

Recommendations for Counselors and Community Service Providers Working with Military Families

Sandaluz Lara-Cinisomo^{1*}, Anita Chandra², Rachel M. Burns² and Jared Lau³

¹Department of Psychiatry, School of Medicine, University of North Carolina at Chapel Hill, USA

²RAND Corporation, USA

³Department of Educational and Clinical Studies, Counselor Education Program, University of Nevada, Las Vegas

Abstract

A growing body of research has identified challenges facing military families, and the evidence suggests that the wars have placed stress on family members. This article synthesizes results from a longitudinal study conducted with non-deployed parents of military children ages 7 to 17. The objective of this article is to provide counselors and community service providers who work with military families, particularly those in the civilian sector who are serving these families as service members return home, recommendations on several key topics relevant to military families. The following topics addressed include: 1) The importance of discussing changes in household responsibilities during and after parental deployment; 2) Family communication plans and how to improve quality of communication between youth, parents, and the military couple; 3) Assessing the non-deployed spouse and parent stress around reintegration with youth and the returning parent; and 4) Alerting parents and families about potential changes in the behavior of children and youth, and possible sources of stress during and after deployment.

Keywords: Military families; Recommendations; Counseling; Reintegration; Mental health professionals

Introduction

As the war in Afghanistan transitions to the next stage of operations and the Iraq war ends, many families continue to struggle with the emotional toll of family separation and the stress that emerges when the service member transitions to home life. In communities across the U.S., counselors and other service providers are working to address the growing mental health needs of military families who may be experiencing stress and family conflict related to the deployment and reintegration cycle. The growing body of research on the well-being of military families has already established that families face many stressors when a deployment takes place because spouses and children are concerned about the safety and well-being of the service member [1-4]. It is because of such stressors that these families also exhibit high levels of emotional and behavioral difficulties and anxiety symptoms [1,5-10]. During the deployed parent's absence, the remaining parent or guardian must assume the deployed parent's household responsibilities, in addition to his or her own; this increased workload is an additional source of stress and anxiety for many caregivers who remain at home [2,3,11-14]. Also, when the service member returns from deployment, there is a new set of stressors for the family to address: the military member's adjustment to life at home and fitting into the home routine [2,7,8,13]. In light of this research, it is useful to step back and summarize the key points that are most relevant to military families as well as to professional counselors, mental health professionals and community service providers who work with these families.

Still, it is important to note that the majority of mental health professionals who work with military families are civilian providers and are not in the military themselves. Due to the unique culture of the military (e.g., use of military language/jargon, approach to problem solving, etc.), many military personnel and their families often feel that civilian providers are unable to fully understand their needs and may not be prepared to provide the necessary services [15]. Thus, a need exists for assisting mental health professionals in working with military families. The National Center for Veterans Studies at the University of Utah is one example of such a resource, which offers mental health providers training on military culture and unique needs of military families (See <http://ncvs.utah.edu/training.html> for more information).

Along with increasing access to trained professional mental health professionals, there are a growing number of support programs serving children and families of military personnel, including, but not limited to, the National Military Family Association's Operation Purple Camp, The Coming Home Project, Our Military Kids, Operation Military Kids, 4-H programs, family readiness groups, and other programs offered and available to families across military installations. The benefits of networking between military organizations and community providers and resources have been emphasized [16]. Additionally, existing organizations, such as the Boys and Girls Clubs of America and the YMCA, have been actively engaged with military families [17]. These organizations may provide valuable support during deployment.

Researchers have stated the importance of incorporating research about military families into support programs as they are developed and implemented. For example, Drummet et al. [13] outlined issues that military families face and listed ways to incorporate those findings into Family Life Education. Rotter and Boveja [18] used information from in-depth interviews with a military family to provide examples of the issues military families are facing and how they might use support programs to address those issues.

While more programs are being adapted for military families, there is still a lack of information on translating research findings into practice recommendations for professional counselors who work with military families. The purpose of this paper is to provide recommendations for professional counselors who currently work, or are considering working, with military families.

