Research and Resilience:
Recognizing the need to know more

Understanding the experiences of young children in military families

in the context of deployment, reintegration, injury, or loss.

Developed by

ZERO TO THREE ®
National Center for Infants, Toddlers, and Families

"The paucity of research on mental health issues related to deployment in the military highlights the need for a well-developed and focused research agenda to guide policies, program development, and treatment plans for service members and their families."

(American Psychological Association Presidential Task Force on Military Deployment Services for Youth, Families, and Service Members, 2007, p.53)

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Introduction

Military families have been negotiating the challenges of wartime deployment for the past decade. The conflicts in Iraq and Afghanistan have demanded lengthy and often repeated combat deployments. As of October 2009, an estimated two million Service members had been deployed as part of Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF; Tan, 2009). According to the Department of Defense 2009 Demographics Profile of the Military Community, the ratio of Active Duty to family members is about one to four. Most of the 1,224,556 children of Active Duty Service members are under the age of seven. There are nearly 500,000 children under the age of three in Active Duty and Reserve families. Nearly 40,000 Active Duty members are married to other Service members and there are nearly 75,000 single parent military families (Office of the Deputy Under Secretary of Defense, Military Community and Family Policy, 2009). The coming and going of troops has gone generally unnoticed by the nation at large and certainly the circumstances and challenges of their families and young children have also received little attention (Kitfield, 2011).

With the war in Iraq ended and the withdrawal of troops in Afghanistan to begin, there will be thousands of troops returning home (Riechman & Slobodan, 2011; Ukman, 2011). They will resume their roles as Service members or retire from service as Veterans. National Guard and Reserve members will face deactivation of their military service status and return to civilian roles. The effects of this massive reintegration effort on military families and their young children is yet unknown. As a result, there is a need for studies that focus on young children in military families, which can contribute to the support of military families who have undergone combat and repeated deployments and who are facing the struggles of large-scale reintegration processes.

Exposure to war through combat deployments can have a profound impact on the Service member's

reunification with his or her family (Butera-Prinzi & Perlesz, 2004; Gewirtz, Polusny, Khaylis, Erbes, & DeGarmo, 2010; Messinger, 2010). Returning Service members may struggle with an array of physical injuries as well as psychological symptoms (Gewirtz, et al., 2010; Schell & Marshall, 2008). The sequelae of post combat stress and injuries on family members, especially young children, are of critical importance for study.

Many believe that the very young child is not aware of, or impacted by, adverse situations in the family; however, this is a myth. The infant or young child may be particularly vulnerable to the stressors associated with deployment and reintegration experiences (Cozza & Lieberman, 2007; Gorman & Fitzgerald, 2007). Because of their immaturity, they lack the cognitive and linguistic capacity to process many of the stresses and changes, and they have limited coping skills. Toddlers and preschool-age children are prone to rely on magical thinking and egocentric perspectives. (Cozza & Lieberman, 2007; Tronick, 1989). In addition to these challenges, very young children are almost completely dependent on the adults in their life and thus much more vulnerable to the context of stress, trauma, and loss experienced in their parents, or caregivers, lives. Furthermore, young children lack self-regulation skills to effectively express and regulate their strong emotions and impulses, highlighting their dependence on the adults in their lives to assist in their management of strong emotions (Cozza & Lieberman, 2007; Tronick, 1989). Separation from the military parent, as well as the stressors that interfere with the availability of the remaining parent or caregiver, can place a young child at risk for problems in attachment and development (Cozza & Feerick, 2011; Gorman, Fitzgerald, & Blow, 2010; Vogel, Newman, & Kaplan, 2011).

Responsibility for young children during deployments contributes to changing family dynamics and

roles. The needs and behaviors typical to early childhood development (e.g., dependency, clinginess, crying, tantrums, and defiance) may serve as potential triggers for both the parent at home or for the returning Service member (Matsakis, 1988). For the child who is surrounded by the consistent care of a responsive, attuned parent, this responsiveness can buffer the impact of stressful experiences and events, thereby safeguarding the child's optimal development and adjustment. Conversely, a parent who is struggling with his or her own distress may experience difficulty in being fully attuned or responsive to his or her young child. For these families, the quality of the parent–child relationship may be affected, placing the child at risk for maladaptive outcomes across relational and developmental domains (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1988; Huth-Bocks, Levendosky, Bogat, & von Eye, 2004; Galinsky, 2011; Lieberman & Van Horn, 2008; Osofsky & Lieberman, 2011).

Although there appears to be a growing number of studies to investigate the impact of combat deployments on military families and school-aged children, the experiences of the youngest children remains largely unstudied. In recent years, only a handful of studies have specifically examined the effects of deployment on very young children (Arata-Maiers & Stafford, 2010; Cozza & Lieberman, 2007; Gorman & Fitzgerald, 2007; Mogil et al., 2010; Williams & Rose, 2007; Yeary, 2007). Additional studies investigating the effects of military deployment and reintegration in the lives of infants and toddlers, as well as efficacy studies that demonstrate evidence-based and best practices, are warranted. The research community has a responsibility to answer the "call to action" (Arata-Maiers & Stafford, 2010, p. 22) in an effort to promote resilience, through research, in the youngest children of military families.

