

2020

## Understanding the increase in military couples seeking counseling throughout the military lifecycle

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# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Ellen Saccoia

has been found to be complete and satisfactory in all respects,  
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the review committee have been made.

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Walden University  
2020

Abstract

Understanding the increase in military couples seeking counseling throughout the  
military lifecycle

by

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MSW, Walden University, 2016

MA, Empire State College, 1996

Project Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Social Work

Walden University

May 2020

## Abstract

Since the start of military operations following the terrorist attacks on September 11, 2001, the nation has experienced the longest sustained war in its history. Military couples are at an increased risk of experiencing relationship stressors due to supporting long-term global military operations. Most of the research literature identifying the difficulties experienced by active-duty military couples was conducted over the past two decades following September 11, 2001. Missing from the literature are present-day problems facing military couples seeking counseling following the drawdown of overseas military operations (see United States Government Accountability Office [U.S. GAO], 2016). The purpose of this action research study was to identify the reasons there has been an increase in military couples seeking counseling over the past five years. The questions that guided this research were created to understand the reasons for an increase in military couples seeking counseling. Erik Erikson's Stages of Psychosocial Development provided a conceptual understanding of young adult (19 – 40) and middle adult (41 – 65) life stage development. Data collection consisted of fifteen social workers providing services to military and veteran couples participating in two focus group sessions. Participants confirmed there has been an increase in the number of military couples seeking counseling and determined the reasons for the rise, which includes a changing generational and organization mindset that favors seeking help. The results provide updated information about the current problems impacting military couples' relationships. This contribution to the research literature may enhance social work practices on military installations through the identification of prevailing themes and trends to implement targeted programs to address needs.

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## Dedication

To my wonderful father, Mr. Sam J. Saccoia. A man who always encouraged me to seek the highest level of education. I hope I have made you proud. Until we meet again.

## Acknowledgments

It is with sincere appreciation that I thank Dr. Diane Rullo for her commitment to academic excellence and her incredible talent as a Doctoral chair. She is a gift to the Walden University faculty and student body. I would also like to thank Dr. Yvonne Chase and Dr. Debora S. Rice for their support of my doctoral journey. I wish to extend a debt of gratitude to the participants who volunteered to assist me with my focus group research. Many know how important it was for me to have your voices heard and included in my final analysis.

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## Section 1: Foundation of the Study and Literature Review

Military members and their spouses come from all walks of life, socioeconomic backgrounds, and cultures (United States Department of Defense [U.S. DoD] – Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy, 2015). The United States Department of Defense comprises over 1.4 million active duty (full-time) service personnel along with more than 2 million family members consisting of adult dependents, spouses, and children (U.S. DoD, 2015). More than half (54.3%) of military members serving on active duty are married and can be characterized as predominately young, with fifty percent of personnel under the age of 26 (U.S. DoD, 2015).

Active duty service has the potential to adversely impact marriages in unique ways (Trump, Lamson, Lewis, & Muse, 2015). While marital relationships, in general, are among the most challenging institutional commitments in American society (Richardson, 2018), the stressors associated with an active duty commitment intensify relationship problems (Sayers & Rhoades, 2018). Hardships or vulnerabilities related to military service include frequent deployments and relocations, post-deployment reintegration, financial upheavals, spousal career transitions/adjustments, combat stress, risk of injury or death, family separations, and mental health concerns such as post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI; Borah & Fina, 2017; Marek & D’Aniello, 2014; O’Neal, Lucier-Greer, Mancini, Ferraro, & Ross, 2016; Renshaw & Campbell, 2016). Since more than 51.5% of military personnel in the active-duty component is under the age of 25, and that younger marriages have a high

propensity for divorce, this population is at high risk for experiencing relationship problems (Trump et al., 2015).

Social work practitioners play a vital role in the military community through the services they provide, and the demand for assistance has continued to rise (Meyer, 2018; Meyer, Writer & Brim, 2016; Nedegaard & Zwillig, 2017). Several research studies have identified the urgency for providers to gain an understanding of the military structure, language, culture, and environment to practice more effectively when treating military couples (Nedegaard & Zwillig, 2017). Nedegaard and Zwillig (2017) cite that in a recent survey of civilian providers, 84% of clinicians had no direct experience working with military personnel, nor had the proper training to assist them when providing services to this population. Strong and Lee (2017) suggest that mental health practitioners must become better prepared to provide counseling services to military couples as they leave active duty service for civilian life. It has been stated that understanding the relationship problems associated with military service will help social workers develop more effective intervention efforts (MacDermid et al., 2016), and create a better understanding of the basis of a veteran's thoughts, beliefs, and values when counseling military couples (Nedegaard & Zwillig, 2017).

I conducted a qualitative action research study using a focus group format with social workers to determine the current hardships and vulnerabilities impacting military couples' relationships. The research aimed at identifying the reported reasons why an increase in military couples seeking counseling has occurred, so social workers may gain an understanding of practicing in this unique environment. Additionally, the research sought to determine the vulnerabilities impacting military couples to seek counseling.

Section 1 includes the problem statement, purpose statement, and research questions, as well as a review of the theoretical foundation and ethical considerations of the study. The nature and significance of the study and a comprehensive literature review are also included.

### **Problem Statement**

There has been an increase in military couples seeking counseling across the military life cycle over the past five years (Air Force Family Integrated Results Statistical Tracking – [AFFIRST], 2018). According to data retrieved from AFFIRST (2018), the number of couples seeking counseling has doubled between 2013 and 2018. The reasons for the increase are unclear. Lester et al. (2016) and Borah and Fina (2017) have substantiated the adverse impact of military service on families leading to increased relationship challenges. As a result, the U.S. Department of Defense expanded the availability of counseling and social services through an initiative entitled the Preservation of the Force and Family (POTFF) throughout the United States Special Operations Command (USSOCOM; U.S. DoD, 2014). One such installation has increased the availability of social service programs; however, limited research exists on why a substantial increase in the number of military couples seeking counseling has occurred.

### **Purpose of the Study**

Since the 9/11 terrorist attacks and increased military operations, the issues confronting married couples in the United States Special Operations Command (USSOCOM) have been a top priority of our nation's leaders (Chaby, 2014). Identifying which hardships or vulnerabilities confronting military couples is essential to addressing

their needs. Trail, Meadows, Miles, and Karney (2017) found that limited data is available about which vulnerabilities are impacting military marriages and how the resources provided are adequately targeting the concerns.

The purpose of this qualitative study was to identify the reported reasons why an increase in the number of military couples seeking counseling has occurred. The research also sought to determine the hardships and vulnerabilities impacting military couples to seek counseling. Social workers providing various services (e.g., individual counseling, psychoeducational programming, mental health therapy, domestic violence support, primary prevention information and referral, mediation, and intervention initiatives) to military couples were recruited to participate in two focus group forums (see Chester, 2017; Kornbluh, 2015; Leeds-Hurwitz, 2015; Palinkas et al., 2015; Stringer, 2014). Focus group participation consisted of fifteen direct-service social workers, two males, and thirteen females, possessing extensive experience working in the military environment (see Table 1). Nyumba, Wilson, Derrick, and Mukherjee (2018) assert that a focus group consisting of at least ten participants provides an appropriate representation of perspectives while being able to maintain group cohesion and order. The focus groups were held on two different dates to accommodate scheduling needs. The same questions were asked in each group. Data were collected over two weeks.

### **Research Questions**

*RQ 1.* What are the reported reasons for an increase in military couples seeking counseling?

*RQ 2.* Which vulnerabilities are impacting military couples to seek counseling?

### **Definitions**



The following definitions and key terms are provided for clarification and context: continental United States (CONUS), deployment, family readiness, hardships/vulnerabilities, military couples, military spouse, military transition, outside the continental United States (OCONUS), post-traumatic stress disorder (PTSD), psychological trauma, reintegration, and traumatic brain injury (TBI).

*Continental United States:* United States territory, including the adjacent territorial waters, located within North America between Canada and Mexico. Frequently referred to as CONUS (Department of Defense Dictionary of Military and Associated Terms [DoD DMAT], 2019).

*Deployment:* The movement of operational forces and equipment into and out of worldwide staging areas (DoD DMAT, 2019), characterized by three distinct phases: pre-deployment, deployment, and reintegration (Blow et al., 2017). Deployment may occur for both combat and non-combat operations (Alvarado, 2020).

*Family readiness:* The ability for military families to be prepared to navigate the challenges of daily life to support mission requirements (Alvarado, 2020; Meadows et al., 2017).

*Hardships or vulnerabilities:* Concerns related to military service that include frequent deployments and relocations, post-deployment reintegration, financial upheavals, combat stress, risk of injury or death, family separations, military spouse career transitions/adjustments, and mental health concerns such as post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI; Marek & D'Aniello, 2014; Pflieger et al., 2018).

*Military couples:* Couples serving on active duty for purposes of this study.

*Military spouse:* A person who is legally married to a member of the active-duty military service (DoD, 2018). Additional terms identifying military spouses include spouses of active-duty service, military veteran spouses, or military wives (Alvarado, 2020). According to statistical data obtained from the U.S. Department of Defense (2015), most active duty service members are male (80%), and most spouses are female.

*Military transition:* The end of the military lifecycle and the exiting of active duty to resume civilian family, community, and employment-related roles (Angel et al., 2018).

*Outside the continental United States (OCONUS):* Countries or states such as Alaska and Hawaii that are not within the geography of the United States territory, including the adjacent territorial waters, located within North America between Canada and Mexico (DoD DMAT, 2019).

*Post-traumatic stress disorder (PTSD):* A mental health disorder that may occur in individual people following the experience of or witnessing an alarming event such as war, terrorism, or a natural disaster (National Institute of Mental Health [NIMH], 2017).

*Psychological trauma:* A result of the extraordinary events that adversely impact an individual's sense of security, resulting in feelings of helplessness and fear (McCarron et al., 2019).

*Reintegration:* The transfer of military forces and equipment from deployed locations to home stations or demobilization installations (DoD DMAT, 2019), or the stage of the deployment cycle when a service member returns home (Blow et al., 2017).

*Traumatic brain injury (TBI):* A concussive condition characterized by repeated exposure to blasts from improvised explosive devices (IED) for purposes of this study (Beran & Bhaskar, 2018; McKee & Robinson, 2014).

This original contribution advances professional social work practice by filling research gaps by determining contemporary themes and trends impacting military couples. The findings may assist direct-service social workers with understanding the current needs of this population. The information may help social work professionals provide appropriate services concerning the identified themes and hardships impacting military couples.

### **Nature of the Study**

I conducted an action research qualitative study using a focus group setting. An action research design provided a systematic approach to inquiry that enabled me to explore meaningful solutions to problems experienced in social work practice (see Kryger & Edwards, 2018; Stringer, 2014). Additionally, the use of an action research design helped me explore relevant life issues for theory and practice through mutual participation that integrated systemic research, reflection, and scientific knowledge (see Coughlan, Draaijer, Godsell, & Boer, 2016; Kryger & Edwards, 2018). The design aligned well with the purpose statement and research questions as a process of gathering information and sharing various perspectives (see Kryger & Edwards, 2018; Stringer, 2014).

Social workers (e.g., graduate-level and licensed/unlicensed) serving military couples were recruited using electronic mail, telephone calls, and face-to-face requests to participate in the action research focus groups (see Palinkas et al., 2015; Stringer, 2014). Research participants were asked to answer questions related to the increase in the number of military couples seeking counseling and the reported reasons why. The design allowed for open dialogue to determine how military couples coped with the hardships

and vulnerabilities related to active duty service (see Kryger & Edwards, 2018; Stringer, 2014). The methodology provided a forum to identify issues not present in the current literature to fill gaps and advance social work practice (see Kryger & Edwards, 2018; Stringer, 2014). Information was coded by common themes related to the hardships facing military couples (see Kryger & Edwards, 2018; Nasrollahi, 2015; Saldaña, 2015; Stringer, 2015). The study results may provide a framework in which to integrate evidence-based approaches to care that target the specific needs of this community.

### **The Significance of the Study**

Trump et al. (2015) and Mankowski, Mattocks, Brandt, and Tower (2015) assert that serving in the military can impact military personnel, their spouses, and marriages in challenging manners by shaping identity, providing an opportunity for personal growth, and affording for various career options. Although military service offers the opportunity for growth, it also comes with a multitude of challenges that adversely impacts military couples (Alvarado, 2020; Trail et al., 2017; Trump et al., 2015). Factors vary on the reasons there has been a decline in the relationship health among military couples (Alvarado, 2020; McGuire et al., 2016).

This study's findings sought to identify the reasons why an increase in the number of military couples seeking counseling has occurred. In this specific population, the research may assist social workers with understanding the problems facing military couples. The data provides a basis in which to focus social work efforts to address the identified needs of military couples to help them overcome and navigate marital challenges (see Stringer, 2014). The obtained results may also provide a framework for social workers serving military couples to adequately give feedback to military

leadership, when requested, seeking congressional funding for program improvements and additional personnel. The methodology supports social change through close collaboration between researchers and social work professionals through cycles of identifying problems and implementing services that address localized concerns (see Kryger & Edwards, 2018; Stringer, 2014).

### **Theoretical/Conceptual Framework**

The theoretical framework used was Erik Erikson's Stages of Psychosocial Development (Ardelt & Jeste, 2018). Erik Erikson's Stages of Psychosocial Development provided a conceptual understanding of young adult (19 – 40) and middle adult (41 – 65) life stage changes (Ardelt & Jeste, 2018; Schachter & Galliher, 2018; Syed & McLean, 2017). Erikson's Stages of Psychosocial Development model consists of a series of eight developmental tasks or crisis experienced over the lifespan and mastery at each stage provides knowledge and wisdom (Ardelt & Jeste, 2018; Schachter & Galliher, 2018; Syed & McLean, 2017). Ardelt, Gerlach, and Vaillant (2018) argue that from this perspective, wisdom and subjective well-being in older adulthood are the results of cumulative productive development as it is experienced across the lifecycle. This theory correlates with balancing personality growth and adjustment with the successful mastery and resolution of the crisis, enabling the development of strength and virtue over time (Ardelt et al., 2018; Schachter & Galliher, 2018). Unsuccessful resolution and mastery of one stage of development may result in difficulty reaching higher levels of personal attainment, potentially causing conflicts later in life (Ardelt et al., 2018; Kerpelman & Pittman, 2018a; Schachter & Galliher, 2018; Syed & McLean, 2017).

During young adulthood, Erikson theorized people share themselves more intimately with others through the exploration of relationships (Ardelt & Jeste, 2018; Syed & McLean, 2017). Such exploration often leads to longer-term commitments apart from a person's family of origin (Ardelt & Jeste, 2018). These authors believe the successful completion of Erickson's developmental stages can lead to comfortable relationships fostering commitment, safety, and a caring environment (Ardelt et al., 2018; Kerpelman & Pittman, 2018a; Schachter & Galliher, 2018; Syed & McLean, 2017). In contrast, not successfully reaching individual levels of attainment can result in a person avoiding intimate partner relationships and lead to commitment fears, loneliness, and isolation (Ardelt et al., 2018; Kerpelman & Pittman, 2018a; Schachter & Galliher, 2018; Syed & McLean, 2017). During middle adulthood, Erikson theorized people search for a deeper level of companionship and commitment (Ardelt & Jeste, 2018; Syed & McLean, 2017). Marriage and children are characteristic of this stage (Schachter & Galliher, 2018; Syed & McLean, 2017). Successful completion of this stage offers couples a deep level of intimacy and relationship satisfaction (Ardelt et al., 2018; Kerpelman & Pittman, 2018a; Schachter & Galliher, 2018; Syed & McLean, 2017). Unsuccessful completion may create isolation, distance, discord, and separation (Ardelt et al., 2018; Kerpelman & Pittman, 2018a; Schachter & Galliher, 2018; Syed & McLean, 2017).

### **Erikson's Stages of Psychosocial Development and Understanding the Problem**

Kerpelman and Pittman (2018), Schachter and Galliher, (2018), and Syed and McLean, (2017) believe that Erikson's model is meaningful because it represents important life stages and developmental themes that equip people with the necessary skills to handle events across various phases. Each theme represents a unique period at a

designated point (Ardelt et al., 2018; Kerpelman & Pittman, 2018a; Schachter & Galliher, 2018; Syed & McLean, 2017). Identity formation, during young and middle adulthood, includes a growing self-awareness that allows for mediation of interpersonal struggles surrounding attitudes, personal values, and goals in intimate relationships (Kerpelman & Pittman, 2018; Kerpelman & Pittman, 2018a). In relation to the military, it is within this transitional timeframe (e.g., emerging adulthood) that most volunteers join the armed forces (Mobbs & Bonanno, 2018). Approximately half of the enlisted force (50.4%) are under age 25, with 43.8% in this pivotal age bracket (Mobbs & Bonanno, 2018; U.S. DoD, 2015).

### **Erikson's Stages of Psychosocial Development and this study**

In addition to navigating the developmental lifecycle stressors of work/life balance, military couples experience stressors related to deployment, relocation, and isolation (Alvarado, 2020; O'Neal et al., 2018; Sayers & Rhoades 2018; Trump et al., 2015). A lack of development at the various levels may adversely impact a person's ability to endure the hardships and stressors associated with marriage and military service, contributing to relationship discord and the need for professional intervention (O'Neal et al., 2018). Additionally, the vulnerabilities and hardships related to ongoing military operations may negate developmental growth and relationship functioning due to continuous exposure to the adverse and traumatic conditions associated with war (Knobloch-Fedders, Caska-Wallace, Smith & Renshaw, 2017; O'Neal et al., 2018).

### **Values and Ethics**

The values espoused in the National Association of Social Workers (NASW) *Code of Ethics* outlines the ethical practices of the profession (NASW, 2017). The central

tenants of the *NASW Code of Ethics* (2017) include strengthening and unifying the profession, promoting the development of social work practice, formulating social policy, performing advocacy, and protecting societies' vulnerable. Relative to the proposed research study is the social work values of service, the importance of human relationships, promoting the development of social workers, cultural awareness (e.g., military cultural competence), and practicing within the scope of professional abilities (NASW, 2017).

Meyer, Writer, and Brim (2016) and Nedegaard and Zwilling (2017) argue that social work practitioners have an increasingly essential role in the military community by providing needed services. The demand for social work providers in the military community has, and will, continue to rise due to the on-going involvement in overseas operations (Meyer, 2018; Meyer, Writer & Brim, 2016; Nedegaard & Zwilling, 2017). In alignment with the *NASW Code of Ethics* (2017), Nedegaard and Zwilling (2017) and Strong and Lee (2017) state that providers must develop competency by gaining an understanding of the military structure, language, culture, and environment to practice more effectively when treating military couples.