***Corresponding author:** Sandaluz Lara-Cinisomo, Department of Psychiatry, School of Medicine, University of North Carolina at Chapel Hill, USA, E-mail: laracini@med.unc.edu

Received July 27, 2013; **Accepted** September 04, 2013; **Published** September 06, 2013

Citation: Lara-Cinisomo S, Chandra A, Burns RM, Lau J (2013) Recommendations for Counselors and Community Service Providers Working with Military Families. Primary Health Care 3: 139. doi:10.4172/2167-1079.1000139

Copyright: © 2013 Lara-Cinisomo S, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

We follow a similar approach used by Drummet et al. and Rotter and Boveja [13,18] and use findings from the current literature. Our research, that has included qualitative interviews. An extensive, longitudinal survey conducted with children and non-deployed parents or guardians between 2008 and 2010 to develop a set of recommendations for counselors and other mental health providers. The paper is organized by recommendation areas intended for providers who have limited experience with military populations as well as those who have more familiarity with military culture but are unfamiliar with deployment and reintegration-related issues. These recommendations should be considered in light of the program or service that a counselor is providing, whether formal clinical treatment or more informal support services. We acknowledge that these recommendations do not reflect stressors or family's needs that may result from significant mental or physical disabilities experienced by returning service members. Instead, the following four themes are based on a longitudinal analysis of military families, recommendations provided by non-deployed parents and caregivers of military children [1,8], and a synthesis of the military family literature that address family dynamics that counselors and community service providers may encounter more frequently:

- *Discuss family plans for dealing with changes in household responsibilities during and after parental deployment*
- *Evaluate family communication plans and how to improve quality of communication*
- *Assess caregiver stress around reintegration with child and returning parent*
- *Inform families about potential changes in children/youth behavior and possible sources of stress during and after deployment*

Study Design and Data Sources

The issues discussed in this paper emerged from two primary data sources (survey data and in-depth qualitative interviews) that are part of a longitudinal study designed to identify how deployment and reintegration impacts youth and their non-deployed parent or guardian (referred to as NDP). The following is a brief description of those data sources. A full description of the original study may be found in Chandra et al. [8].

Survey data was collected from 1,507 NDP and their 7-to 17-year-old child (referred to as youth) who applied to attend *Operation Purple*[®], a free camp for military children whose parent has been deployed, will be deployed, or is currently deployed. The objective of the camp is to help participants cope with the stress of deployment. The camp is available to military children from all ranks (e.g., enlisted, officer), services (e.g., Army, Navy, Air Force, Marines), and components (active, guard and reserve) and is sponsored by the National Military Family Association. Camp applicants were stratified by age and gender then randomly selected for the study. The objectives of the longitudinal study were to a) determine how military youth who applied to *Operation Purple*[®] camp in 2008 were functioning emotionally, socially, and academically; b) identify any challenges youth and NDP report during and after parental deployment; and c) determine how NDP were faring, particularly during deployment Chandra et al. [8]. Youth and NDP were interviewed twice between Summer 2008 and Winter of 2009, and then at 12 months during Summer 2009. Approximately six months elapsed between the first two interviews. The first interview occurred before the camp experience, and the subsequent two interviews took place after camp ended. Each youth and NDP survey interview took

approximately 30-45 minutes to complete. These interviewers asked about youth and caregiver well-being and deployment experiences, with questions repeated at each survey. Approximately 85 percent of the sample was retained for the entire period of the study [8]. The quantitative analyses included cross-sectional data that were analyzed using multiple linear regressions. The study also utilized longitudinal data using all three waves of data, which allowed us to remove heterogeneity among study respondents and enabled us to validate associations found in the linear regressions that were based on one wave of data [8]. All of the analyses included child, caregiver, and service member demographic characteristics as covariates. The analyses also controlled for deployment-related histories, such as number of months deployed prior to and during the study period.