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Research and Resilience

> **"While the literature relating to relational trauma is expansive, there are few studies which examine the relationship between adult-occurring trauma and early childhood parenting."**
> (Williams & Mulrooney, 2012, p.52)

In recognition of the limited literature addressing the needs of infants and toddlers affected by military-specific circumstances, Military Family Projects (MFP) staff at ZERO TO THREE (ZTT) proposed an initiative, titled Research and Resilience, designed to address these identified gaps. Through the generous funding of the Iraq Afghanistan Deployment Impact Fund of the California Community Foundation, MFP staff convened multidisciplinary professionals in an effort to develop a research agenda focused on the needs and interests of military families with very young children. The first workgroup meeting, which took place on March 24 and 25, 2011, comprised 13 experts who played critical leadership roles in areas relating to early childhood health and development, research design and implementation, military trauma, relational trauma, and military community services (For a description of expert participants' professional backgrounds, please see Appendix A.)

The goals of this 2-day meeting were as follows: to develop research questions; share current or recent studies; discuss methodologies; address ethical issues in association with conducting research involving children and the military population; explore cultural sensitivity as it relates to approaching the research; and share challenges, as well as resources, in facilitating the research.

The purpose of the second meeting, which took place on May 10, 2011, was to review the transcripts

from the first meeting; identify outcomes from that meeting; develop key concepts and core messages to share with the research community in an effort to promote the development of future studies addressing the needs of military families and their infants and toddlers; and to identify next steps for collaborative, organized efforts to further these targeted research efforts. The second group comprised several experts from the initial meeting, as well as newly introduced participants who could imbue the discussion with their fresh perspectives.

Purpose of This Publication

This publication is intended to capture the substantive content that evolved from the two Research and Resilience workgroup meetings, including discussion points, identified research tools and measures, funding considerations, ethical considerations in conducting research, and exploration of appropriate research methodologies. Thus, this document serves not only as a resource of current research and practice but also as a call to action among researchers to address gaps and promote research that addresses the identified key issues.

Meeting Outcomes

The Research and Resilience proceedings were designed to bring together prominent researchers across the nation to engage in dialogue around the status of the current research on issues of military families with infants and young children. On Day 1 of the proceedings, the group engaged in sharing current research and brainstorming discussions around key issues relating to military families and their young children. On Day 2, the participants were challenged to continue their discussions around

key issues, review current measures and methodologies, examine ethical concerns, and formulate a series of research questions. The outcomes of these meetings are described in the following segments in this section.

Ethical Issues

At the core of the Research and Resilience discussions was the notion of how to ensure the ethical integrity of research so that it reflects the best interests of the child and family as well as sensitivity to the mission. Issues of informed consent entails consideration of how data are going to be used and needs to take into account specific military reporting requirements. The group articulated the need to balance the number and types of measures (parent report vs. observational, etc.) administered to families with the consideration of not overwhelming family members who are already experiencing increased requests for information from the military. Discussion also focused on the ethical responsibility to follow up with respondents who, in the course of their participation in a study, are identified as being in need of services.

The importance of using culturally sensitive measures, as well as measures with known psychometric properties, was addressed. The PTSD Checklist—Military (Bliese, Wright, Adler, Cabrera, Castrol, & Hoge, 2008; Weathers, Litz, Herman, Huska, & Keane, 1993) was identified as an example of a measure that had been tested for reliability and validity in its use with a military-specific sample. Cultural considerations included not only such factors as gender, class, spirituality, race, and ethnicity but also military-specific values, principles, and beliefs that may inform individual and family responses to situations and events. Emphasis was placed on recognizing each service as having its own cultural component as well as each family having its own cultural identity, values, principles, and beliefs.

Identification of Key Issues

Based on their research and professional experience, participants identified core issues that military families with young children were experiencing in order to begin addressing the factors at play in families' lives, as well as the questions that needed to be asked about the impact of these factors on infant and early childhood outcomes. These issues included the following:

- **The range of stressors that military families have experienced**—the recognition that families have experienced a host of challenging military-specific situations and events, including repeated and extended deployments; additional separations due to temporary assignments; deployment-related physical injury, psychological injury, or death; increased operational tempo (OPTEMPO); relocations; and national and international disasters that have warranted additional military mobilization. These circumstances need to be examined and appreciated not only for the overall military family with young children but also to understand the unique developmental and relational circumstances of the infant and toddler experiencing one or more of these military-specific stressors.

- **Multiple and varied transitions**—from military to civilian status in the case of retirement or injury-related medical separation from service, from Reserve to Active Duty status and back again, changes in health insurance associated with changes in military status, and so forth. It is important to understand how to support infants and toddlers through transitions by improving the stability of home environment; providing responsive, high-quality, and accessible child care; and supporting extended family and social supports in service of the military family with young children.

- **Unique National Guard and Reserve challenges**—less access to military resources and support due to distance from military installations and additional disruptions to healthcare,

housing, employment, and so forth due to changes in activation status. These transitions in terms of military identity, financial support, and security can contribute to the level of stress on the household, compromised consistency in healthcare, and risk to the health and well-being of infants and toddlers.