The social work agency that I practice provides direct service intervention to help military members and their families overcome the hardships associated with active-duty military service (Air Force Personnel Center [AFPC], 2019). As part of my professional practice and its relevance to this study, I am committed to the *NASW Code of Ethics* (2017) to promote the development of the profession, especially in the military environment. I supervise social work internship placements of undergraduate and graduate-level students to increase their knowledge and competency of providing social



work services to active duty military members and their families. MacDermid et al. (2016) and Nedegaard and Zwillig (2017) posits that understanding the relationship problems related to military service will help social workers develop more effective intervention efforts. It will also help them create a better understanding of the basis of veteran's thoughts, beliefs, and values when counseling military couples, building social work competence (Nedegaard & Zwillig, 2017).

Recognizing the central importance of human relations is an identified value and principle to the clinical social work problem researched in this study (NASW, 2017). Understanding the importance of improving relationships among military couples through practices supporting cultural competence is an essential component of positive social change and supporting military preparedness (Nedegaard & Zwillig, 2017; Scholl, 2019). The engagement of social workers in the helping process provides a meaningful method of promoting, restoring, and strengthening the well-being and relationships of military couples, which, in turn, supports mission readiness (AFPC, 2019; Cigrang et al. 2016).

### **Review of the Professional and Academic Literature**

I used various professional and peer-reviewed databases through the Walden University Library and Google Scholar to search for and determine the common themes and topics related to military couples and relationship health. I retrieved peer-reviewed journal articles from published submissions between 2015 and 2020. Very few peer-reviewed articles were used before 2015. I used the following keywords when I conducted the database searches: *Operation Enduring Freedom (OEF)*, *Operation Iraqi Freedom (OIF)*, *War on Terror*, *9/11*, *September 11, 2001*, *post-traumatic stress*

*disorder, traumatic brain injury, military cultural competence, military hardships, military vulnerabilities, military marriage, military couples, military spouses, military transition, readiness, deployment, reintegration, and resiliency.* The key words yielded a plethora of information and allowed me to identify several themes.

I printed approximately 80 articles and sorted them by appropriate theme in preparation for writing the literature review. I read and outlined the relevant data that pertained to this research for inclusion in the literature review. The information was obtained from the following sources: American Psychological Association, Family Process Quarterly Peer-Reviewed Academic Journals, Hammill Institute on Disabilities, PLoSOne, ProQuest Psychological Journals, the Psychiatric Rehabilitation Journal, Routledge, SAGE Journals, Science Direct Association of Behavioral Therapies, Springer Science + Business Media, Taylor and Francis Group, U.S. Department of Health and Human Services [HHS] Public Access, Walden University Scholar Works, Wiley Online Library, and Wiley Periodicals, Inc. Additionally, various U.S. Federal government websites were used to include statistical data and accurate terminology related to the U.S. Department of Defense.

### **Global Military Operations**

The scope of continued global operations in recent decades has placed extraordinary demands on military members and their families (Blow, 2015; Borah & Fina, 2017; Lester et al., 2016; Saltzman et al., 2016). The personal and familial costs of war and continued global operations are incalculable (Saltzman et al., 2016). Tanielian, Karney, Chandra, Meadows, and the Deployment Life Study Team (2014) assert that maintaining the marital quality of military couples is essential due to the continuation and

increased duration of deployments since September 11, 2001. Understanding how war and wartime deployments impact military families is critical to maintaining a prepared force (e.g., military readiness) and the ability for military members to endure repeated deployments (Saltzman et al., 2016).

Many of the most challenging community problems confronting senior military leadership that impedes force readiness are closely linked to the quality of marital relationships (Cigrang et al. 2016). Relationship discord adversely impacts mission readiness leading to work role impairment and lack of mission focus (Cigrang et al., 2016). Alvarado (2020) and Cigrang et al. (2016) argue that there is a substantial need in the military to identify, detect, and understand the nature of these problems before severe and irreversible relationship damage occurs that negatively impacts military preparedness (e.g., readiness). It is of particular benefit for military couples to engage in healthy lifestyles that promote positive relationships, which, in turn, fosters satisfaction with active duty service and improved capacity to meet mission objectives and military readiness (Fischer-Urmei, 2019; Pflieger et al., 2018). Maintaining the health of the force equals satisfaction with the military lifestyle, increased retention of quality personnel, and adaptation of family members (Fischer-Urmei, 2019; Pflieger et al., 2018). Understanding the reasons why an increase in counseling has occurred, and which vulnerabilities are contributing to relationship distress in military marriages, is an essential element in providing effective support services (Adler-Baeder, Pittman, & Taylor, 2018) as well as maintaining and retaining a healthy force (Cigrang et al., 2016).

This literature review examined the current research about the reasons military couples are experiencing increased marital distress, seeking counseling, the governing

themes, and recommendations for social work practice. The literature review also explored the cultural context of the military lifestyle and how the traditional values espoused, and the vulnerabilities experienced, impacted the decision for service members to marry early (see Lundquist & Xu, 2014). The review illustrated the need for social workers to become culturally competent to provide services to military personnel, family members, and the veteran community (see Nedegaard & Zwilling, 2017; Scholl, 2019). It is incumbent to note that this research was conducted during a time of increased global military operations after September 11, 2001. Most recently, there has been a shift in the concerns reported by military couples following the drawdown of forces (U.S. GAO, 2019), not explained in the current literature.

### **Findings from the Literature**

Four central themes, military culture, deployment, transition, and mental health problems associated with post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI), emerged regarding marital discord and military couple concerns from the literature review. The vulnerabilities or hardships associated with the central themes included frequent deployments and relocations, family separations, and post-deployment reintegration (Alvarado, 2020; Marek & D'Aniello, 2014; Pflieger et al., 2018). Financial upheavals related to relocations and military spouse career transitions/adjustments, as well as combat stress and the risk of injury or death, were also found to be hardships impacting military couples (Alvarado, 2020; Marek & D'Aniello, 2014; Pflieger et al., 2018). A multitude of research was available on the harmful effects of combat on service members' mental health, and associated post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) symptoms, and the secondary impact of those experiences on

a military spouse and a couple's marriage (Knobloch-Fedders et al., 2017; Trump et al., 2015). Scant information was available on the impact of military transition and the problems experienced when leaving a diverse culture that has shaped a service member's and their families' worldview (Mobbs & Bonanno, 2018). Additional research focused on understanding the uniqueness of the military for culturally competent social work practice and advances related to deployment communication and improved psychological health during reintegration (Borah & Fina, 2017; Knobloch et al., 2016; Meyer, 2018; Meyer & Wynn, 2018; Nedegaard & Zwilling, 2017; Renshaw & Campbell, 2017).

The research presented in the literature review provided an excellent representation of the challenges facing military couples involved in wartime operations following September 11, 2001. Much of the research was conducted using data collected over the past two decades, which illustrated the adverse impact of war on a military couple's relationship. As a new generation of civilians' volunteers to join the armed forces, most members who served during and after September 11, 2001, will have transitioned from active duty service (Mobbs & Bonanno, 2018; U.S. DoD, 2014). More recently, there has been a shift in the dynamics facing military couples, not explained in the literature. This research attempts to identify the new challenges confronting military couples following active engagement in the most protracted and sustained conflict in American history (Blow, 2015; Borah & Fina, 2017; Lester et al., 2016; Saltzman et al., 2016).

**Military Culture, Hardships, and Vulnerabilities.** There are approximately 1.4 million active-duty service members, along with 1.9 million, or 56%, family members (e.g., spouses and children) representing today's military force (U.S. DoD – Defense

Manpower Data Center [DMDC], 2018). Military culture is based on a heritage of unique traditions, models of discipline and leadership, service to country, structure, and dedication to mission requirements (Cole, 2014; Mobbs & Bonanno, 2018). The military is comprised of five branches of service (Army, Navy, Air Force, Marine Corps, Coast Guard) committed to defending freedom and the laws espoused by the U.S. Constitution (Cole, 2014; United States Government, 2020). Each branch has its own set of traditions, mission requirements, and operating procedures (U.S. DoD, 2015; Westphal & Convoy, 2015). The branches each espouse dedication to unit cohesion, devotion to duty, stoicism, and commitment to following the chain of command (U.S. Department of the Army, 2018; Westphal & Convoy, 2015).

In addition to the regular branches of service, the United States Special Operations Command (USSOCOM) plays a vital role in overseeing the various Special Operations Component Commands of the United States Marine Corps, Navy, Army, and Air Force (DoD Live, 2016). The United States Special Operations Command is comprised of specialized joint force members (e.g., Army Rangers [Airborne], Navy Seals, Air Force Combat Controllers, Military Information Support Operations [MISO] weather, pilots, and pararescue) trained to conduct global operations and campaigns against “state” and “non-state” entities to protect and advance the policies and interests of the U.S. government (DoD Live, 2016; USSOCOM, 2016). The United States Special Operations Command performs a variety of high priority operations to include counterintelligence, counterinsurgency, foreign humanitarian assistance, hostage rescue and recovery, and unconventional warfare (USSOCOM, 2016). Approximately 70,000 military members make up the specialized command (USSOCOM, 2016). Overall, those

who volunteer to serve in the armed forces embody a unique cultural group of the U.S. population that comprises less than 1% (Mobbs & Bonanno, 2018; Nedegaard & Zwilling, 2017; Zogas, 2018).

American citizens volunteering to serve must undergo rigorous training and instruction to learn practical skills and become indoctrinated into the standards, values, and ethics of the military and special operations command (DoD Live, 2016; Mobbs & Bonanno, 2018; USSOCOM, 2016). The training uniforms men and women into a dedicated force of professionals that must leave their civilian identity behind (Mobbs & Bonanno, 2018). The purpose of the intense training is to transform volunteers into a competent, cohesive, and dedicated team of interconnected members and war fighters (Mobbs & Bonanno, 2018). The dynamic that results are a crucial component of creating military preparedness/readiness, effectiveness, and capability (Williams et al., 2016). Moreover, the resulting cohesion positively impacts a member's mental health, well-being, and connectedness that moderates the adverse impacts when exposed to difficult operations and traumatic events (Mobbs & Bonanno, 2018).

Military service has a dramatic impact in shaping a member and their families' worldview and definition of culture, duty to country, and honorable service at a critical developmental time in the life course (Meyer & Wynn, 2018; Mobbs & Bonanno, 2018; O'Neal et al., 2018). During this time of self-exploration and identity formation, the military provides direction and indoctrination to a unique culture and exposure to real-world experiences (Ardelt et al., 2018; Kerpelman & Pittman, 2018a; Mobbs & Bonanno, 2018; O'Neal et al., 2018). For service members who marry, it is essential for their

partner to integrate into the norms to adapt and navigate the experiences and challenges of the military lifestyle (Meadows et al., 2017).

***Hardships and Vulnerabilities.*** Vulnerabilities, or risk factors, adversely impacting military couples include early marriage, frequent deployments, moves (permanent change of duty station [PCS]), and reintegration concerns. Additional vulnerabilities include financial upheavals, career transitions, combat stress, increased risk of injury or death, and mental health problems (Alvarado, 2020; Lundquist & Xu, 2014; Marek and D’Aniello, 2014). Adler-Baeder et al. (2018) echo many of the same vulnerabilities as increasing a couple’s risk of divorce while adding military job demands, long work hours, and stressful physical and mental job tasks. Cited among the most common vulnerabilities impacting military spouses and the quality of their marriages include caregiver burden or single parenting and family conflict associated with long work hours and deployments (Alvarado, 2020; Borah & Fina, 2017; Pflieger et al., 2018). Financial strain due to frequent relocations resulting in spouse unemployment/underemployment has been shown to adversely impact marital quality (Alvarado, 2020; Borah & Fina, 2017; Pflieger et al., 2018). Frequent relocations also create an atmosphere that lacks social support in the absence of family, adding to the stressors experienced by military spouses (Borah & Fina, 2017; Pflieger et al., 2018).

Military service affects all aspects of a couple’s life (Borah & Fina, 2017).

Military couples are exposed to each vulnerability throughout the military life cycle, with some overlapping, being experienced all at once, and at multiple times (Borah & Fina, 2017; Trail et al., 2017). For example, a permanent change of station (PCS) move may involve leaving family and friends, potential geographical separation if the military



member is on an unaccompanied (e.g., without family) tour of duty, loss of spouse employment, and financial upheavals (Borah & Fina, 2017; Trail et al., 2017). Trail et al. (2017) argue that from this perspective, vulnerabilities frequently covary, creating a “downward spiral.” Such choices may leave the remaining spouse as a single parent without social support, which often adversely impacts marital quality (Borah & Fina, 2017; Pflieger et al., 2018).

***Frequent Permanent Change of Duty Station Moves.*** A permanent change of station move involves the relocation of active duty military members and their families to a different duty location within the continental United States (CONUS), or to locations outside the continental United States (OCONUS; Defense Finance and Accounting Service [DFAS], 2016). OCONUS locations include the states of Alaska and Hawaii or overseas locations (DFAS, 2016). Permanent change of station relocations within the continental United States (CONUS) have an indefinite timeframe in which a military member may be assigned to an installation (DFAS, 2016). An overseas permanent change of station moves is typically for a specified period of up to four years, depending on whether the military member is accompanied or unaccompanied by their immediate family members (DFAS, 2016).

Frequent moves are associated with the negative effects of losing friendships and social support through military relocations (Borah & Fina, 2017; Runge, Waller, MacKenzie, & McGuire, 2015). Although military families relocate and live among other military families, many experience losses of friendships when moving, as well as the added component of having to start over again at another location (Borah & Fina, 2017; Runge et al., 2015). A study conducted by Borah and Fina (2017), found that military

spouses found it increasingly more challenging to relocate as they got older. Several noted how frequent moves left them vulnerable and created attachment issues and relationship stressors (Borah & Fina, 2017).

***Financial Upheavals.*** Common financial problems related to military couples include credit card debt, lack of emergency savings, relocation costs, and spouse unemployment or underemployment (Carlson, Goff, & Britt-Lutter, 2015). Although military members have a small, steady income, the amount must stretch a long way between pay periods (Carlson et al., 2015). Additionally, having a steady income allows military members to obtain credit more quickly, making them a target of the credit industry (Carlson et al., 2015). Military members with credit card debt have higher balances than their counterparts in the civilian sector (Carlson et al., 2015). Unlike civilians, military members are not able to have a debt settlement, making them more attractive and susceptible to the creditors (Carlson et al., 2015).

Military members are authorized advanced travel pay to cover costs and to mitigate financial vulnerabilities related to moving (DFAS, 2016). Although military members are provided with funds, it is not uncommon for them to experience financial upheavals when permanently changing duty stations (Carlson et al., 2015). The costs of moving frequently exceed the reimbursable amounts provided by the government due to unexpected expenses (Carlson et al., 2015). Dual income is typically lost when a spouse must resign from their employment, which increases the financial burdens (Borah & Fina, 2017; Lundquist & Xu, 2014; Marek & D'Aniello, 2014; Runge et al., 2015).

***Spouse Unemployment, Underemployment, and Barriers to Educational Goals.***

High unemployment, underemployment, and career transitions experienced by military spouses play a substantial part in adding to the hardships of military life because of continual permanent change of station moves and the unknown duration of a member's time on station (Borah & Fina, 2017; Lundquist & Xu, 2014; Marek and D'Aniello, 2014; Runge et al., 2015). Many spouses have trouble meeting career goals and education/licensing requirements because they are not able to stay long enough at one location to meet the criteria (Borah & Fina, 2017). Consequently, military spouses often face barriers to employment and career progression (e.g., due to unknown availability if hired) because of their spouse's active duty affiliation, adding to family conflict and stress (Borah & Fina, 2017; Lundquist & Xu, 2014; Pflieger et al., 2018). These barriers add to the financial stressors faced by military couples because of lost income and an inability for spouses to get vested into a retirement system (Borah & Fina, 2017).

***Early marriage.*** Lundquist and Xu (2014) contend that the old-fashioned similarity (anachronistic resemblance) of the military culture increases the vulnerabilities and hardships facing couples because the lifestyle promotes early marriage and adulthood. More than 41% of male service members in the age range 22 – 24 are married (U.S. DoD, 2015), compared to 18.3% in the civilian sector (Lundquist and Xu, 2014). Lundquist and Xu (2014) found that geographical separation due to deployment or relocation played a pivotal role in a couples' decision to marry early regardless of life course and suitability. Such actions put military members who marry early at an increased risk of divorce when compared to the general population, who marries at later life stages (Adler-Baeder et al., 2018).

Lundquist and Xu (2014) argue that the environment fostered by today's military hastens an early transition into adulthood (e.g., age range 18 – 24) for new members by embedding traditional norms and family support into its structure to make the vulnerabilities (e.g., relocation, deployment, risk of harm/death) experienced by active duty service members more bearable. Pflieger et al. (2018), Renshaw and Campbell (2016), and Saltzman et al. (2016) echo similar findings in that spouses are often the nearest support structure for military members, and their collective support provides a buffer from the effects of traumatic exposure on a military member's possibility for developing post-traumatic stress disorder and other trauma-related medical concerns.

**Deployment.** Deployment is the movement of operational forces and equipment into and out of worldwide staging areas (Department of Defense Dictionary of Military and Associated Terms [DoD DMAT], 2019). Three distinct phases characterize deployment: pre-deployment, deployment, and reintegration (Alvarado, 2020; Blow et al., 2017). Military members deploy in support of combat, natural and human-made disaster relief, peacekeeping missions, and training operations (Knobloch, Knobloch-Fedders, Yorgason, 2018a; Scholl, 2019). Additional reasons U.S. military personnel deploy include as military attaches, or as part of the consulate and embassy security (DMDC, 2019). U.S. Military personnel are deployed to over 150 countries, with more than 165,000 active-duty members serving outside the continental United States (OCONUS) for durations lasting from 90 days to 15 months (DMDC, 2019). Of the 165,000 active-duty military members serving overseas, 40,000 are assigned to undisclosed locations conducting classified missions (DMDC, 2019). These figures do

not include countries in which the U.S. armed forces are actively engaged in military operations (DMDC, 2019).

Over 2.5 million armed forces members have deployed in support of Operation Enduring Freedom (OEF, [Afghanistan]) and Operation Iraqi Freedom (OIF) since the terrorist attacks on September 11, 2001 (Balderrama-Durbin, Erbes, Polusny, & Vogt, 2018). Of the 2.5 million members who have deployed, over 250,000 have experienced multiple deployments, which have increased in longevity (e.g., time spent away) over time (Balderrama-Durbin et al., 2018). The longer and more frequent deployments of service members increase the challenges of maintaining a relationship during separation and time of extraordinary strain (U.S. DoD, 2015). The frequency of deployments is a significant concern facing military couples since over half of those serving in the armed forces are married (Alvarado, 2020; Balderrama-Durbin et al., 2018; Borah & Fina, 2017).

