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The Role of Distance in Army Family Use of Military-Provided Supports

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Dissertation Submitted in Partial Fulfillment

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Doctor of Philosophy

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Abstract

As military troops continue to deploy post September 11, 2001, limited literature indicates it is important to study the effects of the deployment on the military personnel and their families. The purpose of this nonexperimental study was to examine whether the physical distance between home and military-provided supports plays a role in whether Army families use such supports, and whether the use of these supports effects their coping strategies during the deployment process. Hobfoll's conservation of resources theory served as the framework for this study. Three hundred and two Army spouses, 44% active duty spouses, 33.8% Army National Guard spouses, and 22.2% Army Reserve spouses answered questions from the Conservation of Resources Evaluation, Brief COPE, and Participant Information Survey. Multivariate analysis of variance, between-groups *t* test, and Spearman's rho tests were run to determine relationships among the variables. According to study results, Army family participants determined that up to 20 miles was convenient to travel to access military-provided supports. Only the Veterans Center was used more than other supports, despite distance. Those families located closer to military-provided supports coped differently than those located farther away. The study adds to the literature on Army National Guard, Army Reserve, and active duty spouses by providing a better understanding for practitioners about Army families and their use of military-provided supports, their coping methods, social resource gain, and how distance plays a role for each. The military can use the information from this to provide support programs to enhance participation in services, which will help military families in times of deployment and inactive service.

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Chapter 1: Introduction to the Study

Introduction

Since September 11, 2001, many military members have been deployed, affecting millions of soldiers and their families. As of 2012, there were 3,652,086 soldiers in the military (Department of Defense, 2013, p. 3). Of those 3.6 million soldiers, 1,086,447 were from the United States Army Reserve (Army Reserve) and the United States Army National Guard (Army National Guard) components (Department of Defense, 2013, p. 7). The Army National Guard and Army Reserve soldiers and their families typically live dispersed throughout their state and drill in a central location (Mansfield et al., 2010). In this study, I examined whether the physical distance between home and military-provided supports played a role in whether military families use such supports, whether the use of these supports affected their coping strategies during the deployment process, and whether these supports were deemed a social resource gain or loss.

This chapter includes a discussion on the background on the topic, the problem statement, and the purpose of the study. Also, the research questions and hypotheses, theoretical framework for the study, nature of the study, definitions of terms, assumptions, scope and delimitations, limitations, and significance of the study are outlined.

Background

As soldiers continue to deploy from the United States, it is important to follow how the deployment plays a role in their lives and the lives of their families on the home front. Although research exists on the deployment experiences of active duty soldiers and their spouses, there is little research on the deployment experiences of Army National

Guard and Army Reserve soldiers and their spouses as a separate group of military personnel who face unique struggles (Bushatz, 2010; Hoshmand & Hoshmand, 2007; Huebner & Mancini, 2005; Khaylis et al., 2011; Reedy & Kobayashi, 2015). Researchers have recommended research on this topic to highlight the unique struggles Army National Guard and Army Reserve soldiers and their families face that active duty soldiers and their families do not (Aducci, Baptist, George, Barros, & Goff, 2011; Mansfield et al., 2010).

Army National Guard and Army Reserve soldiers need to travel for training and to access military-provided supports. However, scholars have not stated whether the distance traveled plays a role in whether or not military families access these supports (Booth et al., 2007; Joyner, 2008; Mansfield et al., 2010). In this study, I examined whether this distance played a role in Army family use of military-provided supports. I also assessed whether the use of military-provided supports affected the Army spouse use of coping strategies during the deployment process. I examined whether social resources were lost or gained during the deployment cycle according to Hobfoll's (1989) conservation of resources theory.

Problem Statement

There is a lack of information on Army National Guard soldiers, Army Reserve soldiers, and their families as separate populations from active duty soldiers and their families. As Army National Guard and Army Reserve soldiers continue to deploy during Operation New Dawn/Operation Enduring Freedom/Operation Inherent Resolve (OND/OEF/OIR), it is important to be mindful of the needs of the military families on the home front. This

study added to the scholarly literature by determining if distance from military-provided supports hinders Army families from using such supports during the deployment cycle.

Purpose of the Study

In this nonexperimental, quantitative research I filled the gap of limited research on spouses of Army National Guard, Army Reserve, and active duty soldiers by evaluating whether the physical distance between home and military-provided supports played a role in whether Army families used such supports, and whether the use of these supports effected their coping strategies during the deployment process. I examined the Army family use of military-provided supports, their distance from these supports, and the Army spouses' coping strategies. I used a cross-sectional survey design, taking information from one point in time, rather than gathering information from the participants at multiple points over time (Jackson, 2012; Olsen, & St. George, 2004). The cross sections were Army families self-report and the point of time in which the survey was completed.

Research Questions

1. What distance (0-10 miles, 11-20 miles, 21-30 miles, 31 plus miles) do Army families consider convenient to travel to access military-provided supports (the Family Readiness Group; the Morale, Welfare, and Recreation program; school liaison officer; United States Office of Veterans Affairs' Veteran Center; the Youth Services program)? This was identified by the Participant Information Survey (Thompson, 2016). A multivariate analysis of variance (MANOVA) was run in SPSS to determine if there was a statistical difference between the

distances determined convenient by Army families to travel to access military-

provided supports. If the assumptions of no significant outliers, normal

distribution, and homogeneity of variances are not met for the MANOVA, a

Kruskal-Wallis H test can be run to test the null hypothesis (Laerd Statistics,

2013).

$H_0$1: Army families will consider convenient access to be any distance traveled.

$H_1$1: Army families will consider convenient access to be a distance less than 20

miles.

2. Do Army families who need to travel farther to access military-provided supports

(the Family Readiness Group; the Morale, Welfare, and Recreation program;

school liaison officer; United States Office of Veterans Affairs' Veteran Center;

the Youth Services program) use the supports more or less during the deployment

cycle than families who travel less? This was identified by the Participant

Information Survey (Thompson, 2016). A between groups *t* test was run in SPSS

to determine if there was a statistical difference between Army families who

travel far to access military-provided supports and those Army families who do

not travel far. If the assumptions of no significant outliers and normal distribution

were not met for the between groups *t* test, a Mann-Whitney U test was run to test

the null hypothesis (Laerd Statistics, 2013).

$H_0$2: Army families who travel farther to access military-provided supports use

the supports more than Army families who travel less.

$H_1$2: Army families who travel farther to access military-provided supports use

the supports less than Army families who travel less.

3. Do Army families who consider themselves to have convenient access, as determined by Research Question 1, to military-provided supports during the deployment cycle cope differently than Army families who do not consider themselves to have convenient access to military supports, as measured by the Brief COPE (Carver, 1997)? A between groups t test was run in SPSS to determine if there was a relationship between coping styles and convenient access to these supports. If the assumptions of normal distribution, no significant outliers, and equal variance were not met for the between groups t test, a Mann Whitney U was run to test the null hypothesis (Laerd Statistics, 2013).

   $H_0 3$: Army families who have convenient access to military-provided supports during the deployment cycle cope the same as Army families who do not have convenient access to military supports.

   $H_1 3$: Army families who have convenient access to military-provided supports during the deployment cycle cope differently than Army families who do not have convenient access to military supports.

4. Do Army families who use military-provided supports report more social resource gain than social resource loss during the deployment cycle, as measured by the Conservation of Resources Evaluation (Hobfoll, 2007)? A correlated groups t test was run in SPSS to determine if there was a statistical difference between reported social resource gain and social resource loss in Army families who use military-provided supports. If the assumptions of no significant outliers and

normal distribution were not met for the between groups *t* test, a Wilcoxon

signed-rank test was run to test the null hypothesis (Laerd Statistics, 2013).

$H_0$4: Army families who use military-provided supports experience equal

amounts of social resource gain and loss.

$H_1$4: Army families who use military-provided supports experience more social

resource gain than social resource loss during the deployment cycle.

Theoretical Framework for the Study

The conservation of resources theory, developed by Hobfoll (1989), was the

theoretical framework for this study. Conservation of resource theory is based on the

belief that individuals have resources (such as personal, social, material, and energy) that

they strive to foster, obtain, retain, and protect (Hobfoll, 1989). Hobfoll stated that loss

of resources is the leading cause of psychological distress, negative health, and

diminished functioning. Hobfoll claimed that the preservation of these resources helps an

individual to foster resilience to stress. For the purposes of this study, I used

conservation of resources theory to highlight potential resource gains for Army families.

The conservation of resources theory is further outlined in Chapter 2.

Nature of the Study

A nonexperimental, quantitative design was chosen in order to gather information

on the Army family population and their use of military-provided supports. Because

there is little information on the topic of distance as it relates to Army family use of

military-provided supports, I collected data to determine if the distance was pertinent.

The cross-sections in the study were Army families who had access to the military-

provided resources and those who did not have access to the resources. Data in this survey design were collected at the same point in time for both types of families.

The independent variable in this study was the distance that Army families must travel to reach military-provided supports. The dependent variable in this study was the use of military-provided supports, which in this study included the Family Readiness Group; Morale, Welfare, and Recreation; school liaison officer; United States Office of Veterans Affairs' Veteran Center; and Youth Services. A second dependent variable was the coping techniques, which were taken from the Brief COPE and included acceptance, active coping, denial, instrumental support, planning, positive reframing, self-distraction, substance use, use of emotional support, and venting (Carver, 1997; Carver, Scheier, & Weintraub, 1989). Another dependent variable was social resource loss and gain as developed by Hobfoll (1989). These variables are further outlined in Chapter 3.

The target population, of 189 participants, 63 in each group, for this study was the spouses of active duty, Army National Guard, and Army Reserve soldiers. A convenience sample of participants was recruited through social media sites catering to military families. The data were collected via an online survey website and then analyzed through Statistical Package for the Social Science (SPSS).

Definitions

Acceptance: Being actively engaged in attempting to deal with the situation (Carver, 1997; Carver et al., 1989).

Active coping: Purposefully trying to remove the stressor or fix the effects of the stressor (Carver, 1997; Carver et al., 1989).

Behavioral disengagement: Minimizing a person's attempts to deal with the stressor (Carver, 1997; Carver et al., 1989).

Convenient access: Participants determined what they considered to be convenient. It was assessed through the Participant Information Survey (Thompson, 2016).

Denial: Refusing to believe the stressor exists (Carver, 1997; Carver et al., 1989).

Family Readiness Group: A command-sponsored group that allows soldiers, families, and civilian volunteers to provide mutual support and assistance to one another; provide communication among families and the chain of command; and provide or find resources to help families and soldiers to stay focused, healthy, and prepared (National Guard North Dakota, 2013).

Instrumental support: Using others for advice, assistance, or information (Carver, 1997; Carver et al., 1989).

Military-provided supports: Programs developed by the government to provide psychological, emotional, educational, and informational help to service men and women and their families.

Morale, Welfare, and Recreation: A network of support and leisure programs to help improve the lives of military service men and women and their families (Military One Source, 2014).

Planning: Actively thinking about how to cope with the stressor (Carver, 1997; Carver et al., 1989).

Positive reframing: Focusing on the good in the situation rather than focusing on the stressor's negative aspects (Carver, 1997; Carver et al., 1989).

School liaison officer: Military service person who help parents learn about their children's education; assists in making transitions in school easier; communicates with teachers, principals, and other school officials regarding the child, and makes recommendations for appropriate military or civilian referrals (Commander, Navy Installations Command, 2014; National Training Center Fort Irwin, 2014).

Self-distraction: Purposefully taking part in activities that distract a person from thinking about the stressor as indicated in the Brief COPE (Carver, 1997; Carver et al., 1989).

Social resources: External supports or services used by an individual that are in place to help the individual cope in stressful situations (Hobfoll et al., 2012).

Substance use: The use of alcohol or drugs to think less about the situation (Carver, 1997; Carver et al., 1989).

United States Office of Veterans Affairs' Veteran Center: A program that offers free counseling services for combat zone veterans, families, and spouses and is prepaid community-based counseling for combat veterans and their families (U.S. Veterans Affairs, 2014).

Use of emotional support: Actively searching out moral support, sympathy, or understanding from others (Carver, 1997; Carver et al., 1989).

Venting: Focusing on the stressor and expressing those feelings to others (Carver, 1997; Carver et al., 1989).

Youth Services: A Department of Defense certified program for military youth

ages 6 weeks to 18 years that provides educational instruction, developmental day care,

classes, events, and a safe and fun environment at military installations and in the

community (Commander, Navy Installations Command, 2014; My Air Force Life, 2014;

U.S. Army, 2014).

Assumptions

An underlying assumption of this study was that all participants answered

questions truthfully and recorded all answers accurately. Another assumption was that

the participants understood all topics and terms used in the survey. I also assumed that

the participants had access to transportation. There was also the assumption that

inadequate access to resources causes psychological stress according to Hobfoll's (1989)

theory. A methodological assumption for this study was that the sample population of

Army spouses was an accurate depiction of the greater population. Lastly, it was

assumed that the methodology used to assess the data provided the best interpretation of

the results.

Scope and Delimitations

In this study, I addressed whether distance played a role in Army family use of

military-provided supports and whether use of these supports affected their coping during

the deployment cycle. The theoretical framework most closely aligned with this research

was Hobfoll's (1989) conservation of resources theory, which states that social resource

gain can help foster stress resilience. It was not known whether lack of access to

resources is limited to distance, or if other issues, such as public transportation, weather,

and/or road conditions would be a deterrent; therefore, these factors were a potential

threat to the internal validity of this study. This study included spouses from each section

of the Army, active duty, Army National Guard, and Army Reserve. By gathering data

from the three types of Army spouses, it allowed a more thorough look at these

populations and how they compare to one another. However, it is not known whether

this information can be generalized to other areas of the military, such as the Navy,

Airforce, Coast Guard, or Marines. Further delimitations for this study included the

participants having all gone through a deployment.