- **Deployment-related injury**—potential change in parental roles and resulting impact on family and child outcomes; the quality of injury information and support as well as its impact on family outcomes; the impact of Service member injury on parental identity and parent–child interactions.

- **Family roles and structure in relation to deployment**—grandparents stepping in as caregivers (overlay of aging stressors, less access to military resources, etc.); unique challenges for dual military couples reconciling dual, alternating deployment schedules that may result in additional disruptions in caregiving; how diversity issues might play out in family's response to deployment; how negotiating co-parenting may be affected by deployment separation and disruption.

- **Financial strain**—additional overlay of stress, especially in current economy; high unemployment rates affecting families who are considering transitioning out of service; erosion of federal funding and government work; how issues of unemployment might play out differently for veterans and their families who have made substantial sacrifices and now cannot find work.

- **Single parents**—unique challenges associated with developing deployment care plan. Plan may be influenced by the deployed parent's relationship to the other parent, legal implications of transferring care during deployment, and overall availability of a support system.

- **Maternal depression**—anecdotal information suggests increased rates of maternal depression in both female spouses and Service members. How might that further complicate family dynamics already affected by deployment and increased OPTEMPO?

- **Developmental and relational effects on young children**—looking at parent–child attachment, siblings' outcomes (especially in relation to older siblings who may be playing a caregiving role), and children's regulatory patterns, including sleep and affect management.

Research Questions

On Day 2, participants focused on formulating key research questions derived from earlier discussions of core issues, ethical concerns, the state of current research, and practice. Major topic areas discussed included the following:

- **Parenting topics**
    - **Deployment effects on parenting**
    - **Family strengths and strategies**
- **Child topics**
    - **Cognitive and language development of military infants and toddlers**
    - **Social–emotional development of military infants and toddlers**
    - **Identifying children with special needs**
- **Contextual topics**
    - **How to buffer the effects of separation**
    - **Role of services in promoting positive outcomes.**

Potential research questions discussed are as follows:

1. **How do services, as well as perception of services, influence parenting and outcomes for babies?** This question considers services that may be military or civilian, preventative services, and those that are designed to specifically support parents of young children. While considering how these services influence parenting, it is also important to examine this issue from a

comprehensive framework including an understanding of family structures and dynamics; similarities and differences in dual parent, single parent, gay and lesbian parents, dual military couples, and other family configurations may be explored. How does this question apply to parental roles and outcomes for babies in cases of deployment, injury, loss, and altered family structure?

2. **What strategies and strengths are families using that support positive early childhood development?** Protective factors that participants identified as warranting examination include shared communication; parental reflective functioning; parental sensitivity, coping skills, and capacities for resilience, such as social support; and access to and use of resources. The role of relatives and social networks on the impact of early attachment patterns and social–emotional development is an important aspect of this question.

3. **How does deployment affect parental health behaviors during the period from before birth through three years?** In particular, the Research and Resilience participants were interested in potential health risk behaviors for pregnant mothers during deployment and separations and the corresponding impact on infants and toddlers. Such normative behaviors as crying, tantrums, clinginess, and so forth can be interpreted through the lens of postcombat experience and can trigger stress or trauma response from the affected parent. As articulated by Fraiberg, Adelson, and Shapiro (1975) in their seminal article, "Ghosts in the Nursery," children may become transference objects for parents who have experienced trauma. These children's behaviors may elicit negative and intense emotions in their parents that perpetuate maladaptive interactions in the caregiving system (Williams & Mulrooney, 2012).

4. What policies and practices would redress the costs of separation (i.e., developmental regressions and delays, impact on relationships and attachment, etc.)? Policies need to reflect an understanding of, and appreciation for, the importance of early childhood development. It is not sufficient to create policies around supporting military children without specific references to specific developmental stages and strategies. The role of routines was considered in understanding ways in which parents and families may cope with the stressors of deployment. Researchers were encouraged to consider protective factors, including internal and external resources, that facilitate better outcomes for military families coping with military-related stressors. It is important to consider policies and practices around reintegration supports, rehabilitation services for visible and invisible injuries, and implications for child welfare and family court systems. Furthermore, the value of policies that promote transferability of military spouses' professional credentials across states was addressed. Participants agreed that the relationships among spousal professional growth, financial stability, self-esteem, self-confidence, and personal and family stress warranted investigation.

5. What is the quality of social–emotional development of children 0-3 years old who are from military families? Again, this question requires that researchers consider the nature and quality of early childhood interactions by examining such constructs as parental attunement or parental sensitivity to children's strengths and needs. Researchers might also be interested in examining parents' reflective capacities, sensitivity, and other relational factors that could promote resilience in young children. Participants articulated the benefits of collecting data on these social–emotional constructs from military families in order to compare findings of groups within the military population as well as between the military and nonmilitary populations.

6. **What is the cognitive and language development of children 0–3 years old who are from military families?** Participants indicated that little is known about these areas of development among very young children in military families. Comparative research about cognitive and language development looking at children 0–3 years old in military versus civilian populations could yield important data. Participants also emphasized the importance of examining the relationship between Service member parents' deployment, injury, or death and their children's cognitive or language development.