***Family Readiness.*** Within the military environment, family readiness refers to the ability of military families to be prepared to navigate the challenges of daily life to support mission requirements (Fischer-Urmeley, 2019; Meadows et al., 2017). Family readiness transcends each stage of the deployment cycle (Meadows et al., 2017) and is a critical element of the Department of Defense (AFPC, 2019; Fischer-Urmeley, 2019; Joint Services Support, 2019). The ability of the Department of Defense to help family members to prepare and navigate for short and long-term separations is essential to sustaining mission readiness and capabilities (AFPC, 2019; Fischer-Urmeley, 2019; Joint Services Support, 2019). Research indicates that families who prepare and engage in

activities at the pre-deployment and deployment phases have a more favorable outcome during the reintegration stage than those who do not (Meadows et al., 2017).

***Pre-deployment.*** The pre-deployment stage consists of initial notification to the departure of the servicemember (DoD DMAT, 2019). Couples may experience a wide array of emotions and behaviors, including anticipation of loss, denial, mental and physical distancing, anger, and increased arguments (AFPC, 2019; Marek & D’Aniello, 2014). The emotions and behaviors provide a psychological shield and self-protection for couples to prepare for the pending separation (AFPC, 2019; Marek & D’Aniello, 2014). Marek and D’Aniello (2014) contend that it is easier for a couple to be psychologically and emotionally shielded than face the feelings of saying goodbye when confronted with a deployment.

***Deployment.*** The departure of the military member to a designated operational area characterizes the deployment stage (AFPC, 2019; DoD DMAT, 2019). During this phase, the family must adjust to the absence of the deployed member (Alvarado, 2020; AFPC, 2019; Marek & D’Aniello, 2014). Considerable studies have demonstrated the potential negative repercussion of military deployments on couples and their marriages (Alvarado, 2020; Balderrama-Durbin et al., 2017; Borah & Fina, 2017; Renshaw & Campbell, 2017; Trautmann, Alhusen, & Gross, 2015), resulting in a multitude of information in the professional literature (Blow et al., 2017).

Deployment adversely impacts relationship vulnerabilities related to anxiety, separation, early marriage, and reduced relationship satisfaction (Pflieger et al., 2018; Runge et al., 2015; Sayers & Rhoades, 2018). The risk of combat-exposure and its impact on the psychological and physical health of the service member also adds to the hardships

experienced (Alvarado, 2020; Fischer-Urmei, 2019; Pflieger et al., 2018; Runge et al., 2015; Sayers & Rhoades, 2018). Borah and Fina (2017) found that deployment had a significant impact on a couple's marriage, creating feelings of spousal abandonment, isolation, and the sense of "feeling second" to the mission. Common spousal reactions to this stage of the military lifecycle included feelings of anger, depression, and abandonment (Nicosia, Wong, Shier, Massachi, & Datar, 2017), as well as anxiety over the safe return of the military member while juggling problems at home with little to no support (Alvarado, 2020; Balderrama-Durbin et al., 2018; Borah & Fina, 2017; Pflieger et al., 2018). Alvarado (2020), Balderrama-Durbin et al. (2017), Knobloch et al. (2018), and Runge et al. (2015) identified the fear of infidelity, assuming dual roles (e.g., mother and father), disruptions in family routines, and communication challenges as additional factors that adversely impacted marital relationships during deployment.

The exposure to traumatic events and subsequent mental health consequences of deployment on military couples and their families following tours in Iraq and Afghanistan are immense and well-documented (Fischer-Urmei, 2019; Meadows et al., 2017; Mustillo, MacDermid Wadsworth, & Lester, 2016). A growing body of research suggests that exposure to traumatic events experienced by military members conducting operations carries the most negative effect associated with the deployment experience as opposed to family separation (Fischer-Urmei, 2019; Meadows et al., 2017). The deployed member must balance the exigencies of war with the exposure to wartime events with the demand for sustaining a relationship long-distance and the everyday challenges that can impact mission readiness (Carter & Renshaw, 2016; Cigrang et al., 2014). Over time and with repeated exposure, the challenges related to deployment can

exert a significant toll on a couple's relationship (Fischer-Urmev, 2019; Sayers & Rhoades, 2018), including dissolution and divorce (Alvarado, 2020; Balderrama-Durbin et al., 2017).

It is incumbent on military couples to find healthy coping strategies during deployments (Allen, Knopp, Rhoades, Stanley, & Markman, 2018; Balderrama-Durbin et al., 2017; Fischer-Urmev, 2019). Research conducted by Knobloch et al. (2016) and Meadows et al. (2017) found that military couples identified effective communication as an essential element of maintaining relationship health during deployments. When military couples become geographically separated through deployment, interacting through various communication media becomes critical (Carter & Renshaw, 2016). Alvarado (2020), Meadows et al. (2017), and Sayers and Rhoades (2018) echo similar findings that effective communication between partners during deployment is a "critical" aspect of maintaining couple satisfaction and an emotional connection. Military couples rely on partner communication during deployment for relationship maintenance, mutual reassurance, and as a method of problem-solving during prolonged periods of separation (Balderrama-Durbin et al., 2018). Research has substantiated that healthy communication amid the deployment cycle predicted an increased decline in the at-home partner's anxiety over time (Knobloch et al., 2016). Unhealthy or destructive communication among military couples experiencing deployment was frequently cited as a relationship barrier and problem (Sayers & Rhoades, 2018).

***Post-Deployment Reintegration.*** Reintegration comprises the transfer of military forces and equipment from deployed locations to their home station (e.g., demobilization installations; DoD DMAT, 2019). Reintegration is the point of the deployment cycle



when a service member returns home (Alvarado, 2020; Blow et al., 2017). The reintegration stage can be a challenging time for couples as they attempt to reintegrate into a functioning family system (Blow et al., 2017; Knobloch, Basinger, & Theiss, 2018; Meadows et al., 2017). Similar to the deployment phase, family members must again adjust to the service member's return (Marek & D'Aniello, 2014; Scholl, 2019). The post-deployment stage is one of anticipation characterized by excitement and apprehension (Meadows et al., 2017). The remaining spouse may feel stress related to role confusion over lost independence or feelings of abandonment (Marek & D'Aniello, 2014).

Couples may experience difficulties with rebuilding their bond, compatibility, and determining new roles (Knobloch et al., 2018). The overlapping stressors experienced throughout the deployment cycle can adversely impact a couple's reunion (Knobloch et al., 2018). Research substantiates that it is more probable that the remaining spouse will report distress than the returning service member (Meadows et al., 2017). However, both are vulnerable to experience problems related to mental health concerns, including anxiety, depression, and PTSD (Alvarado, 2020; Knobloch et al., 2018). Military couples must understand the potential challenges of reintegration and spend time renegotiating roles and reestablishing connectedness (Marek & D'Aniello, 2014).

Communication as a method of maintaining relationship health was again found to be an essential factor in successful post-deployment reintegration (Knobloch et al., 2018; Meadows et al., 2017). Sayers and Rhoades (2018) found that communication during deployments is essential to maintaining an emotional bond, preventing distance, feeling reassured, and meeting the emotional engagement of military couples during

reintegration. Research conducted by Knobloch et al. (2018) found that military couples who constructively communicate during deployment derive the most post-deployment mental health and relationship benefits during the reunion process. Meadows et al. (2017) echo similar findings that more frequent communication during deployment resulted in a more-favorable post-deployment outcome. The research demonstrates that couples who communicate effectively during the deployment phase experienced less generalized anxiety (GAD) upon reunion and lower levels of relationship distress during deployment (Carter & Renshaw, 2016; Knobloch et al., 2018).

**Post-Traumatic Stress Disorder.** Post-traumatic stress disorder (PTSD) is a mental health condition that may occur following the exposure of or witnessing a terrifying event such as war, terrorism, or a natural disaster (National Institute of Mental Health [NIMH], 2017). Individuals struggling with PTSD experience a heightened stress response that leads to physical and psychological distress beyond what is experienced in a normal stress reaction (Knobloch-Fedders et al., 2017; NIMH, 2017). Symptoms associated with PTSD include nightmares, flashbacks, or reliving the event, uncontrollable thoughts, and severe anxiety (NIMH, 2017). PTSD is often experienced in military members deployed to war zones (Fischer-Urmev, 2019; Knobloch-Fedders et al., 2017). Although a small percentage of Post 9/11 veterans developed PTSD (Mobbs & Bonanno, 2018), approximately 20 - 25% of military members returning from the Iraq and Afghanistan Wars exhibit signs of PTSD exacting a heavy toll on military couples and family adjustment (Fischer-Urmev, 2019; Knobloch-Fedders et al., 2017; Mustillo et al., 2016; Rose, 2016).

A multitude of research was available on the adverse impact of PTSD on relationship satisfaction among military couples and combat veterans (Allen et al., 2018; Beck, Ruhlmann & Goff, 2018; Knobloch-Fedders et al., 2017; LeBlanc et al., 2016; McGinn, Hoerster, Stryczek, & Malte, 2017; Pflieger et al., 2018). There are well-established parallels that link PTSD to poor marital relationship functioning in military couples (Allen et al., 2018; Alvarado, 2020; Pflieger et al., 2018). Studies have demonstrated how the effects of PTSD impact both partners, creating a bidirectional association between PTSD and marital dissatisfaction (Alvarado, 2020; LeBlanc et al., 2016; Saltzman et al., 2016). PTSD symptoms associated with intrusive thoughts, disturbing dreams, reliving the traumatic events, avoiding activities and social isolation, irritability, and difficulty concentrating were identified as behaviors negatively impacting a military couple's relationship creating a lack of trust, effective communication, and problem-solving (Fischer-Urmei, 2019; LeBlanc et al., 2016).

PTSD has also been associated with a variety of psychological and physical problems in military members such as aggression, misuse of alcohol, and heightened physiological stress responses (Fischer-Urmei, 2019; Knobloch-Fedders et al., 2017; LeBlanc et al., 2016). Psychological and physical reactions include hypervigilance, or the state of being highly alert to potential danger, and hyperarousal, a fundamental behavior of PTSD in which a person has trouble sleeping and is always on edge resulting in an elevated heart rate (Knobloch-Fedders et al., 2017; LeBlanc et al., 2016; O'Neal et al., 2016). Military spouses have reported having difficulty coping with the symptoms and behaviors displayed by the military member struggling with PTSD (Alvarado, 2020). The exposure to PTSD in a couple's relationship resulted in increased levels of distress,

depression, caregiver burden, and physiological reactivity (e.g., increased cardiovascular, endocrine, and immune system reactivity) to couple conflict (Alvarado, 2020; Fischer-Urmei, 2019; Knobloch-Fedders et al., 2017; Pflieger et al., 2018).

It has been found that the various symptoms associated with PTSD, specifically reference deficits in interpersonal functioning between military couples (Fischer-Urmei, 2019; Knobloch-Fedders et al., 2017). A multitude of military couples reported problem behaviors related to persistent and distorted blame, an inability to feel love, higher levels of physical and mental aggression, domestic violence, and increased rates of divorce (Alvarado, 2020; Knobloch-Fedders et al., 2017). Among these problems, PTSD symptoms related to avoidance and emotional numbing have the most adverse impact on relationship functioning, resulting in reduced disclosure and intimacy (Allen et al., 2018). Hyperarousal symptoms were associated less with poor relationship functioning; instead, it closely correlated with problems related to relationship anger and aggression (Allen et al., 2018). Donoho et al. (2018) found a correlation between several vulnerabilities experienced by enlisted spouses (e.g., lower education levels, having four children or more, unemployment) and the increased risk of having a major depressive disorder (MDD) when the service member was diagnosed with PTSD.

Buchholz et al. (2017) examined the correlations between intimate partner aggression and PTSD among substance-abusing (e.g., heavy drinking, marijuana, cocaine) veterans following their transition (separation) from active duty military service. The research found that substance-abusing veterans with PTSD were at an increased risk of having reported **non-partner** physical aggression and injury over the past year (Buchholz et al., 2017). The association between a veteran diagnosed with comorbid

disorders (e.g., PTSD and substance abuse) and partner violence was inconclusive; prior studies found a link between a veteran experiencing depression and intimate partner violence (Buchholz et al., 2017). Given that veteran PTSD symptom severity and relationship satisfaction were negatively correlated in studies conducted by Donoho et al. (2018) and McGinn et al. (2017), it is essential to understand the impact of comorbid disorders (e.g., PTSD, depression, substance use) on veterans' intimate relationships (Buchholz et al., 2017).

**Psychological Trauma.** Psychological trauma (PT) occurs as a result of the emotional experiencing of extraordinary events that adversely impact an individual's sense of security, resulting in feelings of helplessness and fear (McCarron et al., 2019). Exposure to continuous or on-going events (e.g., crime, war, abuse), the sudden death of a significant person, sexual violence, and serious injury can result in psychological trauma; however, the resulting exposure does not meet the precedence for PTSD (McCarron et al., 2019). It is not the traumatic event itself that causes psychological trauma; it is a result of a person's subjective emotional experience of the event (McCarron et al., 2019).

Psychological trauma in the absence of PTSD can adversely impact a person's mental (e.g., promoting anxiety and depression) well-being as well as their cognitive, behavioral, and physical functioning (Kendall-Tackett, 2019; McCarron et al., 2019). The depressive disorders that arise can also impact social functioning and social cognition that require professional treatments in the clinical setting (McCarron et al., 2019). Similar to PTSD symptomatology, psychological trauma symptoms include denial, aggression, anger, and sleep disruption (Kendall-Tackett, 2019). Additional symptoms include

anxiety and emotional dislocation resulting in social isolation, which compounds the impact of the event (Kendall-Tackett, 2019). Kendall-Tackett (2019) argue that retreating from socializing with others contributes to a missed opportunity for support, and hearing corrective and positive information. The missed occurrence further empowers painful emotions and adverse beliefs (Kendall-Tackett, 2019).

**Traumatic Brain Injury.** Traumatic brain injury (TBI) is a concussive condition characterized by repeated exposure to blasts from improvised explosive devices (IED; Beran & Bhaskar; 2018; McKee & Robinson, 2014). TBI results in altered brain functioning depending on the area of the brain that is impacted (Beran & Bhaskar, 2018). Research has established that military personnel are at an increased risk for TBI due to the high-risk nature of combat roles (Beran & Bhaskar; 2018; Turgoose & Murphy, 2018), and it is the most common brain injury impacting this population (McKee & Robinson, 2014). In 2015, over 260,000 Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF; Afghanistan), or approximately 19% of service members, had a diagnosis of traumatic brain injury (Congressional Research Service, 2015). New figures estimate that approximately 23% of Post-9/11 service members have TBI (Meyer et al., 2019). The continued exposure to detonations by military personnel performing in-theater operations has amplified the condition (Beran & Bhaskar, 2018), making it an ongoing concern (Meyer et al., 2019).

In medical terms, TBI is referred to as encephalopathy, which means brain disease, damage, or malfunction (National Institute of Health: National Institute of Neurobiological Disorders and Stroke [NIH NINDS], 2019). TBI impacts psychological (e.g., anxiety, depression, irritability, impulsivity), cognitive (e.g., impaired memory/

concentration), and behavioral (e.g., fatigue, spasms) functioning (Beran & Bhaskar, 2018; Moriarty, Winter, Short, & True, 2018). The major problem associated with encephalopathy is an altered mental state (NIH NINDS, 2019). Concussive symptoms may include memory loss, subtle personality changes, difficulty concentrating, lethargy, and potential loss of consciousness (Beran & Bhaskar, 2018; McKee & Robinson, 2014; NIH NINDS, 2019). Patients may also experience involuntary twitching of various muscle groups, rhythmic muscle contractions or spasms, rapid eye movement, tremor, and muscle atrophy and weakness (McKee & Robinson, 2014; NIH NINDS, 2019).

***TBI and Comorbid Disorders.*** In the absence of a diagnosis of PTSD in military personnel, various trauma symptoms, and comorbid disorders such as anxiety, depression, and substance abuse may be present (Kendall-Tackett, 2019). Approximately 33% to 68% of active duty (e.g., OEF/OIF) military personnel and veterans have a diagnosis of PTSD, TBI, and chronic pain (McCarron et al., 2019; Moriarty et al., 2018). Comorbid disorders such as PTSD, depression, anxiety, psychological trauma (PT), pain, and polytrauma (e.g., severe burns) often overlap with TBI and the symptomatology is frequently confused, making it difficult to accurately diagnosis (Beran & Bhaskar, 2018; McCarron et al., 2019). Wood (2017) contends that it is vital for practitioners to understand the differences in order to treat each condition appropriately. Veterans experiencing polytraumatic conditions are at an increased risk of adverse social outcomes to include higher unemployment rates, isolation, and functional decline (McCarron et al., 2019).

According to Moriarty et al. (2018), TBI and the resulting co-morbid disorders are considered a “family affair” that impacts the entire structure. Studies evaluating marital

satisfaction in military couples following a TBI diagnosis have found a decrease in healthy relationship functioning (Moriarty et al., 2018; Stevens et al., 2017). Problems associated with the physical, cognitive, and behavioral symptoms of caring for a military member or veteran with TBI often create caregiver stress, marital strain, relationship dissatisfaction, anxiety, depression, and financial concerns (Moriarty et al., 2018; Stevens et al., 2017). Additional impact includes social isolation, decrease quality of life, and fear of declining health (Moriarty et al., 2018). A decline in intimacy between partners and impaired sexual functioning was also correlated with relationship dissatisfaction (Stevens et al., 2017).

Research investigating marital instability leading to separation or divorce has not resulted in consistent findings, making it difficult to ascertain the impact of TBI and associated co-morbid disorders on military couples (Stevens et al., 2017). Moriarty et al. (2018) contend that it is necessary to help caregivers manage the stressors and relationship challenges that ensue to mitigate deterioration of the marriage.

**Military Transition.** Military transition involves the end of the military lifecycle and the exiting of active duty to resume civilian family, community, and employment-related roles (Angel et al., 2018). The U.S. Department of Defense (2014) estimates that approximately 230,000 – 245,000 veterans will transition from the military between the years of 2015 – 2019. Over 1.7 million service members of the 2.6 million who have served in Operations Enduring and Iraqi Freedom (OEF/OIF) have separated (transitioned) from the military to resume life as civilians (Mobbs & Bonanno, 2018). It is anticipated that an additional one million service members will leave the military by 2020 (Mobbs & Bonanno, 2018).



