfort if the experience was negative. Being in this study would not pose risk to your safety or wellbeing.

Participants will be given a voice to their experience, which can also be a therapeutic benefit even though that is not the purpose of the interviews. Society will have a better understanding of the experiences of military personnel who engage in attachment building with their pre-school aged children. Agencies will understand variables that allow for better or worse reattachment and will be able to create programs with the support of the military that specifically target those families who are forced to rebuild attachment with their children. Each of these items will allow for better functioning military families and soldiers overall.

Payment:

There is no payment for being in this study.

Privacy:

Any information you provide will be kept confidential. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Data will be kept secure in a safe in the researcher's home with a key whose location will be known only by the researcher. If the recording devices are in transit, they will be secured in a locked container. Electronic devices used for data analysis will be password-protected. Data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions:

You may ask any questions you have now. Or if you have questions later, you may contact the researcher via phone 765-669-2410 or email rob.a.atchison@gmail.com. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 612-312-1210. Walden University's approval number for this study is 12-19-14-0236313 and it expires on December 18, 2015.

The researcher will give you a copy of this form to keep at the time of the interview, but you may sign and keep a copy if you choose to send this form electronically prior to the interview.

Statement of Consent:

I have read the above information and I feel I understand the study well enough to make a decision about my involvement. By signing below, I understand that I am agreeing to the terms described above.

Printed Name of Participant

Date of consent

Participant's Signature

Researcher's Signature

Appendix E: Informational Phone Meeting Checklist

- Introduction of researcher and credentials
- Title of the Study
- Background of the Study
- Study Procedures- including roles and responsibilities of the participants and researcher
- Voluntary Nature of the Study
- Risks and Benefits of the Study
- Confidentiality
- Questions from the Participants
- Discussion of Opting In or Out of the Study
- Determination of the Interview Location
- Signing of the Consent

Appendix F: Confidentiality Agreement

CONFIDENTIALITY AGREEMENT

Name of Signer:

During the course of my activity in collecting data for this research: "Exploring Lived Experiences of Military Personnel Reintegrating with their Pre-School Aged Children" I will have access to information, which is confidential and should not be disclosed. Although this information should not include any identifying information since names have been changed by the time information has come to me, I acknowledge that the information must remain confidential, and that improper disclosure of confidential information can be damaging to the participant.

By signing this Confidentiality Agreement I acknowledge and agree that:

1. I will not disclose or discuss any confidential information with others, including friends or family.
2. I will not in any way divulge, copy, release, sell, loan, alter or destroy any confidential information except as properly authorized.
3. I will not discuss confidential information where others can overhear the conversation. I understand that it is not acceptable to discuss confidential information even if the participant's name is not used.
4. I will not make any unauthorized transmissions, inquiries, modification or purging of confidential information.
5. I agree that my obligations under this agreement will continue after termination of the job that I will perform.
6. I understand that violation of this agreement will have legal implications.
7. I will only access or use systems or devices I'm officially authorized to access and I will not demonstrate the operation or function of systems or devices to unauthorized individuals.

Signing this document, I acknowledge that I have read the agreement and I agree to comply with all the terms and conditions stated above.

Signature:

Date:

CURRICULUM VITA

Personal Data

Rob Atchison, MA, NCC, LMFT

1900 W. 50th St., Marion, IN 46953
 6325 Digital Way Ste 222, Indianapolis, IN 46278
 (Work) 765-677-2237
 (Work) 317-713-6173
 (Cell) 765-669-2410
Rob.atchison@indwes.edu

Education

Current	Ph.D.	Walden University <i>CACREP</i>	Counselor Education and Supervision with Specialization in Trauma and Crisis
2009	M.A.	Indiana Wesleyan University <i>CACREP</i>	Marriage and Family Therapy
2007	B.S.	Indiana Wesleyan University	Psychology
2007	B.S.	Indiana Wesleyan University	Youth Ministries

Professional Employment Experience

Indiana Wesleyan University *Aug 2014-present*
Assistant Professor/Director of Clinical Training

Youth Villages *Mar 2012- Aug 2014*
Regional Supervisor

Youth Villages *Jan 2011- Mar 2012*
Clinical Supervisor

Youth Villages *May 2010- Jan 2011*
Family Counselor

Teaching Experience

Indiana Wesleyan University
Assistant Professor

Courses Taught:

CNS 550- Practicum	Fall 2014
	Spring 2015

Summer 2015
Fall 2015

- Taught graduate counseling students entry-level skills for working with clients in the Indiana Wesleyan University Graduate Counseling Clinic and supervised that experience.

Indiana Wesleyan University

Adjunct Faculty

Courses Taught:

CNS 506- Appraisal of Individuals and Families- Online Fall 2013

- Facilitated discussions and graded papers for master's students in the Graduate Counseling program on a weekly basis on topic about evaluation methods for individuals and families that included conversations about validity, reliability, and psychometric statistics.