Limitations

This study was limited in that I relied on self-reported information from

participants looking back over previous deployment experiences and use of services that

they may no longer access. Participants were asked to reflect on their past experiences

and report honestly to help ameliorate this limitation. Another limitation is that I

collected a convenience sample, and the participants were not randomly selected.

Participants were not required to participate, but they were encouraged to of their own

accord, and advertisements for participation were shared across the United States via

social media, so as to include all willing participants in each category.

Significance

With the continued deployment of Army National Guard and Army reserve

soldiers in the current OND/OEF wars, it is important to identify and assess the needs of

their families on the home front as they are experiencing health problems, psychological

difficulties, and financial difficulties because of the deployments (Aducci et al., 2011).

Unlike families who live on or near a base, Army National Guard and Army Reserves spouses do not have ease of access to the same supports as active duty spouses (DeVoe & Ross, 2012). They have the potential to miss out on family activities on base, knowing other military spouses, geographical closeness, and the general support of the military community.

There are differences between active duty soldiers, Army National Guard, and Army Reserve soldiers; however, scholars have not noted whether these differences affect the families during the deployment cycle. In this study, I filled a gap in the literature by examining whether the physical distance between home and military-provided supports played a role in whether Army families used such supports. I also examined whether those Army families with convenient access to military-provided supports coped differently than those without convenient access. Further, I examined whether those Army families who used military-provided supports perceived these military-provided supports as a gain in social resources. In the conservation of resources theory, Hobfoll (1989) described gains in social resources as an addition to a person's support system that the person strives to keep and use when needed. The gain and preservation of social resources can foster resistance to stress in Army families as they cope with deployment. Information found from this study can be used for military-provided support programs to enhance participation in services. I also identified if there was a greater need for research on distance as it relates to military families during deployment, as well as the differences between active duty, Army National Guard, and Army Reserve soldiers and their families.

Summary

As soldiers continue to deploy in OND and OEF, it is necessary to provide support to them and their families. There is research on active duty soldiers and their families; however, there is a lack of research on Army National Guard and Army Reserve soldiers and their families. Through a nonexperimental, descriptive quantitative approach, I helped fill the gap of limited research on spouses of Army National Guard and Army Reserve soldiers by evaluating whether the physical distance between home and military-provided supports played a role in Army family use of such supports, whether the use of these supports effected their coping strategies during the deployment process, and whether the supports were considered a social resource gain or loss.

In Chapter 2, I examine the current literature on soldiers, their families, coping methods, military-provided supports available to soldiers and their families, and conservation of resources theory as it pertains to the study.

Chapter 2: Literature Review

Introduction

According to Huebner, Mancini, Bowen, and Orthner (2009), 48% of soldiers deployed to the Middle East in 2004 were from the Army Reserves and the Army National Guard (p. 217). This is a substantial number considering that Army National Guard soldiers are typically activated within the United States during natural disasters, such as floods or earthquakes (Surles, 2004).

In the following literature review, I will examine the research on the experiences of active duty Army, Army Reserve, and Army National Guard families during the deployment process and highlight the gap in the literature regarding whether distance plays a role in Army families using military-provided supports.

Literature Search Strategy

The following databases were used for this literature review: Academic Search Complete, ERIC, Military & Government Collection, PsycARTICLES, PsycBOOKS, PsycEXTRA, PsycINFO, and PsycTESTS. Peer-reviewed articles were obtained for this study using the following search terms: *active duty Army* (844), *Armed forces* (171,158), *Army Reserve* (7,476), *barriers to care* (12,942), *conservation of resources theory* (664), *coping* (96,983), *deployment* (52,865), *distance from military installation* (three), *Family Readiness Groups* (94), *female soldiers* (773), *income* (288,619), *insurance* (170,317), *marriage* (135,482), *military bases* (12,602), *military children* (2,863), *military families* (7,971), *military spouses* (2,519), *military supports* (6,080), *morale, welfare, and recreation* (263), *National Guard* (29,388), *postdeployment* (1,254), *predeployment*

(372), *school liaison officers* (39), *support services* (178,203), *Veteran's Center* (34,803),

and *Youth Services* (30,551). Combination of key variables included *active duty Army*,

Army Reserve, *or National Guard and barriers to care* (165); *active duty Army, Army*

Reserve, or National Guard and distance from military installation or military bases or

military supports or support services (196,381); *female soldiers and barriers to care*

(one); *female soldiers and distance from military installation or military bases or military*

supports or support services (196,253); *military children, military families, or military*

spouses and barriers to care (503); *military children, military families, or military*

spouses and coping (548); and *military children, military families, or military spouses*

and distance from military supports or support services (178,663). Peer-reviewed

research articles were also obtained from Google Scholar. Military information and

statistics were obtained from government websites.

Theoretical Foundation

Conservation of Resources Theory

The conservation of resources theory was the theoretical framework for this study,

and the lens through which I analyzed the data. Hobfoll (1989) introduced the concept of

conservation of resources theory. The theory and its role in the military are presented

below.

Framework. Conservation of resource theory is based on the belief that

individuals have resources (such as personal, social, material, and energy) that they strive

to foster, obtain, retain, and protect (Hobfoll, 1989). Hobfoll posited that loss of these

resources is the main cause of psychological distress, negative health, and diminished

functioning. Hobfoll argued that the preservation of these resources helps an individual to foster resilience to stress.

Gaining resources often takes time as an individual works to build social relationships with others, invests time in an organization, or saves money to take part in activities with others (Hobfoll, 2012). Individuals attempt to pool their resources to help prevent future loss, as well as provide comfort (Hobfoll & Lilly, 1993). Gaining resources and preservation of these resources takes time and effort, whereas resource loss typically occurs much faster.

According to the conservation of resource theory, psychological stress is a reaction to a person's environment when resources are threatened with loss, are lost, or a person fails to obtain a resource after investing other resources in trying to obtain it (Hobfoll & Lilly, 1993). The loss of resources has a greater impact on an individual than when an individual has gained resources (Hobfoll, 2012). Individuals who experience stressors call on their resources and use them up in the process of coping with that stressor. Families facing deployment will work through their pool of resources as they face stressful situations with their soldier deployed. These families could gain resources through accessing military-provided supports, such as the Family Readiness Group or Youth Services. Alternatively, they could potentially lose resources, such as financial stability or emotional support, from a spouse in the process.

Conservation of resources theory versus appraisal method of stress. Conservation of resource theory includes both the environmental and internal process an individual uses when working to obtain and retain resources, whereas the stress appraisal

method includes only the internal processes (Hobfoll, 2001). According to Folkman

(2013), the appraisal method of stress, developed by Lazarus and Folkman, focuses on

individuals being faced with environmental situations that are beyond their ability to cope

and find available resources. Appraisal methods do not allow for the prediction of

strength in coping with a stressor that an individual may have when facing a stressful

situation (Hobfoll, 2001). In the context of this study, the appraisal method would not

include aspects of the military families' stress as they faced deployment. The appraisal

method cannot be used to explain situations that are stressful to some and not to others

(Appley & Trumbull, 1986). Rather, appraisal methods allow an individual to look back

on past situations and assess how the individual responded to the stressful event (Hobfoll,

2001).

Hobfoll, Vinokur, Pierce, and Lewandowski-Romps (2012) researched

conservation of resource theory as it relates to air force men and women and found that

the resource loss caused by deployment negatively affects the service members'

functioning. Although military families are not experiencing the direct dangers of

deployment, Hobfoll et al. (2012) found that they still experience a loss of resources

during the deployment as a member of their family is absent and their life changes.

Studies on Stress

According to Rosch (n.d.), Selye coined the term stress after many years

researching the topic. Selye (1973) defined stress as an increased need for a person to

perform adaptive functions and reestablish normalcy when demands are placed on an

individual. Individuals respond to stressors through the general adaptation syndrome,

which consists of three steps (Selye, 1973). The first step is the alarm reaction, where an individual experiences autonomic excitability, increased adrenaline, and gastro-intestinal ulcerations. The second step is the resistance stage, where an individual appears to have adapted to the stressor and is less resistant to other stressors also present. The third stage is the exhaustion stage, where an individual reexperiences symptoms of the first step, but resistance is not possible. If the stressors persist, the individual may experience irreversible health problems and possibly death (Selye, 1973).

In the general adaptation syndrome, Selye (1973) failed to take into consideration the use of coping mechanisms that more current stress theories include, such as Lazarus and Folkman's appraisal method (Krohne, 2002). Lazarus and Folkman (1987) based their theory on two constructs: cognitive appraisal and coping. Cognitive appraisal consists of individuals evaluating what is happening to them and how it effects their wellbeing. Primary appraisal of stress focuses on harm experienced, threat anticipated, and potential challenges (Lazarus & Folkman, 1987). Secondary appraisal is the evaluation of whether coping options are available to improve the situation. Lazarus and Folkman identified that coping can be problem-focused, where an individual attempts to change the terms of the person and environmental relationship, or emotion-focused, where an individual tries to regulate emotional distress.

Although Selye's (1973) studies on stress paved the way to more current research such as Lazarus and Folkman's (1987) appraisal theory and Hobfoll's (1989, 2001, 2012) conservation of resources theory, in the context of studying military families, the conservation of resources theory better accounts for all aspects of stressors faced by this

population. The conservation of resources theory provides an explanation of how

military families confront stressful situations, such as deployment, thorough assessment

of an individual's internal process, as well as the environmental aspects an individual

must work through to foster, obtain, retain, and protect resources (Hobfoll, 1989, 2012).

<p style="text-align: center;">**Literature Review Related to Key Variables and Concepts**</p>

Army National Guard and Army Reserve versus Active Duty Soldiers

Although many branches of the military are full-time jobs for military personnel,

including active duty soldiers, Army National Guard and Army Reserves are only part-

time soldiers (Surles, 2004). However, the differences between full-time active duty

soldiers and part-time Army National Guard and Army Reserve soldiers do not only

pertain to hours worked. These differences are presented below.

Differences in job role and training. Army National Guard and Army Reserve

soldiers are often referred to as weekend warriors because they have civilian jobs during

the week and train as soldiers one weekend a month and 2 weeks per year (Hoshmand &

Hoshmand, 2007). These soldiers can be activated during natural disasters or states of

emergency with orders from the governor within their own state and during wartime with

orders from the president that may take them overseas (Surles, 2004). Active duty

soldiers are full-time soldiers who live on or around a military base. Their training is

daily and more extensive based on time spent on each task, than that of the Army

National Guard and Army Reserve soldiers (Faber et al., 2008; Waterhouse & O'Bryant,

2008).

Army National Guard and Army Reserve soldiers, however, are experiencing an increase in the amount of training with an increase in the number of deployments since Operation Iraqi Freedom (OIF; Cozza, Chun, & Polo, 2005). Although their training is increasing, researchers continue to state that the Army National Guard and Army Reserve soldier's training is still less frequent than that of an active duty soldier (DeVoe & Ross, 2012; Waterhouse & O'Bryant, 2008). Their dual role of deploying to support both their state during natural disasters, and the federal government during times of war, leaves Army Reserve and Army National Guard soldiers at a disadvantage with less preparation for war time deployments.

Distance from military bases. The Army National Guard and Army Reserve soldiers and their families typically live dispersed throughout their state and drill in a central location (Mansfield et al., 2010). This distance can mean fewer resources readily available to the Army National Guard and Army Reserve soldiers and their families. Army National Guard and Army reserve soldiers and their families live in de-centralized locations, few of which are near a military base or the soldiers' drill locations (Mansfield et al., 2010).

Resources may include information regarding the soldier's deployment, such as dates of departure and return, and social supports, such as Family Readiness Groups or peers with whom to talk (DeVoe & Ross, 2012; Kelley, 2002; Laser, 2011). According to Hoshmand and Hoshmand (2007), this distance can leave Army National Guard soldiers and their families feeling less connected to their unit and military life than the active duty soldiers and their families who have the convenience of being close to share

information and provide support to fellow soldiers and families due to more frequent

contact. Deployments are stressful and difficult for all military personnel, but may be

more so for Army Reservists and families because they are farther from military-provided

supports, such as counseling and health care that are on military installations (Joyner,

2008).

The difficulties to access the support services are confirmed by other researchers.

Booth et al. (2007) reported that Army National Guard and Army Reserve soldiers and

their families are more isolated from sources of support than active duty soldiers and their

families because they are not living near a military base. This geographical disbursement

of Army National Guard and Army Reserve soldiers leaves them with a lack of

cohesiveness compared to the active duty soldiers who train together, live together,

deploy together, and often remain together postdeployment (Defense Health Board Task

Force on Mental Health, 2007). This isolation also affects the families of these soldiers

who are not able to informally connect on a daily basis with other military families and

supports in the military community (Beardslee et al., 2013; Booth et al., 2007; Defense

Health Board Task Force on Mental Health, 2007).

In terms of medical and mental health care, McCarthy et al. (2007) indicated that

a soldier's distance from services plays a role in receiving care post-deployment, while

Valenstein et al. (2014) found that it is not a significant barrier to care. McCarthy et al.

reported that patients in the Veterans Affairs health care system in fiscal year 1998

diagnosed with bipolar disorder or schizophrenia who lived more than 25 miles from

mental health and medical offices were more likely to have at least a 12-month gap in

services than those patients who lived closer (p. 1052). Elnitsky et al. (2013) found that

12% of 359 veterans reported that distance or location was a barrier to them receiving

health care services from Veterans Affairs (p. 10). Veterans are seven times more likely

to not use the Veterans Affairs health care system exclusively if they reported distance or

location barriers (Elnitsky et al., 2013, p. 12). Gorman, Blow, Ames, and Reed (2011)

found that 15% of the 332 Army National Guard soldiers who screened positive for

mental health issues reported they would need to drive a great distance for care (p. 32).

In addition, 17% of the family members of Army National Guard soldiers who screened

positive for mental health issues reported they would need to drive a great distance for

care (Gorman et al., 2011, p. 32).

Although some scholars reported that distance does play a role in soldier use of

mental health services, some researchers reported findings to the contrary. Valenstein et

al. (2014) found that 91.8% of the 1,954 Army National Guard soldiers reported that

distance was not a barrier in receiving mental health services postdeployment (p. 411).