7. **What is the prevalence of children 0–3 years old with special needs in military families?** Documenting the prevalence of children with special needs and understanding how these delays, disabilities, and differences are identified, assessed, and addressed would increase knowledge and practice in the area of supporting exceptional children and their families. This question is likely to consider the interplay between military services and supports provided through Exceptional Family Member Program as well as community services primarily provided through Early Intervention Part C services. The implications for healthcare, early intervention, community and family support, and inclusive child care issues are connected with this question.

Researchers should consider the following questions as they apply across parents' military status (i.e., Service member father, nonservice member father, Service member mother, nonservice mother, and nonparent caregivers):

1. What does parenting look like in parents of children 0–3 years old, including during deployments and other separations?

2. What are the effects of parenting practices on young children's cognitive, language, and social–emotional development outcomes?

3. How does the Service member parent's physical or psychological injury influence parenting practices? How does the noninjured parent's experience of the Service member's injury influence parenting practices?

4. How does the Service member parent's physical or psychological injury influence child outcomes across domains? How does the noninjured parent's experience of the Service member's injury influence child outcomes across domains?

5. What is the prevalence of military families who identify nonparent caregivers as primary caregivers for their infants or toddlers? What is this prevalence by service component, demographics, and relationship to child? How can providers increase the capacity of nonparent caregivers in responding to the needs of young children and military families? What policies and procedures related to nonparent caregivers can support infants and toddlers in military families?

Methodology

The group consensus was that there was a strong need for collaboration and partnerships in approaching research, including the use of existing data sets for multiple research efforts. It is important to convene researchers across disciplines and professional perspectives. Qualitative, quantitative, and mixed-methods approaches were recommended, including studies informed by focus groups and home-based interviews. Grounded theory or participatory action qualitative methods and designs were specifically suggested. Capturing data with a range of instruments, including psychophysiological measures, narration, and journaling (including time diaries) was also recommended. Regardless of which specific measure was used, obtaining the perspectives of both the Service member and spouse and/or family member was identified as key to promoting valuable, trusted research approaches.

The importance of measuring relational constructs, such as reflective functioning, parental mindfulness, parental sensitivity, and parental emotional availability was emphasized. Measures for depression, PTSD in parents, substance abuse, violence, suicidality, family roles, communication patterns, and infant eye gazing were emphasized as well.

Discussants suggested that mining existing data is an effective and cost-effective method of gathering important information that may yield ethical benefits as well. Specifically, using existing data may decrease the burden on military families of being asked to participate in multiple research studies.

Discussants noted that separate and mutual methodologies need to be identified for both intervention

and evaluation research. Although various compendia of measures may be available for consideration, Table 1: Compendium of Measurements: Parenting and/or Early Childhood Measures as listed in Appendix B provides a list of identified measures and methodologies that may be considered in facilitating new and ongoing research efforts on behalf of military families with children a 0–3 years old. Discussants noted that methodologies need to be culturally sensitive by taking into consideration military-specific factors, such as Service history and Department of Defense policies and practices, which might influence respondent perceptions and outcomes.

Recommendations for Interested Researchers

The workgroup on Research and Resilience recommended the following considerations and strategies as a call to action for interested researchers:

- Explore existing data.
- When possible, embed research into practice so that families are benefiting from program services, as well as serving as research respondents. This approach makes better use of resources and addresses the ethical dilemma of potentially overburdening families who are participating in studies.
- Explore community participatory approach; by engaging members of both military and civilian communities, it is possible to foster more meaningful community interest and investment in the research.
- Increase familiarity with, and sensitivity to, military culture and the diversity within military cultures.
- Recognize the need and importance of program evaluation components and consider building these in for all new program efforts.
- Work collaboratively across disciplines, utilizing military and civilian expertise.
- Contextualize research within the context of military life to be consistent with mission for optimal support from command.
- Identify and specify the public health implications of research for babies, toddlers, and their families.
- Do not limit research to military installations and medical settings only. Reach out to civilian communities as an opportunity to investigate the implications of military-related events for Veteran, National Guard, and Ready Reserve families and their young children as well as Active Duty Service members and their families living off installation.

Table 2: Mapping Core Elements of Research and Resilience Initiative, in Appendix B, provides researchers with a summary of the key elements, research questions and methods/approaches referenced in this report.

Invitation to Participate Collaboratively

Through this Research and Resiliency initiative, ZTT has created an e-mail discussion group for all interested participants to highlight their existing research or to find others with similar research interests. The discussion group serves as an opportunity to create a cyber community of researchers working in concert toward the following goals: to work collaboratively in promoting research that informs interdisciplinary practice across military, Veteran, and civilian communities; embed military-specific items in family and early childhood studies; encourage the inclusion of military-specific research in policies regarding family and early childhood issues; and disseminate information about funding opportunities to support research on behalf of military families and their very young children.

Highlight: Stepping in the Right Direction

Participants from the Research and Resilience meetings were invited to share current or upcoming studies, publications, or funding opportunities that targeted young children in military families. The following summaries of these highlighted studies and funding opportunities represent important steps to address the issues and supports available to military families with young children.

