

# Family Focus on . . .

## Military Families

Issue FF52



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The theme for the next issue of *NCFR Report* is "Teaching Family Science." Deadline for submission is March 21, 2012. Questions? Write the editor at [nancygonzalez@ncfr.org](mailto:nancygonzalez@ncfr.org)

## Working with the military

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Since 2000, it has been my honor to lead the Military Family Research Institute at Purdue University. This was an experience I never expected to have, but I have found it to be among the most meaningful and intellectually engaging of my career. Today, the institute is actually misnamed because we now carry out not just research but also outreach with and for military families, working closely with military and community organizations. We often receive calls from colleagues who are eager to learn about working with the military, and so in this article I share some suggestions. Some of these were presented at a recent meeting of the Society for Social Work Research.

### Go Back to the Books

There is a good chance that many of the research questions or intervention ideas you are thinking of have already been thought of by others. Because research about military families tends to wane between conflicts, the most recent research relevant to your question may have been published soon after the most recent large-scale conflict (the first Gulf War in the 1990s). Considerable research on military families is published in technical reports rather than peer-reviewed literature (because it is funded by military contracts), and thus you must search the "gray" literature as well as the traditional scientific literature (the Defense Technical Information Center is a very important source). Before you conclude that your idea really is new, make sure you scan the environment very carefully.

### Remember the Old Adage that "Fools Rush in Where Angels Fear to Tread"

It can be easy to find flaws in prior research or intervention efforts. For example, many reports have recently criticized existing

military programs for lacking sufficiently rigorous evaluation protocols. In at least some of these cases, there were good reasons that evaluation activities were limited, such as legal restrictions on appropriate use of funds. You should always assume that your predecessors were smart, thoughtful people who wanted to do a good job. If you can find out about the constraints they faced, you will have a much better chance of improving on their effort.



Shelley MacDermid Wadsworth

### Never Forget that It's Not About You or Your Program

Military folks have an important mission to carry out for the country. They are completely funded by taxpayer dollars and they expect accountability. They work with academics to find better ways to fulfill their mission, not because they are trying to help us publish articles, conduct randomized trials of a new intervention, or train students. If they learn of a resource that they think will help them fulfill their mission better, cheaper, or faster, they need to pursue that option even if it means withdrawing support from existing projects.

Every day, military members are in harm's way around the world. Even in European cities on "regular" deployments, service members have been targets of lethal violence. Combat deployments are decreasing as troops leave Iraq and Afghanistan, but deployments for peacekeeping, natural disasters, training, and many other purposes continue. Thus, the children, partners,

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# Buddy-to-Buddy: An innovative substitute for family support among at-risk, returning veterans of Iraq and Afghanistan

by Christopher Jarman, MSW, Michigan State University, [christja@med.umich.edu](mailto:christja@med.umich.edu); Adrian Blow, Ph.D., Michigan State University; Marcia Valenstein, M.D., M.S., The University of Michigan

Soldiers at war anticipate few events so much as returning home to family, friends, and a sense of peace. Yet for many returning veterans, peace eludes them as they begin new battles with combat sequelae such as post-traumatic stress, depression, substance abuse, anxiety, traumatic brain injuries, and social isolation, all of which can have devastating effects on close relationships. For one group of recent veterans members of the Army National Guard these experiences appear to occur at still higher rates and with greater severity than the rest of the military.

Army National Guard (NG) soldiers comprise nearly a third of the nation's 1.12 million soldiers. Working part time (one weekend a month and a two-week annual training), these citizen soldiers lead more traditional lives when not in uniform. During the 10 years of the Global War on Terror, however, NG units across the nation have repeatedly been called to full-time duty, serving year-long tours far from home and family. NG veterans'

experiences upon returning home, however, are at best only loosely similar to those of their full-time counterparts.

Active-duty soldiers typically return to large military communities replete with specialized support services for reintegration (e.g., military hospitals, outpatient clinics, family support groups and programs, addiction treatment, and military chaplains, to name but a few). Crucially, active-duty soldiers return to communities where they are surrounded both by military peers with similar experiences as well as the structure and close monitoring of their chain of command; in short, they are relatively ensconced by their "military family," a significant source of social support above and beyond reintegration services.

Guard soldiers, by contrast, return to largely civilian hometowns where they must quickly decompress from war while reintegrating into their civilian jobs and communities. Social interactions with members of their units often decrease precipitously, and many NG veterans report a sense of isolation and disillusionment with the more mundane, day-to-day experiences of civilian living. Potentially contributing to the challenge, many young soldiers are unmarried or unpartnered and no longer live with their families. These veterans are at potentially even greater risk of negative outcomes by virtue of social isolation and lack of close family support. For soldiers struggling with the traumatic effects of war, their "military family" may become as important as their family of origin.

Often, family members (spouses, parents, and extended family) are the first lines of support for soldiers when they return, par-



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ticularly for NG soldiers. However, these family members are at times not able to be ideal supporters. Frequently, service members may choose not to speak with family members about their struggles out of concern for burdening these individuals. In addition, service members may find it very difficult to talk to family members about disturbing or traumatizing deployment events. Family members themselves may have their own difficulties and as a result they may not be receptive to the difficulties of the service member. NG family members live in a civilian world and may not be as understanding about the perils of war as the service member needs. In other cases, family may be absent from the lives of service members by virtue of distance or strained relationships, leaving the service member with limited support. Whatever the reason, it is increasingly apparent that in some cases service members are more easily able to talk to their fellow service members about struggles with deployment and reintegration, and in cases where family is not ideal as a support, the military family takes on a much larger significance.