Although soldiers reported that distance was not a barrier in the above research, the

mental health services were grouped together to include both military-provided supports,

such as military medical practitioners or Veteran Centers, and civilian-provided supports,

such as general medical practitioners or mental health practitioners (Valenstein et al.,

2014). Without a clear delineation between military-provided mental health support and

civilian-provided mental health support in the current study, further research is needed.

Despite the isolation experienced by Army National Guard and Army Reserve

soldiers and their families due to their distance from military installations (Beardslee et

al., 2013; Booth et al., 2007; Defense Health Board Task Force on Mental Health, 2007),

Valenstein et al. (2014) found that Army National Guard soldiers reported no barrier to

receiving treatment for mental health issues. This is in juxtaposition to the research of

Elnitsky et al. (2013), Gorman et al. (2011), and McCarthy et al. (2007), whose research

populations reported that distance can be a barrier to the soldiers and their family

members receiving services. This topic needs to be further assessed in future research.

In this study, I addressed whether distance played a role in the Army National Guard and

Army Reserve soldiers' families' use of military-provided supports.

Loss of income. During times of deployment, Army National Guard and Army

Reserve soldiers also typically experience a loss of income due to the temporary loss of

their civilian job during this time (Kelley, 2002; Laser, 2011). Although legislation is in

place that allows Army National Guard and Army Reserve soldiers to keep their jobs

during the deployment, the Uniformed Services Employment and Reemployment Rights

Act of 1994 (USERRA) does not mandate that they need to be paid (U.S. Department of

Justice, n.d.). The USERRA requires that employers keep the position open for the

employee upon his or her return from deployment with the same level of seniority and

pay that existed prior to the deployment (U.S. Department of Justice, n.d.). This is

another aspect of the Army National Guard and Army Reserve soldiers' career that sets

them apart from active duty soldiers. Income disparities can cause financial burdens on

the families during and after a deployment.

Change of insurance. Active duty soldiers and their families receive health

benefits through the federal government at all times, whereas Army National Guard and

Army Reserve soldiers and their families only receive benefits from the government

when activated for federal deployments (for example Operation Iraqi Freedom, Operation

Enduring Freedom, Operation New Dawn; Mansfield et al., 2010). Although the Army

National Guard and Army Reserve soldier may receive more comprehensive medical

insurance through their civilian job, it may not be effective for them or their families

during deployment (Hoshmand & Hoshmand, 2007; Kelley, 2002; Laser, 2011). Army

National Guard and Army Reserve families may need to switch primary care physicians

during the deployment if their primary care physician under the soldier's civilian

insurance does not accept the military's Tricare insurance (Tricare, 2014). This lack of

consistent and comprehensive medical insurance during the deployment for Army

National Guard and Army Reserve soldiers causes difficulties for the soldiers and their

families. This is not a problem faced by active duty soldiers or their families who are

covered by the same medical coverage throughout the soldier's service.

Army National Guard and Army Reserve soldiers and their families report that it

is easier to access mental health care through their civilian insurance providers (Defense

Health Board Task Force on Mental Health, 2007). Avery (2011) reported that of the 907

civilian mental health care providers in the state of Indiana that are provided by Tricare

(the military-provided insurance) to serve the Army National Guard and Army Reserve

soldiers and their families, only 235 accept Tricare patients (p. 262). The United States

Government Accountability Office (2013) reported that the most common reasons

civilian providers reported not accepting Tricare is that they are not familiar with the

insurance program, reimbursement takes too long, or they do not feel they are reimbursed

enough. This barrier to care for Army National Guard and Army Reserve soldiers and

their families is inconvenient and burdensome to soldiers and their families as they seek

mental health services in their communities (Milliken, Auchterlonie, & Hogue, 2007).

Providers who accept Tricare are more common near military installations where the

need is greater (Avery, 2011). Locations that are farther from military installations may

have dwindling providers due to limited patients needing coverage through Tricare

(Avery, 2011), which may be why Army National Guard and Army Reserve soldiers

have an easier time using their civilian insurance (Milliken et al., 2007).

According to both the Defense Health Board Task Force on Mental Health (2007)

and Milliken et al. (2007), most military bases only offer care to active duty soldiers and

their families, requiring Army National Guard and Army Reserve soldiers and their

families to seek services from civilian providers who accept the military-provided

insurance or utilize their insurance from their civilian jobs. Another barrier that Army

National Guard and Army Reserve soldiers and their families face is the limited amount

of time post-deployment that their Tricare insurance is effective (Booth et al., 2007).

While active duty soldiers have their military-provided insurance as long as they are

employed by the United States Army, Army National Guard and Army Reserve soldiers

are only covered by Tricare insurance for six months post-deployment (Milliken et

al.,2007). Army National Guard and Army Reserve soldiers must rely on both their

military-provided insurance and their civilian job's insurance for any medical and mental

health problems that they may face post-deployment (Beardslee, 2013).

Research has indicated that active duty soldiers receive Tricare insurance during their entire military career, during deployments and while at home (Milliken et al., 2007). Army National Guard and Army Reserve soldiers, however face a very different experience with their insurance. These soldiers only receive Tricare insurance during times of deployment and must revert back to their civilian insurance shortly after their return (Beardslee, 2013; Milliken et al., 2007). Not only are the soldiers and their families switching insurances during the deployment process, but they may also face the difficulty of having to find a new medical or mental health provider who accepts the Tricare insurance (Tricare, 2014). These barriers to care that Army National Guard and Army Reserve soldiers and their families experience during the deployment process are not something that active duty soldiers and their families have to face, further highlighting the differences between these groups of soldiers.

While the current literature states that there are many differences such as changes in health insurance coverage between Army National Guard, Army Reserve, and active duty soldiers, none state that these differences have an effect on the soldiers and their families as they cope with deployment (Beardslee, 2013; Booth et al., 2007; Hoshmand & Hoshmand, 2007; Kelley, 2002; Laser, 2011; Milliken et al., 2007. Not being able to keep an individual's primary care provider, and not being covered to see any medical personnel clearly are important issues that impact families of army personnel. My study built upon the existing literature that outlined these differences, and determined whether the distance the soldiers and their families travel to use military-provided supports

including medical care, played a role in their ability to cope during the deployment process.

The Military Family During Deployment

Deployment effects all family members, not just the soldiers being deployed. The effects are sometimes physical and or emotional. Physical effects include moves to different homes, towns, and even schools. Emotional effects include the temporary loss of a parent and misbehaving children missing the deployed parent. The next section presents the potential changes a military family may face during deployment.

Loss of parent during deployment. The family unit as a whole is effected during the deployment due to the temporary absence of the deployed parent for an extended period of time. Although it may appear that the nondeployed parent is able to run the household on his or her own in the absence of the deployed spouse, this is a stressful situation for that person, who essentially becomes a single parent in charge of everything related to child-rearing (Aducci et al., 2011; Easterling & Knox, 2010; Jensen, Grogan, Xenakis, Bain, 1989).

Forty percent of women in the military have children, and when they are deployed their children are cared for by spouses or family members back home (Goodman et al., 2013). Military mothers reported that the supports available are often focused on the deployed father being gone and the mother staying home during deployment (Gewirtz, McMorris, Hanson, & Davis, 2014; Goodman et al., 2013). Deployed, married mothers reported being less stressed regarding their children who stayed home with their father, than those whose children were staying with relatives who were not their father (Kelley et

al., 2002). This perceived lack of support reported by military mothers can cause more stress to the deployed soldier when she should be concentrating on the deployment.

At home the transition of roles may mean a complete change in schedule for the family, including but not limited to transportation, social activities, school events, and medical appointments. Huebner, Mancini, Wilcox, Grass, and Grass (2007) reported that this reorganization of roles may not be as difficult for active duty soldiers as it is for Army National Guard and Army Reserve families due to the frequent deployment of active duty soldiers. The changes caused by deployment, whether easily accepted or not, cause a change in balance in the family structure, which may take time to be accepted by each family member (Huebner et al., 2007).

The deployed soldier also misses out on the developmental milestones, including the birth of a child, and life experiences of his or her children, causing feelings of loss for each family member (Wood, Scarville, & Gravino, 1995). The child, if old enough, may be sad that the deployed parent is not there. The soldier may feel loss of missing out on such events, and the at-home parent may feel disappointed that he or she must once again explain why the child's deployed parent cannot be present. Joseph and Afifi (2010) found that younger mothers of active duty soldiers with less deployment experience were more concerned that their husbands were missing out on major milestones than wives with more deployment experience. Concern exists among family members that soldiers miss out on major life events during a deployment (Joseph & Afifi, 2010; Wood et al., 1995). The losses experienced by soldiers and their families can lead them to search out support during the deployment process from military-provided supports such as the

Family Readiness Group or professional counseling provided by the United States Office of Veterans Affairs' Veteran Center.

Changes of income during deployment. Army National Guard and Army Reserve families often lose the soldier's civilian job income during the deployment (Cusac, 2004). Petinaux (2008) reported that Army Reserve medical professionals took a significant pay cut during deployment. Seventy-six percent of the medical professionals in Petinaux's study reported that it was not financially beneficial for physicians to join the Army Reserves (p. 731). This loss of income may potentially create hardship for the family at home as they need to cut back on expenses.

The income loss may also mean that the at home parent may need to take on a job to earn more money for the household during the deployment (Huebner et al., 2007). Conversely, the at home parent may need to quit a current job in order to take care of the children during the deployment, increasing his or her loss of income (Huebner et al., 2007). To save on expenses the family may need to move in with extended family during the deployment, which can cause stress on each member of the family (Surles, 2004). Support for families during this time can be provided through military-provided supports such as Youth Services or counseling from the United States Office of Veterans Affairs' Veteran Center.

The research stated that the structure of the military family changes during deployment for active duty, Army National Guard, and Army Reserve soldiers (Aducci et al., 2011; Easterling & Knox, 2010; Huebner et al., 2007; Jensen et al., 1989). Research indicated that this change may be more pronounced for the families of Army National

Guard and Army Reserve soldiers due to their infrequent deployment schedules (Huebner et al., 2007), which suggests that further research needs to be completed on the effects of deployment on military families. My study examined the impact of distance to supports and services for military families during the deployment period.

The Marriage During Deployment

While the family is impacted as a whole, the marriage is a unique bond between soldier and spouse and may be affected differently than the family. The marital relationship may be dramatically affected by the deployment (Aducci et al., 2011; Barker & Berry, 2009; Faber et al., 2008). Detailed below are the changes noted in the literature that may occur between soldier and spouse during the deployment process.

Communication during deployment. During the deployment, the ability for a married couple to communicate is limited due to distance, lack of safety, and limited access to technology. The information shared from both partners is often limited and light in content, so as not to worry the other or breach security (Aducci et al., 2011). In two case studies of successful coping strategies among deployed couples, Finley, Pugh, and Jeffreys (2010) found that careful disclosure, such as a brief overview of a situation rather than complete details, between the married couple helped to ease the differences felt between the two, helping them to better understand each other and their experiences. Careful disclosure can also include strategic non-disclosure, where a deployed spouse may not share details of a dangerous mission, but rather share that he or she was home safe (Finley et al., 2010; Merolla, 2010). While the ability for a couple to communicate during a deployment can be limited, it is important that some information is

shared so that the relationship between husband and wife can continue to exist (Finley et al., 2010).

Lack of communication during the deployment process can lead couples to thoughts and actions of divorce. Bushatz (2010) reported that divorce rates of active duty soldiers had leveled off at 3.6% in both 2009 and 2010 (para. 4). In their research, Barker and Berry (2009) found that of the 57 couples in their study three considered divorce after deployment (p. 1039). The wives in the aforementioned study reported that they served as their husbands' therapist during the deployment process and often felt lonely during this process, but did not want to share this perceived weakness with their husband. The couple's ability to make each partner feel he or she has an active role in the relationship is an important aspect in keeping a military couple from thoughts of divorce (Barker & Berry, 2009).

In contrast, couples who coped and communicated well through the deployment generally did not consider divorce according to Finely et al. (2010). Finley et al. (2010) found that couples who communicated and acknowledged the experience of the other spouse during the deployment reported better satisfaction with their marriage than those who did not communicate. An individual might conclude from this that those military couples who are able to effectively communicate with one another through the difficulties faced during the deployment process have a better chance of working through any problems that may arise at any stage of the deployment. Effective communication skills can be taught through military-provided supports such as Strong Bonds retreats (Bushatz, 2010; Strong Bonds, 2015).

Roles post deployment. The postdeployment roles of the partners often change from predeployment roles, and this transition can be challenging (Finley et al., 2010). The couple needs to find a new balance between one another; research indicated that this is a struggle among active duty, Army National Guard, and Army Reserve soldiers and their wives (Aducci et al., 2011; Faber et al., 2008). The new balance postdeployment between couples is one that involves time to transition between these roles.

The transition between independence to interdependence postdeployment, is one that takes time as the military couple learns about the changes each has made during the deployment (MacDermid et al., 2008). Not only will couples have to learn about their spouse as he or she transitions from independence to interdependence, it also helps if he or she considers his or her own transition. Finley et al. (2010) reported that self-reflection and selective disclosure of this reflection helped the couples in their study to keep secure relationships during the postdeployment role transitions.

The marital relationship between soldier and spouse is affected by deployment and is represented minimally in the literature (Aducci et al., 2011; Faber et al., 2008; Finley et al., 2010). According to the literature, the military spouse's role during the deployment should be further examined (Aducci, et al., 2011; Barker & Berry, 2009; Faber et al., 2008). By focusing on military families and not just on the soldier, my study expanded the research on military spouses, their use of military-provided supports, and their coping during the deployment cycle.

Coping

Coping allows individuals to work through stressful life events. In this section I reviewed and analyzed the research on the coping techniques for both military families and military spouses.