Funding Opportunities

Children in Military Families: The Impact of Parental Military Deployment and Reintegration on Child and Family Functioning (R21)
Valerie Maholmes; National Institutes of Health
The goal of this initiative is to encourage interdisciplinary studies examining the impact of parental deployment and separation on family functioning and child health outcomes, including the process of adjustment when military personnel return home and the long-term consequences of separation and reintegration on children's social and emotional development. The development and validation of measures of family context are welcome as are the development and testing of interventions to address social, emotional, and behavioral challenges of military children and families.

The following links to specific funding opportunities under this initiative are available to interested researchers:

http://grants.nih.gov/grants/guide/pa-files/PA-11-202.html
http://grants1.nih.gov/grants/guide/pa-files/PA-11-202.html
http://grants1.nih.gov/grants/guide/pa-files/PA-11-200.html

Relevant Studies

Addressing the Needs of Children and Families of Combat Injured
Stephen Cozza; Uniformed Services University School of Medicine
The proposed project is designed to evaluate five major clinical categories of parental and family function post combat injury: (a) acute child and parent traumatic stress symptoms; (b) levels of parental efficacy (e.g., emotional availability, disciplinary style); (c) parent–child communication; (d) alterations to family schedule and structure; and (e) long-term impact of injury on child, parent, and family function. The study is a longitudinal design comparing families of combat-injured Service members (CI group) and noninjured Service members (NI group) across a 12-month period. The specific aims of this study are to (a) identify the immediate impact of parental combat injury on children and families; (b) assess the progressive impact of injury on child, parent, and family function; and (c) determine the appropriateness of developing intervention strategies for this population. Further scientific effort in this area will benefit not only the military population but also the extremely large number of U.S. children whose parents sustain serious traumatic injury throughout the nation.

FOCUS-CI: A Preventive Intervention With Children and Families of the Combat Injured

Stephen Cozza; Uniformed Services University School of Medicine

It is the intention of the present work to develop and test a strength-based program by creating Families Overcoming Under Stress—Combat Injured (FOCUS–CI). This intervention will be used to help families adjust to their immediate situation and any changes that result from the injury. It is designed to also prevent the development of longer term problems that can cause problems for adult and child health and functioning. The project will also help adults keep their focus on their roles as parents despite such challenges such as relocation, medical and psychological distress, and other problems that can result from injuries. Finally, injured families will be taught important communication skills so that adults can more easily and effectively discuss appropriate details pertaining to the injury with their children. Children will be helped to feel more comfortable asking questions of their parents and other adults as it relates to the injury, treatment, or long-term plans. FOCUS–CI will also help family members to engage people outside of their families to more effectively ask for help when it is needed. Findings from this study can be used to help people outside of the military community as well.

Deployment Family Stress: Child Neglect and Maltreatment in U.S. Army Families

Stephen Cozza; Uniformed Services University School of Medicine

This project is the first in-depth study of U.S. Army child neglect utilizing a three-pronged, cross-informing methodology. The results of this project and associated studies will improve understanding of child neglect phenomena within the U.S. Army, clarifying contributing risk and protective factors at multiple levels within the family and community. The project will also inform future policy regarding best practices that can most effectively inform primary, secondary, and tertiary prevention efforts toward child neglect in U.S. Army communities. Specific aims include (a) studying and describing of the phenomenology of U.S. Army child neglect; (b) identifying child, parent, and family risk and protective factors that contribute to child neglect, to include deployment; (c) identifying military community contributions to child neglect; and (d) identifying surrounding civilian community factors that may contribute risk or protection to child neglect behaviors in the current military context of frequent multiple combat deployments. This three-pronged methodology will include the following approaches: key informant data collection, clinical record reviews of substantiated child neglect cases, and military and civilian community resource and characteristics data collection and analysis.

Potential risk and resiliency factors that operate to augment or diminish family risk during times of combat deployment stress have neither been proposed nor examined. Neither has the relationship between community factors and military child neglect rates been examined. This investigation was designed to better describe the nature of these events and to clarify the contributions and interactions of family and community factors to increased measured rates of child neglect in U.S. Army communities.

Strong Families Strong Forces

Ellen R. DeVoe, Ruth Paris, Abigail Ross, Michelle Acker; Boston University

The purpose of this research is to develop and test the efficacy of a home-based reintegration program, Strong Families Strong Forces, for the significantly underserved population of OEF/OIF Service members, their partners, and their very young children. Strong Families Strong Forces is a multiyear study funded by the Department of Defense. Applying a community-based participatory approach, the study has been conducted in three phases. In Phase 1, investigators conducted 80 qualitative interviews and two focus groups with service members, spouses, key stakeholders, and child care providers to gain an in-depth understanding of the impact of deployment experiences on parenting, parents' relationships with their very young children, and family needs throughout the deployment cycle. Findings from this exploratory work were integrated with principles from existing infant mental health interventions to develop Strong Families Strong Forces. In Phase 2, the program was pilot tested with 9 families. In Phase 3, the researchers are conducting a randomized controlled trial with a sample target of 128 OEF/OIF families with very young children. The primary outcomes of interest include the quality of the Service member parent's relationship with his or her young child as assessed by a videotaped observational procedure (Crowell, 1988), parenting stress, and family functioning.