In response to growing awareness of the struggles facing National Guard veterans, our team of researchers, clinicians, and military leaders in Michigan felt compelled to respond. After several years of close collaboration we developed what is known as Buddy-to-Buddy, an innovative peer support

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## working with the military

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parents, and other people who love military members will continue to watch, wait, and worry. Over the past decade, we have added millions of men and women to the veteran population, and the costs of caring for the service-connected illnesses and injuries of these individuals will not peak for several decades. As educators, scholars, and practitioners, we are obligated to pay attention to this new demographic group.

I am proud to be among many wonderful colleagues around the world who are doing this work and we at MFRI are eager to collaborate with students and faculty who share our interest in gathering and analyzing data, strengthening programs, and educating new colleagues. ■

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program carefully tailored to meet the challenges and needs of our National Guard veterans. By enhancing the effectiveness of these soldiers' "military family," we are hoping to improve outcomes among these deserving veterans.

The military has long been aware of the struggles of returning soldiers and provides soldiers in the NG and active duty alike with considerable support. Despite these resources, fear of stigmatization, a warrior ethos, distrust of healthcare professionals, and career concerns persist as powerful barriers to seeking care, and more than half of those in need choose not to seek it.

In response to these alarming realities among returning veterans, various organizations in Michigan began considering a way to augment existing support programs. Michigan which has no active-duty military installations, but a relatively large National Guard presence was rife with opportunities to serve returning veterans. In 2005, faculty at Michigan State University (MSU) began developing tailored programs for returning veterans and their families through what are known as Reintegration Weekends. These NG sponsored events provide soldiers and their families opportunities to reconnect with their "military family" while simultaneously receiving briefings and referral information for common needs. The MSU faculty sought to enhance these events by providing soldiers and families with information and assistance grounded in the latest research.

At many of these events, two of Michigan's Vietnam veterans volunteered to provide informal, unstructured outreach efforts to soldiers, typically by giving talks about their own experiences with the challenges and pitfalls of reintegration. The veterans' talks had a powerful effect on soldiers as well as visiting faculty members, who were intrigued by their approach. The two veterans' status as relative outsiders to formal systems enabled them to deliver their message of hope while bypassing the resistance so common among returning veterans. Soon, University of Michigan (UM) and Veteran's Administration (VA) investigators joined the MSU faculty at reintegration briefings, and by 2008, discussions about more deliberate outreach programs based largely on the concept of peer support were ongoing. The collaboration

soon received grant funding from the Robert R. McCormick Foundation's *Welcome Back Veterans* initiative and began regularly meeting to set a course for enhanced support for returning soldiers in Michigan.

Through an iterative process among group members, the collaboration between MSU, UM, the VA, and the Michigan National Guard eventually developed a peer-support program for units returning from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). Our intent was not to develop another mental health program, but rather a unit-level mechanism for identifying soldiers with needs and confidentially connecting them with available resources. A

variety of hurdles including concerns about confidentiality, ambivalence regarding treatment, relational issues between the NG and nonmilitary organizations, respect for the NG chain of command, programmatic feasibility and effectiveness, and "in-unit" versus "out-of-unit" peers required negotiation and creative solutions. The result of these early efforts became known as the Buddy-To-Buddy Veteran Volunteer Program, or B2B. Designed specifically for service members returning from OIF and OEF, we developed B2B to improve outcomes by activating veterans' "military families."

tions with soldiers, available resources, and limited training regarding symptoms suggestive of the need for further evaluation. Soldiers are then assigned a panel of four to 10 soldiers in their units whom they contact each month by phone or in person. During these conversations, B1s rely on a list of 11 potential problem areas to guide them. Importantly, these volunteers do not serve as mental health counselors or case managers and do not diagnose conditions. Instead, B1s provide soldiers in need or at risk with an opportunity to speak to a trained, trusted peer and with substantially reduced concerns about stigmatization, breeches of confidentiality, or career implications. If B1s have concerns about one of their soldiers, they

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can contact NG mental health personnel for consultations and referrals. Such concerns cover an array of matters, however, and may include financial issues, employment concerns, substance abuse problems, marital difficulties, and so on.

The second tier of volunteers consists of veterans no longer serving who are selected and supervised by VA and UM staff. These volunteers are selected because of their demonstrated maturity, responsibility, interpersonal skills, knowledge of mental health services, and trainability in more nuanced strategies for motivating soldiers to seek and remain in care. B2s receive two days of intensive training, including the use of Motivational Interviewing (MI), an empirically validated technique for effectively responding to ambivalence. B2s often interact with their assigned units at training weekends and reintegration events, and soldiers know they can call B2s directly if they prefer. B2s also receive soldier referrals from B1s, military chaplains, commanders, family service organizations, and other sources. Each Buddy Two receives weekly supervision teleconferences with an experienced clinician in the VA.