The qualitative component of the original study involved in-depth, semi-structured phone interviews with a stratified by deployment experience and randomly selected subgroup of 100 non-deployed caregivers from the survey sample [19]. The qualitative sample included 50 NDP with children under the age of 11 who did not participate in the quantitative component of the study [8]. Interview questions were developed based on the prior literature and focused on deployment experiences, the caregiver's relationship and communication with the child in the study and the service members as well as caregiver roles and obligations. Interview questions focused on the topics described above, such as "Have you experienced any changes in your household responsibilities while (service member) is away?" and "How do you feel about the changes in responsibilities when (service member) returns?" Qualitative interviews took 45 minutes, on average, to complete. The qualitative data were analyzed using coders who independently reviewed and created codes that were discussed and agreed upon by those coding the data. The final set of codes was used to analyze the data from all caregivers.

The analysis for this study included a careful review of all of the results. The authors identified themes that emerged as salient in the quantitative and qualitative results. Those are the topics addressed here.

This study was approved by RAND Human Subjects Protection Committee. All participants received compensation for their participation.

Recommendations for Practice

The following paragraphs describe themes that have emerged from our research findings and subsequently outline recommendations for professional counselors and community service providers that are based on the findings.

Discuss family plans for dealing with changes in household responsibilities during and after parental deployment

Based on themes that emerged from the qualitative data and patterns found in the quantitative analysis, the results indicate that caregivers experience a number of household related stressors that emerge both during and after deployment. Specifically, caregivers reported having to take on more household chores and parenting obligations during a deployment and then struggled to negotiate changes in roles when the service member returns home [19]. For example, over half of the caregivers who participated in the qualitative interview reported increased household responsibilities and the same proportion reported additional parenting duties. At times, these additional obligations conflicted with the caregivers' work obligations. While most caregivers may experience stress associated with increased household responsibilities during deployments, the stress appeared to

be more resonant among those affiliated with the National Guard and Reserve component as well as those experiencing emotional difficulties and reporting poor communication with their child Chandra et al. [8]. While causality cannot be determined with our existing data, the longitudinal analysis suggests that these four subgroups experience high levels of household stress for extended periods of time. Results from the qualitative data point to potential consequences associated with increased household stress. For example, caregivers reported feeling overwhelmed, isolated and tense as a result of their increased obligations. Furthermore, the quantitative data revealed a strong association between caregiver mental health and household obligations [19]. In other words, those with more household obligations reported poorer mental health. How might counselors and community services help support caregivers experiencing increased household obligations and stress associated with those responsibilities; and how might service providers prepare caregivers for household responsibility transition upon the return of the service member? Below are recommendations based on the data as well as recommendations provided by caregivers in our study.

Counselors and service providers would benefit from becoming familiar with programs created to support military caregivers. These programs include government-funded programs, such as Family Readiness Centers and the Department of Defense Yellow Ribbon Program on Reintegration, which provide service members and their families services to help make the deployment transitions as smooth as possible. There are also non-governmental supports, such as the Hope For The Warriors[®], which is offered in partnership with the Holliswood Hospital and provides support for New York-based families as they prepare for the return of the of wounded (links to these program are provided at the end of this article). Once familiar with these programs and others that may be centrally located, counselors and service providers can share these resources with families they serve.

Community-based resources are needed to help guard and reserve families address household and family challenges. For instance, National Guard and Reserve families who are not likely to live near a military base may not have ready access to services offered by bases that address household-related problems or provide respite to NDPs. Groups such as Military OneSource can also continue to support military families. Therefore, private and public agencies and providers can make similar services accessible to those families by determining the number of military families in their catchment area, mapping where families live, and commencing efforts to recruit and engage those families. Service providers can also offer support groups to those in their catchment areas.

Providers and programs should be informed about the stressors associated with deployment, such as increased household and child-related obligations. Therefore, counselors and community service providers should reach out to an experienced NDP, using local military and community-related organizations, who may be able to talk about what to anticipate over the various phases of the deployment cycle and, in particular, providers should draw from the experiences of families whose service member returned and no longer anticipates future deployments.

Counselors and programs might create effective practice-based tips for managing household stress, especially as it relates to individual roles and responsibilities that the returning parent may or may not be able to take on (e.g., helping children with homework, taking on household chores, etc.).

In addition to addressing, in advance, changes that might impact family roles and obligations, communication among family members

should also be attended to, preferably prior to the deployment. The next section summarizes relevant results on family communication and provides recommendations for ensuring minimized stress around communication.