The Deployment Life Studies

Anita Chandra; RAND Corporation

To inform a concrete definition of family readiness, it is critical to identify the skills and tools that are most important to meeting the challenges of military life and of deployment in particular. This understanding will allow military policymakers to design programs that target the families most likely to need support and to tailor those programs toward interventions most likely to address real needs throughout the military life cycle.

To examine these issues, the RAND Corporation is conducting a 3-year, longitudinal study to identify the antecedents, correlates, and consequences of family readiness across the deployment cycle. This study will recruit U.S. Army, Navy, Air Force, and Marine families. Families with young children will be included in this study. We anticipate learning about parent–child relationships and the social and emotional well-being of young children from the perspective of the parent. Analyses will focus on identifying the characteristics of more or less successful families over time, where success is defined in terms of a range of important outcomes that will be measured at every assessment. These include the following:

- the emotional, behavioral, and physical health of family members
- the quality of marital and parental relationships
- child outcomes (e.g., school performance, social development)
- military career outcomes (e.g., attitudes toward military service, retention intentions)
- financial well-being.

http://www.rand.org/multi/military/deployment-life.html

The Effects of Multiple Deployments on Families and Children of Deployed Service Members

Shelley Wadsworth MacDermid PhD; Military Family Research Institute, Purdue University

Under the leadership of the Military Family Research Institute at Purdue University and in collaboration with the University of California—Los Angeles (UCLA) Family Resilience Center and Westat Research Corporation, a study is underway to examine the effects of multiple deployments on military children (age 0–10 years) and families. The exciting research initiative, funded by the U.S. Department of Defense Office of Military Community and Family Policy, addresses a gap in the literature not only around the size of the impact of wartime deployments on military children but also on how, why, for whom, and under what conditions the effects occur. In addition, the study utilizes multiple methods, including archival record reviews and current surveys and interviews completed by parents. This 2-year study is funded through 2012. Project funding limits the longevity of this research and the ability to follow these families over time; however, it is hoped that future funding will include longitudinal assessment.

The Welcome Back Veterans UCLA Family Resilience Center

Patricia Lester, MD and Shirley Glynn PhD; University of California Semel Institute for Neuroscience and Human Behavior

The Welcome Back Veterans UCLA Family Resilience Center will develop, evaluate, and disseminate a continuum of family-centered interventions and community-level continuum of services designed to mitigate stress and promote resilience in OEF/OIF/Operation New Dawn (OND) Veterans, National Guard, Reservists, and their family members as they cope with reintegration challenges and combat-related psychological health problems. The Center will support the dissemination of evidence-informed, family-centered services in partnership with community systems of care, enhancing community capacity to care for returning service members and their families in the greater Los Angeles area. This will be achieved through two interdependent components—a research core and a services/education core—each of whose work will inform the other. In the initial work of the research core, the Center will conduct two pilot investigations: (a) a family resiliency-based intervention for returning warfighters and their partners and children (FOCUS), and (b) a couples treatment for PTSD (Structured Approach Therapy) that emphasizes reducing PTSD avoidance/numbing symptoms. The services/education core will serve as a critical knowledge, training, and networking resource for agencies that provide entry points for community-level care for Veterans, National Guard, Reservists, and their families. Funding for the Center is provided by Major League Baseball Charities, McCormick Foundation, and Entertainment Industry Foundation.

Part III of this publication is entitled "Young Children From Military Families Exposed to Trauma, Including the Stress of Deployment" and includes an introduction by Joy Osofsky and three chapters: Chapter 8, The Impact of Parental Combat Injury on Young Military Children (Cozza & Feerick); Chapter 9, Working With Young Children of the National Guard and Reserve During a Family Member's Deployment (Vogel, Neman, & Kaplan); and Chapter 10, Coming Together Around Military Families (Williams & Fraga). This section of the book introduces the relatively new area of concern related to young children affected by trauma represented by the stresses experienced by infants and young children in military families. Osofsky identifies classic developmental concerns that emerge in this work and population, including problems associated with separation and loss and significant effects of injuries and death on young children, and their families. She and the chapter authors in this section of the publication emphasize that young children in military families are likely to face unique and potentially greater challenges than older children because of their developmental immaturity. Chapters 8 and 9 include clinical vignettes and single case study data to highlight issues and intervention strategies for this population. Chapter 10 outlines a training and consultation model for both civilian and military providers across different disciplines that support military families.

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Appendix A   Research and Resilience Proceedings

Participant Listing

Cochair for March 24–25, 2011, Meeting
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Appendix B