Today, Buddy-to-Buddy is a two-tier peer-support program run by within-unit soldier volunteers (Buddy Ones, or B1s) and veteran volunteers external to units (Buddy Twos, or B2s). This tiered design provides a balance between effectiveness and the concerns mentioned above. Buddy One soldiers are selected because peers view them as informal leaders to whom they willingly turn for advice or support. These volunteers receive roughly four hours of training on the Buddy-to-Buddy program, their roles as B1 volunteers, open-ended questioning and reflections to sustain and enhance conversa-

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# Advice to the therapists working with military families

by Angela J. Huebner, Ph.D., Associate Professor, Department of Human Development, Virginia Tech, [ahuebner@vt.edu](mailto:ahuebner@vt.edu)

The military conflicts in Iraq and Afghanistan mark the first time in our nation's history of military service that we have attempted to maintain such an involved forward deployment with an all-volunteer force. To date, about 1.8 million troops have been deployed. This translates into 2.7 million family members who have experienced separation from their service member for extended periods of time.

The experience of deployment can be divided into three distinctive phases, each with its own associated stressors and emotions. First, predeployment begins when the service member receives his or her orders. It typically involves extended training and preparation for the upcoming mission. Families may become more distancing and argumentative during this phase of deployment as they vacillate between denial and sadness about the service member's departure. Second, deployment occurs when the service member begins his or her actual mission in or in support of the theater of war. Families typically experience a wide variety of emotions during the actual deployment including relief, sadness, numbing, or anxiety. These

emotions can shift into feelings of independence and control as the deployment wears on. Finally, reintegration occurs when the service member returns to the United States and is reunited with his or her loved ones. This period may start as a honeymoon, but end in the reality of renegotiating roles and getting to know each other once again.

Service members ranked deployment length and family separation among their top noncombat-related stressors. Other studies have documented the impact of deployment on family members, noting the shifts needed for adjustment. For some children and youth, parental deployment has been associated with depression, anxiety, lower grades in school, and increased familial conflict. Deployment has also been linked to depression, anxiety, isolation, and sadness for some nondeployed spouses. Not surprisingly, the adjustment of the at-home parent (the nondeployed spouse) has repeatedly been shown to have the greatest impact on the overall adjustment of the children.

Depending on their geographic location, service members and their families can have

access to a wide variety of mental health supports. These supports can include counseling through behavioral health, chaplains, or Military OneSource. Despite the availability of supports and the documented impact of the stressors of deployment, studies suggest that service members and their families are often hesitant to seek mental health services. Service members cite concerns about confidentiality, fear of appearing weak, and negative repercussions on career advancements (including threats to security clearance) as reasons for not seeking mental health support when needed.

Therapists outside the military community can be a valued support to service members and their families precisely because they are unaffiliated with any military branch. This nonaffiliation can be helpful in assuring confidentiality but it may also be accompanied by a lack of understanding about the military culture, which can compromise the therapeutic alliance.



Angela Huebner

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B2s encourage soldiers to open up about their problems, seek help when needed, and remain in care if necessary. They also provide soldiers with confidential information about a wide range of resources, all without involving the chain of command.

After the initial development and implementation of the B2B peer-support program, the Michigan Army National Guard assumed control of the program and has assigned an officer and noncommissioned officer to conduct training and implementation. NG Bureaus in other states have expressed interest in the program and efforts to disseminate Buddy-to-Buddy are ongoing. We are currently conducting a multistate evaluation of the program, including longitudinal surveys

for several thousand veterans, qualitative interviews of soldiers, leaders, and key informants in the program, and analysis of health data. Preliminary data is already enabling the Michigan National Guard to improve the program's reach and effectiveness. The data are also providing encouraging evidence that the concept of an extended "military family" can help struggling veterans survive and even thrive under truly challenging circumstances. We hope to continue supporting this wonderful group well into the future through our close relationship with the National Guard. While we do not wish to supplant the role of family in providing support, we hope to extend the picture to include the valuable support found among close peers. ■

## **Understanding Military Culture**

How can therapists become the "inside" outsiders for service members and their families? The following suggestions are designed to familiarize the militarily naïve therapist to the military culture and potential issues of special concern for military service members and their families.

One of the most important things to recognize when working with military service members or their families is what has been termed the "warrior ethos." Service members and their families pride themselves on their strength and ability to successfully confront challenge. The notion of asking for help or support often carries with it the stigma of weakness. In our studies, service

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members have reported concerns about appearing weak in front of their peers or commanders; commanders have reported concerns of appearing weak to their subordinates. In a culture where respect and teamwork reign, such fears are not unwarranted. No one wants to be considered the “weakest link” and many believe their families to be a direct reflection on them. These beliefs, which help make our military strong, can also place service members in a double bind when they do find themselves in need of support, especially when that support entails mental health services. It is imperative that therapists have an awareness of this tension if they are to successfully work with military service members and their families.