Mobbs and Bonanno (2018) and Pease, Billera, and Gerard (2016) found that combat veterans who served during Operations Enduring and Iraqi Freedom have experienced transition difficulties, with over 50% describing the experience as a “real struggle.” Recent population surveys found that between 44% – 72% of transitioning members experienced high levels of stress, with scant research literature available on the impact (Mobbs & Bonanno, 2018). Identified stressors include problems securing employment, interpersonal difficulties when employed, relational conflicts with family and friends, adaptation difficulties, and legal issues (Mobbs & Bonanno, 2018).

*Leaving a Unique Culture.* During the transition phase of the military lifecycle, veterans and their family members leave an institution that has trained them in specific occupations, skills, behaviors, and institutional/hierarchical values (Borah & Fina, 2017; Kukla, Rattray, & Salyers, 2015; Mobbs & Bonanno, 2018; Pease et al., 2016; Zogas, 2018). Throughout the military (active duty) experience, couples adopt military norms, values, language, and identity that provides structure, mission purpose, and close social bonds (Angel et al., 2018). Military service integrates people into a uniform and cohesive force that responds globally to dangerous and traumatic occurrences that have no civilian counterpart (Angel et al., 2018).

Regardless of the level of esteem afforded by their military experiences, many transitioning service members and their families find it difficult to assimilate back into civilian life (Mobbs & Bonanno, 2018; Pease et al., 2016; Thomas, 2018). From a life-course perspective, transitioning military members experience a level of grief and disruption in the schemes that have shaped their worldview and self-worth (Mobbs & Bonanno, 2018; Pease et al., 2016). The intensity of the grief results in the sense of lost

self-esteem, influence, efficacy, and identity creating instability (Mobbs & Bonanno, 2018; Thomas, 2018). They are leaving an institution that has shaped their professional and personal identity and social support network for a world that is foreign to them (Hacker Hughes, Abdul-Hamid, & Fossey, 2015). Hacker Hughes et al. (2015) found a correlation between a decline in veterans' mental health and the integration challenges they experience following discharge. The difficulties of reestablishing themselves outside of the military environment increased their risk of common behavioral health disorders, alcohol misuse, and PTSD (Hacker Hughes et al., 2015).

Several researchers have explored the unique culture offered by the military and the challenges service members, and their families face when transitioning through separation or retirement (Borah & Fina, 2017; Kukla et al., 2015; Mobbs & Bonanno, 2018; Pease et al., 2016; Thomas, 2018). The dissonance between the military and civilian cultures is among the challenges veterans, and their families have identified as a barrier to a successful transition (Angel et al., 2018; Pease et al., 2016). Many military couples have difficulty relating to their civilian peers since less than 0.5 percent of the population in the U.S. has served in the armed forces (Zogas, 2018). A multitude of military couples who transition are in the minority among their peers and families, leaving them vulnerable and misunderstood by the larger population (Angel et al., 2018; Zogas, 2018).

***Risk Factors/Vulnerabilities Related to Military Transition.*** Research conducted by Thomas (2018) found that the increased levels of stress experienced by military couples during the transition process served as a possible cause for developing veteran mental health disorders. Problems associated with personal well-being (e.g., adjusting to

a civilian identity), unemployment, reintegration into the civilian workforce, and relocation (e.g., where to live) were among the concerns transitioning military couples faced (MacLean et al., 2014; Mobbs & Bonanno, 2018; Pease et al., 2016; Thomas, 2018; Wilson-Smith & Corr, 2019; Zagos, 2018). Concerns related to finances due to a decreased income, education, health care, and post-military adjustment were additional vulnerabilities identified (MacLean et al., 2014; Mobbs & Bonanno, 2018; Pease et al., 2016; Thomas, 2018; Wilson-Smith & Corr, 2019; Zagos, 2018).

MacLean et al. (2014) identified risk factors associated with a decreased rank, medical problems, forced (e.g., involuntary) separation, and mid-career release that were associated with adjustment difficulties following the transition from active military service. Perkins et al. (2019) found many minority veterans struggled with the reintegration into civilian life due to concerns related to vocational attainment, housing, health conditions (e.g., physical and mental), and social/interpersonal matters. Kukla et al. (2015) found that veterans who served in combat had experienced multiple employment and reintegration hurdles related to physical and mental health barriers as opposed to veterans with no combat exposure. The experiences associated with being a combat veteran adversely impacted their self-concept and their perception of positive employment outcomes and assimilating into civilian life during the early phase of leaving the military (Kukla et al. 2015). Angel et al. (2018) assert that inadequate social reintegration is associated with more considerable morbidity and early death due to engagement in high-risk behaviors, social isolation, and inadequate participation in the U.S. Department of Veterans Affairs (U.S. DVA) health services.

Wilson-Smith and Corr (2019) define the transition from active duty as a “status passage or an effect on life course” and not as a problem. Although no standard measurement of successful reintegration to civilian life was identified for a broad range of veterans and their families, a multitude of studies have recognized that the transition process is multi-dimensional (Angel et al., 2018; MacLean et al., 2014; Mobbs & Bonanno, 2018; Wilson-Smith & Corr, 2019). The transition process includes concerns associated with mental stressors, vocational, monetary, medical, and social support, implying the need for an interdisciplinary approach to care among social service providers (MacLean et al., 2014). Many military couples experience a “reverse culture shock” that results in difficulty finding meaning, loss, disappointment, and being disoriented by the lack of structure outside of the military environment, adding to the challenges of successful reintegration and marital stress (Angel et al., 2018; Mobbs & Bonanno, 2018).

**Resilience.** Doody et al. (2019) state that resiliency is a dynamic process in which a person can positively adapt to difficult situations regardless of the stress it evokes. Protective factors associated with resilient adaptation include social support, emotional regulation, locus of control, and family support (Doody et al., 2019). Resiliency provides a positive way people can navigate challenging life experiences while growing emotionally from them (Doody et al., 2019).

Although the experiences military couples face often create hardships, it is essential to note that many are undeniably resilient (Mobbs & Bonanno, 2018). Borah and Fina (2017) found a positive correlation to the unique opportunities afforded by active duty service for personal growth and exposure to residing at worldwide locations.

It is through the unique experiences, training, and adaptation to the military culture that couples navigate the challenges, create strong bonds, and grow over the life course (Borah & Fina, 2017; Mobbs & Bonanno, 2018). The hardships related to frequent relocations push couples outside of their comfort zones, forcing them to integrate into the community, make new acquaintances, bond, and develop effective communication skills (Borah & Fina, 2017). It is essential to note that, while resilient, they are not superhuman, and the need to understand their experiences from their worldview is paramount to providing culturally competent social work practices (Borah & Fina, 2017; Meyer, 2018; Meyer & Wynn, 2018; Mobbs & Bonanno, 2018; Nedegaard & Zwilling, 2017; Strong & Lee, 2017).

**Military Cultural Competence and Social Work Practice.** A burgeoning amount of professional literature has identified the need for practitioners to become military culturally competent to better help the military and veteran communities, as well as their families (Borah & Fina, 2017; Meyer, 2018; Meyer & Wynn, 2018; Nedegaard & Zwilling, 2017; Scholl, 2019; Strong & Lee, 2017; Tam-Seto & English, 2019; Westphal & Convoy, 2015). The lack of military cultural competence in private sector providers has frequently been cited as a reason why military clients discontinue treatment after one visit (Nedegaard & Zwilling, 2017). Civilian practitioners must understand how the military cultural experiences, ethos, and mission requirements influence those who serve to establish rapport and provide meaningful interventions (Borah & Fina, 2017; Nedegaard & Zwilling, 2017; Scholl, 2019; Strong & Lee, 2017; Westphal & Convoy, 2015).

Borah and Fina (2017) assert that the identified themes associated with the military lifestyle provide instruction for social service providers to practice with military couples. A recent study found that 77% of veterans felt that practitioners in the general public did not understand the unique problems they experienced and have lost confidence in their ability to treat them according to their needs (Meyer & Wynn, 2018). This statistic demonstrates the need for practitioners and service providers to improve their understanding of military culture, especially since 66% of veterans receive care away from the U.S. Department of Veteran Affairs system (Meyer & Wynn, 2018).

In response to the growing need to enhance cultural competence among the civilian mental health providers, the Uniformed Services University, Center for Deployment Psychology (USU CDP; 2019), developed an online *Military Cultural Competence Course*. The interactive program educates practitioners on topics to include military culture, chain of command and organizational structure, rank, departments of service, core values, and demographics (USU CDP, 2019). The goal of the course is to help civilian mental health providers understand the military culture to effectively interact with service members, veterans, and their families (USU CDP, 2019).

A review of the significant peer-reviewed literature has created a framework in which to understand the challenges associated with maintaining a marital relationship while serving in the military. Erik Erikson's Stage of Psychosocial Development (e.g., young adult [19 - 40] and middle adult [41 - 65]) provides a conceptual understanding of life stage challenges (Ardelt & Jeste, 2018; Kerpelman & Pittman, 2018a; Schachter & Galliher, 2018; Syed & McLean, 2017), and how the military impacts the formation of a couples' identity and choices during formative years (Mobbs & Bonanno, 2018). The

ethical values (e.g., duty, loyalty, honor, respect, service, courage, and integrity) espoused by the military are geared towards shaping resilience, promoting selflessness in support of others, and building confidence to perform challenging missions (Borah & Fina, 2017; Cole, 2014; Mobbs & Bonanno, 2018).

Throughout the literature review process, identified themes illustrated how the hardships and vulnerabilities experienced overlap and repeat throughout the military lifecycle. The review demonstrated how serving in the military has the potential to alter the life course in the aftermath of war when exposed to traumas (e.g., PTSD, TBI, PT) that leave an indelible imprint on a service members' (and couples') psychological, biological, and sociological well-being (Blow, 2015; Borah & Fina, 2017; Lester et al., 2016). The decision to serve in the wake of hardships, vulnerabilities, and the potential exposure to danger demonstrates the commitment of the armed forces service member and the uniqueness of the military family (Borah & Fina, 2017). The literature review showed the need for social workers to provide culturally competent practice incorporating an understanding of why people volunteer to serve to help couples over the military lifecycle and throughout the transition process (Borah & Fina, 2017; Nedegaard & Zwilling, 2017; Strong & Lee, 2017; Westphal & Convoy, 2015).

The information related to the hardships and vulnerabilities contributing to marital problems impacting military couples is well-documented. The research did not uncover any controversial issues. The literature review provided an excellent venue for understanding the issues facing military couples since the mobilization of forces following the terror attacks on September 11, 2001 (see Chaby, 2014). However, it did not explain the current challenges facing military couples after almost two decades of war and the

drawdown of forces (see US GAO, 2016). A gap in the literature exists explaining the problems facing military couples nearly twenty years post-September 11, 2001. Current shifts remained to be studied in order to identify why an increase in counseling has occurred.

### **Summary**

Section one provided a foundation of the study and a comprehensive review of the academic literature of the hardships and vulnerabilities (e.g., deployments and relocations, post-deployment reintegration, financial upheavals, career transitions/adjustments, combat stress, risk of injury or death, family separations, and mental health concerns) confronting military couples following the most prolonged sustained conflict in U.S. history (see Blow, 2015; Borah & Fina, 2017; Lester et al., 2016; Saltzman et al., 2016). The scope of ongoing military operations has placed extraordinary demands on military couples (Blow, 2015; Borah & Fina, 2017; Lester et al., 2016). Social work practitioners are an important component of professionals assisting the military community, and the demand for services has continued to rise (Fischer-Urmev, 2019; Meyer, 2018; Meyer, Writer & Brim, 2016; Nedegaard & Zwilling, 2017). Limited data is available on how the current hardships are impacting marriages and how the resources offered are adequately targeting concerns (Trail et al., 2017).

After reviewing the academic literature on the vulnerabilities and hardships facing military couples, I used an action research qualitative design to understand if the same or additional problems are contributing to the rise in couples seeking counseling (see Chester, 2017; Stringer, 2014). This methodology enabled participatory research as a forum for individuals to communicate and define their experiences in their terms (see



Chester, 2017; Stringer, 2014). It provided a means by which communities may increase effectiveness and program outcomes through the experiences of participants (see Nasrollahi, 2015; Stringer, 2014). Section two includes the research design, methodology, data analysis, ethical procedures, and summary.

## Section 2: Research Design and Data Collection

Military couples experience various challenges to their marriages, which increases the need for counseling and supportive programming (Alvarado, 2020; Sayers & Rhoades, 2018; Trump et al., 2015). The current study sought to determine the reasons for an increase in military couples seeking counseling, and which hardships and vulnerabilities were contributing to the rise. The increase was tracked over five years, encompassing 2013 – 2018 (Air Force Family Integrated Results Statistical Tracking – [AFFIRST], 2018). The following section outlines the study’s research design, operational definitions, rationale, methodology, data analysis, ethical procedures, and summary.

### **Research Design**

An increase in the number of military couples seeking counseling across the military life cycle has occurred over the past five years (AFFIRST, 2018). This study attempted to answer the following:

***RQ 1.*** What are the reported reasons for an increase in military couples seeking counseling?

***RQ 2.*** Which vulnerabilities are impacting military couples to seek counseling?

An action research qualitative design was used to conduct this study. An action research design provided a systematic approach to inquiry to identify common themes focusing on specified situations and localized solutions (see Nasrollahi, 2015; Stringer, 2014). This approach aimed to assist social workers with creating services according to the communities’ needs and experiences versus the vision of service providers (see Kryger & Edwards, 2018; Palinkas et al., 2015; Stringer, 2014). The methodology

provided for close partnership among the researcher and participants to assess cycles of identifying, planning, action, and evaluating themes (see Nasrollahi, 2015; Stringer, 2014). The method correlated with the goals of the researcher because it allowed for determining the specific needs of this community.

Only social workers (e.g., graduate-level and licensed/unlicensed) serving military couples were identified to participate voluntarily (see Palinkas et al., 2015). Participatory research aligned well with the practice problem because it allowed social workers to communicate and define their experiences in their terms (see Kryger & Edwards, 2018; Palinkas et al., 2015; Stringer, 2014). It provided a means by which this community may increase effectiveness and target program outcomes by understanding localized themes (see Kryger & Edwards, 2018; Palinkas et al., 2015; Stringer, 2014). The identification of the factors, universal themes, and problems experienced may equip social workers with an evidence-based approach to care, improving the professional working environment, and implementing services that foster positive social change. It may also help social workers focus on advocacy efforts and funding support on programs that work.

**Operational definitions** of the key aspects of the doctoral project include action research, constant comparison coding, focus groups, participant reviews, purposive sampling, qualitative study, and thick description.

*Action research:* A systematic approach to inquiry that enables individuals to determine meaningful solutions to problems experienced in life (Stringer, 2014). A research approach that provides a forum to identify answers to localized problems and determine

meaningful solutions through cycles of identifying, planning, and evaluating (Kryger & Edwards, 2018; Nasrollahi, 2015; Stringer, 2014).

*Constant Comparison Coding:* A method of determining patterns of similarity, difference, frequency, sequence, correspondence, and causation in research to outline common themes (Saldaña, 2015).

*Focus Group:* A group of individuals representing a sample size of respondents (e.g., 10 – 12) from the target area under study (Stringer, 2014). For purposes of this study, social workers possessing a Master of Social Work degree (MSW) or Doctor of Social Work (DSW) degree, who were licensed or unlicensed, and providing services to military couples constituted the sample size.

*Participant Reviews:* A manner in which to mitigate research bias or skewing of the findings by having research participants review the data to ensure the information represents their wording (Neal et al., 2014; Olson et al., 2016).

*Purposive sampling:* A non-probability sampling method allowing a researcher to choose participants using their judgment when a limited amount of sources (e.g., professionals) can contribute to the study (Chester, 2017; Kornbluh, 2015; Leeds-Hurwitz, 2015; Palinkas et al., 2015; Stringer, 2014).

*Qualitative study:* A research methodology that focuses on why and how phenomena happen that does not use statistical or mathematical data sets to measure facts (University of Libraries Research Guide, University of Arkansas, 2019).

*Thick Description:* A writing style that allows for an in-depth and detailed explanation of human behaviors and the context in which the behaviors occur (Kornbluh, 2015; Leeds-Hurwitz, 2015).

## **Methodology**

An action research design was selected for this study because it provided a systematic approach to inquiry to identify common themes focusing on the specified situation and localized solutions (see Kryger & Edwards, 2018); Nasrollahi, 2015; Stringer, 2014). The focus groups provided an opportunity to study community dynamics and discuss sensitive problems related to military couples seeking counseling (see Cyr, 2016). The use of an open-ended inquiry allowed volunteers to answer questions in their words and from their professional perspective (see Chester, 2017; Kryger & Edwards, 2018; Palinkas et al., 2015; Stringer, 2014). The methodology provided a venue to identify areas of concern, collect, analyze, and interpret data, and develop meaningful solutions to care (see Nasrollahi, 2015; Stringer, 2014). The information may help social workers understand the trends and problems that have not been identified in the current literature as well as fill gaps.

### **Prospective Data**

Sources of information included the collection of data using social work focus groups. Questions (Appendix C) centering on the research topic were the focus of information gathering. Sessions were recorded using audio devices (see Neal et al., 2014; Olson et al., 2016; Stringer, 2014). Follow up clarification was sought for unclear answers (see Neal et al., 2014; Olson et al., 2016; Stringer, 2014). Social work participants were asked to reexamine the final data to ensure the integrity of the meaning of their responses (see Neal et al., 2014; Olson et al., 2016; Stringer, 2014). Various social workers (e.g., graduate-level; licensed/unlicensed) with a diverse level of

experience providing direct services to military and veteran couples were asked to participate (see Palinkas et al., 2015).

Social networking (Appendix A), electronic mail (Appendix A), and face-to-face contact were used to identify between ten and twelve social workers providing services to military and veteran couples. Social workers were determined using filters and searches by geographical location. Phone calls, electronic mail, and social media networking (Appendix A) were used to communicate with potential participants. An introductory email (Appendix A) was sent to prospective participants explaining the project, followed by a phone call to those that expressed interest or agreed to participate voluntarily. If a social worker could not be reached by electronic mail, phone calls were placed to their office to introduce and discuss the project, and whether they were interested in participating. Once selections were made, informed consent forms (Appendix B) were signed, solidifying their understanding of the project's objectives (see Bryman & Bell, 2007; DeVine, 2019; Kryger & Edwards, 2018). Participants were advised that inclusion in the research project was completely voluntary and that they could withdraw at any time (see Bryman & Bell, 2007; DeVine, 2019; Kryger & Edwards, 2018). Elements of interest included eliciting social work perceptions of the reasons why an increase in military couples seeking counseling has occurred and identifying the current vulnerabilities experienced.