Table 1. Compendium of Measurements: Parenting and/or Early Childhood Measures

Measure	Targeted Age Group	Outcomes/ Domains	Administration	Relevant Studies
Parenting Stress Inventory— Short Form (PSI) (Abidin, 1983)	Parent–child relationship issues, particularly for preschool aged children	Screens for stress in parent–child relationship.	Parent survey, short form consists of 36 items and can be completed in about 15 minutes yielding a Total Stress Score. Can be scored using PSI Software Portfolio.	Abidin, R. (1983). *Parenting Stress Index: Manual, administration booklet, [and] research update.* Charlottesville, VA: Pediatric Psychology Press.
Bayley Scales of Infant Development III (BSI–III) (Black & Matula, 1999)	Children ages 1–42 months	Assesses motor, language and cognitive development of infants and toddlers and includes a Social–Emotional Adaptive Behavior Questionnaire completed by parent/caregiver. Identifies infant/ toddler strengths and competencies as well as their weaknesses.	Administered by clinician or psychometrician with graduate or postgraduate qualifications across different disciplines including psychology, speech, occupational therapy, health, and mental health professions with special training in administration of measure. Yields standard scores, T score with age equivalents, percentiles, and cut-scores. Approximately 90 minutes administration time using test kit and materials, record sheets.	Black, M., & Matula, K. (1999). *Essentials of Bayley Scales of Infant Development II Assessment.* New York, NY: John Wiley. Kelly-Vance, L., Needelman, H., Troia, K., & Ryalls, B. O. (1999). Early childhood assessment: A comparison of the Bayley Scales of Infant Development and play-based assessment in two-year-old at-risk children. *Developmental Disabilities Bulletin*, 27, 1–15. Hack, M., Taylor, H. G., Drotar, D., Schluchter, M., Cartar, L., Wilson-Costello, D., Klein, N., et al. (2005, August.). Poor predictive validity of the Bayley Scales of Infant Development for cognitive function of extremely low birth weight children at school age. *Pediatrics*, *116*(2), 333–341.
Vineland Social– Emotional Early Childhood Scales (Vineland SEEC) (Sparrow, Cicchetti, & Balla, 2005)	Birth through 5 years 11 months	The three scales— Interpersonal Relationships, Play and Leisure Time, and Coping Skills—and the Social–Emotional Composite assess usual social–emotional functioning in young children.	A 15- to 25-minute administration using survey interview and parent/Caregiver Rating Forms; users should have a PhD in psychology or be a certified or licensed school psychologist or social worker.	Sparrow, S., Cicchetti, D., & Balla, D. (2005). *Vineland Adaptive Behavior Scales* (2nd ed.). Minneapolis, MN: Pearson Assessment.

Measure	Targeted Age Group	Outcomes/ Domains	Administration	Relevant Studies
Parent–Child Structured Play Interaction (CROWELL) (Crowell & Feldman, 1988, 1991; Crowell, Feldman, & Ginsburg, 1988)	Parent–child relationships for children 12–60 months	Observing and coding caregiver–child interactions, including how the dyad balances task demands, level of comfort, shared affection, and cooperation and how they handle disagreements.	Series of eight episodes in clinical or natural settings requiring 45–60 minutes to complete. Episodes include free play, clean up, bubble bowing, and four increasingly difficult problem-solving tasks as well as a separation/ reunion episode. Specialized training for clinical and/or research purposes necessary for qualified clinicians/ psychometricians.	Crowell, J., & Feldman, S. (1991). Mothers' working models of attachment relationships and mother and child behavior during separation and reunion. *Developmental Psychology, 27*(4), 597–605. Crowell, J. A., & Feldman, S. S. (1988). Mothers' internal models of relationships and children's behavioral and developmental status: A study of mother–child interaction. *Child Development, 59*, 1273–1285. Crowell, J. A., Feldman, S. S., & Ginsberg, N. (1988). Assessment of mother–child interaction in preschoolers with behavior problems. *Journal of the American Academy of Child and Adolescent Psychiatry, 27*, 303–311.
Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) Observational Measures (Roggman, Cook, Innocenti, Jump, & Christiansen, 2009)	Parenting interactions for positive child outcomes from infancy through preschool	Used for observing, tracking, and supporting parenting interactions using measures in four domains (Affection, Responsiveness, Encouragement, and Teaching).	Observational parenting measure developed for early intervention/Early Head Start practitioners.	Roggman, L. A., Cook, G. A., Innocenti, M.S., Jump Norman, V. K., & Christiansen, K. (2009). *PICCOLO (Parenting Interactions With Children: Checklist of Observations Linked to Outcomes) user's guide*. Logan, UT: Utah State University. Cook, G. A., Innocenti, M. S., Roggman, L. A., & Jump Norman, V. K. (2011, May). *PICCOLO: A simple parent-child interaction measure and its use in early intervention. New York, NY: International Society for Early Intervention*. Retrieved from http://works.bepress.com/lori _roggman/129/