As with any culture, the military has its own set of acronyms and terms that flow throughout their everyday conversations. While it is not necessary to become completely fluent in “military-ese,” an understanding of common terms can go a long way in establishing a therapeutic alliance. Several websites provide excellent primers in this regard (e.g., <http://www.militaryfamily.org/get-info/new-to-military/military-culture/>). Some frequently used terms include: OEF (Operation Enduring Freedom); OIF (Operation Iraqi Freedom); PCS (Permanent Change of Station or moving to a new location); TDY (temporary duty going away for a conference, education, or training); MOS (Military Occupational Specialty); CONUS (located in the continental United States); OCONUS (located outside the continental United States); IA (individual augmentee, a service member who is deployed with a unit other than the one with whom he or she has trained); FRG (Family Readiness Group, provides support for spouses and families left behind, especially during deployment); and “in theater” (in the location of the conflict or battle).

Each service branch brings with it its own culture and pride. Each specializes in different contexts of battle (land, sea, sky) and each operates different lengths of deployment, ranging on average from 6-15 months. Identifying service members by their proper branch is a sign of respect. For example, those in the Army are called soldiers and their installations are referred to as forts or

posts. Those in the Navy are called sailors and their installations are referred to as bases. Marines are affiliated with the Navy but are referred to as Marines. Those in the Air Force are airmen or airwomen and their installations are also called bases. Referring to someone in the Army as a sailor or to someone in the Navy as a soldier lessens the therapist’s credibility and can be interpreted as disrespectful.

A service member’s rank can provide information about his or her education, income, and job description. For example, those in the enlisted ranks usually have no prior college degree. Commissioned officers have either completed a college Reserve Officers’ Training Corps (ROTC), a degree from a U.S. service academy, or officer training school. Noncommissioned officers have ascended up the ranks from enlisted to

majority have been involved in or witnessed trauma but may not be willing to share this information unless explicitly asked. The service member and his or her family need to know that you are aware of the reality of combat exposure and that you can handle hearing about it.

#### *Depression and Suicide*

The growing rate of suicide in the military has received increased attention. Given the warrior ethos, it is not surprising that service members would be hesitant to talk about suicidal ideation even if it were occurring. Again, be specific in asking about this.

#### *Survivor Guilt*

Many service members may be experiencing survivor guilt. “Why did my comrade step on the IED and I didn’t?” “Why did their convoy get attacked and mine didn’t?” It is

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enlisted officer status, but they still remain part of the enlisted culture. In establishing a therapeutic relationship, it is important to acknowledge the rank initially (as a sign of respect), then to make it clear to the client that you view him or her as a person, rather than a position.

#### **Assessment**

Several specialized areas of assessment may be needed in working with military service members and their families. Note that these suggestions are meant to supplement regular assessment of strengths and social supports as well as issues of depression, ATOD, violence, and the like as appropriate for the presenting issue.

#### *Deployment Experience*

Ask the service member about his or her experience with deployment. Ask specifically about combat exposure and trauma exposure. Estimates are that between 77%-87% of OEF and OIF veterans had combat exposure (i.e., shot or were shot at). Thus the vast

important to explore this issue and to help the service member make sense of the experience and surrounding feelings.

#### *History of Trauma (Military and Nonmilitary)*

As suggested above, ask about trauma exposure experienced during deployment. But don’t limit the inquiry to this period of time. According to Seifert and colleagues (2011) 46% of service members report a history of childhood physical abuse; 25% report both physical and sexual abuse. Those who experienced both have a higher rate of developing PTSD. Additionally, for female service members, it is important to query about their experiences of sexual harassment or assault during deployment. Murdoch and colleagues (2003) reported that incidents of sexual harassment were reported by 80% of the military women in their study. In other studies, researchers have suggested that 28%-30% of female service members have experienced a rape while in military service.

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# Military Families Internship: Strengthening families and communities

by Sally Koblinsky, Ph.D., professor, [koblinsk@umd.edu](mailto:koblinsk@umd.edu), and Zainab Okolo, M.A., undergraduate coordinator, University of Maryland, College Park,

When men and women serve our country, their families also serve. Supporting and strengthening military families is now a national priority. Fewer than 1% of Americans have served in the armed forces during the last decade, yet they and their families have borne the burdens of our nation's longest period of continuous conflict. Among our current troops, 55% are married and more than 40% have children. Although family separations are an intrinsic component of military life, the post-9/11 wars have been characterized by special challenges, including the increased number, length, and unpredictability of deployments.

Multiple and longer deployments strain families, especially when the stress of war affects a service member's reunification with family members and readjustment to civilian life. Some post-9/11 veterans have sustained serious physical injuries, including amputations and traumatic brain injuries. Others have unique behavioral health needs. According to a RAND study of military members who served in Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF), one in five reports symptoms of post-traumatic stress disorder or depression. Greater cumulative length of deployments has also been linked to more emotional



Sally Koblinsky



Zainab Okolo

problems among military children and more mental health diagnoses among Army wives. While our U.S. military continues to recruit

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Such experiences may be particularly difficult for female service members to make meaning of, given that the assault came from those who were supposed to be on their side.

### *PTSD Symptoms*

Check for symptoms of PTSD, noting even subclinical levels and their impact on the service member's behavior and interactions with others. Also be mindful of the impact of vicarious trauma among family members of service members.

### *Drug Use*

Assess the client's use of licit, illicit, and prescription drugs. Remember that admission of use of illicit drugs can be grounds for discharge, so service members may be particularly hesitant to be honest about their use. Don't forget to ask about prescription drug use, both in theater and at home. Spouses may also have turned to drug use as a coping response during the deployment.