Evaluate family communication plans and how to improve quality of communication

Results from our survey interviews revealed that the quality of the communication between the home caregiver and the deployed parent during deployment was positively associated with the number of household hassles the caregiver reported [19]. In other words, the quantitative data analysis revealed that caregivers who reported being bothered about the lack of contact with the deployed parent reported a higher number of household hassles, such as changing roles or responsibilities in the family or marriage. Caregivers who reported being bothered by not being able to express their feelings with the deployed parents reported more household hassles and relationship hassles. The qualitative data revealed that caregivers either felt that they could share everything about the stressors they were experiencing in the home during a deployment with the deployed parent or chose to share mostly child-related stressors with the deployed parent.

Results also indicated that caregivers who reported communication challenges with the youth also reported more household hassles [8]. Furthermore, caregivers who reported poor communication with the youth also reported having poorer mental health. Results from the longitudinal analysis revealed that when better communication between the caregiver and youth was reported fewer parenting challenges were also reported.

Youth also reported on the quality of the communication with their home caregiver, usually the mother. Results from our survey data showed that youth who reported poorer communication with their home caregiver were also more likely to report ($p < 0.05$) more emotional difficulties (such as higher levels of anxiety), poorer academic engagement, feeling less connected to school, poorer peer and family functioning, and higher engagement in risk behaviors [8]. Furthermore, the longitudinal analysis indicated that older youth who experienced more overall months of deployment and whose caregiver reported poorer emotional well-being also reported more challenges during deployments. To address potential issues around family communication quality, the following recommendations are offered.

Address communication difficulties between parents and children. Given the link between the number and type of hassles a caregiver experiences and the quality of the communication between the deployed parent and the youth and that these issues may persist over the course of the deployment (during and after), it will be important for counselors and community support providers to address communication difficulties, that include feelings about the deployment or re-integration experience, with the child and caregiver. If appropriate and warranted, the service member can also be part of these discussions.

Work with caregivers and families to identify household stress point. By being aware of the changes in the household, such as increased responsibilities by the caregiver that may be complicated by increased stress, counselors and community supports can help caregivers identify when the added obligations need to be curtailed or changes need to be made during an especially stressful period to help limit the potential negative impact on the quality of the communication between family members.

Increase awareness of link between mental health difficulties

and communication challenge. In addition, counselors and community service providers should be aware that our longitudinal analysis revealed that youth experiencing a deployment and difficulty communicating with their home caregiver were at increased risk for poor outcomes (e.g., emotional difficulties). Early intervention, such as providing caregivers with support and alerts about the potential risks youth may experience when communication is poor in the home, may help to alleviate communication issues and prevent or minimize the sequelae. Youth-directed supports should also be provided to assist youth in finding ways to communicate with their home caregiver.

Improve communication within the couple. As shown in prior research, communication between the NDP and the service member can also be strained during and after a deployment. Therefore, efforts to improve communication during all phases of the deployment cycle should become an important focus of any family and individual (i.e., caregiver and service member) intervention.

While communication issues can complicate the deployment experience, stress leading up to the service member's return can also present challenges for everyone involved. The next section highlights key findings related to stressors caregivers may experience after the deployment ends and provides suggestions for heading off such challenges early on.

Assess caregiver stress around reintegration with child and returning parent.

Research has shown that the challenges for caregivers continue after the return of a service member from deployment [7,8,13]. Home caregivers reported that during the deployment, adjustments to the family's schedule and lifestyle are made to compensate for the absence of the deployed parent. For example, the home caregiver becomes the sole parent responsible for transporting the children to their activities, assigning and overseeing chores, comforting children during times of stress, communicating with them about their day, and disciplining them when necessary. After the family has adjusted to the new system, the deployed parent returns and the routine must be altered to reincorporate the deployed parent. The process of reassigning and negotiating tasks can be a source of stress for the home caregiver, children, and the returning parent.