### **Participants**

Social workers, serving military and veteran couples, were identified and asked to participate in the research project (see Palinkas et al., 2015). Recruitment included face-to-face interviews, phone calls, social media marketing, and electronic mailings

(Appendix A). Purposive sampling was used as the sampling strategy (see Chester, 2017; Kornbluh, 2015; Leeds-Hurwitz, 2015; Palinkas et al., 2015; Stringer, 2014). Purposive sampling involved choosing specific people within the population for conducting research (see Chester, 2017; Kornbluh, 2015; Leeds-Hurwitz, 2015; Palinkas et al., 2015; Stringer, 2014). Professionals were graduates of an accredited school of social work (e.g., graduate level) to include licensed and unlicensed providers. Such selections aligned with the practice-focused questions because of their direct contact and experiences with the population under study (see Chester, 2017; Kornbluh, 2015; Leeds-Hurwitz, 2015; Palinkas et al., 2015; Stringer, 2014).

Eighteen social workers were invited to participate in one of two focus groups, and fifteen attended between the two sessions (see Chester, 2017; Kornbluh, 2015; Leeds-Hurwitz, 2015; Palinkas et al., 2015; Stringer, 2014). Two focus groups were held to accommodate schedules and to avoid the saturation of data or the repeating of the same information (see Nasrollahi, 2015; Stringer, 2015). The smaller sample size was appropriate for qualitative research because it sought to uncover diverse opinions, and larger sample sizes risked diminishing returns due to data saturation (see Carlsen & Glenton, 2011).

### **Instrumentation**

The qualitative research process (action research) provided a structured approach for gathering information to explain a phenomenon that was not readily understood (see Chester, 2017; Olson et al., 2016; Stringer, 2014). The researcher conducted two focus group interview sessions (e.g., seven in focus group one and eight in focus group two) with social work practitioners providing counseling services in the military and veteran

environments. The forum utilized a semi-structured interview process and standardized questions (Appendix C) to elicit their experiences related to the reasons for an increase in couples seeking counseling. The researcher moderated the groups. Data were recorded using audio recording and note-taking procedures. Focus groups were conducted in a private forum and location to mitigate confidentiality concerns (see Bryman & Bell, 2007; DeVine, 2019; Kryger & Edwards, 2018). The researcher designed a Letter of Cooperation (Appendix D) granting permission to use a private room in a public facility if required by the Institutional Review Board (IRB).

### **Data Analysis**

Data were collected and recorded from the input provided in the focus groups. The information was transcribed to determine the common and prevailing themes that emerged (see Kryger & Edwards, 2018; Nasrollahi, 2015; Saldaña, 2015; Stringer, 2015). The results were identified, grouped, and coded for analysis/re-analysis using manual procedures and audio transcription (see Kryger & Edwards, 2018; Nasrollahi, 2015; Saldaña, 2015; Stringer, 2015). Social workers, serving military/veteran couples and who participated in the focus group forum, were asked to review the findings to ensure the intent and integrity of feedback (see Neal et al., 2014; Palinkas et al., 2015; Stringer, 2014). All information was safely stored and will be maintained for five-years in compliance with Walden University's guidelines. Information will be disposed of using the most up-to-date electronics protocol and manual shredding procedures.

### **Action Research**

Qualitative research incorporated inductive reasoning to develop an understanding of data based on explanations and analysis (see Kryger & Edwards, 2018; Nasrollahi,



2015; Olson et al., 2016; Stringer, 2015). The goal of the researcher was to identify patterns while adhering to the original intent of the participants' words, which built validity (e.g., trustworthiness) and reliability (e.g., dependability; see NVivo, 2019; Olson et al., 2016; Saldaña, 2015). It is imperative to mitigate bias in observations and research when analyzing results to create rigor, the trustworthiness of the study, and defensible findings (see Olson et al., 2016). Research validity and reliability are essential components of qualitative research to enhance credibility and are achieved through constant comparison, multiple coding, participant reviews, thick description, and auditing (see Leeds-Hurwitz, 2015; Neal, Neal, Van Dyke, & Kornbluh, 2014; Olson et al., 2016; Stringer, 2014).

**Constant Comparison and Multiple Coding.** Constant comparison and multiple coding were incorporated into the data analysis procedures to enhance the rigor of the study and mitigate potential bias (see Neal et al., 2014; Saldaña, 2015; Stringer, 2014). Multiple coding involved the cross-checking of data and interpretation of information (see Olson et al., 2016; Saldaña, 2015). Constant comparison was used to develop concepts from the data by coding and analyzing simultaneously (see Kolb, 2012; Saldaña, 2015). Incorporating constant comparison and multiple coding in this research provided a venue to interpret and compare the findings as they emerged from the data analysis procedures (see Kolb, 2012; SAGE, 2004; Saldaña, 2015). I performed multiple coding and constant comparisons to generate sound research, discovery, and analysis (see Kolb, 2012; Neal et al., 2014; Saldaña, 2015; Stringer, 2014).

**Thick Description.** Thick description refers to an in-depth and detailed explanation of behavior that is sufficient to examine beneath outer appearances by

offering an understanding of deeper patterns and meaningful contexts (Kornbluh, 2015; Leeds-Hurwitz, 2015). Thick description was incorporated to describe the phenomenon in detail, allowing for the transferability of the findings to other populations, people, or situations (see Kornbluh, 2015; Leeds-Hurwitz, 2015).

**Participant Reviews.** Interpretation of the findings was recorded to create an audit for confirmability (e.g., neutrality), thoroughness, and accounting of how the analysis was developed and carried out (see Neal et al., 2014; Stringer, 2014). Several focus group participants were asked to review the data to allow for alternative explanations and increased richness (see Olson et al., 2016). Participants were asked if the study represented their wording to avoid research bias or skewing of the findings (see Neal et al., 2014; Olson et al., 2016; Stringer, 2014). Such actions demonstrated neutrality and created credibility, rigor, and trustworthiness of the research (see Neal et al., 2014; Olson et al., 2016; Stringer, 2014).

### **Ethical Procedures**

Ethical procedures were implemented to protect the safety, dignity, privacy, autonomy, and confidentiality of participants (see Bryman & Bell, 2007; DeVine, 2019; NASW, 2017). The ethical principles identified aligned with the National Association of Social Workers (2017), *Code of Ethics*, to include professional conduct and maintaining the dignity and worth of human beings through positive interactions. Informed consent was a critical component of ensuring ethical procedures and safeguarding participants in the research process (see Bryman & Bell, 2007; DeVine, 2019). Informed consent (Appendix B) involved outlining the possible risks associated with participation,

answering questions satisfactorily, and obtaining written consent acknowledging the acceptance of the terms and conditions (see Bryman & Bell, 2007; DeVine, 2019).

Full consent from all participants electing to volunteer was obtained before the study commenced (see Bryman & Bell, 2007; DeVine, 2019). Informed consent (Appendix B), providing sufficient information and assurances, was given to volunteers, allowing them to determine if they wanted to participate (see Bryman & Bell, 2007; DeVine, 2019). Bryman and Bell (2007), DeVine (2019), and Kryger and Edwards (2018) argue the importance of respondents participating based on informed consent through transparency and providing adequate information to make an informed decision that is free of pressure or coercion. Participants were notified that their inclusion in the study was completely voluntary and that they could withdraw at any time (Appendix B; see Bryman & Bell, 2007; DeVine, 2019).

All paper and audio recordings were locked in a file cabinet at the researcher's office. Electronic files were stored on a password-protected computer that was only accessible to the researcher. The researcher, by oneself, had access to data, audio recordings, and electronic information. Each participant was provided with a code name to maintain confidentiality (Appendix B; see Bryman & Bell, 2007; DeVine, 2019; Kryger & Edwards, 2018). No personally identifiable information or demographics were included to mitigate disclosing a participant's identity (see Bryman & Bell, 2007; DeVine, 2019; Kryger & Edwards, 2018). The researcher discussed the necessity of maintaining confidentiality verbally and in writing (see Bryman & Bell, 2007; DeVine, 2019). Participants' acknowledged and signed the Informed Consent Form (Appendix B), which included a statement of privacy (see Bryman & Bell, 2007; DeVine, 2019).

## Summary

Section two provided a framework for the research design, methodology, data analysis, ethical procedures, and summary. Following the approval from the Walden University Institutional Review Board (11-15-19-0448847), section three commenced the proposed research through the recruitment of participants, data collection, and analysis of the findings.

The purpose of this action research project was to gain an understanding of the reasons why an increase in military couples seeking counseling has occurred. The use of an action research methodology allowed for understanding the unique and diverse needs of active duty military and veteran couples (see Cyr, 2016; Stringer, 2014). Data was collected using a focus group forum of social work professionals (e.g., graduate level – licensed/unlicensed) that were experienced working in the military structure (see Chester, 2017; Kornbluh, 2015; Leeds-Hurwitz, 2015; Palinkas et al., 2015; Stringer, 2014). Professional ethics, including informed consent (Appendix B), were strictly followed to maintain the integrity of the research findings, confidentiality of participants, and safeguarding of electronic and manual communications (see Bryman & Bell, 2007; DeVine, 2019; Leeds-Hurwitz, 2015; NASW, 2017; Neal et al., 2014; Olson et al., 2016; Palinkas et al., 2015; Stringer, 2014). Outcomes were analyzed using constant comparison, multiple coding, participant reviews, auditing, and thick description (see Leeds-Hurwitz, 2015; Neal et al., 2014; Olson et al., 2016; Stringer, 2014).

Section three focuses on the methodology, recruitment of participants, data collection, and analysis of the findings. It details the results of the social work focus groups related to the reasons for an increase in military couples seeking counseling. The

information obtained also provided a unique insight into the changing demographics of military couples and the hardships faced.

### Section 3: Presentation of the Findings

The purpose of this qualitative study was to identify the reasons why an increase in the number of military couples seeking counseling has occurred and the reported reasons for the rise. The research questions were the following:

***RQ 1.*** What are the reported reasons for an increase in military couples seeking counseling?

***RQ 2.*** Which vulnerabilities are impacting military couples to seek counseling?

Information obtained from the Air Force Family Integrated Results Statistical Tracking (AFFIRST, 2018) system showed that the number of military couples seeking counseling doubled between 2013 and 2018. The reasons for the increase were unclear. This study sought to identify the reported reasons for the increase in military couples seeking counseling using an action research, focus group design (see Neal et al., 2014; Olson et al., 2016; Saldaña, 2015; Stringer, 2014).

After completing Walden University's Institutional Review Board (IRB) evaluation, I received approval (11-15-19-0448847) on November 15, 2019, to begin the research process. Two focus group sessions were held with social work (e.g., graduate-level, licensed/unlicensed) professionals providing direct services to military couples (see Chester, 2017; Kornbluh, 2015; Leeds-Hurwitz, 2015; Palinkas et al., 2015; Stringer, 2014). Services included individual counseling, psychoeducational programming, mental health therapy, domestic violence support, primary prevention information and referral, mediation, and intervention initiatives (see Palinkas et al., 2015).

The information discussed during the focus group sessions was transcribed into a written format, coded, and analyzed using constant comparison and thick description

methodologies to draw conclusions (see Kornbluh, 2015; Neal et al., 2014; Olson et al., 2016; Saldaña, 2015; Stringer, 2014). Member checking and participant reviews of the data was also incorporated to mitigate bias and ensure the accuracy of the information as articulated by the focus group participants (see Amankwaa, 2016; Neal et al., 2014; Olson et al., 2016; Stringer, 2014).

Section 3 includes a discussion of the recruitment of social work participants, professional demographics of participating members, data analysis techniques, validation procedures, limitations, and findings. A thorough analysis of the data is reported using thick description as well as descriptive statistics (see Kornbluh, 2015; Leeds-Hurwitz, 2015).

### **Data Analysis Techniques**

Following approval by the Walden University Institutional Review Board (11-15-19-0448847) on November 15, 2019, I began the recruitment process using purposive sampling of social workers providing services to the military community (see Chester, 2017; Kornbluh, 2015; Leeds-Hurwitz, 2015; Palinkas et al., 2015; Stringer, 2014). Potential participants with experience working with military couples were recruited over two-weeks using electronic mail (Appendix A), phone calls (Appendix A), and networking. Eighteen social workers expressed interest in participating in one of two focus groups, and fifteen agreed to attend (see Chester, 2017; Kornbluh, 2015; Leeds-Hurwitz, 2015; Palinkas et al., 2015; Stringer, 2014). Data were collected over a two-week timeframe.

### **Demographics**

Focus group one consisted of one black male social worker, five Caucasian

female social workers, and one Hispanic female social worker (see Table 1). Focus group two consisted of one black male social worker, four Caucasian female social workers, and three Hispanic female social workers. Thirteen participants held a Master of Social Work (MSW) degree, one held both MSW and Licensed Professional Counselor (LPC) degrees, and one held a Doctor of Social Work degree. Four participants were Licensed Master Social Workers (LMSW), three were Licensed Clinical Social Workers (LCSW), and eight were not licensed (see Palinkas et al., 2015). One LCSW held a *Military Service Members, Veterans & Their Families – Clinical Social Worker* (MVF-CSW) certification (see NASW, 2020).

All of the participating social workers were affiliated with the military, at one time in their life demonstrating a strong understanding of military cultural competence (see Borah & Fina, 2017; Nedegaard & Zwilling, 2017; Palinkas et al., 2015; Scholl, 2019; Strong & Lee, 2017; Westphal & Convoy, 2015). This affiliation included one or more of the following: they served on active duty, were a military spouse or dependent child, or resided in a military community (see Palinkas et al., 2015; Scholl, 2019). The group represented over four decades of military service, spanning conflicts that included: the Post-Vietnam Era, Cold War, Operations Desert Shield/Desert Storm, War on Terror, Post 9/11 – Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), and current present-day operations (see Borah & Fina, 2017; Nedegaard & Zwilling, 2017; Palinkas et al., 2015; Scholl, 2019; Strong & Lee, 2017; Westphal & Convoy, 2015). Some were actively engaged in war, deployed in support of military operations, or maintained the home front while duty called (see Palinkas et al., 2015; Scholl, 2019). Each possessed an outstanding level of military cultural competence (e.g., understanding



of the military environment), a professional practice essential to effectively engaging military couples (see Borah & Fina, 2017; Nedegaard & Zwilling, 2017; Palinkas et al., 2015; Scholl, 2019; Strong & Lee, 2017; Westphal & Convoy, 2015).

**Focus Groups:** Two focus group sessions were held to mitigate scheduling concerns (see Neal et al., 2014; Olson et al., 2016; Stringer, 2014). Focus group one was scheduled for Saturday, November 30, 2019, and Focus group two was held on Saturday, December 7, 2019. Each focus group began at 9 AM Mountain Standard Time (MST) and ended at noon MST. Data were collected over two-weeks. Upon arrival, each member was assigned a number as a pseudonym to mitigate the unintentional disclosure of a participant (see Bryman & Bell, 2007; DeVine, 2019; Kryger & Edwards, 2018). Focus group one consisted of participants with numbers one through seven, and focus group two consisted of members with numbers eight through fifteen (see Bryman & Bell, 2007; DeVine, 2019; Kryger & Edwards, 2018).

All participants read and signed the Informed Consent Form (Appendix B) before each focus group commenced (see Bryman & Bell, 2007; DeVine, 2019; Kryger & Edwards, 2018). I reiterated the importance of maintaining confidentiality by reading the confidentiality statement on the Informed Consent Form (Appendix B; see Bryman & Bell, 2007; DeVine, 2019; Kryger & Edwards, 2018). I reviewed the *Nature of the Study* with participants as written on the Informed Consent Form (Appendix B), to clarify the objective of the focus group sessions (see Bryman & Bell, 2007; DeVine, 2019; Kryger & Edwards, 2018; Neal et al., 2014; Olson et al., 2016; Stringer, 2014). The *Nature of the Study* statement read as followed: The purpose of the research study is to explore the reasons for the increased number of military couples seeking counseling.

I used a semi-structured interview approach and asked the same open-ended questions (Appendix C) in each group in the same order (see Neal et al., 2014; Olson et al., 2016; Stringer, 2014). The list of focus group questions (Appendix C) was given to each participant in both focus groups. All questions were asked as written and approved by the Institutional Review Board to mitigate potential bias or influence of the findings (see Amankaa, 2016). Each focus group session lasted for three hours, and data were collected throughout the process. Audio recording and note-taking procedures were used to capture information (see Chester, 2017; Neal et al., 2014; Olson et al., 2016; Stringer, 2014).

### **Validation Procedures**

In order to validate the procedures used in the research process, the following techniques were utilized: data analysis (e.g., manual transcription), reflexive journaling, constant comparison, thematic analysis, member checking, and thick description (see Amankwaa, 2016; Chester, 2017; Kolb, 2012; Kornbluh, 2014; Mortari, 2015; Neal et al., 2014; Olson et al., 2016; Stringer, 2014).

**Data Analysis:** Following the completion of the first focus group, I manually transcribed the audio recordings the next day to prepare for data analysis (see Chester, 2017; Neal et al., 2014; Olson et al., 2016; Stringer, 2014). I repeated the same procedure following the completion of the second focus group (see Chester, 2017; Neal et al., 2014; Olson et al., 2016; Stringer, 2014). I reviewed the notes (separately) collected after each focus group to supplement the reproduced material following the audio transcription (see Chester, 2017; Neal et al., 2014; Olson et al., 2016; Stringer, 2014).

**Reflexive Journaling.** Reflexive journaling was used as a method of eliminating

research bias and ensuring the credibility of the findings (see Amankwaa, 2016). I used reflective analysis (e.g., journaling) to document my thoughts and critically examine my perspective as I processed the information collected in the research process (see Amankwaa, 2016; Mortari, 2015; Nicholls, 2019; Stringer, 2014). The use of reflective analysis allowed me to understand social changes and the impact of technology on marital relationships for better or for worse (see Amankwaa, 2016; Mortari, 2015; Nicholls, 2019; Stringer, 2014).

**Constant Comparison.** The transcribed discussions were thoroughly coded and analyzed using constant comparison (see Kolb, 2012; Neal et al., 2014; Olson et al., 2016; Palinkas et al., 2015; Saldaña, 2015; Stringer, 2014). I examined each question according to the responses provided in the focus groups using a large self-stick wall pad. Each question was assigned a page. I conducted the initial coding using small post-it notes. Keywords were individually written on a post-it note and applied to the page under the appropriate question. The initial coding was followed up by focused coding to group information into similar categories (see Neal et al., 2014; Olson et al., 2016; Stringer, 2014). The use of post-it notes made it easy to move and categorize information as I continued the coding process using a constant comparison method (see Kolb, 2012; Kornbluh, 2014; Palinkas et al., 2015).