### *Sleep Habits*

Check with service members and spouses about their sleeping habits. Disrupted sleep can be sign of PTSD and other issues.

### *Anger/Rage*

Check to see how service members are managing any issues with anger. Are they verbally lashing out at family members? Are

they being physically aggressive with others or getting into physical fights?

### *Risk-Taking Behavior*

Many returning service members report difficulty adjusting to "normal life." After having survived at a heightened sense of alertness for such an extended period of time, a service member may be tempted to engage in risk-taking behaviors in an effort to get the adrenaline rush that was such a part of everyday experience in theater. These behaviors may be consciously intentional or not, but can include driving recklessly, not wearing a motorcycle helmet, drinking too much, engaging in fights, and taking other chances.

### *Couple Communication*

How often were the service member and spouse able to communicate during deployment? How well do they communicate now that the service member has returned home? Look for changes from predeployment to reintegration phases.

### *Infidelity (Physical and Emotional)*

During long separations, the threat of infidelity is high on both service members' and spouses' minds. Normalizing these concerns and assessing for extramarital relationships is important. Note that such relationships can be Internet-based, with emotional attachments formed at long distances or in

person. Unprecedented access to the Internet and cell phones even in theater makes such concerns real. Be ready to assess for Internet pornography use and potential addiction.

### *Financial Difficulties*

It is not uncommon for families to experience great changes in their family income during deployment. Finances can often become a point of tension. How have money issues been handled during the deployment? Are couples able to communicate about their needs and the status of their finances?

### *Youth Internalizing and Externalizing Behaviors*

Explore changes in behaviors and emotions among the children in military families. Falling grades, withdrawal, depression, anger, and sleep issues are all common responses to deployment. Some studies suggest that youth have more difficulty with the reintegration phase of deployment than do parents, in part because they are concerned about the potential for redeployment.

### **Summary**

The need for military-savvy therapists has never been greater as the stress of repeated deployments takes its toll. Knowing something about the culture and specific issues can go a long way in brokering the relationship of mutual respect needed for a successful therapeutic experience. ■

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a first-rate, volunteer force and large numbers of military families exhibit resiliency, it is important that family professionals better understand the challenges faced by military families and apply this knowledge to improving their well-being.

**Military Families Internship**

One of the challenges involved in promoting resiliency among OIF/OEF military personnel and their families is the short supply of family science and behavioral health professionals who have been trained to identify and meet military family needs. To address this shortage, the University of Maryland's Department of Family Science created a Military Families Internship program in fall of 2011. This internship prepares senior family science students to enhance the readiness, resilience, and well-being of service members, veterans, and families. Students receive training to help military families deal with deployments and family reunification, gain access to services and benefits, and advocate for their needs. Major goals of the program are to:

- Increase students' knowledge about military culture and military family strengths and challenges;
- Familiarize students with the range of programs and services available to military families;
- Develop students' skills for planning, implementing, and evaluating programs that support military families and military children/youth;
- Improve the capacity of local communities to serve military families;
- Build and enhance university partnerships with state military installations, military health centers, health/social service agencies, and nonprofits addressing military family needs; and
- Increase the number of family science professionals in the workforce who have the knowledge, skills, and experience to assist military families.

The goals of our internship program address major priorities of the recent National Leadership Summit on Military Families. In 2009, the University of Maryland partnered with the Department of Defense (DoD) and the U.S. Department of Agriculture (USDA) to bring military family policy makers, pro-

gram leaders, researchers, and family members together to identify ways to increase the effectiveness of military family support and readiness programs. Our program also complements two other internship programs in the USDA/DoD Military Extension Partnership that recruit interns from across the nation. Purdue University's 4-H Military Internship places student interns in child care and youth programs on military bases in the United States and overseas. North Carolina State University's Project Y.E.S! (Youth Extension Service) engages students in a year of service to provide youth development programs for military children nationwide.

One of the challenges involved in promoting resiliency among OIF/OEF military personnel and their families is the short supply of family science and behavioral health professionals who have been trained to identify and meet military family needs. To address this shortage, the University of Maryland's Department of Family Science created a Military Families Internship program in fall of 2011.

While Maryland's Military Families Internship shares many of the goals of the national programs, it recruits students from our university and puts them to work with military families in the local community. Students gain real-world experience with military culture and increase community capacity to foster and sustain resilient military families. Maryland's internship places some students in military child/youth programs, but also prepares students to work with military families in family readiness and human service and family life education programs that focus on health, financial management, housing, employment, parenting, caregiving, and other family issues. The program is one model for land grant and other institutions seeking to strengthen community capacity-building in support of military families and develop a local workforce of professionals prepared to meet military family needs.

**Internship Basics**

The Military Families Internship was an outgrowth of our required senior internship program in family science. After taking prerequisite courses in family science and human services, students complete a capstone, 120-hour (minimum) internship where they apply classroom learning in professional positions in the community. Although a few

military bases and military-focused agencies had previously accepted our students as interns, most students' lack of familiarity with military culture and lifestyles created a steep learning curve that limited their contributions to the internship sponsor. The current demands on military agencies further restricted the amount of time they could devote to sifting through student requests to intern at their sites.