Familial coping during deployment. Research has indicated that navy families who reported higher levels of stress during deployment also reported less familial cohesiveness, organization, and expressiveness (communication) causing difficulty coping for the entire family unit (Kelley, 2002). However, Huebner et al. (2009) iterated that youth often coped better when the at-home parent adjusted well to the deployment. The stress experienced by the at-home parent during deployment, and coping mechanisms used, appear to have an important impact on the family unit as a whole during the deployment process (Huebner at al., 2009; Kelley, 2002).

Davis, Ward, and Storm (2011) reported that the mere presence of children during deployment, regardless of their behavior, increases the risk of poor coping skills for the at-home parent. Research indicated that children experienced the most stress predeployment (Laser & Stephens, 2011). Barker and Berry (2009) found that children displayed the most negative behavior during the deployment and had difficulty with attachment behavior post deployment. Other research indicated that boys and younger children were more likely to have behavioral problems when their fathers were deployed than when they were home (Cozza, Chun, & Polo, 2005). Chandra et al. (2009) reported that children who lived on a military base have fewer problems coping with deployment than those children who lived off-base. The coping behavior presented by the children,

whether positive or negative, can change the family dynamics during the deployment process.

There are programs in place to help families cope during the deployment process. One program is the After Deployment Adaptive Parenting Tools Program, which helps families to build resilience, addresses family stress during the deployment cycle, and teaches strategies to enhance emotional regulation to more effectively parent (Gerwitz, Polusny, Erbes, Forgatch, & DeGarmo, 2011). Professionals indicated that parenting should remain constant through each stage of the deployment, including behavioral expectations, consequences, and reinforcements, to help ease the turmoil experienced by the family (Harrison & Vannest, 2008; MacDermid, Samper, Schwartz, Nishida, & Nyaronga, 2008). Military-provided supports, such as Strong Bonds retreats and professional counseling through the United States Office of Veterans Affairs' Veteran Center are in place to help teach families to cope positively with the struggles they face during the deployment, but are only effective if they are accessed by the families.

Spousal coping during the deployment process. During a deployment a military spouse's ability to cope is often determined by the terms of the deployment. Burrell, Adams, Durand, and Castro (2006) determined that the military spouse's perception of the deployment had a greater effect on that spouse's ability to cope during the deployment, than the length of the deployment itself. Davis et al. (2011) found that a wife's fear of her soldier's perceived lack of well-being made coping more difficult for the wife during the deployment. Military spouses whose soldiers are deployed to warzones are more likely to have difficulty coping due to their perception of their

soldier's suffering or lack of well-being, than the spouses of soldiers who are deployed during times of peace (Burrell et al., 2006).

The military spouse's perception of the deployment and ability to cope may be shaped by different scenarios that are encountered during the deployment process. For example, Easterling and Knox (2010) specifically examined coping ability for wives of deployed husbands. The authors noted that untrue rumors regarding the soldier's deployment affected military wives. These rumors, in combination with the stress and anxiety caused by the deployment, made coping decisions more difficult for at-home wives. Further research found that 34% of the 250,626 wives of active duty army soldiers were at a high risk of at least one of the following mental health diagnoses: depression, anxiety, sleep disorder, acute stress reaction, or adjustment disorder causing further difficulty coping during the deployment (Mansfield et al., 2010, para. 17). Spouses can access counseling through military-provided supports such as the United States Office of Veterans Affairs' Veteran Center or receive informal help from the Family Readiness Group.

Military-Provided Supports

Military-provided supports are available throughout the United States to help soldiers and their families as they navigate their way through military life. These supports are outlined below.

Military programs for families. Coping programs developed by the military to help couples keep their relationships strong are available for military couples. According to the military funded, and chaplain run program, Strong Bonds (2015), 130,000 soldiers

and their families have participated in Strong Bonds retreats (para. 1). These 130,000

soldiers are only 11.76% of the 1,105,301 soldiers (Department of Defense, 2013, p. 17).

Strong Bonds retreats are typically weekend get-away events for military couples that

comprise of educational sessions to teach different coping and communication skills

(Strong Bonds, 2015). Bushatz (2010) reported that 33% of couples experiencing marital

difficulties who attend a Strong Bonds retreat are less likely to end in divorce (para. 11).

Other formalized military programs include Family Readiness Groups that allow

couples to be in contact with other military couples, and provide training from assorted

professionals on different topics throughout the deployment process (Faber et al., 2008;

Wood et al., 1995). The Yellow Ribbon Reintegration Program was developed by the

Department of Defense and is in place to help promote the well-being of National Guard

and Reserve members of all military branches, their families, and the communities they

live in (Yellow Ribbon Reintegration Program, 2015). The yellow ribbon activities are

defined as an opportunity for National Guard and Reserve service members of all military

branches and their families to connect with local resources providing support for health

care, education and training opportunities, financial services, and legal benefits the

service members may need before, during, and after the deployment (Yellow Ribbon

Reintegration Program, 2015).

According to the Department of Defense (2011) the yellow ribbon activities

consists of a core curriculum that informs service members and their families of how to

access programs, resources, referrals, and services that help to minimize stress on

families during all stages of the deployment. These yellow ribbon activities consist of

discussions and presentations regarding deployment related topics, and are mandatory for all deploying military personnel, and their families are encouraged to attend (Joyner, 2008). These events include activities and access to providers who may help soldiers and their families receive services they may need before, during, and after a deployment, including counseling.

Military couples are also able to learn coping techniques from professional therapists. They can reach these therapists through military-funded programs or out in the civilian community (Laser & Stephens, 2011). Khaylis, Polusny, Erbes, Gewirtz, and Rath (2011) found that Army National Guard soldiers who reported a greater number of Post-Traumatic Stress Disorder symptoms also reported a greater displeasure with their romantic relationships. The researchers found that the Army National Guard soldiers reported a preference for family based therapies over individualized therapies through the Veteran Center (Khyalis et al., 2011). Research has also indicated that communicating with other military couples helped them in building their own marital relationship (Faber et al., 2008; Finley et al., 2010; Khaylis et al., 2011; Klein, Tatone, & Lindsay, 1988; Wood et al., 1995). Blank et al. (2012) found that military spouses' most used and most helpful coping mechanism during the deployment was the use of personal, professional, and spiritual support.

As families face continual deployments of their soldiers, it is important to take into consideration how they cope during this time. Further research into the coping habits of military families may contribute to the scholarly literature on best practices for successful coping.

Military-provided supports in the context of this dissertation were defined as programs developed by the government to provide psychological, emotional, educational, and informational help to service men and women and their families. The following military-provided supports will be included in this dissertation study: Family Readiness Group; Morale, Welfare, and Recreation; school liaison officer; United States Office of Veterans Affairs' Veterans Center; Youth Services. These military-provided supports are presented below.

Family Readiness Group. The Family Readiness Group is a command-sponsored program that allows soldiers, families, and volunteers to develop three resources. First, the group facilitates mutual support and assistance to one another. Second, the group provides communication among families and the chain of command. Lastly, the group helps provide or find resources for families and soldiers to stay focused, healthy, and prepared (National Guard North Dakota, 2013).

The Family Readiness Group is in place to help military families cope both during the deployment process and in times of peace. They provide support and training for each unit's family on military life, and schedule activities for families to participate in throughout the year (Faber, Willerton, Clymer, MacDermid, &Weiss, 2008; Harrison & Vannest, 2008). The Family Readiness Group helps introduce families to the different supports available to them (Huebner et al., 2009).

Goodman et al (2013) found that soldiers reported the strengths of the Family Readiness Group to be the availability of helpful education classes on issues related to the deployment, family focused activities, and effective communication with families during

deployment. Weaknesses reported by soldiers included lack of supportive services for

nontraditional caregivers, such as grandparents or male spouses, and group meetings

were typically held during the day, in the middle of the week when some caregivers were

working (Goodman et al, 2013). While the Family Readiness Groups provided helpful

information and support for some military families, they were not always convenient for

all, catering to the stay at home parent who does not work during deployment (Goodman

et al, 2013).

The Family Readiness Group proved helpful for Army Reserve families who were

distanced from military installations because the group meetings were located in the

community near their training locations and not just on military installations (Joyner,

2008). Reedy and Kobayashi (2015) found that in their study of 42 Army National Guard

92.5% of soldiers were aware that the Family Readiness Group was present, however

those who did access its services only did so once each year, if at all (p. 117). While the

Family Readiness Group meetings and activities may be closer to Army National Guard

and Army Reserve soldiers and their families in their civilian communities, they may not

be accessed as often as they are intended (Joyner, 2008; Reedy & Kobayashi, 2015).

Soldiers may be ordered to report for Family Readiness Group activities from

their command, but they are not required to tell or bring their families (Reedy &

Kobayashi, 2015). This lack of involvement in Family Readiness Group activities may

be due to a lack of communication between soldier and family, leaving families less

connected to the army which may make deployment more difficult. The difficulties

families face without the Family Readiness Group may include uncertainty about their

deployed soldier due to a lack of communication with the command, frustration in not

knowing who to contact to get messages to their soldier, and the feeling that they are

alone because they do not know what resources are available for military families (Faber

et al., 2008; Harrison & Vannest, 2008; Huebner et al., 2009). Families who are not

familiar with the Family Readiness Group may miss out on pertinent deployment related

information that may help them during this time when their soldier is unable to

communicate while deployed (Faber et al., 2008; Harrison & Vannest, 2008; Huebner et

al., 2009; National Guard North Dakota, 2013). Families who are not in touch with the

Family Readiness Group miss out on a military support system, a better understanding of

the deployment process through educational classes, and communication with their

soldier's command during the deployment (Faber et al., 2008; Harrison & Vannest, 2008;

National Guard North Dakota, 2013). All of the resources provided by the Family

Readiness Group help the families better navigate home life while their soldiers are

deployed (Faber et al., 2008; Harrison & Vannest, 2008; National Guard North Dakota,

2013).

Morale, Welfare, and Recreation. Morale, Welfare, and Recreation is a

network of support and leisure programs to help improve the lives of military service men

and women and their families (Military One Source, 2014). Fafara, Marshall-Mies, and

Westhuis (2009) reported that soldiers who live on base are more likely to partake in

Morale, Welfare, and Recreation activities than those who live off base. Those soldiers

who partook in Morale, Welfare, and Recreation programs reported a higher emotional

attachment to the military and feel as though the military cares more about them and their

families (Fafara et al., 2009). Spouses who partook in multiple Morale, Welfare, and Recreation activities were more likely to report satisfaction with the military than those who partook in fewer activities (Fafara et al., 2009).

School liaison officer. A school liaison officer is a military service person who helps parents learn about their children's education. This person assists in making transitions in school easier, communicates with teachers, principals, and other school officials regarding the child. Additionally, the school liaison officer makes recommendations for appropriate military or civilian referrals (Commander, Navy Installations Command, 2014; National Training Center Fort Irwin, 2014). School liaison officers can work with programs, such as Military Impacted Schools Association (MISA) to bridge the gap between military families and school districts (Military Impacted Schools Association, 2015). MISA (2015) has an online database of school liaison officers for military families to access when the children are switching schools or experiencing trouble due to deployment. Military families who live both on and off a military installation have access to these school liaison officers. Bradshaw, Sudhinaraset, Mmari, and Blum (2010) found that military families were often unaware of the availability of school liaison officers to help them transition during school transfers and help them with school related issues.

United States Office of Veterans Affairs' Veteran Center. The United States Office of Veterans Affairs' Veteran Center is a program that offers free counseling services for combat zone veterans, families, and spouses, and is prepaid community-based counseling for combat veterans and their families (U.S. Veterans Affairs, 2014).

Hankin, Spiro, Miller, and Kazis (1999) reported that 40% of their 2,160 veteran

participants receiving therapy services from the Veteran Center qualified with a

diagnosed mental health disorder of depression or post-traumatic stress disorder, two

thirds higher than civilians receiving therapy from community psychologists (para. 20).

McCutcheon and Glynn (2012) found that 50% of their 270 veterans receiving couples

therapy from the Veteran Center were diagnosed with post-traumatic stress disorder,

whereas only 5% of the spouses were diagnosed with post-traumatic stress disorder (p.

34). Further research reported that veterans receiving therapy from Veteran Centers who

have been diagnosed with depression or post-traumatic stress disorder have role-related

adjustment problems upon return from deployment (Sayers, Farrow, Ross, & Oslin,

2009).

The issues families face, such as role confusion, post deployment, can be

addressed in therapy through the free program at the Veteran Center. The National

Center for Veterans Analysis and Statistics (2015) reported in fiscal year 2014 that

305,411 of the 6,165,115 patients seen were non-veteran family members. Laser and

Stephens (2011) found that military families may be hesitant to use counseling services

from the Veteran Center because they worry it may negatively affect their soldier's

career.

Soldiers also worry about the stigma of receiving mental health services and may

not seek these services, despite being positively screened for mental health issues

including depression, anxiety, aggression, or post-traumatic stress disorder (Blais, Tsai,

Southwick, & Pietrzak, 2015; Kim, Thomas, Wilk, Castro, & Hogue, 2010). Another

barrier veterans may face when receiving mental health care from Veterans Affairs is lack of childcare (Tsai, Davids, Edens, & Crutchfield, 2013). Tsai et al. (2013) found that 30% of their 52 veteran participants with children under 18 years reported childcare at Veterans Affairs would be helpful, while 20% of 123 veteran participants reported that childcare was a barrier to receive mental health services for other veterans they knew (pp. 20-21).

Youth Services. Youth Services is a Department of Defense certified program for military youth ages 6 weeks to 18 years that provides educational instruction, developmental day care, classes, events, and a fun environment at military bases and in the community (Commander, Navy Installations Command, 2014; My Air Force Life, 2014; U.S. Army, 2014). One such program provided by Youth Services is Operation: Military Kids. This program helps provide support to children and connect them with their peers who are also experiencing deployment and military life (Huebner et al., 2009). Operation: Military Kids sent more than 10,000 Hero Packs to military children in 36 states thanking them for their service as military kids (Huebner et al., 2009). The packs also included tools to connect with deployed parents and local programs that provide support for military children. Operation Purple is a free camp offered to military children between the ages of 7 and 17 to help them cope with the stress of war (Chandra et al., 2009). According to the National Military Family Association (2015) there have been 29 different Operation Purple camps hosting 2,673 military children.