**Thematic Analysis.** I performed a thematic analysis to help interpret patterns of meaning within the data related to my research question (see Stringer, 2014). The thematic analysis allowed me to develop essential and reoccurring themes, as well as interpret patterns that linked the information to the research questions (see Kolb, 2012; Kornbluh, 2014; Neal et al., 2014; Olson et al., 2016; Palinkas et al., 2015; Stringer,

2014). I identified six broad themes after performing a thematic analysis and constant comparison of the coded data (see Kolb, 2012; Kornbluh, 2014; Neal et al., 2014; Olson et al., 2016; Palinkas et al., 2015; Stringer, 2014). I performed multiple reviews of the six broad themes to identify overlaps and subthemes (see Kolb, 2012; Kornbluh, 2014; Neal et al., 2014; Olson et al., 2016; Palinkas et al., 2015; Stringer, 2014). The review provided a manner in which to refine and succinctly present the data resulting in three themes and two subthemes (see Kolb, 2012; Kornbluh, 2014; Neal et al., 2014; Olson et al., 2016; Palinkas et al., 2015; Stringer, 2014). The findings were drawn from the information presented, including how the themes aligned with and helped answer the research question (see Kolb, 2012; Kornbluh, 2014; Neal et al., 2014; Olson et al., 2016; Palinkas et al., 2015; Stringer, 2014).

**Member Checking.** Selected participants were asked to review the information and validate its accuracy following transcription (see Mortari, 2015; Nicholls, 2019; Stringer, 2014). Due to the operational nature of the installation, only certain participants were available to member check the data. I contacted participants through electronic mail to determine their availability and scheduled accordingly. Member checking the data provided a venue for participants to analyze the findings, comment on data, and affirm that the results reflected their experiences (see Mortari, 2015; Nicholls, 2019; Stringer, 2014). Each participant confirmed the accuracy of the information presented, supporting the credibility of the data and the interpretation of findings (see Mortari, 2015; Nicholls, 2019; Stringer, 2014). Upon completion of the final transcript, the findings were electronically mailed to the same participants as a method of rechecking the accuracy,

clarifying statements, and affirming the results reflected experiences (see Mortari, 2015; Nicholls, 2019; Stringer, 2014).

**Thick Description.** Thick description was used to achieve greater external validity by describing the phenomenon in sufficient detail using in-depth descriptions (see Kornbluh, 2015; Leeds-Hurwitz, 2015). The use of thick description provides a venue for individuals to understand the process of how the data was collected using enough detail, and to evaluate whether the results are transferable to other areas (see Kornbluh, 2015; Leeds-Hurwitz, 2015). Thick description added a record of subjective explanations and meanings provided by the focus group participants, making the collection of data a greater value of study for other professionals (see Kornbluh, 2015; Leeds-Hurwitz, 2015).

### **Limitations**

Minimal problems were encountered by conducting the study. The information was limited to the experiences of social workers providing services to military couples as a means of purposive sampling (see Chester, 2017; Kornbluh, 2015; Leeds-Hurwitz, 2015; Palinkas et al., 2015; Stringer, 2014). In the military environment, professionals holding various credentials provide social services to military members and their families. At this particular installation, in addition to social workers, Military Chaplains, Licensed Professional Counselors (LPC), Licensed Marital Family Therapists (LMFT), and Licensed Mental Health Counselors (LMHC) provide direct prevention, intervention, and counseling services to military couples. Psychiatrists and psychologists seeing patients at the installation through mental health services are also part of the clinical treatment team. Limiting data collection to graduate-level (e.g., licensed/unlicensed)

social work professions did not allow for understanding the experiences of diverse professionals providing services to military couples holding different credentials. The inclusion of various professionals may have broadened the scope of information elicited from their professional experiences.

Although the representation of participants provided a cross-section of diverse social workers providing prevention, intervention, and treatment services, the majority were women (e.g., 13 of 15 participants). The study captured a limited perspective from male social workers of various age-levels, race, and ethnicity. Data analysis was limited to the hardships and vulnerabilities reported by participants at this specific time and to this installation.

### **Findings**

The study sought to examine the reported reasons for an increase in military couples seeking counseling, as well as determine which vulnerabilities were impacting their decision to seek help. Limited descriptors were provided to ensure the confidentiality of participants (see Bryman & Bell, 2007; DeVine, 2019; Kryger & Edwards, 2018). Fifteen social workers participated in two action research focus group sessions to discuss their experiences related to the research questions (see Table 1; Palinkas et al., 2015; Stringer, 2014). Participants 1 through 7 were in the first focus group session, and participants 8 – 15 were in the second focus group forum. Participants were among various age-ranges, ethnicities, and experience levels. Everyone was provided a pseudonym to identify their responses and to ensure the unintentional disclosure of the person (see Bryman & Bell, 2007; DeVine, 2019; Kryger & Edwards, 2018).

This research study included social workers with experience providing prevention, intervention, and treatment services to military couples (see Palinkas et al., 2015; Stringer, 2014). Social work services included: individual counseling, psychoeducational programming, mental health therapy, domestic violence support, primary prevention information and referral, mediation, and intervention initiatives. Participants had to hold a Master of Social Work degree. Most social workers were female, except for two black males (see Table 1). Thirteen participants held a Master of Social Work (MSW) degree, one held both MSW and Licensed Professional Counselor (LPC) degrees, and one held a Doctor of Social Work degree. Four participants were Licensed Master Social Workers (LMSW), three were Licensed Clinical Social Workers (LCSW), and eight were not licensed. One LCSW held a *Military Service Members, Veterans & Their Families – Clinical Social Worker (MVF-CSW)* certification.

### Descriptive Statistics - Table 1

#### *Participant Demographic Characteristics*

Age Range	Race	Education Level	Social Work Licensure	Years of Military Social Work Experience
1 24 – 30	1 White	1 MSW	1 None	3
4 31– 40	1 Hispanic	1 MSW	1 LCSW	10
	3 White	1 MSW	1 LMSW	6
		1 MSW	2 None	2
		1 MSW		4
6 41 – 50	2 Hispanic	2 MSW	2 LMSW	1
				5
	4 White	1 DSW	1 LMSW	5
		3 MSW	3 None	4
			5	
			6	

2	51 – 60	2 White	1 MSW	1 LCSW, MVF-CSW	20
			1 MSW/LPC	1 LCSW/LPC	21
2	61 – 70	2 Black	2 MSW	2 None	25
					25

## Themes

The following information extrapolated from the data identifies the common themes, main points, the frequency of ideas, and the outcomes addressed by focus group participants. Reoccurring themes related to financial upheavals, lack of marital commitment, inadequate communication skills, and infidelity emerged throughout the focus group forums (see Kolb, 2012; Neal et al., 2014; Olson et al., 2016; Palinkas et al., 2015; Saldaña, 2015; Stringer, 2014). The coded answers discussed by the participants were summarized to provide an overview of their professional experiences (see Kolb, 2012; Neal et al., 2014; Olson et al., 2016; Palinkas et al., 2015; Saldaña, 2015; Stringer, 2014). The information offers a random compilation of the participants' inputs. Minor editorial changes were incorporated to ensure academic flow and appropriate grammatical use.

**Theme 1.** Social work participants reported an increase in the number of military couples seeking counseling. Participants in each focus group overwhelmingly agreed that an increase in the number of military couples seeking counseling has occurred over the past five years.

**Theme 2:** Social work participants reported that the increased availability of counseling and supportive services across the installation has had a positive impact on



on military couples to seek counseling.

*Subtheme:* Participants frequently referred to this as an organizational and generational shift and openness to asking for or receiving help.

**Theme 3.** Social work participants reported that there is less stigma in today's military environment to seek counseling outside of using Family Advocacy and Mental Health.

*Subtheme: Specific operational units* (e.g., those whose members' hold Top Secret [TS] Security Clearances, or Top Secret with Sensitive Compartmentalized Information [TS/SCI] Security Clearances) are still apprehensive about seeking counseling due to fear of an adverse impact on their careers.

### **Focus Group Questions: Data Results**

The following provides an outcome summary of every question discussed in the focus group forums.

#### **Question 1: Have you seen an increase in military couples seeking counseling?**

All 15 participants overwhelmingly agreed that there has been an increase in the number of military couples seeking counseling or supportive services. Participant 6 reported that "more units are promoting counseling whereas they did not in the past." Participant 2 added, "there is a generational difference from years past and that cohorts and military leadership are doing a better job of letting people know that services are available." Participant 11 reported, "there has been a definite increase in couples seeking counseling over past generations who have served in the military, demonstrating a social shift from decades ago." Participant 1 stated that "young military spouses are seeking

help to understand the military culture and that older spouses are seeking assistance with navigating the military system.”

Participant 2 reported, “there has been an increase in self-referrals because more programs are available.” Participant 11 stated, “transitioning (retiring) military members are more open to seeking counseling to process their wartime experiences and create a new normal.” Participants 4 and 14 indicated, “there is less stigma related to seeking counseling and that the increase in embedded resources at the unit level has helped change the mindset.” Participant 12 reported that “seeking counseling is not as fear-based as in the past.”

Half reported that men had initiated an increase in couples seeking counseling. Participant 10 stated, “over 70% of appointments are initiated by the male spouse or active duty member.” Participant 13 said, “more men are willing to address issues and seek services.” Participant 12 stated, “between 70 – 80 % of their caseload are men and that they have experienced a ‘significant’ increase in the number of men seeking assistance.” Participant 11 “concurred” with participants 10 and 12, adding that “twenty-two years ago, seeking help was not popular. Males thought they would be judged or that the counselor would take sides. Seeking help is more open today.” Participant 9 stated, “seeking counseling is more normalized in today’s society and attributed it to the millennial mindset.” Participant 12 added, “technology has increased the need for counseling because of the lack of social skills.”

Four participants (1, 3, 7, and 8) noted: “specific operational units are still reluctant to seek counseling because of fear of what it may do to their career.” Participant 3 added, “there is mistrust among military members about seeking on-base counseling

services and that they attend services outside of the military due to fear of career repercussions.” Participant 8 reported, “some military spouses also seek services outside of the military system, so nothing is documented in their medical records.” Participant 1 said, “following deployment, members will not talk during home-base debriefings conducted during reconstitution week because leadership is present. The stigma of talking in front of leadership is still pervasive, leading some to harbor their emotions.” Participant 3 reported, “members in this unit will seek counseling amongst themselves and that only a limited number will seek support services.” Participant 5 added, “many military members fear seeking help from Mental Health or Family Advocacy because of misinformation, stigma, and fear of adverse career actions. The regulatory requirements related to seeking preventative help from these services are not explained or understood well.”

Participants confirmed that an increase in the number of military couples seeking counseling has occurred over the past five years. The availability of additional services and embedded resources have demonstrated a positive impact on the number of couples requesting assistance. Participants noted that an **organizational** and **generational** shift have taken place from prior years that favors seeking help because there is less associated stigma. However, specific operational units remain hesitant because of the potential for adverse career actions.

**Question 2: What are the reported reasons military couples are seeking counseling?**

A variety of reasons were reported why military couples seek counseling and included issues associated with communication, finances, spouse acculturation to the

military environment, post-traumatic stress disorder (PTSD), emotional trauma (ET), and transition (e.g., leaving the military through separation or retirement) difficulties.

Unresolved past trauma (e.g., child physical and emotional abuse) primarily experienced by military spouses was identified as a reason for seeking counseling. Additional factors included: problems with in-laws and friends, special medical needs, lack of emotional maturity, domestic violence, and the inappropriate use of technology and social media for purposes of emotional and physical infidelity and viewing pornography.

Several participants identified hardships related to spouse acculturation to the military environment, financial problems, and transition-related concerns. Participant 9 stated, “many young spouses (e.g., ages 18 – 25) have a difficult time adapting to the local area, the lifestyle of a rural environment, and leaving home (e.g., family, friends, location) for the first time.” Participant 3 added, “many spouses feel isolated and a loss of independence which increases resentment in the marriage.” Participant 13 stated, “spouses get tired of reinventing themselves every time they permanently change duty stations (PCS). Each relocation involves the loss of friends, family, employment, social networks, and community partnerships.” Participant 1 added, “many spouses feel completely and utterly lost and need help acculturating to the military environment.”

Participant 8 stated that “spouses with special medical needs for themselves or a family member have difficulty with the limited amount of resources available in the local area.” Participant 5 concurred and stated, “many found driving two-hours for specialty care stressful on a couple’s relationship.” Participant 5 added, “spouses with special medical needs feel as though they are a burden on the military member’s career because of the ‘mission-first’ mentality.” Participant 8 agreed and added, “the stress of caring for

a child with special needs is challenging while the member is deployed.” Participant 14 stated, “the strain of the military culture and the mission demands are often difficult for spouses to manage.” Participant 8 noted, “the lack of support from the military member and extended family resulted in the spouse feeling neglected.” Participant 2 stated that “some spouses struggle to make connections.” Participant 1 added, “many spouses do not want to ask for help or appear weak under the extenuating stressors, which include lack of family support, single parenting, and emotional/mental breakdowns.”

Unresolved past traumas experienced by military spouses were also identified as a reported reason for military couples seeking counseling. Participants 2, 3, 4, and 5 agreed that “suppressed traumas including emotional, mental, and physical abuse experienced in childhood are often exacerbated by the stressors imposed on a relationship in the military environment.” Participant 4 stated, “the military triggers past trauma because of the constant demands placed on the member and their family.”

An inability to communicate effectively was identified as another factor that has increased the number of military couples to seek counseling. Participant 4 stated, “many couples are emotionally immature and cannot effectively handle emotions (e.g., anger, fear, jealousy, insecurity, stress), let alone communicate them. The inability to effectively communicate leads to a couple remaining stuck in these emotions.” Participant 8 agreed that “miscommunication is common among military couples experiencing domestic violence. Spouses withhold information not to upset the military member experiencing job-related stressors, high operations tempos, and increased workloads.” Participant 13 added, “many are kids when they get married (e.g., ages 18 – 25) and have a fantasy of how marriage will be. Many couples have children early and are not mentally prepared.”

The use of technology was identified as a factor adversely impacting effective communication primarily in young couples between the ages of 18 and 25 years.

Participant 11 stated that “everyone is on devices and they do not know how to communicate face to face. Approximately 50% of the couples I see seek help because of communication.” Participant 4 stated, “many young couples believe they are communicating through the use of technology but are saying nothing at all.”

All participants agreed that the use of technology for viewing pornography and purposes of infidelity has hurt military couples’ relationships. Participant 6 stated that “infidelity transcends all ages and lengths of marriages and includes short-term and long-term affairs.” Participant 5 added, “technology has redefined emotional infidelity, allowing people to have emotional affairs using social media and various websites. Infidelity is no longer sleeping with someone else. Technology has allowed people to be comforted sexually virtually.” Participant 6 added, “infidelity is different now because a person can have a relationship with someone halfway around the world using technology.” Participant 5 stated, “social media provides a virtual venue for a person to login and pay for someone to do whatever they want them to do.” Participant 6 stated, “the person engaging in this behavior is not seeing that they are doing anything wrong.” Participant 3 added, “in many cases, the person involved does not see their behavior as wrong because they are still physically present at home, paying the bills, and taking care of the children.”

Participant 5 expressed, “the use of pornography gives a person the ability not to be emotionally present, adding to emotional infidelity.” Participant 9 stated, “couples are having a difficult time expressing their emotional needs and are using technology to get

those needs met.” Participant 10 felt that “technology creates a certain temptation level that can lead to a marriage/relationship disaster. It helps blur the lines and boundaries of acceptable marital behaviors.” Participant 8 indicated, “they want both worlds – the wife and family and the freedom to engage sexually with others.”

Participant 2 stated, “many older military members transitioning from active duty through retirement were seeking counseling following a referral from their spouses.” Referred to as the “caregiver effect,” spouses are initiating services due to living with behaviors (e.g., PTSD, emotional trauma) related to the military members’ wartime exposures. Participant 12 added that “after more than eighteen years of war, a multitude of transitioning members and veterans begin to process their experiences.” Participant 4 stated, “they seek counseling to achieve a new normal.” Participant 10 added, “they can process emotions at the end of their careers because they no longer exist in survival mode, nor are they afraid of losing their careers.”

Participants identified a multitude of reasons why military couples are seeking counseling. Similar to the findings from in the literature review, military couples continue to seek help with acculturating to the military environment, relocating to a new duty station, spouse unemployment/underemployment, and financial stressors. Military couples transitioning from active duty service are also seeking help to establish a new normal following over eighteen years of active engagement in wartime operations.

Participants cited that the misuse of technology is having a profoundly adverse effect on military couple relationships. The problems (e.g., emotional infidelity, temptation, physical infidelity) transcend all generations across the military lifecycle. However, younger couples between the ages of 18 and 25 are especially experiencing

problems related to decreased communication, emotional immaturity, and the use of technology for sexual gratification.

**Question 3: What hardships or vulnerabilities are you perceiving that impact a military couples' relationship?**

Participants overwhelmingly agreed that spouse isolation, long work hours, increased operation tempos, and deployments are hurting military couple relationships. Participant 5 reported, "many couples are making a conscious choice to remain geographically separated to mitigate the vulnerabilities experienced. Spouses are choosing not to move and remain close to extended family for support during the military member's absence." Participant 6 added, "many spouses do not want to leave their jobs or remove their children from schools." Participant 14 referred to this phenomenon as being a "Geo Bachelor or Geo Bachelorette." Participant 2 concurred and added, "some couples are opting not to get married, so they do not have to adapt to the military culture." Participant 13 added, "financial concerns are often exacerbated because of being geographically separated as a result of the cost of maintaining two households and traveling back and forth."

Several participants voiced concerns over the choices military couples are making. Participant 4 stated, "younger couples lack marital commitment." Participant 14 added, "many couples are not prepared for the outcome or consequences of the choice of living apart. The missing components of marriage (e.g., intimacy, closeness, support) creates vulnerability." Participant 2 stated, "these choices are so independent of each other that I do not know how a couple can make it."

Infidelity and viewing pornography were again identified as vulnerabilities



impacting military couples between the ages of 18 and 35. Participant 8 found “infidelity via the use of technology (e.g., internet) to be a factor on both sides, especially among couples ages 18 through 25. Some were using technology for employment purposes through the establishment of premium web-based accounts.” Participants 5 and 8 referred to the activity “as Cam-Girls.” Such activity has created marital discord between couples; however, some spouses (male) are not totally against it because it makes money.”