To address these issues, family science faculty initiated contact with nearby military bases, health centers, and agencies serving military families to solicit their interest in hosting an intern. We informed potential

supervisors/mentors that all prospective students would be screened by our internship directors and matched with bases/agencies seeking their skills. All of the interns were required to complete an online, 10-module, Military OneSource course on military culture and military families (at no cost) prior to beginning their internships. As in our larger internship program, Military Family Interns must complete a contract with their supervisor/mentor specifying professional learning goals, career fit, internship duties, a supervision plan, and a schedule for progress reviews.

During their placement semester, students attend bi-weekly seminars taught by family science and other university faculty who are engaged in research and service projects involving military families. Seminars provide an opportunity for students to share their experiences and to learn about timely military issues, such as effects of the deployment cycle on families, post-traumatic stress disorder, traumatic brain injury, and evidence-based interventions for building family resiliency. Local experts who direct military youth programs, behavioral health

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initiatives, and family support activities present their work at the seminars. A panel of the university's veteran students also offers advice on working with military families. Finally, interns complete a journal and a poster project that enable them to reflect on their work as emerging professionals addressing military family needs.

We began recruiting students for the Military Families Internship in the fall of 2011. Forty-five students applied for the 20 placement sites. The authors interviewed all applicants to assess their interest in military families, familiarity with military life (e.g., parent or spouse in the armed forces), and relevant experience. The response of one student was representative of the group: "I realized that these guys are my peer group ... and they've been through so much. ... I feel like working with wounded warriors and their families is a way for me to give back." One of the student interns is an Air Force veteran and several have relatives in the military. Many of the students who were not selected (generally because they were not graduating in May 2012) will serve as interns in summer or fall 2012. We also have plans to increase our military internship sites and expand the program to seniors in public health.

**Internship Placements**

Our Military Family interns are serving in a variety of military and civilian organizations, including Walter Reed National Military Medical Center, Fort George G. Meade, Andrews Air Force Base, Operation Military Kids/4-H, Operation Homefront, Operation Second Chance, Easter Seals Military and Veterans Services, Women Veterans Interactive Foundation, Serving Together/Mental Health Association of Montgomery County, University of Maryland Office of Veteran Student Life, and the Maryland Department of Health and Mental Hygiene. Below are brief descriptions of selected internships:

*Walter Reed Warrior Family Coordination Cell*

The Walter Reed internship involves addressing the daily needs of wounded warriors and their family members in inpatient and outpatient settings. The intern also plans and coordinates events for warriors and family members, works with nongovernmental organizations assisting wounded warriors,

and organizes warrior visits for distinguished leaders and visitors.

*Easter Seals Military Families Respite Program*

Easter Seals interns work with a respite care program for military families who have children with disabilities. They acquaint military parents with the program, recruit caregivers, provide training on quality child care, and make unannounced site visits to evaluate respite caregiver interactions with children.

*Operation HomeFront*

Operation Homefront internships involve identifying services and sources of emergency financial aid for families of deployed service members and wounded warriors during their period of recovery and transition. Interns assess service member and family needs, acquaint them with community resources, organize family events, and monitor use of transitional housing.

*Ft. Meade Army Community Service*

Interns at Fort Meade work in the cultural awareness, employment readiness, mobilization/deployment, or volunteer services program. Two students are planning military family readiness activities, including classes that introduce families to the culture of Afghanistan and programs for children/youth whose parents will soon deploy. Another student is developing onsite and online volunteer programming for base families, as well as helping to plan and evaluate a volunteer services fair. These interns also work with family support groups and connect military spouses to programs that address their employment, education, and health needs.

*Serving Together*

The Serving Together intern participates in a county-wide project funded by the Robert

Wood Johnson Foundation to coordinate and strengthen military and civilian services for troops, veterans, and their families. The intern is helping to map community resources and create a user-friendly, online navigator system that will enable military families to locate and access needed services.

Other internships engage students in a variety of military family activities, including organizing family health/wellness workshops; developing and implementing curricula for Operation Military Kids/4-H programs; working with families on financial management; creating a peer support and advocacy network for women veterans; and helping service members reintegrate into civilian and family life.

**Conclusion**

University of Maryland's Military Families Internship program can be replicated by other colleges/universities interested in serving military families in their local communities. The program educates students about military family strengths and challenges, provides opportunities for meaningful service, and prepares family professionals to meet military family needs. Through the work of student interns, communities increase their capacity to improve military families' well-being. Although many institutions may not have the diverse network of military bases and agencies found in the Maryland-Washington, D.C., area, most communities have veterans' groups, behavioral health agencies, or youth programs that serve military families, including the National Guard and reserves. A community-based military internship program can provide students with valuable knowledge, skills, and appreciation for the dedicated service of our nation's military families. ■



# World War II in people's lives

by Ralph LaRossa, Ph.D., Professor of Sociology, Georgia State University, [rlarossa@gsu.edu](mailto:rlarossa@gsu.edu)