Summary and Conclusions

Research exists regarding the deployment of the different branches of the military and their families, but typically focuses on active duty soldiers (Aducci et al., 2011; Barker & Berry, 2009; Bushatz, 2010; Cozza et al., 2005; Davis et al., 2011; Hoshmand & Hoshmand, 2007; Jensen et al., 1989; Joseph & Afifi, 2010; Kelley, 2002; Klein et al., 1988; Mansfield et al., 2010; Wood et al., 1995). While other research included Army National Guard and Army Reserve soldiers in the population with active duty soldiers, it often noted the limitation of the lack of inclusion of substantial Army National Guard and Army Reserve populations (Beardslee et al., 2013; Easterling & Knox, 2010; Faber et al., 2008; Huebner & Mancini, 2005; Huebner et al., 2007; Kim et al., 2010; Milliken et al., 2007). Other research focused solely on the Army National Guard and Army Reserve troops, which have similar characteristics of working part time, being distanced from military bases, loss of income during deployments, experience changes between civilian and military insurance during deployment activation, and whose families are not as prepared for deployments as they occur less frequently than active duty families (Avery & Wadsworth, 2011; Gorman et al., 2011; Joyner, 2008; Khaylis et al., 2011; Reedy & Kobayashi, 2015; Valenstein et al., 2014).

Throughout the current research, Army National Guard and Army Reserve soldiers who comprised a small percentage compared to the greater active duty populations, were excluded from research populations, or were studied separately and sparingly. As Army National Guard and Army Reserve soldiers continue to deploy for

Operation Enduring Freedom and Operation New Dawn, it is important to research these populations and their families to better support them as they face future deployments.

A substantial amount of the research on military populations focused on how these service members and their families coped when confronted with stressful situations, such as deployment. The research also stated that the Army National Guard and Army Reserve soldiers were different than active duty soldiers, in that they receive changes in their insurance when deployed and some experience a loss of income from their civilian jobs when deployed, and such should be researched as a separate population. The families of these Army National Guard and Army Reserve soldiers also have different experiences than those families with active duty soldiers, according to the research.

Both types of families may experience deployment related problems such as the loss of a parent and spouse, child behavioral problems, or fear of their soldier's lack of well-being. However, families with active duty soldiers are located on or near a military installation and can find support with or provide support for other military families, whereas Army National Guard and Army Reserve families are located throughout the state and do not have the convenience of military family neighbors. Army National Guard and Army Reserve couples tend to have trouble with their roles post deployment, as they do not experience deployment as often as those active duty soldiers and their spouses. These differences in experience continue to segregate these two types of families as separate populations.

Research has indicated that military families and spouses have resources for coping. Some of these resources were provided by the military, such as Family

Readiness Groups, therapy from the Veterans Center, or camps for military children, while other resources were less formal, such as conversing with other military spouses, and other resources include therapy from civilian professionals. While the resources were available, research indicated that soldiers and their families may have faced a stigmatization when using some resources for coping or they were unaware or did not have access to the resources available.

The differences between Army National Guard and Army Reserve soldiers, and active duty soldiers are clear in that their training and ease of access to military-provided supports are different due to their distance from military supports and job duties. There was no direct research on whether the distance the Army National Guard and Army Reserve soldiers' families had to travel to military bases played a role in the family's use of military-provided supports and their coping during the deployment process. That was the gap in the scholarly literature that this study fills.

I have examined and analyzed the existing literature on soldiers and their families with regard to stress, coping, military-provided supports, and utilization of such supports. The review of the literature directed this my research questions, methodology, and design. The next chapter will focus specifically on my study's sample population, measurement instrument, data collection process, and data analysis. My study's methodology, model of the study, and protection of the participants will also be addressed.

Chapter 3: Research Method

Introduction

The purpose of this study was to better understand the impact of distance from military-provided supports for army spouses whose partners are on active duty orders. In this chapter, I will discuss the study's research design and rationale, methodology, and threats to validity.

Research Design and Rationale

The independent variable in this study was the distance that Army families must travel to reach military-provided supports. The dependent variables in this study were use of military-provided supports, coping techniques of Army spouses, and social resource gain and loss.

In this descriptive, quantitative study, I examined the Army family use of military-provided supports, their distance from these supports, and the Army spouses' coping strategies. The descriptive quantitative approach was determined after the research questions were developed to meet the study's needs of filling the gap in the current literature on Army family use of military-provided supports.

I used a cross-sectional survey design, taking information from one point in time, rather than gathering information from the participants at multiple points over time (Jackson, 2012; Olsen & St. George, 2004). This study design allowed me to take a snapshot of the current Army family use of military-provided supports, the distance they live from these supports, and their coping during the deployment cycle. Army National Guard and Army Reserve soldiers need to travel for training and to access military-

provided supports, but researchers have not stated whether this distance traveled plays a role in whether or not military families access these supports (Booth et al., 2007; Joyner, 2008; Mansfield et al., 2010).

The descriptive nature of this study helped me to answer the research questions that were identified in Chapter 1 and are stated again below:

1. What distance (0-10 miles, 11-20 miles, 21-30 miles, 31 plus miles) do Army families consider convenient to travel to access military-provided supports (the Family Readiness Group; the Morale, Welfare, and Recreation program; school liaison officer; United States Office of Veterans Affairs' Veteran Center; the Youth Services program)?

2. Do Army families who need to travel farther to access military-provided supports (the Family Readiness Group; the Morale, Welfare, and Recreation program; school liaison officer; United States Office of Veterans Affairs' Veteran Center; the Youth Services program) use the supports more or less during the deployment cycle than families who travel less?

3. Do Army families who consider themselves to have convenient access, as determined by Research Question 1, to military-provided supports during the deployment cycle cope differently than Army families who do not consider themselves to have convenient access to military supports?

4. Do Army families who use military-provided supports report more social resource gain than social resource loss during the deployment cycle?

Methodology

Population

The target population for this study was the army family, more specifically the spouses of active duty, Army National Guard, and Army Reserve soldiers.

Sampling and Sampling Procedures

The sampling procedure for this study was one of convenience. A study of convenience is not based on probability. The population is obtained because they are easily accessible (Yu & Cooper, 1983). The sample size was 63 participants for each group (active duty, Army National Guard, and Army Reserve spouses) for a medium effect size ($r = 0.3$) at power $= .80$ and $\alpha = .05$ (Cohen, 1992).

Procedures for Recruitment, Participation, and Data Collection

The procedures for recruitment included placing an advertisement on social media outlets that cater to military families. Participants needed to be married to a soldier in the active duty Army, Army National Guard, or Army Reserve. The spouse needed to have been married to the soldier while he or she was deployed at least once during Operation Iraqi Freedom, Operation Enduring Freedom, Operation New Dawn, or Operation Inherent Resolve.

Participation was voluntary, and all participants could stop at any point during the survey without penalty. Data were collected through an online survey website called Survey Monkey (Survey Monkey, 2016) that is free for participants. All data remained confidential, and data were integrated into SPSS. Informed consent was obtained through the website before the participants completed the survey. After the survey, the

participants were given my contact information should they have any questions or want to be notified when the dissertation is complete. There were no follow-up surveys as this was a cross-sectional survey and information was only obtained at that time.

Instrumentation and Operationalization of Constructs

The following instruments were used: the Brief COPE (see Appendix A; Carver, 1997), Conservation of Resources Evaluation (see Appendix B; Hobfoll, 2007), and Participant Information Survey (see Appendix C; Thompson, 2016).

The Brief COPE was developed by Carver as a result of participants becoming impatient filling out the full COPE (Carver et al., 1989), which is a 60-item survey (Carver, 1997). The Brief COPE consists of 14 scales of two items each. The 14 scales are active coping, planning, positive reframing, acceptance, humor, religion, using emotional support, using instrumental support, self-distraction, denial, venting, substance use, behavioral disengagement, and self-blame (Carver, 1997). Each item is rated on a Likert type scale that includes four ratings: *I haven't been doing this at all, I've been doing this a little, I've been doing this a medium amount*, or *I've been doing this a lot*. Some examples of items include "I've been turning to work or other activities to take my mind off things," "I've been getting emotional support from others", and "I've been criticizing myself" (Carver, 1997, p. 96). All scales meet or exceed the reliability $\alpha =$ .50, supporting internal reliability of the Brief COPE (Carver, 1997). Permission to use the Brief COPE was obtained from the PsycTESTS database and is available for use in noncommercial research and educational purposes without seeking written permission.

The Conservation of Resources Evaluation was developed by Hobfoll and Lilly (1993) to purposefully test individuals' resources. The Conservation of Resources Evaluation is comprised of a list of 74 resources that participants must rate the recent loss, threat of a loss, and extent of gain of each resource on a scale from 0 to 4 (0 = *this does not apply*, 1 = *a small degree*, 4 = *a great degree*; Hobfoll, 2007; Hobfoll & Lilly, 1993). Some of the 74 resources include time for adequate sleep, stable employment, free time, companionship, and help with tasks at home (Hobfoll, 1993). The Conservation of Resource Evaluation has proven excellent validity and high reliability, α = .96 (Hobfoll & Lilly, 1993; Ironson et al., 1997; Johnson, Zlotnick, & Perez, 2011). The Conservation of Resources Evaluation is available for public use (Hobfoll, 2007).

The Participant Information Survey was developed for this study. It includes questions specific to the topic of this dissertation that are not available in a standardized test. Example items include "How far do you reside from the Family Readiness Group associated with your spouse's unit?" "How often do you use Youth Services?" and "Do you find the Morale, Welfare, and Recreation program helpful in meeting your needs?" (Thompson, 2016). It was reviewed by four subject matter experts familiar with the military-provided supports included in this survey for face validity. One subject matter expert was a Sergeant First Class in the United States Army Reserve Active Guard Reserve, one was a Sergeant First Class in the United States National Guard, one was a current volunteer Family Readiness Group leader and Army National Guard spouse, and the final was a former volunteer Family Readiness Group leader and former Army National Guard spouse. Three of the four subject matter experts rated the Participant

Information Survey as extremely suitable (A. Hibbard, personal communication, April 5,

2016; B. Hughes, personal communication, April 9, 2016; F. Tiemann, personal

communication, April 7, 2016), and one subject matter expert rated the Participant

Information Survey as very suitable (B. Atwood, personal communication, April 7, 2016)

according to McLeod's (2013) Likert scale to assess face validity. The advantages of

obtaining face validity of a measurement is that it is quick and easy; however, it is also

subjective and only provides the appearance of a measurement being valid (Laerd

Dissertation, 2012). For the purposes of this dissertation, face validity of the Participant

Information Survey was sufficient to gather the demographic information needed.

Operational definition of distance. The independent variable in this study was

the distance that Army families must travel to reach military-provided supports. Distance

was qualified by participants via the Participant Information Survey (Thompson, 2016).

An example item was What is the farthest distance for you to conveniently travel to

access military-provided supports on a regular basis? Participants can choose from *0-10*

miles, 11-20 miles, 21-30 miles, or 31 plus miles.

Operational definition of military-provided supports. Military-provided

supports in the context of this study were defined as programs developed by the

government to provide psychological, emotional, educational, and informational help to

service men and women and their families. The military-provided supports included in

this research study were Family Readiness Group; Morale, Welfare, and Recreation;

school liaison officer; United States Office of Veterans Affairs' Veteran Center; and

Youth Services. The potential range of scores for military-provided supports was unknown, as it was an open-ended variable.

Family Readiness Group. A command-sponsored group that allows soldiers, families, and civilian volunteers to provide mutual support and assistance to one another; provide communication among families and the chain of command; and provide or find resources to help families and soldiers to stay focused, healthy, and prepared (National Guard North Dakota, 2013).

Morale, Welfare, and Recreation. A network of support and leisure programs to help improve the lives of military service men and women and their families (Military One Source, 2014).

School liaison officer. Military service person who help parents learn about their children's education; assist in making transitions in school easier; communicate with teachers, principals, and other school officials regarding the child; and make recommendations for appropriate military or civilian referrals (Commander, Navy Installations Command, 2014; National Training Center Fort Irwin, 2014).

United States Office of Veterans Affairs' Veteran Center. A program that offers free counseling services for combat zone veterans, families, and spouses and is prepaid community-based counseling for combat veterans and their families (U.S. Veterans Affairs, 2014).

Youth Services. A Department of Defense certified program for military youth ages 6 weeks to 18 years that provides educational instruction, developmental daycare, classes, events, and a safe and fun environment at military installations and in the

community (Commander, Navy Installations Command, 2014; My Air Force Life, 2014;

U.S. Army, 2014).

These variables were identified by the Participant Information Survey

(Thompson, 2016). An example item was the following: How often do you use the

Family Readiness Group? Participants can choose from: 0 times per year, 1-2 times per

year, 3-4 times per year, 4-5 times per year, or 6 or more times per year.

Operational definition of coping techniques. Coping techniques were taken

from the Brief COPE and included acceptance, active coping, denial, instrumental

support, planning, positive reframing, self-distraction, substance use, use of emotional

support, and venting (Carver, 1997; Carver et al., 1989). According to Carver (1997),

there is no overall coping index.

Acceptance. Being actively engaged in attempting to deal with the situation

(Carver, 1997; Carver et al., 1989).

Active coping. Purposefully trying to remove the stressor or fix the effects of the

stressor (Carver, 1997; Carver et al., 1989).

Behavioral disengagement. Minimizing a person's attempts to deal with the

stressor (Carver, 1997; Carver et al., 1989).

Convenient access. Living 20 miles or less from a military installation.

Denial. Refusing to believe the stressor exists (Carver, 1997; Carver et al., 1989).

Instrumental support. Using others for advice, assistance, or information (Carver,

1997; Carver et al., 1989).

Planning. Actively thinking about how to cope with the stressor (Carver, 1997; Carver et al., 1989).