The process of reintegrating the deployed parent also includes the manner of getting to know the deployed parent again and adjusting to their presence in the household after a long period of absence. This process can be complicated by uncertainty and worry about when the next deployment will occur. Other complicating factors include dealing with the experiences of the deployment and the mood changes in the deployed parent. These reintegration experiences can be emotionally exhausting and can place a great deal of stress on the relationship between the caregiver and the deployed parent. The children and youth in the household must also adjust to the deployed parent's presence in the home. Results from our survey and qualitative analyses indicated that children's emotional responses to the deployed parent's return range from anxiety to elation. Our data also showed that reintegration can create conflict between the home caregiver and the child as each adapts to changing routines and expectations. The following recommendations for working with parents and children around issues related to reintegration.

Provide parents with support to manage the reintegration process. Despite the fact that most home caregivers adapt well to the reintegration of the deployed parents, they also report it is difficult to determine whom to turn to for advice or help during this transition

period. They often found support in speaking with other caregivers who had experienced reintegration, family members, and/or the deployed parent. Counselors and service providers are encouraged to create connections or opportunities for caregivers to share experiences and suggestions for coping with the changes that occur during the reintegration process. Counselors and/or service providers can facilitate those meetings and discussions to ensure the groups' needs are being met in a supportive way.

Determine individual needs during the reintegration period. Professionals working with military families can also learn from experienced home caregivers. Caregivers who had experienced reintegration also stress the importance of determining what the deployed parent needs upon his or her return, such as extra help with making decisions, time to relax and recover from the stresses of deployment, adequate time to transition back into their role in the household, and patience with the difficulties that they experience. These caregivers also suggested that home caregivers discuss the deployed parent's return with the children and inform them about what the transition will be like and what the returning parent needs. Counselors and service providers can help the caregiver identify what each family member's needs might be, either before or during the service member returns to minimize stress that comes with establishing new routines.

An additional strategy for supporting caregivers and their families during reintegration is to normalize the process and changes that will and have developed. Counselors and community service providers should encourage families to understand that what they are experiencing is a normal response to a dynamic situation that requires a lot of adjustments. Counselors and community service providers should also encourage the caregiver and her/his family to continue building on their strengths and prior experience with deployments and reintegration.

Providing caregivers and family members with support during and after deployment are essential for overall family well-being. Focusing on the child and identifying the potential impact the deployment and reintegration can have is equally important. The last section emphasizes activities that might help minimize the stress youth experience both during and after a parent deployment.

Inform families about potential changes in children/youth behavior and possible sources of stress during and after deployment

The research to date has identified emotional, social, and academic issues, at least among a subsample of youth (e.g., older youth and girls); [8] from military families experiencing parental deployment [3,5,20]. For example, results from quantitative data revealed that 33 percent of children 7 to 17-years old interviewed in a longitudinal study of deployment had some anxiety, and 9 to 15 percent met criteria for an anxiety disorder [1]. Results from our in-depth interviews further substantiated these challenges, as caregivers reported difficulties in supporting their children through the deployment period, with some noting fairly significant child emotional issues (e.g., depression, suicidality) and academic issues (e.g., academic performance issues). In the context of these youth problems, caregivers did not always have the resources they needed to successfully address the concerns. Caregivers reported the trials they faced in differentiating when child mood changes during and after parental deployment were a response to deployment or simply coincidental to the rapid emotional changes of "normal" childhood (i.e., developmentally appropriate behaviors for the given child's age). In addition, caregivers reported that even

when they linked child behavioral changes to the timing and stress of parental deployment, they did not have information on whether these changes were severe, how long they would persist, and when and how to intervene. Several caregivers noted that they had limited tools on how to stay alert to symptoms and when to be concerned. They also argued that deployment education sessions provided by Family Readiness Groups and other programs did not have enough information about how to support children emotionally before, during, and after deployment. In addition, caregivers noted that some school staff did not have the information they needed to support their children. Thus, they were “in the same boat” regarding not knowing what was normal child behavior and what needed attention. Caregivers also requested more recreation opportunities for their children and the entire family to relax and relieve stress, so that discussions were not entirely centered on deployment and families could maintain some sense of “normalcy” and routine. Given these findings, counselors and other services providers should consider the following:

- Provide parents/families with an easy-to-use chart of developmental milestones and possible deviations from normal functioning that may be signs of stress [21,22].
- Along with working with parents, it is important that counselors and community service providers consider children’s developmental needs and how a child’s age may be a factor in how children will relate to returning parent and consequently the type of programs/services to offer families. Therefore, counselors and community service providers should keep in mind how things may have changed for a young child in terms of closeness, communication, expectations for the returning parent and non-deployed parent to help them determine how best to support the families that come to them for support.
- For older youth, provide education about signs and symptoms of stress as well as more significant emotional issues. This can be useful to help youth be more self-aware about their well-being. Parents and youth should also be informed about programs available in their area.
- Organize parent and family meetings to discuss ways to prepare children for the changes that deployment may have brought in terms of family relationships, household changes, and family communication. This type of education can be integrated into deployment and reintegration preparation sessions.
- Provide education sessions for teachers and after-school providers about what to expect with students during and after deployment. This should include information about when it is likely that school work will be affected and how to prepare students/families for those changes.

Conclusions

As service members return home, providers are encouraged to use the research of the past 10 years to inform how to prepare, support, and if necessary, intervene with these families. This paper endeavors to translate research findings into practice recommendations. The recommendations presented here are intended to provide counselors and community service providers with additional considerations as they prepare to work with military families. For instance, encouraging family members to discuss potential changes that come with a deployment (e.g., increased household obligations) can help to reduce the potential stress those changes can have on a family. Providers can also encourage parents to look out for changes in their child’s behavior that may be a

consequence of the stress of experiencing a parental deployment. By informing parents about potential changes before they occur, caregivers can contextualize the behavior and identify ways to support their child during and after the deployment.

As the research has shown [7,8,13,22] the deployment and reintegration period can be difficult to navigate, making it especially important that counselors and community service providers be vigilant to stress ebb and flow. Encouraging families to consider tools they will need to plan for household management during the reintegration period may help to reduce stress during this important period. This article highlights the importance of communication, deployment cycle, and behavioral outcomes relevant to each family member (e.g., service member, non-deployed parent, and child).

Readers should be aware that the set of recommendations provided here are based on the literature and data collected from military families who participated in a deployment-specific camp. Therefore, providers should rely on additional resources to supplement this article. Below we provide a sample of resources available to providers and military families to help accompany the recommendations provided above.

As providers and researchers continue to learn about the needs of military families, additional research that brings practitioners and investigators together is recommended. The topics addressed in this article are limited by the data we collected. Therefore, future research should draw from practitioner expertise and experiences to supplement the data collected by investigators. Military families must also be engaged in research. Our investigation yielded important and valuable results that we have translated into recommendations for practitioners across settings. The success of our project is a product of military families’ willingness to participate in research. Future research should continue to engage military families and service members to ensure their perspective is well represented.

Resources

The following is a list of resources for service providers and families. While not exhaustive, the list offers service providers with helpful first steps toward increasing familiarity with military culture and training opportunities. The list of resources available to families may be useful to both service providers and their clients.

For counselors and service providers:

- The Coming Home Project
- Website: <http://www.cominghomeproject.net/>
- The National Center for Veterans Studies at the University of Utah
- Website: <http://ncvs.utah.edu/training.html>
- The National Military Family Association (NMFA)
- Website: <http://www.militaryfamily.org/>

For families:

- Department of Defense Yellow Ribbon Program on Reintegration
- <http://www.yellowribbon.mil/about.html>
- Hope for the Warriors[®]
- <http://www.hopeforthewarriors.org/story/18721418/family-reintegration>

- Military Family Support
- <http://www.militaryfamilysupport.org/>
- Military OneSource
- Website: <http://www.militaryonesource.mil//>
- Operation Military Kids
- Website: <http://www.operationmilitarykids.org/public/rsg.aspx>
- Our Military Kids
- Website: <http://www.ourmilitarykids.org/family-resources/>
- The Coming Home Project
- Website: <http://www.cominghomeproject.net/>