Measure	Targeted Age Group	Outcomes/ Domains	Administration	Relevant Studies
Child Behavior Check List (CBCL) (Achenbach & Edelbrock, 1983)	Version for children 18 months–5 years	Parents or key caregivers rate a child's behaviors for problems and competencies. Can be used to measure changes in behavior over time or postintervention.	Self-administered survey or administered through an interview. Parent report, teacher report forms, and direct observation forms are available.	Achenbach, T. M., & Edelbrock, C. (1983). *Manual for the child behavior checklist and revised child behavior profile*. Burlington, VT: Queen City Printers. Kennedy, C. M., & Lipsitt, L. P. (1998). Risk-taking in preschool children. *Journal of Pediatric Nursing, 13*(2), 77–84.
Attachment Q-set: Version 3 (Waters & Deane,1985)	Children 12–36 months	Rates the degree of security of attachments and attempts to differentiate attachment from social ability and dependency.	A 90-item assessment that can be completed by parents or independent observers.	Waters, E., & Deane, K. (1985). Defining and assessing individual differences in attachment relationships: Q-methodology and the organization of behavior in infancy and early childhood. In I. Bretherton & E. Waters (Eds.), *Growing pains of attachment theory and research: Monographs of the Society for Research in Child Development 50*, Serial No. 209 (1–2), 41–65.
Strange Situation Assessment (Ainsworth & Bell, 1970)	Children 9–18 months	To observe attachment relationships and classify nature of attachment styles.	Effective training of evaluators is essential; 20-minute observation of prescribed situations.	Ainsworth, M. D. S., & Bell, S. M. (1970). Attachment, exploration, and separation: Illustrated by the behaviour of one-year-olds in a strange situation. *Child Development, 41*, 49–67. Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Walls, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale, NJ: Erlbaum.
Home Observation and Measurement of the Environment (HOME) Inventory (short form) HOME-SF (Caldwell & Bradley, 1984)	Infant–toddler version is 0–3 years	Designed to assess parental responsivity, acceptance of child, organization of environment, learning materials, parental involvement, and variety in experience.	Intended for use by researchers and practitioners and should be combined with information from other individual assessments of the child. Semistructure interview and direct observation of the home environment by a trained assessor.	Caldwell, B., & Bradley, R. (1984). *Home Observation for Measurement of the Environment (HOME)—revised edition*. Little Rock, AR: University of Arkansas, Little Rock.

Measure	Targeted Age Group	Outcomes/ Domains	Administration	Relevant Studies
Alabama Parenting Scale (Frick, Christian, & Wooton, 1999)	6–13 years (has been used for children as young as 4 years)	Designed to tap the dimensions of parenting shown factors to be risk for development of conduct disorders in children.	It has parallel forms for child report, parent report, or telephone interviews. The copyrighted forms can be downloaded at no charge but the author requests that copies of any studies using the APQ be sent to him at pfrick@uno.edu.	Essau, C. A., Sasagawa, S., & Frick, P. J. (2006). Psychometric properties of the Alabama Parenting Questionnaire. *Journal of Child and Family Studies, 15*, 597–616. Frick, P. J., Christian, R. C., & Wootton, J. M. (1999). Age trends in the association between parenting practices and conduct problems. *Behavior Modification, 23*, 106–128. Shelton, K. K., Frick, P. J., & Wootton, J. (1996). The assessment of parenting practices in families of elementary school-aged children. *Journal of Clinical Child Psychology, 25*, 317–327.
Parent Guidance Assessment-Combat Injury (PGA–CI) (Cozza, Chun, & Miller, 2011).	Parent interview for collecting preliminary family, child, and parent information for spouse of recently hospitalized, combat-injured service members	Assesses family demographics, family deployment experience, nature of combat injury, injury communication, event impact on parent and on child, understanding and preparation for future family needs.	Semistructured clinical interview to be administered ONLY by experienced mental health professionals familiar with unique issues of combat injured soldiers and their families.	www.usuhs.mil/ctcs/ Cozza, Chun, & Miller, 2011).

Table 2. Mapping Core Elements of Research and Resilience Initiative

Key Elements	Research Questions	Methods and Approaches
The range of stressors that military families have experienced	1. How do services, as well as perception of services, influence parenting and outcomes for babies? 2. What is the prevalence of children ages 0–3 years with special needs in military families?	• Explore existing data • When possible, couch or include data within support services
Multiple and varied transitions	1. How does deployment affect parental health behaviors during the period from before birth through age 3 years? 2. What policies and practices would redress the costs of separation?	• Explore community participatory approaches; encourage investment in research • Increase familiarity with, and sensitivity to, military culture and the diversity within military cultures
Unique Guard and Reserve challenges	1. How do services, as well as perception of services, influence parenting and outcomes for babies? 2. What is the prevalence of children ages 0–3 years with special needs in military families?	• Recognize the need and importance of program evaluation components and consider building these in for all new program efforts
Deployment-related injury	1. How do parenting practices and child outcomes differ or play out within the context of physical injury, psychological injury, or the experience of a noninjured parent?	• Work collaboratively across disciplines, utilizing military and civilian expertise
Family roles and structure in relation to deployment	1. How does deployment affect parental health behaviors during the period from before birth through age 3?	• Contextualize research within the context of military life consistent with mission for optimal support from command
Financial strain	1. What policies and practices would redress the costs of separation? 2. What is the prevalence of children ages 0–3 years with special needs in military families?	• Identify and specify the public health implications of research for babies and toddlers and their families
Single parenting	1. How does deployment affect parental health behaviors during the period from before birth through age 3? 2. What is the prevalence of military families who identify nonparent caregivers as primary caregivers for the babies/toddlers?	• Do not limit research to military installations and medical settings only—consider community linkages, implications for veterans and their families, and especially issues facing National Guard and Ready Reserve troops and their families with young children.
Maternal depression	1. How does deployment affect parental health behaviors during the period from before birth through age 3?	
Developmental and relational impact on infants and young children	1. What strategies and strengths are families using that support positive early childhood development? 2. What is the quality of social–emotional development of children ages 0–3 years of military families? 3. What is the cognitive and language development of children ages 0–3 years of military families? 4. What is the prevalence of children ages 0-3 years with special needs in military families?	

www.zerotothree.org/military