Positive reframing. Focusing on the good in the situation rather than focusing on the stressor's negative aspects (Carver, 1997; Carver et al., 1989).

Self-distraction. Purposefully taking part in activities that distract a person from thinking about the stressor as indicated in the Brief COPE (Carver, 1997; Carver et al., 1989).

Substance use. The use of alcohol or drugs to think less about the situation (Carver, 1997; Carver et al., 1989).

Use of emotional support. Actively searching out moral support, sympathy, or understanding from others (Carver, 1997; Carver et al., 1989).

Venting. Focusing on the stressor and expressing those feelings to others (Carver, 1997; Carver et al., 1989).

This variable was measured by the Brief COPE (Carver, 1997). An example item was the following: I've been turning to work or other activities to take my mind off things. Participants may choose: *I haven't been doing this at all, I've been doing this a little bit, I've been doing this a medium amount*, or *I've been doing this a lot*.

Operational definition of social resources. Social resources were defined as external supports or services used by an individual that are in place to help the individual cope in stressful situations (Hobfoll et al., 2012). Social resource gain is the addition of a support to help an individual cope, whereas social resource loss is the removal of a support (Hobfoll & Lilly, 1993). Examples of social resources may include, but are not

limited to, counseling, talking to a friend, support groups, tutors, and social workers. This variable was measured by the Conservation of Resources Evaluation (Hobfoll & Lilly, 1993). An example item was the following: To what extent have I experienced actual loss during the deployment process with my personal transportation (car, truck, etc.)? Participants may choose *not at all/not applicable, to a small degree, to a moderate degree, to a considerable degree*, *or to a great degree*. The potential range of scores for social resource gain was 0 (no resources were gained) to 296 (all resources were gained to a great degree) and the potential range of scores for social resource loss was 0 (no resources were lost) to 296 (all resources were lost to a great degree).

Data Analysis Plan

I used SPSS to run analyses on the data collected, the specific tests are outlined below under each research question.

Research Questions and Hypotheses

1. What distance (0-10 miles, 11-20 miles, 21-30 miles, 31 plus miles) do Army families consider convenient to travel to access military-provided supports (the Family Readiness Group; the Morale, Welfare, and Recreation program; school liaison officer; United States Office of Veterans Affairs' Veteran Center; the Youth Services program)? This was identified by the Participant Information Survey (Thompson, 2016). A multivariate analysis of variance (MANOVA) was run in SPSS to determine if there was a statistical difference between the distances determined convenient by Army families to travel to access military-provided supports. If the assumptions of no significant outliers, normal

distribution, and homogeneity of variances are not met for the MANOVA, a Kruskal-Wallis H test can be run to test the null hypothesis (Laerd Statistics, 2013).

$H_0$1: Army families will consider convenient access to be any distance traveled.

$H_1$1: Army families will consider convenient access to be a distance less than 20 miles.

2. Do Army families who need to travel farther to access military-provided supports (the Family Readiness Group; the Morale, Welfare, and Recreation program; school liaison officer; United States Office of Veterans Affairs' Veteran Center; the Youth Services program) use the supports more or less during the deployment cycle than families who travel less? This was identified by the Participant Information Survey (Thompson, 2016). A between groups t test was run in SPSS to determine if there was a statistical difference between Army families who travel far to access military-provided supports and those Army families who do not travel far. If the assumptions of no significant outliers and normal distribution were not met for the between groups t test, a Mann-Whitney U test was run to test the null hypothesis (Laerd Statistics, 2013).

$H_0$2: Army families who travel farther to access military-provided supports use the supports more than Army families who travel less.

$H_1$2: Army families who travel farther to access military-provided supports use the supports less than Army families who travel less.

3. Do Army families who consider themselves to have convenient access, as determined by Research Question 1, to military-provided supports during the deployment cycle cope differently than Army families who do not consider themselves to have convenient access to military supports, as measured by the Brief COPE (Carver, 1997)? A between groups *t* test was run in SPSS to determine if there was a relationship between coping styles and convenient access to these supports. If the assumptions of normal distribution, no significant outliers, and equal variance were not met for the between groups *t* test, a Mann Whitney U was run to test the null hypothesis (Laerd Statistics, 2013).

   $H_0 3$: Army families who have convenient access to military-provided supports during the deployment cycle cope the same as Army families who do not have convenient access to military supports.

   $H_1 3$: Army families who have convenient access to military-provided supports during the deployment cycle cope differently than Army families who do not have convenient access to military supports.

4. Do Army families who use military-provided supports report more social resource gain than social resource loss during the deployment cycle, as measured by the Conservation of Resources Evaluation (Hobfoll, 2007)? A correlated groups *t* test was run in SPSS to determine if there was a statistical difference between reported social resource gain and social resource loss in Army families who use military-provided supports. If the assumptions of no significant outliers and

normal distribution were not met for the between groups *t* test, a Wilcoxon

signed-rank test was run to test the null hypothesis (Laerd Statistics, 2013).

$H_0$4: Army families who use military-provided supports experience equal

amounts of social resource gain and loss.

$H_1$4: Army families who use military-provided supports experience more social

resource gain than social resource loss during the deployment cycle.

Threats to Validity

A threat to internal validity was the age of the children in the military families as

well as the age of the respondents themselves. Another threat to internal validity was the

environmental influences each participant endured while completing the survey. A final

threat to internal validity included testing reactivity, where participants who are aware

they are being tested do not behave how they would normally (Frank & Sutton, 2011).

The current study was a cross-sectional survey design and participants only answered

questions at one point in time, reducing their test reactivity according to Frank and Sutton

(2011).

A threat to external validity was that the respondents were not randomly selected

and were instead a convenience sample. Statistical conclusion validity was a possible

threat to external validity andis defined as the degree to which the conclusions found in

the data are reasonable (Garcia-Perez, 2012; Trochim, 2006). My study accounted for

this threat to validity by increasing statistical power close to 1.0 and using measurements

with good reliability (Trochim, 2006).

Ethical Procedures

My study took the following ethical procedures: Institutional Review Board (IRB) approval, data stored on password protected computers, physical data locked in a cabinet, my committee members and I were the only individuals who had access to data, participants were clearly informed that their participation was not required and they could stop at any point without repercussions, and all data was anonymous and I would not know individual participants because they had the anonymity of completing the survey in their own home.

Summary

My study was a descriptive quantitative research design that examined the Army family use of military-provided supports, their distance from these supports, and the Army spouses' coping strategies. I recruited participants through online advertisements in social media outlets that catered to Army families. Participants completed an online survey anonymously. Data was inputted into SPSS and analyzed for statistical significance. Ethical procedures were in place to determine participant well-being and anonymity. The next chapter will outline the process taken to complete this study and includes analysis of the data collected.

Chapter 4: Results

Introduction

The purpose of this study was to fill the gap of limited research on spouses of Army National Guard, Army Reserve, and active duty soldiers by evaluating whether the physical distance between home and military-provided supports played a role in whether Army families used such supports, and whether the use of these supports affected their coping strategies during the deployment process.

In this descriptive, quantitative study, I examined the Army family use of military-provided supports, their distance from these supports, and the Army spouses' coping strategies. I used a cross-sectional survey design, taking information from one point in time, rather than gathering information from the participants at multiple points over. The cross sections were Army families self-report and the point of time in which the survey was completed.

In this chapter, I will look at the data collection procedures and the results of the study's survey and statistical analyses.

Research Questions and Hypotheses

1. What distance (0-10 miles, 11-20 miles, 21-30 miles, 31 plus miles) do Army families consider convenient to travel to access military-provided supports (the Family Readiness Group; the Morale, Welfare, and Recreation program; school liaison officer; United States Office of Veterans Affairs' Veteran Center; the Youth Services program)?

   $H_0 1$: Army families will consider convenient access to be any distance traveled.

$H_1$1: Army families will consider convenient access to be a distance less than 20 miles.

2. Do Army families who need to travel farther to access military-provided supports (the Family Readiness Group; the Morale, Welfare, and Recreation program; school liaison officer; United States Office of Veterans Affairs' Veteran Center; the Youth Services program) use the supports more or less during the deployment cycle than families who travel less?

   $H_0$2: Army families who travel farther to access military-provided supports use the supports more than Army families who travel less.

   $H_1$2: Army families who travel farther to access military-provided supports use the supports less than Army families who travel less.

3. Do Army families who consider themselves to have convenient access, as determined by Research Question 1, to military-provided supports during the deployment cycle cope differently than Army families who do not consider themselves to have convenient access to military supports, as measured by the Brief COPE (Carver, 1997)?

   $H_0$3: Army families who have convenient access to military-provided supports during the deployment cycle cope the same as Army families who do not have convenient access to military supports.

   $H_1$3: Army families who have convenient access to military-provided supports during the deployment cycle cope differently than Army families who do not have convenient access to military supports.

4. Do Army families who use military-provided supports report more social resource gain than social resource loss during the deployment cycle, as measured by the Conservation of Resources Evaluation (Hobfoll, 2007)?

    $H_0$4: Army families who use military-provided supports experience equal amounts of social resource gain and loss.

    $H_1$4: Army families who use military-provided supports experience more social resource gain than social resource loss during the deployment cycle.

Data Collection

Approval was granted from Walden University's IRB on June 12, 2017, approval number 06-12-17-0055666. The survey, published via Survey Monkey, was advertised on social media sites that cater to military families. Results came in steady at first, but the minimum amounts of 63 participants for each Army component (active duty, Army National Guard, and Army Reserve) were not obtained. I submitted a request to the IRB to expand the search area to include Amazon Mechanical Turk (MTurk). MTurk is a website that uses crowdsourcing to complete human intelligence tasks, such as completing surveys (Amazon, 2017). Walden University's IRB approved the request on October 15, 2017.

A total of 302 Army spouses responded to the survey, and all respondents were over the age of 18. As the study was a study of convenience, the sample population is not an exact representation of the greater Army spouse population. According to the Department of Defense (2013), active duty spouses make up approximately 55.2%, Army National Guard spouses represent 28.7%, and Army Reserve spouses represent 16.1% of

the total spouses of soldiers. The study was represented by 44% active duty spouses,

33.8% Army National Guard spouses, and 22.2% Army Reserve spouses.

Results

Of the 302 Army spouses who responded to the survey, 182 were female and 120

were male. Approximately 12% were between the ages of 18 and 24, 66% were between

the ages of 25 and 34, almost 17% were between the ages of 35 and 44, almost 4% were

between the ages of 45 and 54, and less than 1% were 55 or older. Almost 13% of

participants reported their ethnicity to be American Indian or Native Alaskan, 41% were

Asian/Pacific Islander, approximately 4% were Black/African American, 5% labeled

themselves as Hispanic, approximately 35% considered themselves Caucasian,

approximately 1% identified as multiple ethnicities, and almost 1% chose not to answer.

I found that 133 respondents were the spouses of active duty soldiers, 102 were

Army National Guard spouses, and 67 were Army Reserve spouses. Participants were

asked to report which operation their spouse deployed during and were encouraged to

check all that applied to them. I found that 122 soldiers had deployed during Operation

Iraqi Freedom (OIF), 132 had deployed during Operation Enduring Freedom (OEF), 90

had deployed during Operation New Dawn, and 60 had deployed during Operation

Inherent Resolve.

The following statistical assumptions were met for the research questions with no

significant outliers, normal distribution, and homogeneity of variances (Laerd Statistics,

2013).

Research Question 1

A MANOVA was run in SPSS to determine if there was a statistical difference between the distances determined convenient by Army families to travel to access military-provided supports. There was a significant difference between the 11-20 mile range ($M = .47$, $SD = .50$) determined convenient by Army families and the other 3-mile ranges 0-10 miles ($M = .17$, $SD = .38$), 21-30 miles ($M = .26$, $SD = .44$), and 31-plus miles ($M = .10$, $SD = .30$); $F(3,299) = 38.65$, $p < .01$; Wilk's $\lambda = .72$. This rejects the null hypothesis and supports the alternate hypothesis.

Research Question 2

Between groups t tests were run in SPSS to determine if there was a statistical difference between Army families who traveled far to access military-provided supports and those Army families who did not travel far. There was not a significant difference in the scores for the Army families who traveled less ($M = 2.40$, $SD = .85$) to access the Family Readiness Group and those families who traveled more ($M = 2.58$; $SD = .99$); $t(224.14) = -1.58$, $p = .105$. There was not a significant difference in the scores for the Army families who traveled less ($M = 2.37$, $SD = .90$) to access the Morale, Welfare, and Recreation and those families who traveled more ($M = 2.31$; $SD = .09$); $t(213.20) = .498$, $p = .619$. There was not a significant difference in the scores for the Army families who traveled less ($M = 2.23$, $SD = 1.02$) to access the school liaison officer and those families who traveled more ($M = 2.21$; $SD = 1.07$); $t(279.93) = .154$, $p = .878$. There was not a significant difference in the scores for the Army families who traveled less ($M = 2.22$, $SD = .95$) to access Youth Services and those families who traveled more ($M = 2.31$; $SD =

1.16); $t(252.35) = -.67$, $p = .503$. There was a significant difference in the scores for the Army families who traveled less ($M = 2.20$, $SD = 1.00$) to access the Veterans Affairs' Veteran Center and those families who traveled more ($M = 2.45$; $SD = 1.07$); $t(300) = -2.02$, $p = .044$. These results failed to reject the null hypothesis.

Research Question 3

Between groups t tests were run in SPSS to determine if there was a relationship between coping styles and convenient access to each of these supports. There was a significant difference in the scores of distraction for the Army families who traveled less ($M = 4.84$, $SD = 1.35$) to access the Family Readiness Group and those families who traveled more ($M = 5.31$; $SD = 1.30$); $t(300) = -3.026$, $p = .003$. There was a significant difference in the scores of distraction for the Army families who traveled less ($M = 4.86$, $SD = 1.34$) to access the Morale, Welfare, and Recreation and those families who traveled more ($M = 5.27$; $SD = 1.34$); $t(300) = -2.586$, $p = .010$. There was a significant difference in the scores of distraction for the Army families who traveled less ($M = 4.86$, $SD = 1.37$) to access the school liaison officer and those families who traveled more ($M = 5.23$; $SD = 1.30$); $t(300) = -2.408$, $p = .017$. There was a significant difference in the scores of distraction for the Army families who traveled less ($M = 4.76$, $SD = 1.35$) to access Youth Services and those families who traveled more ($M = 5.36$; $SD = 1.28$); $t(300) = -3.948$, $p < .01$.