The availability and use of technology have also played a significant role with increased rates of infidelity during deployments. Participant 8 discussed “marital problems associated with the military member seeking escorts through on-line communication and meeting ‘these’ people when deployed.” Participant 9 added, “we like to demonize technology; however, technology is neutral. How we use it matters.” Participant 2 described “technology as a double-edged sword – it promotes communication during absences and hardships related to infidelity.”

Another problem experienced by military couples is the excess use of alcohol and other substances. Participant 6 discussed “the adverse impact to fit in or be accepted as ‘one of the boys’ played a significant role in promoting marital discord.” Participant 1 added, “the pressure to fit in promoted lying and deceit. It was not uncommon for the deployed member to say good night on the phone to their spouse and slip out to the bars after the conversation ended.” Participant 8 added, “many spouses are using alcohol and substances to cope with marital problems and feelings of isolation.”

Participants identified spouse isolation, long work hours, increased operation tempos, financial upheavals, and frequent deployments as factors hurting military couple relationships. The findings are consistent with the information cited in the literature

review. Participants identified newer concerns such as voluntary geographical separation, lack of marital commitment, and infidelity related to technology as hardships impacting military couples' relationships today.

**Question 4: What behaviors are reported by military couples when seeking counseling?**

The participants overwhelmingly stated that the excessive use of technology for video gaming, social media, and streaming services (e.g., Netflix, Hulu, ESPN) was a typical behavior reported by military couples when seeking counseling. All agreed that the excessive use of video gaming was primarily reported by young couples (e.g., ages 18 through 25). All seven participants in focus group one agreed that “many showed an addiction to video gaming.” Participant 2 stated, “excessive involvement in video gaming impedes a couple’s communication and increases feelings of frustration for the military spouse.” Participant 4 agreed and added, “excessive gaming frequently left spouses feeling isolated, alone, neglected, and as the only caretaker.” Participant 8 added, “excessive use of video gaming is creating anger and anxiety for spouses.” Participant 11 stated, “the immediate access to technology (e.g., streaming, gaming, sports) is causing too many distractions in a couples’ relationship and taking quality time away from their families.”

The need to “portray a certain character” was also identified as a behavior reported by military couples seeking counseling. Participant 3 stated, “there is a need for some military members to be accepted into the culture which results in them spending more time with friends imbibing alcohol and less time with their families.” Participant 15 referred to this phenomenon as “the Bro-factor, Bro-fairs, or Bromances.” Participant 1

stated, “many want to live the bachelor life while deployed, not realizing the devastation it is causing at home.” Participant 3 added, “this behavior creates a lot of resentment among military spouses. Their partners are out having a good time while their spouses are at home taking care of their families.” Participant 10 stated, “many lacked boundaries to their marital commitment.”

Several participants also reported financial difficulties related to these behaviors. Participant 13 stated, “overspending on alcohol and pornography created unnecessary financial problems.” Participant 10 agreed and added, “the use of pornography led to insecurity within the marriage and unachievable expectations.”

The excessive use of technology is hurting younger military couples’ relationships ages 18 through 25. Excessive involvement in online activities (e.g., streaming services, gaming, social media) has left many spouses feeling isolated, alone, frustrated, and as the only caregiver. Gaining acceptance into the military culture was also cited as a common problem identified by military couples as impacting relationships, which has resulted in financial difficulties concerning overspending on alcohol and pornography.

**Question 5: How many couples are seeking counseling for the first time?**

The majority of participants stated that many couples were seeking counseling for the first time. The consensus was that the stigma of seeking counseling has lowered, prompting couples to reach out for services. Participant 3 stated, “many military couples feel that seeking counseling is okay and that it is helpful to improve their marriages.” Participant 6 added, “military couples are more willing to seek help than in past years due to decreased stigma. Many feel attending counseling will help their relationships.”

**Question 6: What do you perceive as problems that need to be addressed?**

The majority of participants echoed many of the same concerns (e.g., excessive gaming, online streaming, lack of communication, emotional immaturity) outlined throughout the focus group forums. A key element added was that “marriage is viewed as disposal in today’s society, especially among younger couples (e.g., ages 18 – 25).” Participants 4 and 8 stated at different times that “many do not take marriage seriously.” Participant 5 added, “young couples do not listen to the meaning of their marriage vows.” Participant 6 stated, “they see marriage with an escape clause and have the perception that they can always get a divorce. They enter marriage already knowing they can easily get a divorce if it does not work out.”

Participants 5, 6, and 7 discussed problems associated with caring for a spouse with medical needs. Participant 7 found, “some military members are choosing divorce over taking care of a spouse with chronic medical problems due to the adverse impact on their military career.” Participant 6 agreed, adding “many military members cannot handle taking care of a spouse with special medical needs or mental health problems.”

The excessive use of technology was a problem that needed to be addressed. Participant 8 argued that “technology/social media is taking over everything. It has created zombies among couples between the ages of 18 through 25. Everything around them becomes stuck in a trance.” Participant 4 stated, “many young couples do not know how to communicate because of constant texting. They are not physically talking or hearing what is being said in this manner.” Participant 1 felt “it is difficult for couples to live a meaningful marital existence when distractions are all around.”

Problems associated with friendships (e.g., the Bro-factor, Bromances, on-line interests), jealousy, and fitting into the military culture were discerned as issues that

needed to be addressed. Participant 4 distinguished this behavior as “selfishness and not conducive to the marital relationship.” Participant 8 referred to this phenomenon as the “Microwave Generation (e.g., instant gratification) – my needs regardless of consequences.” Participant 12 added, “the ‘me versus us’ mentality is prevalent among young military couples today.”

Creating acceptable boundaries, improving communication, and identifying values were among the problems participants also identified. Participant 7 felt “more respect and homecare support are necessary.” Participant 8 added, “improved quality time is essential for couples to be more in tune with their partner’s needs.” Participant 6 argued that “understanding the military culture and warrior ethos is an essential component of a healthy military couple relationship.” Participant 3 added, “military culture takes a lot of trust, understanding of the mission, and a desire to make sacrifices.” Participants 1 and 7 reiterated, “it is essential to further the message that seeking help is okay.” Participant 3 added, “military members need a better understanding of the Department of Defense duty to warn and confidentiality regulations to minimize the fear surrounding getting help.”

Participants overwhelmingly agreed that young military couples lack a commitment to marriage and see it as disposable. Excessive use of technology by younger military couples is impeding healthy communication and creating distractions that are not conducive to a healthy marital relationship. Creating acceptable boundaries, improving communication, and identifying values are essential behaviors needed to establish respect and a supportive relationship.

**Question 7: What do the couples perceive as issues that need to be addressed?**

When asked what couples perceived as issues that needed to be addressed, participant 5 immediately responded, “the other person.” Participant 11 concurred and offered, “not wanting to own it.” Participant 4 related this behavior to “lack of emotional maturity and marital commitment as well as inadequate life-stage development.” The majority of participants concluded that many couples “do not want to take personal responsibility for their actions that are contributing to marital discord.”

An inability to effectively communicate and commit to the marriage were also cited as perceived issues that needed to be addressed. Participant 10 felt “clients commonly cited communication, exploring the partnership within the marriage, and committing to the commitment.” Creating “effective boundaries and identifying values” was mentioned by participants 2 and 6 as a method of helping couples adapt to the military culture and improve relationships.

Participants see a lack of military couples wanting to take responsibility for their part in the marital discord experienced. Determining the level of commitment to the marriage, improving communication, creating effective boundaries, and identifying values were also cited as issues that needed to be addressed.

The purpose of this qualitative study was to identify the reported reasons for an increase in military couples seeking counseling, as well as determine which vulnerabilities were impacting their decision to seek help. The overall findings answered the research question concerning the increased number of military couples seeking counseling and the reported reasons why. Participants overwhelmingly agreed that an

increase in the number of military couples seeking counseling has occurred due to the increased availability of various **prevention** and **treatment** services offered. Another reason identified by the focus group participants for the increase in military couples seeking counseling was that a generational and organizational shift have occurred that has resulted in more favorable attitudes toward seeking help. However, **specific operational units** (e.g., those whose members' hold Top Secret [TS] Security Clearances, or Top Secret with Sensitive Compartmentalized Information [TS/SCI] Security Clearances) continue to seek services outside of the military environment due to the fear of adverse career outcomes.

The reasons for military couples to seek counseling have been influenced by the identified hardships and vulnerabilities experienced throughout the military lifecycle. Similar to the research cited in the literature review, some military couples continue to seek counseling due to problems associated with post-traumatic stress disorder, traumatic brain injury, emotional trauma, and transition from active-duty military service. Frequent deployments, long work hours, spouse unemployment/underemployment, financial upheavals, and relocations were additional reasons cited why military couples seek counseling. The research identified other hardships such as the overuse/misuse of technology, ineffective communication, voluntary geographical separation, emotional immaturity, and the lack of marital commitment as reasons military couples are seeking counseling. An inability to acculturate to the military environment, unresolved past trauma, problems with friends, infidelity, and excessive gaming were additional reasons cited as hardships facing military couples who seek counseling. The findings exhibit that Erikson's stage of emerging adulthood may no longer begin at age 18 (Kerpelman &

Pittman, 2018; Kerpelman & Pittman, 2018a) and that it may have shifted to a later period (e.g., age 26 +) in today's society.

Table 2 uses descriptive statistics to visualize the hardships and vulnerabilities identified by the focus group participants that are impacting military couples by age. Of the nineteen hardships and vulnerabilities identified, military couples between the ages of 18 – 25 are experiencing significantly more problems (e.g., 17 of 19 items) than couples ages 26 – 40 (e.g., 12 of 19 items). The information demonstrates a shift away from the issues related to active engagement in war, as outlined in the literature review, to problems associated with limited life skills related to young adulthood.

Table 2 - *Hardships/Vulnerabilities by Age Range*

<b>Hardship/Vulnerability</b>	<b>Age Range 18 – 25</b>	<b>Age Range 26 – 40</b>	<b>Ages 18 – 40 (Both)</b>
Communication	X		
Financial Problems	X		
Emotional Trauma - War		X	
Gaming	X		
Geographical Separation	X	X	X
Infidelity	X	X	X
Job Stress (deployment/ increased work hours)	X	X	X
Lack of Emotional Maturity	X		
Lack of Marital Commitment	X		
PTSD/TBI		X	
Pornography	X	X	X
Problems with Friends	X	X	X
Special Medical Needs	X	X	X
Social Media	X	X	X
Spouse Acculturation to the Military	X		
Spouse Unemployment/ Underemployment	X	X	X



Technology	X	X	X
Transition		X	
Unresolved Past Trauma	X		

### **Unexpected Findings**

The current study addresses the reasons for an increase in the number of military couples seeking counseling and the reported reasons why. One unexpected finding was the increase in males requesting various levels of counseling and social services. It was unexpected to hear the frequency and number of focus group participants experiencing increased requests from male active-duty members and male spouses. Participants acknowledged that male military members have historically reframed from seeking counseling due to fear of career repercussions or judgment. It was unexpected to hear that a shift has taken place within the military culture at this installation, demonstrating a willingness from males to seek help.

Another unexpected finding was the changes in the reasons military couples are seeking counseling. The research paralleled many of the findings from the literature review associated with the hardships and vulnerabilities military couples experienced and sought counseling to address. More recently, the hardships and vulnerabilities have changed significantly, demonstrating a sharp contrast between age ranges, which was unexpected. The findings illustrate a changing cultural environment within the military structure, moving away from couples seeking help processing war-time experiences to understanding the dynamics of the younger generation (see Table 2).

### **Summary**

The overall findings answered the research question concerning the reasons for an

increasing number of military couples seeking counseling and the reported reasons why. Focus group participants acknowledged that the additional availability of various **prevention** and **treatment** services is one reason for the increase in military couples seeking counseling. Focus group participants agreed that an organizational and generational shift have occurred that has resulted in more favorable attitudes toward seeking counseling as opposed to military couples of earlier years as another reason for the increase. However, **specific operational units** (e.g., those whose members' hold Top Secret [TS] Security Clearances, or Top Secret with Sensitive Compartmentalized Information [TS/SCI] Security Clearances) continue to seek services outside of the military environment due to the fear of adverse career outcomes.

The decision for military couples to seek counseling continues to be influenced by the identified hardships and vulnerabilities experienced throughout the military lifecycle. Like the research cited in the literature review, some military couples continue to struggle with frequent deployments, long work hours, spouse unemployment/underemployment, financial upheavals, and relocations. The research identified additional hardships such as the overuse of technology, ineffective communication, voluntary geographical separation, and lack of marital commitment as problems facing younger military couples. An inability to acculturate to the military lifecycle was another vulnerability identified by participants as a reason younger military couples are seeking counseling.

The research evaluated the reported reasons for an increase in military couples seeking counseling. The increased availability of social work programs (e.g., prevention and treatment initiatives) and services on the installation and the changing perceptions of military couples and leadership were identified as the primary reasons for the increase. The

research also found that military couples continue to seek counseling for many of the same vulnerabilities identified in the literature review, as well as outlined newer concerns impacting marriages. Section 4 will apply the research findings to professional social work practice and discuss implications for social change.

#### Section 4: Application to Professional Practice and Implications for Social Change

The purpose of this qualitative research study was to identify the reasons why an increase in the number of military couples seeking counseling has occurred. The research also sought to determine which hardships and vulnerabilities were contributing to the rise. Information obtained from the Air Force Family Integrated Results Statistical Tracking (AFFIRST, 2018) system showed the number of military couples seeking counseling doubled between 2013 and 2018.

A qualitative action research methodology was used, consisting of two focus group sessions with fifteen social workers (see Chester, 2017; Kornbluh, 2015; Leeds-Hurwitz, 2015; Palinkas et al., 2015; Stringer, 2014). Data were collected over two-weeks. Participants reported that an increase in the number of military couples seeking counseling has occurred. The reasons for the increase include the expanded availability of **prevention** and **treatment** services offered at this installation, as well as changing attitudes (e.g., organizational and generational) that favor seeking help. Although participants have seen a favorable shift toward obtaining counseling, loss of military career continues to be a mitigating factor for some operational units not to seek assistance.

The findings inform social work practice about the reasons why military couples are seeking counseling which may help practitioners develop interventions, as well as recognize barriers (e.g., career concerns) that prohibit use. The findings impart knowledge to assist social workers with discerning the changing hardships and vulnerabilities impacting military couples following active engagement in the longest sustained conflict in American history and the drawdown of forces (see Blow, 2015;

Borah & Fina, 2017; Lester et al., 2016; Saltzman et al., 2016; U.S. GAO, 2016). The results provide updated information about the current problems impacting military couples' relationships. This contribution to the research literature may enhance social work practices on military installations through the identification of prevailing themes and trends to implement targeted programs to address needs. Section 4 provides recommendations and solutions for the application of social work practice in the military environment. Section 4 also outlines the implications for social change in support of military couples to improve preparedness (e.g., readiness, mission focus, war-fighting capability), acculturation, and enhanced resiliency.

#### **Application for Professional Ethics in Social Work Practice**

All the participating social workers contributing to this research were military-affiliated, meaning they served on active duty, were a military spouse, raised in a military environment (e.g., dependent child) or community, or all the above. The two focus group sessions represented over four decades of military service, spanning conflicts that included: the Post-Vietnam Era, the Cold War, Operations Desert Shield/Desert Storm, Post 9/11, the War on Terror, Operation Enduring Freedom, Operation Iraqi Freedom, and present-day operations. Some were actively engaged in war, deployed in support of military operations, or maintained the home front while duty called. Each possessed an outstanding level of military cultural competence, a professional practice essential to effectively interacting with and engaging military couples (see Borah & Fina, 2017; NASW, 2017; Nedegaard & Zwilling, 2017; Scholl, 2019; Strong & Lee, 2017; Westphal & Convoy, 2015).

Developing a level of cultural competence and professional expertise to demonstrate proficiency in the provision of service within the military environment are ethical principles associated with this research (see NASW, 2008). Providing services in the military setting can be challenging if social workers are not aware of or understand the cultural dynamics, beliefs, and objectives of an active duty commitment (Scholl, 2019). The military ethos espouses a strong commitment to putting the mission first, tireless devotion to service, and unparalleled support of comrades (United States Army, 2019). Military members and their families indoctrinate into the values of serving their country and defending Constitutional freedoms (United States Army, 2019).

Understanding the characteristics, distinguishing attitudes, habits, institutional reinforcement, and critical bonds related to the military ethos incorporates effective practice within this unique culture (see Borah & Fina, 2017; NASW, 2017; Nedegaard & Zwilling, 2017; Scholl, 2019; Strong & Lee, 2017; Westphal & Convoy, 2015). The conception of the characteristics of military service also provides social work practitioners with an indelible insight to help individuals acculturate to an environment that espouses a “mission first ideology that embodies the spirit that binds the military profession as one” (Borah & Fina, 2017; United States Army, 2019).

The current study addresses the changing hardships and vulnerabilities impacting military couples, another ethical guideline of professional social work practice (see NASW, 2017). By identifying current trends impacting military couples' relationships, this study helps contribute to the knowledge base of the social work profession (see NASW, 2017). The findings support the requisite for social workers to continually identify adverse trends impacting military couples and implement strategies to address

changing demographics adequately (see NASW, 2017). This contribution to academic literature may assist social workers with implementing effective programs to support military couples, which, in turn, strengthens military preparedness (e.g., readiness, mission focus, war-fighting capability, acculturation). It also provides evidence that supports the implementation of additional social work services (prevention and treatment initiatives) at this particular installation has had a favorable outcome. As such, I will continue to advocate to maintain the prevention and treatment resources provided, as well as advocate for **additional personnel** to improve **intervention services**.

### **Recommendations for Social Work Practice**

Providing social work services in the military community encompasses each level of micro, meso, and macro practice (see NASW, 2017; Roberts, 2019). At the macro-level, social workers implement congressionally mandated public laws and Federal regulatory requirements regarding programs to support military members and their families (see AFPC, 2019; Department of the Air Force [DAF], 2019). Social workers at the installation level (e.g., micro) are frequently asked to provide feedback to senior-level military leadership and the Department of Defense government representatives (e.g., meso) for Congressional policy (e.g., macro) and funding reviews (AFPC, 2019; DAF, 2019). At the direct-service level (e.g., micro), social workers help military couples adapt to the various hardships and vulnerabilities experienced throughout the military lifecycle.