References

1. Chandra A, Lara-Cinisomo S, Jaycox LH, Tanielian T, Burns RM, et al. (2010) Children on the homefront: the experience of children from military families. *Pediatrics* 125: 16-25.
2. Chandra A, Martin LT, Hawkins SA, Richardson A (2010) The impact of parental deployment on child social and emotional functioning: perspectives of school staff. *J Adolesc Health* 46: 218-223.
3. Huebner AJ, Mancini JA (2005) Adjustment among adolescents in military families when a parent is deployed: A final report submitted to the Military Family Research Institute and the Department of Defense Quality of Life Office. Falls Church, Virginia: Virginia Tech, Department of Human Development.
4. Wright KM, Burrell LM, Schroeder ED, Thomas JL (2006) Military spouses: coping with the fear and the reality of service member injury and death. *Military Life: The Psychology of Serving in Peace and Combat, Volume 3: The Military Family*. Westport, CT: Praeger Security International.
5. Lester P, Peterson K, Reeves J, Knauss L, Glover D, et al. (2010) The long war and parental combat deployment: effects on military children and at-home spouses. *J Am Acad Child Adolesc Psychiatry* 49: 310-320.
6. Flake EM, Davis BE, Johnson PL, Middleton LS (2009) The psychosocial effects of deployment on military children. *J Dev Behav Pediatr* 30: 271-278.
7. Barker LH, Berry KD (2009) Developmental issues impacting military families with young children during single and multiple deployments. *Mil Med* 174: 1033-1040.
8. Chandra A, Lara-Cinisomo S, Jaycox L, Tanielian T, Han B, et al. (2011) Views from the homefront: The experiences of youth and spouses from military families (TR-913-NMFA). Santa Monica, CA: The RAND Corporation. Retrieved from RAND Corporation.
9. Mansfield AJ, Kaufman JS, Marshall SW, Gaynes BN, Morrissey JP, et al. (2010) Deployment and the use of mental health services among U.S. Army wives. *N Engl J Med* 362: 101-109.
10. Eaton KM, Hoge CW, Messer SC, Whitt AA, Cabrera OA, et al. (2008) Prevalence of mental health problems, treatment need, and barriers to care among primary care-seeking spouses of military service members involved in Iraq and Afghanistan deployments. *Military Medicine* 173: 1051-1056.
11. Castaneda L, Harrell M, Varda D, Hall K, Beckett M, et al. (2008) Deployment experiences of Guard and Reserve families. Santa Monica CA: The RAND Corporation.
12. Chandra A, Burns R, Tanielian T, Jaycox L, Scott M (2008) Understanding the impact of deployment on children and families. Findings from a pilot study of Operation Purple Camp participants. Santa Monica, CA: The RAND Corporation.
13. Drummet AR, Coleman M, Cable S (2003) Military families under stress: Implications for family life education. *Family Relations* 52: 279-287.
14. Tomforde M (2006) The emotional cycle of deployment. Strausberg, Germany.
15. Hall LK (2008) Counseling military families: What mental health professionals need to know. New York, NY: Routledge.
16. Bowen GL, Mancini JA, Martin JA, Ware WB, Nelson JP (2003) Promoting the adaptation of military families: An empirical test of a community practice model. *Family Relations* 52: 33-44.
17. Hoshmand LT, Hoshmand AL (2007) Support for military families and communities. *Journal of Community Psychology* 35: 171-180.
18. Rotter JC, Boveja ME (1999) Counseling military families. *The Family Journal* 7: 379-382.
19. Lara-Cinisomo S, Chandra A, Burns RM, Jaycox LH, Tanielian T, et al. (2012) A mixed-method approach to understanding the experiences of non-deployed military caregivers. *Matern Child Health J* 16: 374-384.
20. Gewirtz AH, Erbes CR, Polusny MA, Forgatch MS, Degarmo DS (2011) Helping military families through the deployment process: Strategies to support parenting. *Prof Psychol Res Pr* 42: 56-62.
21. Cozza SJ, Guimond JM, McKibben JB, Chun RS, Arata-Maiers TL, et al. (2010) Combat-injured service members and their families: the relationship of child distress and spouse-perceived family distress and disruption. *J Trauma Stress* 23: 112-115.
22. Pincus SH, House R, Christensen J, Adler LE (2001) The emotional cycle of deployment: A military family perspective. *Journal of the Army Medical Department* 615-623.