There was a significant difference in the scores of active coping for the Army families who traveled less ($M = 4.99$, $SD = 1.49$) to access the Family Readiness Group and those families who traveled more ($M = 5.49$; $SD = 1.36$); $t(300) = -2.905$, $p = .004$.

There was a significant difference in the scores of active coping for the Army families who traveled less (M = 4.98, SD = 1.49) to access the school liaison officer and those families who traveled more (M = 5.45; SD = 1.38); $t(300)$ = -2.852, p = .005. There was a significant difference in the scores of active coping for the Army families who traveled less (M = 4.91, SD = 1.43) to access Youth Services and those families who traveled more (M = 5.55; SD = 1.42); $t(300)$ = -3.895, $p < .01$. There was a significant difference in the scores of active coping for the Army families who traveled less (M = 4.98, SD = 1.52) to access the Veterans Affairs' Veteran Center and those families who traveled more (M = 5.46; SD = 1.34); $t(300)$ = -2.859, p = .005.

There was a significant difference in the scores of positive reframing for the Army families who traveled less (M = 5.00, SD = 1.61) to access Youth Services and those families who traveled more (M = 5.41; SD = 1.43); $t(300)$ = -2.286, p = .023. There was a significant difference in the scores of positive reframing for the Army families who traveled less (M = 4.97, SD = 1.58) to access the Veterans Affairs' Veteran Center and those families who traveled more (M = 5.45; SD = 1.45); $t(300)$ = -2.722, p = .007.

There was a significant difference in the scores of planning for the Army families who traveled less (M = 4.80, SD = 1.57) to access the Family Readiness Group and those families who traveled more (M = 5.16; SD = 1.42); $t(300)$ = -2.003, p = .046. There was a significant difference in the scores of planning for the Army families who traveled less (M = 4.74, SD = 1.56) to access the Veterans Affairs' Veteran Center and those families who traveled more (M = 5.22; SD = 1.42); $t(300)$ = -2.732, p = .007.

There was a significant difference in the scores of acceptance for the Army families who traveled less (*M* = 5.28, *SD* = 1.58) to access the Worale, Welfare, and Recreation and those families who traveled more (*M* = 5.67; *SD* = 1.52); *t*(300) = -2.096, *p* = .037. There was a significant difference in the scores of acceptance for the Army families who traveled less (*M* = 5.28, *SD* = 1.58) to access the school liaison officer and those families who traveled more (*M* = 5.19; *SD* = 1.58); *t*(300) = -2.987, *p* = .003. There was a significant difference in the scores of acceptance for the Army families who traveled less (*M* = 5.14, *SD* = 1.54) to access Youth Services and those families who traveled more (*M* = 5.80; *SD* = 1.52); *t*(300) = -3.762, *p* <.01. There was a significant difference in the scores of acceptance for the Army families who traveled less (*M* = 5.15, *SD* = 1.66) to access the Veterans Affairs' Veteran Center and those families who traveled more (*M* = 5.80; *SD* = 1.35); *t*(298.430) = -3.743, *p* < .01.

There was a significant difference in the scores of religion for the Army families who traveled less (*M* = 4.93, *SD* = 1.63) to access the Family Readiness Group and those families who traveled more (*M* = 5.34; *SD* = 1.78); *t*(300) = -2.017, *p* = .045. There was a significant difference in the scores of religion for the Army families who traveled less (*M* = 4.91, *SD* = 1.63) to access Youth Services and those families who traveled more (*M* = 5.33; *SD* = 1.76); *t*(300) = -2.173, *p* = .031. There was a significant difference in the scores of religion for the Army families who traveled less (*M* = 4.90, *SD* = 1.69) to access the Veterans Affairs' Veteran Center and those families who traveled more (*M* = 5.35; *SD* = 1.68); *t*(300) = -2.339, *p* = .020.

These results reject the null hypothesis and support the alternate hypothesis.

Research Question 4

A correlated groups *t* test was run in SPSS to determine if there was a statistical difference between reported social resource gain and social resource loss in Army families who used military-provided supports. There was not a significant difference in the total scores for social resource gain (*M* = 224.15, *SD* = 74.08) and social resource loss (*M* = 223.00; *SD* = 71.80); *t*(295) = .399, *p* = .690. These results failed to reject the null hypothesis.

<div align="center">

Summary

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The data were explored, and all statistical assumptions of no significant outliers, normal distribution, and homogeneity of variances were met. MANOVA, between groups *t* tests and a correlated groups *t* test were performed to address the statistical hypotheses. I found that Army families determined that 11-20 miles were considered the most convenient to travel to access military-provided supports. It was then assumed that 0-10 miles was also considered convenient as it was less than the 11-20 miles. I also found that those Army families who traveled more were more likely to use the Veterans Affairs' Veteran Center, but there was no significant difference between those who traveled more and those who traveled less in their use of the Family Readiness Group; Morale, Welfare, and Recreation; school liaison officer; or Youth Services.

Army families who had convenient access to military-provided supports during the deployment cycle coped differently than Army families who did not have convenient access to military supports. Finally, I found that there was no significant difference

between social resource gain and loss for Army families who use military-provided supports.

In the next chapter, I will discuss the interpretation of the findings, limitations to the study, recommendations for future research, and implications for social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to fill the gap of limited research on spouses of Army National Guard, Army Reserve, and active duty soldiers by evaluating whether the physical distance between home and military-provided supports played a role in whether Army families used such supports and whether the use of these supports affected their coping strategies during the deployment process.

I found that the spouses of Army active duty, Army National Guard, and Army Reserve soldiers reported that traveling between 11 and 20 miles to access military-provided supports was the most convenient for them. I then assumed that any travel less than 20 miles was also considered convenient; therefore, up to 10 miles was also considered convenient. Based on these results, travel farther and inconvenient access referred to travel that was 21 miles and greater and travel less and convenient access referred to travel up to 20 miles.

I also found that Army families who traveled farther are more likely to use the Veterans Affairs' Veteran Center than those families who traveled less. I also found that Army families who had convenient access to military-provided supports do cope differently than Army families who had inconvenient access to these supports. I also determined that Army families who used military-provided supports experienced equal amounts of social resource gain and loss.

Interpretation of Findings

I asked Army family participants what distance they considered convenient to travel to access military-provided supports. This is information has never been researched before now; however, previous researchers have stated that Army National Guard and Army Reserve families do live farther from military installations and military-provided supports (Beardslee et al., 2013; Booth et al., 2007; Defense Health Board Task Force on Mental Health, 2007; Elnitsky et al., 2013; Gorman et al., 2011; Hoshmand & Hoshmand, 2007; Mansfield et al., 2010; McCarthy et al., 2007).

Army National Guard and Army Reserve families lived farther from military-provided supports than active duty families, and this distance had the potential to cause hardship for these families (Hoshmand & Hoshmand, 2007; Joyner, 2008; Mansfield et al., 2010). I found that the distance Army families reside from military-provided supports did not affect their use of these supports, with the exception of the Veterans Affairs' Veteran Center, which Army families used more frequently if they lived farther away from it. This finding was in line with Valenstein et al. (2014), who found that distance does not discourage military families from seeking mental health services postdeployment. Similar to the findings of previous researchers (Joyner, 2008; Reedy & Kobayashi, 2015), I found that military-provided supports are not used as often as they are intended, despite their proximity to Army families.

I also found that those families who lived farther from the military-provided supports did cope differently than those who lived closer. Army families who lived farther from military-provided supports relied on the following coping skills: distraction,

religion, acceptance, planning, positive reframing, and active coping. Whether these coping skills are used more commonly for those Army families who live farther than those who live closer because of lack of military-provided support should be researched further. Coping and military families has been studied in the current literature; however, distance from military-provided supports and coping had not been researched prior to this study.

This study was examined through the lens of Hobfoll's (1989) conservation of resources theory, suggesting that individuals have resources (such as personal, social, material, and energy) that they strive to foster, obtain, retain, and protect, and loss of these resources is the main cause of psychological distress, negative health, and diminished functioning. Military spouses reported that they experienced no significant difference between social resource loss and gain.

Limitations of the Study

I did not portray the ratio of active duty Army, Army National Guard, and Army Reserve spouses reported by the Department of Defense (2013), which limited the study's internal validity. The Department of Defense reported approximately 55.2% active duty spouses, 28.7% Army National Guard spouses, and 16.1% Army reserve spouses, whereas the current study was represented by 44% active duty spouses, 33.8% Army National Guard spouses, and 22.2% Army Reserve spouses. Although the ratio does not accurately represent the Army spouses, the higher number of Army National Guard and Army Reserve families in the study was dissimilar to past literature where these groups were often overshadowed by greater numbers of active duty families

(Beardslee et al., 2013; Easterling & Knox, 2010; Faber et al., 2008; Huebner & Mancini, 2005; Huebner et al., 2007; Kim et al., 2010; Milliken et al., 2007).

An online survey has limitations in that participants were unable to ask questions if they were unsure what a question meant, and there is no way to verify that the participants are being truthful when responding. Another limitation to the internal validity of this study was the environmental influences each participant was enduring while completing the survey. Answers to the survey could have reflected their current situation rather than their time during the deployment. This study was a cross-sectional survey design, and participants only answered questions at one point in time, which, according to Frank and Sutton (2011), helped reduce their test reactivity.

A limitation to the external validity of this study was that it was a study of convenience; participants were not randomly selected. Another limitation to the external validity of this study was the sample size was relatively small compared to the total number of Army spouses in all three components, active duty, Army National Guard, and Army Reserve; this limited the generalizability of the findings to the greater population.

Recommendations

Contrary to my hypothesis, I determined that the Veterans Affairs' Veteran Center was used more frequently by Army families who had to travel farther than those who resided closer to the military-provided support. It would be beneficial to further examine why this military-provided support, over the others, was accessed more and whether its services are better suited, better known, and/or more accessible, despite location, for Army families.

I looked at whether proximity to military-provided supports affected Army family coping and found that Army families did cope differently based on their distance from these supports. Army families who lived farther from military-provided supports relied more on their coping skills. Future researchers should look at whether this was because they did not have convenient access to military-provided supports and coping as it relates to Army family use of military-provided supports.

Implications

The purpose of this study was to fill the gap of limited research on spouses of Army National Guard, Army Reserve, and active duty soldiers. An evaluation of whether the physical distance between home and military-provided supports plays a role in whether Army families use such supports, and whether the use of these supports affected their coping strategies during the deployment process, was conducted. It is hoped that the findings from this study contribute to the research on Army families and help broaden discussion and further research on the differences between Army families who live near military-provided supports and those who live farther away.

I provided a better understanding for practitioners of Army families and their use of military-provided supports, their coping methods, social resource gain, and how distance plays a role for each. Information found from this study can be used for military-provided support programs to enhance participation in services, which will initiate positive social change by helping military families in times of deployment and inactive service.

The finding of this study that Army families who lived farther from military-provided supports relied more on their coping skills can affect positive social change for military-provided support organizations by allowing them to provide more resources on positive coping. Although the Army families may not physically travel to the military-provided supports, they may retrieve resources through their websites, mailings, community trainings, or other educational outlets. As Army families continue to face their soldiers deploying, improved support on the home front will help make the families more resilient.

Conclusions

Although military families all share a bond, their differences are numerous. As the United States continues to send soldiers to war, researchers need to be cognizant of their families on the home front and their needs. Continuous research on and continuous education for practitioners working with these soldiers and their families and ways that support services can help them not only survive deployments, but thrive are important to our country's wellbeing.

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Appendix A: Brief COPE

Brief COPE

These items deal with ways you've been coping with the stress in your life since you found out about your spouse's deployment. There are many ways to try to deal with problems. These items ask what you've been doing to cope with this one. Obviously, different people deal with things in different ways, but I'm interested in how you've tried to deal with it. Each item says something about a particular way of coping. I want to know to what extent you've been doing what the item says. How much or how frequently. Don't answer on the basis of whether it seems to be working or not—just whether or not you're doing it. Use these response choices. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can.

1 = I haven't been doing this at all

2 = I've been doing this a little bit

3 = I've been doing this a medium amount

4 = I've been doing this a lot

_____1. I've been turning to work or other activities to take my mind off things.

_____2. I've been concentrating my efforts on doing something about the situation I'm in.

_____3. I've been saying to myself "this isn't real."

_____4. I've been using alcohol or other drugs to make myself feel better.

_____5. I've been getting emotional support from others.

_____6. I've been giving up trying to deal with it.

_____7. I've been taking action to try to make the situation better.

_____8. I've been refusing to believe that it has happened.

_____9. I've been saying things to let my unpleasant feelings escape.

_____10. I've been getting help and advice from other people.

_____11. I've been using alcohol or other drugs to help me get through it.

_____12. I've been trying to see it in a different light, to make it seem more positive.

_____13. I've been criticizing myself.

_____14. I've been trying to come up with a strategy about what to do.

_____15. I've been getting comfort and understanding from someone.

_____16. I've been giving up the attempt to cope.

_____17. I've been looking for something good in what is happening.

_____18. I've been making jokes about it.

_____19. I've been doing something to think about it less, such as going to movies,

watching TV, reading, daydreaming, sleeping, or shopping.

_____20. I've been accepting the reality of the fact that it has happened.

_____21. I've been expressing my negative feelings.

_____22. I've been trying to find comfort in my religion or spiritual beliefs.

_____23. I've been trying to get advice or help from other people about what to do.

_____24. I've been learning to live with it.

_____25. I've been thinking hard about what steps to take.

_____26. I've been blaming myself for things that happened.

_____27. I've been praying or meditating.

_____28. I've been making fun of the situation.

Appendix B: Conservation of Resources Evaluation

We are interested the extent to which you have experienced **<u>actual loss</u>** or **<u>threat of loss</u>** in any of the list of resources listed overleaf in the last 6 months. Resources can include objects, conditions, personal characteristics, or energies.