Walden University

Teaching Assistant

Courses Taught:

COUN 8115- Counseling Theories Summer 2013

- Led discussions with Ph.D. students on strengths and weaknesses of mainstream counseling theories

COUN 8660- Social Change for Professional Summer 2013

- Led discussions with Ph.D. students on the importance of social change, advocacy, and leadership in the counselor education and supervision field

COUN 8890- Practicum Spring 2013

- Led discussions with Ph.D. students in their practicum field experience focused on their experiences at their sites

COUN 8125- Teaching in Counselor Education Spring 2013

- Led discussions with Ph.D. students around teaching philosophies, understanding program outcomes and evaluation, as well as accreditation standards

COUN 8135- Clinical Supervision Spring 2012

- Led discussions with Ph.D. students around understanding supervision theories and the importance of adapting strategies to the needs of supervisees

Residency 3- Advanced Counseling Skills and Interventions Summer 2012

- Led discussions with M.A. students on advanced counseling skills and interventions and worked with those students on role-playing implementation of those skills

Residency 2- Basic Counseling Skills and Interventions Fall 2011

- Led discussions with MA students on advanced counseling skills and interventions and worked with those students on role-playing implementation of those skills

Youth Villages

Consultant Coaching

Youth Villages Treatment Model Training Summer 2014

- Taught the Youth Villages treatment model to new specialists

Safety Plan Training Spring 2013

- Worked with specialists to understand safety planning protocols for their cases

Youth Villages Treatment Model Training Summer 2013

- Taught, in conjunction with a consultant, the Youth Villages treatment model to new staff

School Interventions for Youth Villages Specialists Summer 2013

- Taught, in conjunction with a consultant, how specialists can interface with school staff and advocate for the families they serve

Professional Clinical Experience

Indiana Wesleyan University **Aug 2014- present**
Marion, IN; Indianapolis, IN

Director of Clinical Training

- Supervised the graduate counseling students who were seeing clients in the Marion and Indianapolis clinics
- Managed the day-to-day operations of both clinics
- Implemented policies and procedures to ensure best practice in the clinics

Youth Villages (multiple positions) **May 2010- Aug 2014**
Johnson City, TN; Madison, IN; Jeffersonville, IN; Bloomington, IN; Jasper, IN; Columbus, IN; Indianapolis, IN

Regional Supervisor

- Helped start up and oversaw day-to-day functioning of six offices in Southern Indiana.
- Market for referrals and maintain customer relationships.
- Ensure that sessions are being completed with documented evidence of those sessions.
- Develop supervisors to progress within Youth Villages.
- Complete hiring for office needs.
- Led weekly consultations with teams across the state
- Review daily progress of cases, provide feedback to supervisors about direction for cases, and ensure safety needs are being met with each case.

Senior Clinical Supervisor

- Led a group of 5 counselors, four of whom were new to Youth Villages, and started a new team. Duties included supervision of the counselors' cases and maintaining motivation of the counselors to go above and beyond normal job duties.
- Completed field visits with counselors on each of their cases on a monthly basis.
- Reviewed documentation of the counselors for quality and timeliness.

Family Counselor

- Provided intensive in-home counseling from Youth Villages Evidentiary Family Restoration (EFR) treatment for 4-6 families with kids at risk of being removed from their homes on a wide spectrum of emotional and behavioral disorders.

Indiana Wesleyan University (multiple positions) **May 2009- Dec 2009**
Marion, IN

Intern Aldersgate Center

- Provided counseling for college couples preparing for marriage and individuals dealing with various life issues

Intern Indiana Wesleyan University Addiction Studies Center

- Counseled couples with relationship and addiction issues from a Behavioral Couples Therapy curriculum

New Horizons Youth Ministry
Marion, IN

Jan 2009-May 2009

- Counseled adolescents in a therapeutic boarding school and lead psycho-educational and interpersonal groups

Licenses and Certifications

Nationally Certified Counselor	268695
Licensed Marriage and Family Therapist (IN)	35001815A
AAMFT Approved Supervisor Candidate	

Specialized Training

PREPARE/ENRICH
 AAMFT Fundamentals of Supervision
 Trauma-Focused Cognitive Behavioral Therapy
 Adolescent Community Reinforcement Approach
 Behavioral Couples Therapy
 Implementation of Evidence Based Interventions
 Wilson Learning Social Styles
 Situational Leadership
 Covey Seven Habits of Highly Effective People
 Civil Treatment for Leaders
 In-Home Services Group Supervision
 Challenging Conversations
 Foundations I: Transition into Leadership
 Foundations II: Building Great Leaders
 Effective Performance Discussions
 Service Standards of Indiana Department of Child Services
 DCS Legal and Testifying
 Car Seat Safety
 Harassment Free Workplace Training for Employees and Supervisors
 Psychodrama

Professional Affiliations

Chi Sigma Iota Honor Society	<i>Member since 2011</i>
American Association for Marriage and Family Therapy	<i>Clinical Member since 2014</i>
Indiana Association for Marriage and Family Therapy	<i>Member since 2008</i>
American Counseling Association	<i>Member since 2014</i>
Association for Counselor Education and Supervision	<i>Member since 2014</i>

Professional Conference & Seminar Attendance

- 2015 Hanna, S. M. *Brain basics for family therapy intervention.* IAMFT Conference. Indianapolis, IN.
- 2014 Riggs, B. *A developmental supervisory model based on attachment theory.* Indiana Wesleyan University Fall Site Supervisor Breakfast. Indianapolis, IN.
- 2014 Reyes, N. *Beyond black and white: Helping supervisees develop multi-cultural competence through supervision.* Indiana Wesleyan University Fall Site Supervisor Luncheon. Marion, IN.

Professional Presentations

- 2015 Atchison, R. A. *Application of common factors to supervision: A systemic look into supervision approaches.* Indiana Wesleyan University Spring Site Supervisor Breakfast and Luncheon. Indianapolis, IN & Marion, IN.

Research Interests

- Families with children at-risk of removal
- Leadership in counseling
- Emotion-Focused Therapy with military couples
- Military personnel reintegrating with their pre-school children
- Variables affecting attachment between military personnel and their children

Research in Progress

Atchison, R. A. (2015). *Exploring the Lived Experiences of Military Personnel Reattaching with their Pre-School Aged Children.*