The military structure shapes the micro-level relationship between public policy formulators (e.g., meso/macro) and direct-service providers (e.g., micro) through the processes of implementing and evaluating programs and advocating on behalf of regulatory and policy changes (see DAF, 2019; NASW, 2017; Roberts, 2019). Social

workers typically work at each level (e.g., micro, meso, macro) of practice within the military structure, an important principle advocated by the National Association of Social Workers, *Code of Ethics* (2017). Providing social work services in the military environment frequently requires advanced knowledge and skills as opposed to providing services in the civilian sector (Wooten, 2015). In alignment with the NASW *Code of Ethics*, (2017) it is recommended that social workers develop strong macro-level policy skills, as well as their knowledge of the military (e.g., meso) to establish professional relationships (e.g., micro) with those they serve (Roberts, 2019; Scholl, 2019).

The findings provided evidence that substantiates the changing dynamics of the installation, as well as illustrate how the implementation of **increased prevention and treatment** services have positively impacted military couples to seek assistance (see Chaby, 2014; DoD, 2014). Additional measures are needed to strengthen the continuum of social work care at this particular installation. The findings demonstrate the need to incorporate other staff, focusing on **intervention services** as a means of helping military members and their spouses acculturate to the military environment and build resilience. The results will be used to recommend macro-level policy changes to fund additional resources that encompasses strengthening each level (e.g., prevention, intervention, and treatment) of care.

The research-validated the generational shift currently experienced at the installation. The findings demonstrated the importance of providing social services encompassing prevention, intervention, and treatment methodologies. Each level supports an interdisciplinary approach to care. The findings also confirm the need to implement services within the policies formulated by the Department of Defense, as well as to



include localized demographic needs. As a social work practitioner at this installation, I will continue to work from an interdisciplinary approach that incorporates the changing needs of military couples to build their capacity to support global operations and healthy acculturation (see AFPC, 2019; DAF, 2019).

The transferability of this study is limited because of the specific nature of the operational mission performed at this location. Each component of the Department of Defense (e.g., Army, Navy, Air Force, Marine Corps, Coast Guard), command, and military installation are unique. The hardships and vulnerabilities experienced at other installations or within the different branches may differ significantly because of their demographics and needs. Social services provided at other installations may vary based on location (e.g., OCONUS/ CONUS), demographics, mission requirements, and size. It is incumbent on social work providers to identify and understand the unique needs of each community to implement programs that address specific concerns within the regulatory guidelines outlined by the Department of Defense.

The findings created a useful strategy to understand the changing dynamics of today's military couples. The results demonstrated the demographic shift currently experienced in the military culture related to emerging adulthood. While military couples continue to undergo continuous hardships and vulnerabilities (e.g., frequent moves, spouse underemployment/ unemployment, deployment, PTSD/TBI) related to active-duty service, the study identified a shift in the concerns related to age group. Younger military couples are grappling with a decrease in marital commitment, an inability to effectively communicate, and exposure to technological (e.g., gaming, internet, streaming services) changes that are adversely impacting their relationships. The results provide useful

information to equip the field of social work with the knowledge to help address these concerns to improve military couples' acculturation and preparedness to support mission requirements. The data also supports advocacy efforts to strengthen existing prevention and treatment programs as well as fill intervention gaps in service delivery.

A limitation of this study is it only included social workers providing services to the military population. While social workers play an essential role in the implementation of services at this installation, they work as part of a multi-disciplinary team of mental health and social service professionals. The results do not reflect the experiences of other professionals, including Military Chaplains, Licensed Professional Counselors (LPC), Licensed Mental Health Counselors (LMHC), psychologists, and psychiatrists. Additionally, installation commanders, senior leaders, and First Sergeants play a crucial role in executing warfighting capabilities. The inclusion of each professional may have provided an enhanced understanding of how the current hardships impacting military couples are affecting mission readiness and warfighting capabilities. It is necessary to include their voice to mitigate the concerns facing military couples that impede military preparedness and acculturation.

Recommendations for further research that are grounded in the strengths and limitations of this study include determining the impact of generational shifts on military preparedness (e.g., readiness, acculturation). The study illustrates the challenges military couples are experiencing, which has the potential to impact military readiness adversely. Throughout the focus group sessions, participants noted that some military spouses today are not "buying into" the "patriotic mantra" of the past. I recommend further exploration

to understand the lack of military acculturation to mitigate future problems and the appropriate implementation of policy reforms, or both.

The information found from this research study will be shared with the participants of the focus groups following acceptance and publication by Walden University. An abbreviated version of the findings will be electronically mailed to the focus group participants. I will also forward the link to the published study to each participant if they choose to read it in its entirety. I will conduct multidisciplinary training with installation professionals outlining the knowledge gained from this research as part of an interdisciplinary approach to understanding the changing demographics and specific needs of military couples. The knowledge provides a basis to implement programs that target the needs of this community versus implementing programs based on the beliefs of individual social service providers (see Kryger & Edwards, 2018; Stringer, 2014).

### **Implications for Social Change**

It is incumbent on social workers providing services in the military environment to focus on mission readiness and understanding warfighting capabilities (AFPC, 2019; DAF, 2019; Fischer-Urmei, 2019). Unlike delivering services outside of the military structure, a social workers' priority is to the Department of Defense and the mission objectives of the installation they serve. Enhancing the acculturation of military couples through effective services promotes healthy integration and resilience to adapt to the vulnerabilities and hardships experienced (AFPC, 2019; DAF, 2019; Fischer-Urmei, 2019). The core mission of a military social worker is to assist service members in achieving mission readiness and their professional responsibilities while sustaining healthy personal lives (DAF, 2019; Fischer-Urmei, 2019). It is also to support service

members and their families as they transition to civilian life by processing the emotional impact of their military experiences (AFPC, 2019; DAF; 2019; Fischer-Urmev, 2019).

At this installation, each person contributes to the mission, regardless of rank or whether they are serving on active duty, as a federal civilian, or as a government contractor (USSOCOM, 2006). Each person is recognized as an integral part of the team supporting military preparedness and operational readiness (USSOCOM, 2006). As such, social workers and other mental health professionals practicing in this environment help enhance military acculturation, mission preparedness (e.g., readiness, war fighting capability), and positive social change that protects Constitutional liberties (DAF, 2019; USSOCOM, 2006). Social work practitioners play a vital role in the military community through the services they provide, and the demand for assistance has continued to rise (Meyer, 2018; Meyer, Writer & Brim, 2016; Nedegaard & Zwillig, 2017). Within the military environment, social workers practice at each level (e.g., micro, meso, macro) of care, and their service is essential to enhancing mission readiness. Social workers implement macro-level public policy and evaluate program outcomes to foster social change and support those who sacrifice to uphold Constitutional liberties (DAF; 2019; USSOCOM, 2006). Their feedback is critical to promoting initiatives that work, as well as advocate for policies that support localized solutions (see DAF; 2019; Kryger & Edwards, 2018; Stringer, 2014). They are an integral part of a multidisciplinary approach of providers assisting those who serve. The findings of this research may help professionals understand the changing social dynamics of military couples, as well as implement and advocate for evidence-based approaches to care in support of mission preparedness (e.g., readiness).

## Summary

The results of this study were obtained from a population of approximately 5000 active-duty members (AFPC, 2019a). The scope of continued global operations over the past two decades has placed extraordinary demands on military members and their families (Blow, 2015; Borah & Fina, 2017; Lester et al., 2016; Saltzman et al., 2016). Relationship discord adversely impacts mission readiness leading to work role impairment and lack of mission focus (Cigrang et al., 2016). Alvarado (2020) and Cigrang et al. (2016) argue that there is a substantial need in the military to identify, detect, and understand the nature of these problems before severe and irreversible relationship damage occurs that negatively impacts military preparedness (e.g., readiness, mission focus, war-fighting capabilities). Understanding how war, wartime deployments, and the various hardships and vulnerabilities are affecting military couple relationships is critical to maintaining a prepared force (Saltzman et al., 2016).

The purpose of this research was to determine the reported reasons for an increase in military couples seeking counseling and ascertain the vulnerabilities impacting their decision to request assistance. The findings identified that an increase in military couples seeking counseling has occurred due to the increased availability of services at this installation and a changing generational and organizational mindset that favors seeking help. The results also showed that specific operational units are still reluctant to use supportive services offered on the installation due to the fear of adverse career outcomes.

The data demonstrates that military couples continue to experience hardships and vulnerabilities related to active duty service. Hardships include frequent moves, spouse

underemployment/unemployment, deployment, financial upheavals, PTSD/TBI, and transition-related stressors. The data also identified additional hardships and vulnerabilities related to age (e.g., young adulthood, ages 18 - 25), which include lack of effective communication, spouses acculturation, emotional maturity, and the inappropriate use of technology for purposes of infidelity, viewing pornography, and excessive gaming. The findings contribute a small portion to the existing literature that primarily focused on the hardships and vulnerabilities experienced by military couples throughout active engagement in war since September 11, 2001 (see Blow, 2015; Borah & Fina, 2017; Lester et al., 2016; Saltzman et al., 2016). Overall, the research provides knowledge to assist social work professionals with implementing programs that focus on the changing needs of military couples following the drawdown of forces engaged in operations in Iraq and Afghanistan (U.S. GAO, 2016). The results from this research study suggest the necessity to continue prevention, intervention, and treatment services in the military to address the changing demographics and the subsequent needs of today's military couples.

Although the findings demonstrate a positive generational and organizational shift toward military couples to seek counseling and are encouraging, they are not generalizable to all branches of service. Military couples face similar demographics throughout the various branches of service, and additional research is needed to generalize the findings throughout the Department of Defense. Some couples struggle with acculturation to the military environment because of the hardships and vulnerabilities associated with the demands, mission, and sacrifices encountered. The demands related to military service are not likely to change in the foreseeable future due

to continued global unrest (Scholl, 2019). Social workers play a crucial role in helping military couples navigate the hardships and vulnerabilities they experience (Fischer-Urmev, 2019; Meyer, 2018; Meyer, Writer & Brim, 2016; Nedegaard & Zwilling, 2017). They are part of an interdisciplinary group of professionals maintaining the health of the force through their interaction and support of military couples (Fischer-Urmev, 2019; Pflieger et al., 2018). Therefore, it is essential for providers to gain an outstanding level of military cultural competence and an understanding of the diverse concerns impacting military couples to practice effectively in this unique environment.

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## Appendix A: Recruitment/Marketing Material

(Electronic mail, social media, telephone communications)

### **Social Work Research Participants Needed**

**Nature of study:** The purpose of the research study is to explore the reasons for the increased number of military couples seeking counseling.

**Participation requirements:** If you consent to participate, we will be conducting focus groups at pre-determined times to collect data. The focus group of licensed and unlicensed social workers will include discussing the presenting reasons military couples are seeking counseling, factors associated with frequent deployments or transitional stress, and whether additional career demands (extra duties) are impacting relationships. The focus groups will take about two hours to complete per session, with no more than two sessions. Sessions will take part on a Saturday at the Clovis and Curry County Chamber of Commerce to minimize conflicts with work schedules and confidentiality concerns during operational hours. With permission, the sessions will be audio recorded for data collection. Manual note taking procedures will also be performed to record information.

**Risks and benefits:** I do not anticipate any risks to you participating in this study other than those encountered in day-to-day life. Potential benefits are not individual but societal and include helping social workers understand the vulnerabilities facing military couples.

**Compensation:** There will be no monetary compensation for participation. Lunch will be provided for participants during normal daytime hours.

**Confidentiality:** The records of this study will remain private. Data will not be used for any purposes other than research. Any reports made public will not include any identifying information. Records will be maintained in a locked file; only the researcher will have access to the information. Audio recordings will be secured after transcription and destroyed in accordance with Walden University guidelines.

**Voluntary participation:** Your participation is completely voluntary, and participants have the right to decline or discontinue participation at any time. You may forgo replying to a question that you may not wish to answer. If you decide to forgo answering a question, your relationship with the researcher will not be adversely impacted. Declining or discontinuing with the project will not negatively impact the participant's relationship with the researcher or the participant's access to services. If you consent to participate, you can withdraw at any time.

**Conflicts of Interest:** The researcher does not stand to gain financially from conducting this study, nor does she have any financial interest in obtaining the study results.

**Questions:** The researcher conducting this study is Ellen Saccoia, MSW, MA, as partial fulfillment of Walden University's Doctor of Social Work requirements. Please direct any questions to Ms. Saccoia at 575-309-9711 or [ellen.saccoia@waldenu.edu](mailto:ellen.saccoia@waldenu.edu). If you have questions or concerns regarding your rights as a research participant, you may contact the Institutional Review Board at Walden University at <http://www.irb.waldenu.edu>.

## Appendix B: Informed Consent Form

Thank you for your consideration to participate in a research study aimed at determining why there has been an increase in the number of military couples seeking counseling.

Please review the consent form and ask questions prior to signing.

**Nature of study:** The purpose of the research study is to explore the reasons for the increased number of military couples seeking counseling.

**Participation requirements:** If you consent to participate, we will be conducting focus groups at pre-determined times to collect data. The focus group of licensed and unlicensed social workers will include discussing the presenting reasons military couples are seeking counseling, factors associated with frequent deployments or transitional stress, and whether additional career demands (extra duties) are impacting relationships. The focus groups will take about two hours to complete per session, with no more than two sessions. Sessions will take part on a Saturday at the Clovis and Curry County Chamber of Commerce to minimize conflicts with work schedules and confidentiality concerns during operational hours. With permission, the sessions will be audio recorded for data collection. Manual note taking procedures will also be performed to record information.

**Risks and benefits:** I do not anticipate any risks to you participating in this study other than those encountered in day-to-day life. Potential benefits are not individual but societal and include helping social workers understand the vulnerabilities facing military couples.

**Compensation:** There will be no monetary compensation for participation. Lunch will be provided for participants during normal daytime hours.

**Confidentiality:** The records of this study will remain private. Data will not be used for any purposes other than research. Any reports made public will not include any identifying information. Records will be maintained in a locked file; only the researcher will have access to the information. Audio recordings will be secured after transcription and destroyed in accordance with Walden University guidelines.

**Voluntary participation:** Your participation is completely voluntary, and participants have the right to decline or discontinue participation at any time. You may forgo replying to a question that you may not wish to answer. If you decide to forgo answering a question, your relationship with the researcher will not be adversely impacted. Declining or discontinuing with the project will not negatively impact the participant's relationship with the researcher or the participant's access to services. If you consent to participate, you can withdraw at any time.

**Conflicts of Interest:** The researcher does not stand to gain financially from conducting this study, nor does she have any financial interest in obtaining the study results.

**Questions:** The researcher conducting this study is Ellen Saccoia, MSW, MA, as partial fulfillment of Walden University's Doctor of Social Work requirements. Please direct any questions to Ms. Saccoia at 575-309-9711 or [ellen.saccoia@waldenu.edu](mailto:ellen.saccoia@waldenu.edu). If you have questions or concerns regarding your rights as a research participant, you may contact the Institutional Review Board at Walden University at <http://www.irb.waldenu.edu>.

**Statement of consent:** I have read the above information, and I have asked and received answers to my questions. I consent to participate in this qualitative research study.

Signature

Date

Printed Name

Date

**In addition to participating, I also consent to having the focus group audio recorded.**

Signature

Date

Signature of person obtaining consent

Date

Printed name of person obtaining consent

Date

**This consent form will be maintained for five-years after the study concludes.**

**Please retain a copy of this form for your records.**

### Appendix C: Focus Group Research Questions

The following questions will be asked during the focus groups.

1. Have you seen an increase in military couples seeking counseling?
2. What are the reported reasons military couples are seeking counseling?
3. What hardships or vulnerabilities are you perceiving that impact a military couples' relationship?
4. What behaviors are reported by military couples when seeking counseling?
5. How many couples are seeking counseling for the first time?
6. What do you perceive as problems that need to be addressed?
7. What do the couples perceive as issues that need to be addressed?

## Appendix D: Letter of Cooperation

Dear Ms. Kos,

This letter of cooperation is to ask permission to use the Clovis & Curry County Chamber of Commerce for the collection of data for my doctoral research project. The project consists of interviewing between ten to twelve social workers in a focus group setting. Social workers providing services to the military and veteran community will be asked to participate. Pre-approved questions will be asked to identify the themes associated with why an increase in military couples seeking counseling has occurred.

All information will be protected for confidentiality and privacy. The records of this study will remain private. Any reports made public **will not** include any personal or professional identifying information. Records will be maintained in a locked file; only the researcher will have access to the information. Audio recordings will be secured after transcription and destroyed in accordance with Walden University guidelines. The results of the study will be available following completion and approval by Walden University.

The study will take place during non-operational hours and will not conflict with day to day work requirements. I will require the use of the conference room and a white board to record information. I will use my personal computer and audio device to record the sessions. There will be no more than two focus group session conducted. One or two professional colleagues may be asked to volunteer to collect data as part of their social work internship training. No site personnel is providing any supervision of the research activities. Remote faculty members are supervising the researcher; however, I do not



anticipate any risks to volunteers participating other than those encountered in day-to-day life. Any crisis will be handled according to the agency's regulatory requirements.

## Appendix E: Letter of Cooperation from a Research Partner

**Community Research Partner Name:** Clovis & Curry County Chamber of Commerce

**Contact Information:** 575-763-3435 (Ms. Ernie Kos)

**Date:** 9/30/2019

Dear Ms. Saccoia,

Based on my review of your research proposal, I give permission for you to conduct the study entitled “Understanding the increase in military couples seeking counseling throughout the military lifecycle” within the Clovis & Curry County Chamber of Commerce. As part of this study, I authorize you to conduct up to two focus group sessions during non-operational hours of social workers providing services to military and veteran couples. I also give permission for you to disseminate the results after the publication of your doctoral research.

Individuals’ participation will be voluntary and at their own discretion. We understand that our organization’s responsibilities include: the use of the conference room during non-operational hours and the whiteboard to record information. Supervision will be provided remotely by the Walden University Faculty staff. We reserve the right to withdraw from the study at any time if our circumstances change.

- 1) I understand that the student **will not** be naming our organization in the doctoral project report that is published in Proquest.
- 2) I **confirm** that I am authorized to approve research in this setting and that this plan complies with the organization’s policies.

- 3) I **understand** that the data collected will remain **entirely confidential** and may not be provided to anyone outside of the student's supervising faculty/staff without permission from the Walden University IRB.

Sincerely,

Ms. Ernie Kos, Executive Director, Clovis & Curry County Chamber of Commerce

**Authorization Official**

**Contact Information** 575-763-3435

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Electronic signatures are regulated by the Uniform Electronic Transactions Act.

Electronic signatures are only valid when the signer is either (a) the sender of the email, or (b) copied on the email containing the signed document.