<u>Actual loss</u> of resources occurs when the resource has decreased in availability to you (e.g. actual loss of personal health or actual loss of intimacy with spouse or partner). If you have experienced "actual loss" in any of the resources in the last six months, you would rate that "actual loss" from 1 to 4 (1 = actual loss to a small degree, to 4 = actual loss to a great degree) and write your response in the "actual loss" column. If the availability of the resource has not changed, or the resource is not applicable, you would rate "actual loss" as 0 (zero = not at all / not applicable).

<u>Threat of loss</u> occurs when you have been threatened with the loss of the resource but no actual loss has occurred (e.g., there has been a chance that you may lose your job and therefore your stable employment has been threatened with loss). If you have experienced "threat of loss" in any of the resources in the last six months, you would rate that "threat of loss" from 1 to 4 (1 = threat of loss to a small degree, to 4 = threat of loss to great degree) and write the number in the "threat of loss" column. If there was no "threat of loss" of the resource, or the resource is not applicable, you would rate "threat of loss" as 0 (zero = not at all / not applicable).

IMPORTANT

PLEASE NOTE: **DO NOT RATE** the availability of the resource to you. We

are only interested in the **CHANGE** in the availability of the

resource (i.e., actual loss), **OR** if there has been a "threat of

loss" to that resource.

FOR EXAMPLE: **RESOURCE item 26 - Status / Seniority at work:** If the status

/ seniority

of your job 6 months ago is still the same as today then you write a

"0" in the actual loss column. If you had experienced no "threat of

loss" in the status / seniority of your job during that time then you

would also write a "0" in the threat of loss column. If you had

experienced some doubt as to whether you may be demoted in

your job, but it hasn't happened yet, then you would rate the

"threat of loss" between 1 (threat of loss to a small degree) and 4

(threat of loss to a great degree).

MY RESOURCES

To what extent have I experienced **actual loss**

during the deployment cycle?

To what extent have I experienced **threat of loss**

during the deployment cycle?

0 = not at all / not applicable
1 = to a small degree
2 = to a moderate degree
3 = to a considerable degree
4 = to a great degree

	RESOURCES	EXTENT OF ACTUAL LOSS	EXTENT OF THREAT OF LOSS
1.	Personal transportation (car, truck, etc.)…	_____	_____
2.	Feeling that I am successful……………….	_____	_____
3.	Time for adequate sleep……………...…	_____	_____
4.	Good marriage…………………….…	_____	_____
5.	Adequate clothing.………………….……	_____	_____
6.	Feeling valuable to others……………….	_____	_____
7.	Family stability.………………………….	_____	_____
8.	Free time.………………………….……	_____	_____
9.	More clothing than I need.…………………	_____	_____

10. Sense of pride in myself…………………..… _____   _____

11. Intimacy with one or more family members.._____   _____

12. Time for work……………………………..… _____   _____

13. Feelings that I am accomplishing my goals.. _____   _____

14. Good relationship with my children………. _____   _____

15. Time with loved ones……………………..… _____   _____

16. Necessary tools for work…………………..… _____   _____

17. Hope…………………………………….. _____   _____

18. Children's health…………………………..… _____   _____

19. Stamina/endurance………………………..… _____   _____

20. Necessary home appliances………………..… _____   _____

21. Feeling that my future success depends on me_____   _____

22. Positively challenging routine……………..… _____   _____

23. Personal health………………………….…. _____   _____

24. Housing that suits my needs……………..… _____   _____

25. Sense of optimism………………………….. _____   _____

26. Status/seniority at work…………………….. _____   _____

27. Adequate food………………………..…. _____   _____

28. Larger home than I need………………..…... _____   _____

29. Sense of humor…………………..…… _____ _____

30. Stable employment……………..…….. _____ _____

31. Intimacy with spouse or partner………….. _____ _____

32. Adequate home furnishings……………… _____ _____

33. Feeling that I have control over my life…… _____ _____

34. Role as a leader…………………………… _____ _____

35. Ability to communicate well ……………… _____ _____

36. Providing children's essentials…………… _____ _____

37. Feeling that my life is peaceful……………. _____ _____

38. Acknowledgement of my accomplishments.. _____ _____

39. Ability to organize tasks…………………… _____ _____

40. Extras for children……………………….. _____ _____

41. Sense of commitment…………………….. _____ _____

42. Intimacy with at least one friend………… _____ _____

43. Money for extras………………………… _____ _____

44. Self-discipline…………………………… _____ _____

45. Understanding from my employer/boss…… _____ _____

46. Savings or emergency money…………….. _____ _____

47. Motivation to get things done……………… _____ _____

48. Spouse/partner's health………………… _____ _____

49. Support from co-workers………………. _____ _____

50. Adequate income………………………. _____ _____

51. Feeling that I know who I am…………… _____ _____

52. Advancement in education or job training… _____ _____

53. Adequate financial credit………………. _____ _____

54. Feeling independent……………….…… _____ _____

55. Companionship…………………………. _____ _____

56. Financial assets (stocks, property, etc.)…… _____ _____

57. Knowing where I am going with my life… _____ _____

58. Affection from others…………………….. _____ _____

59. Financial stability………………….….. _____ _____

60. Feeling that my life has meaning/purpose… _____ _____

61. Positive feelings about myself………..….. _____ _____

62. People I can learn from………………….. _____ _____

63. Money for transportation………………… _____ _____

64. Help with tasks at work…………………… _____ _____

65. Medical insurance……………………….. _____ _____

66. Involvement with church, synagogue, etc… _____ _____

67.   Retirement security (financial) …………   _____   _____

68.   Help with tasks at home……………………   _____   _____

69.   Loyalty of friends…………………………   _____   _____

70.   Money for advancement or self-improvement

       (education, starting a business, etc.)……… _____   _____

71.   Help with child care……………….…   _____   _____

72.   Involvement in organizations with others who have

       similar interests……………………….... _____   _____

73.   Financial help if needed……………..…   _____   _____

74.   Health of family/close friends……………   _____   _____

We are also interested if you have experienced **gain** in any of the following resources in the last 6 months.

Gain of resources occurs when the availability of a particular resource has increased for you (e.g., you and your family have spent more time together in the last 6 months so you have experienced gain in the resource of "time with loved ones"). If you have experienced "gain" in any of the resources in the last 6 months, you would rate that "gain" from 1 to 4 (1 = gain to a small degree to 4 = gain to a great degree) and write your response in the "gain" column. If the availability of the resource is unchanged to

you, or the resource is not applicable, you would rate "extent of gain" as 0 (zero = not at

all / not applicable).

IMPORTANT

PLEASE NOTE   **DO NOT RATE THE AVAILABILITY OF THE RESOURCE**.

We are only interested in the **GAIN** you have experienced

in the resource.

FOR EXAMPLE: **RESOURCE item 4 - Good Marriage**: If you had a good

marriage 6 months ago and you still do now, then you would

rate the extent of the gain as "0" .

MY RESOURCES

To what extent have I **gained** the resources

during the deployment process?

0 = not at all / not applicable
1 = to a small degree
2 = to a moderate degree
3 = to a considerable degree
4 = to a great degree

<u>RESOURCES</u>   <u>EXTENT OF GAIN</u>

1.   Personal transportation (car, truck, etc.)………   _____

2.   Feeling that I am successful………………………   _____

3.   Time for adequate sleep…………………….....…   _____

4.   Good marriage…………………………………....   _____

5.   Adequate clothing…………………………………   _____

6.   Feeling valuable to others………………………….   _____

7.   Family stability……………………………………   _____

8.   Free time…………………………………………..…   _____

9.   More clothing than I need…………………………   _____

10.   Sense of pride in myself…………………....……   _____

11. Intimacy with one or more family members……… _____

12. Time for work………………………………..… _____

13. Feelings that I am accomplishing my goals……..… _____

14. Good relationship with my children……………… _____

15. Time with loved ones……………………..… _____

16. Necessary tools for work……………………..… _____

17. Hope………………………………………….. _____

18. Children's health……………………………..… _____

19. Stamina/endurance………………………….… _____

20. Necessary home appliances…………………… _____

21. Feeling that my future success depends on me…… _____

22. Positively challenging routine…………………… _____

23. Personal health…………………………….… _____

24. Housing that suits my needs…………………… _____

25. Sense of optimism…………………………… _____

26. Status/seniority at work…………………………… _____

27. Adequate food…………………………….… _____

28. Larger home than I need…………………..….. _____

29. Sense of humor………………………..…… _____

30. Stable employment…………………………..…….. _____

31. Intimacy with spouse or partner………………..….. _____

32. Adequate home furnishings……………………… _____

33. Feeling that I have control over my life…….. _____

34. Role as a leader………………………………… _____

35. Ability to communicate well ………………..… _____

36. Providing children's essentials…………………… _____

37. Feeling that my life is peaceful………………… _____

38. Acknowledgement of my accomplishments…… _____

39. Ability to organize tasks…………………….… _____

40. Extras for children………………………………. _____

41. Sense of commitment……………………….….. _____

42. Intimacy with at least one friend………………… _____

43. Money for extras………………………….… _____

44. Self-discipline………………………………. _____

45. Understanding from my employer/boss…………… _____

46. Savings or emergency money………………..….. _____

47. Motivation to get things done………………..…… _____

48. Spouse/partner's health………………………… _____

49.   Support from co-workers……………………..… _____

50.   Adequate income…………………………….. _____

51.   Feeling that I know who I am……………..…… _____

52.   Advancement in education or job training..…… _____

53.   Adequate financial credit………………….…… _____

54.   Feeling independent………………………..…… _____

55.   Companionship……………………………… _____

56.   Financial assets (stocks, property, etc.)……...…… _____

57.   Knowing where I am going with my life……..…… _____

58.   Affection from others……………………..…….. _____

59.   Financial stability……………………….…….. _____

60.   Feeling that my life has meaning/purpose………. _____

61.   Positive feelings about myself…………………….. _____

62.   People I can learn from…………………………….. _____

63.   Money for transportation…………………………. _____

64.   Help with tasks at work…………………..…… _____

65.   Medical insurance……………………………….. _____

66.   Involvement with church, synagogue, etc……..… _____

67.   Retirement security (financial) ………………… _____

68. Help with tasks at home…………………………… _____

69. Loyalty of friends……………………………… _____

70. Money for advancement or self-improvement

    (education, starting a business, etc.)……………. _____

71. Help with child care……………………………. _____

72. Involvement in organizations with others who have

    similar interests……………………………….... _____

73. Financial help if needed………………………… _____

74. Health of family/close friends…………………… _____

Appendix C: Participant Information Survey

1. How far do you reside from the Family Readiness Group associated with your spouse's unit?

    0-10 miles

    11-20 miles

    21-30 miles

    31 plus miles

2. How often do you use the Family Readiness Group?

    0 times per year

    1-2 times per year

    3-4 times per year

    4-5 times per year

    6 or more times per year

3. Do you find the Family Readiness Group helpful in meeting your needs?

    This is not applicable/I am not sure

    It is not helpful

    It is somewhat helpful

    It is helpful

    It is incredibly helpful

4. If you do not use the Family Readiness Group, what is your reason?

    I am not interested

I do not know what it is

It is too far

Other _____

5. How far do you reside from the Morale, Welfare, and Recreation program?

0-10 miles

11-20 miles

21-30 miles

31 plus miles

6. How often do you use the Morale, Welfare, and Recreation program?

0 times per year

1-2 times per year

3-4 times per year

4-5 times per year

6 or more times per year

7. Do you find the Morale, Welfare, and Recreation program helpful in meeting your

needs?

This is not applicable/I am not sure

It is not helpful

It is somewhat helpful

It is helpful

It is incredibly helpful

8. If you do not use the Morale, Welfare, and Recreation program, what is your reason?

I am not interested

I do not know what it is

It is too far

Other _____

9. How far do you reside from the Youth Services Office?

0-10 miles

11-20 miles

21-30 miles

31 plus miles

10. How often do you use Youth Services?

0 times per year

1-2 times per year

3-4 times per year

4-5 times per year

6 or more times per year

11. Do you find Youth Services Office helpful in meeting your needs?

This is not applicable/I am not sure

It is not helpful

It is somewhat helpful

It is helpful

It is incredibly helpful

12. If you do not use Youth Services, what is your reason?

I am not interested

I do not know what it is

It is too far

Other _____

13. How far do you reside from a school liaison kfficer's office?

0-10 miles

11-20 miles

21-30 miles

31 plus miles

14. How often do you use the services of a school liaison officer?

0 times per year

1-2 times per year

3-4 times per year

4-5 times per year

6 or more times per year

15. Do you find the school liaison officer helpful in meeting your needs?

This is not applicable/I am not sure

They are not helpful

They are somewhat helpful

They are helpful

They are incredibly helpful

16. If you do not use the school liaison officer, what is your reason?

I am not interested

I do not know what this is

It is too far

Other _____

17. How far do you reside from the United States Office of Veterans Affairs' Veteran Center?

0-10 miles

11-20 miles

21-30 miles

31 plus miles

18. How often do you use the United States Office of Veterans Affairs' Veteran Center?

0 times per year

1-2 times per year

3-4 times per year

4-5 times per year

6 or more times per year

19. Do you find the United States Office of Veterans Affairs' Veteran Center helpful in meeting your needs?

It is not applicable/I am not sure

It is not helpful

It is somewhat helpful

It is helpful

It is incredibly helpful

20. If you do not use the United States Office of Veterans Affairs' Veteran Center, what is your reason?

I am not interested

I do not know what it is

It is too far

Other _____

21. What is the farthest distance for you to conveniently travel to access military-provided supports on a regular basis?

0-10 miles

11-20 miles

21-30 miles

31 plus miles