Seventy-some-odd years ago, in the wake of the December 1941 attack on Pearl Harbor, the United States of America became a combatant in World War II. The country would remain at war until 1945 when first Germany and later Japan surrendered. In commemoration of the war, many in the United States and throughout the world will periodically stop and think about the war's battles and its overall impact. What we will remember will include (but not be limited to): Presidential Executive Order 9102 (signed into law in March 1942) establishing the War Relocation Authority and leading to the imprisonment of more than 110,000 resident Japanese men, women, and children (many of whom were U.S. citizens); the congressional debate (in the spring and summer of 1943) over whether the six million fathers who had conceived a child on or before the date of the Japanese attack should continue to be exempted from the draft (eventually it was decided that they should be among the pool of potential recruits); the Allied invasion of Normandy, otherwise known as D-Day (in June 1944); the battle of Okinawa (April to June 1945); the fall of Berlin (in May 1945); and the dropping of atomic bombs on Hiroshima and Nagasaki (in August 1945), which ushered in the Nuclear Age and redefined what it meant to destroy something.

With the United States currently at war, we can appreciate, to some extent, what Americans were confronted with in the 1940s. But we must understand, too, that the breadth and depth of World War II put it in an entirely different realm. Today, approximately 1.5 million men and women are on active duty. During World War II, more than 16 million were. Today, tens of thousands of civilians are engaged in homeland security (particularly at airports and seaports). During World War II, the number was significantly higher, especially if we take into account those who worked in munitions factories (e.g., "Rosie the Riveter") and the fact that everyone had to ration and get by with less. In the 1940s, even if a person's job did not seem to be connected to the war, a link nonetheless was often made by an

employer (e.g., in one of its ads, the American Thermos Bottle Company, manufacturer of vacuum bottles and lunch boxes, claimed that "the man with the lunch kit and the man with the gun are equally vital to America's war effort"). Children, too, contributed to the war effort by being messengers in the U.S. Citizens Defense Corps and by soliciting monetary donations as "Victory Volunteers" ("Won't you buy a war bond, Mister, so's my Daddy can come home?").

In short, the majority of Americans during World War II, regardless of whether they were in the armed forces, lived with the war on a regular basis. "Military families" thus included not only those that happened to have a son or father or uncle (or daughter or mother or aunt) in uniform, but also those in which a member of the family was engaged in war-related work.

Postwar conversations about the war thus could be difficult, not just for the men who did not want to dwell on the terrible things they saw and were forced to do, but also for the men who could not honestly offer the tales of bravery that family and friends so much wanted to hear.

My father served in World War II (as an Air Corps radio man on B-series bombers). So, in a way, did my mother, in that she was employed for a while in a Brooklyn factory that manufactured gyroscopes for planes and ships. I remember as a child asking my parents about the war and being captivated by what they had to say. I remember, too, playing war games and simulating combat with my elementary school buddies in the small field across the street from the house where I grew up. My friends and I would "shoot" at each other and, every now and then, fall down and pretend to be dead, only to miraculously arise a few seconds later to fight again. Little did we realize how far removed our antics were from the actual horrors of battle.

Several years ago I embarked on a project to research World War II. I wanted to better understand what the war meant for fathers and their families. The project began as a sequel of sorts to a book I had written on the history of fatherhood during the Machine Age (1918-1941). Quickly, however, the venture expanded to include a lot more than this. The conversations I had with my parents about the war did little to prepare me for the heart-wrenching and heartwarming stories I came across.

What stood out were both the magnitude of the conflict and the enormity of its reach. My parents' war was not a confrontation that touched only a fraction of the population while the rest of the country remained largely unscathed. Rather, as its name implies, World War II was a full-scale conflagration, the consequences of which are still being felt.

Central to understanding World War II was the diversity of people's experiences. Some have suggested that the singular impact of the war on the domestic front was the economic boom that it initiated and the speed with which it put Depression-era men back to work, as if war was only about gross national production. Men in the 1940s also have often been characterized in monochromatic terms, with the impression given that all were (a) drafted or volunteered, (b) sent overseas and into combat, and (c) welcomed home as heroes when they returned. Such generalizations, however, ignore the myriad ways that the war was felt and perceived and the significant differences that existed from one group to the next. The social meaning of World War II varied substantially by (among other things): race, ethnicity, social class, gender, age, geography, religion, whether one had or had not seen combat, and the particular relationship one had with the casualties (e.g., as a father or mother or sibling of a soldier who died or who was injured).



Ralph LaRossa

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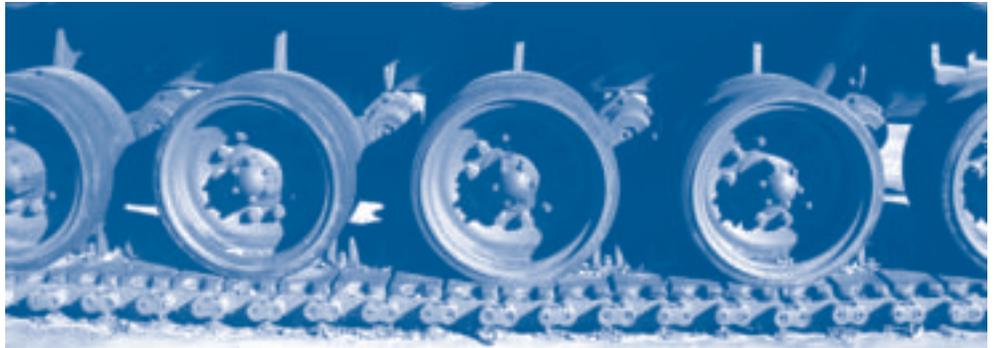
*world war II* continued from page F9

One thus cannot talk about the war's economic effect without acknowledging the Japanese Americans who, in U.S. government-sponsored roundups, were forced to abandon their homes and leave behind most of their possessions, and who, upon their release years later, were unable to return to the jobs they once had or find new jobs commensurate with their skills. As one Japanese American woman reported, "My father kept looking for work [after the war], and he couldn't find anything. ... He never was able to get back on his feet. ..."

Nor can one speak of the pride that men gained from being in the military and being given a chance to defend their country without acknowledging the fact that Black men initially were barred from enlisting, and that when they were allowed to participate they were told they would have to serve in noncombat roles. Even when African Americans were eventually permitted to join or be drafted (the United States could ill afford to continue to exclude them if it was to win the war) and even though many were in the thick of battle (the decorated Tuskegee Airmen constitute only a small proportion of the Black soldiers who fought), they were not revered when they returned, as White soldiers were, but sometimes were scorned. To cite but one example, in 1946, Isaac Woodward, traveling in uniform, was on his way home by bus to South Carolina and, at one point, asked the bus driver, who was White, if it would be possible to stop the vehicle so he could use the bathroom. "Hell no!" the driver told him. "Dammit," Woodward replied, "you've got to talk to me like a man." Furious that Woodward would challenge him, the driver called ahead to the police who at the next stop beat Woodward so hard as to render him blind.

Consider, too, that although the armed forces were (by law) desegregated in 1948, the privileges that White veterans enjoyed were not offered in equal measure to Black veterans. G.I. Bill benefits, which provided educational and housing opportunities for millions of White veterans, were frequently denied to Black veterans. New York's famed suburb, Levittown, which began construction in 1947 and flourished throughout the 1950s, systematically excluded African American families.

Gay soldiers also fought in World War II, as they had done in wars before, and distin-



guished themselves on the battlefield. Said a corpsman who was wounded on D-Day, "No one asked me if I was gay when they called out 'Medic!' and you went out under fire and did what you were expected and trained to do." In the immediate postwar years and especially in the 1950s, thousands of men and women, many of whom were veterans, were fired from their jobs if it was discovered that they were gay. The freedoms that many had fought for were not made available to all.

The social meaning of World War II also varied by how close a person got to battle. Of the 16 million Americans who were on active duty, only about 10% saw combat. For these soldiers, the brutality of war was witnessed up close. One infantryman, who had seen action in the Pacific, wrote in a letter to his father and mother about "mortar shells dropping in on heads and ripping bodies" and how "faces [were] blown apart by flying lead and coral" on the beach. "The Catholic Chaplain," the son reported, "was killed as he was blessing each foxhole. An artillery shell cut him in half at the waist."

Some soldiers, though near battles, were not in any immediate danger, while others, far away from the front lines, never fired their weapons or were fired upon. Youngsters often wanted to know what their fathers did in the war. In many cases, they yearned to learn whether their fathers had killed anyone. Not fully appreciating the import of what they were asking, the children hoped in their hearts the answer was yes. One young man, finding out that his dad was not in combat, said that he "felt cheated." ("After everything the rest of us went through so he could go off the war, he never even got shot at.") Postwar conversations about the war thus could be difficult, not just for the men who did not want to dwell on the terrible things they saw and were forced to do,

but also for the men who could not honestly offer the tales of bravery that family and friends so much wanted to hear.

Geography was a factor, too. Today, Americans in large cities are especially prone to feel vulnerable to terrorist attacks. New Yorkers, many of whom personally witnessed the fall of the Twin Towers, are inclined to have a heightened sense of alarm. During World War II, Americans who resided in cities and towns on the East Coast or West Coast were more likely to believe they were in immediate danger because of the assumption that the country would be invaded from the sea. Their fears were fueled by the buildup of shoreline artillery batteries and by the success of German submarines in waters around America's harbors. In early 1942, U-boats patrolling off the East Coast sank 216 ships, and it was not uncommon for bodies from the torpedoed vessels to wash up on shore. We can only imagine what it was like for World War II-era families to stroll on the beach, ever watchful of what they might find in the sand.

More than 400,000 U.S. soldiers were killed in World War II. Kids suffered the loss of their parents and siblings; parents grieved the loss of their children. Yet another gruesome statistic in the arithmetic of war is the number of soldiers missing in action, lost at sea, or interred as unknowns. (A mother, mourning her child, exclaimed, "If they could just find him so I could bury him I don't want the birds picking on his body.") To this day, the remains of over 70,000 American G.I.s from World War II have never been officially recovered or identified. For the families of these veterans, the war, in some ways, is not over.

#### Note

This essay draws on the research and references reported in Ralph LaRossa, *Of War and Men: World War II in the Lives of Fathers and Their Families* (2011). ■

# Military service and the life course: An assessment of what we know

by Jay Teachman, Ph.D., Professor of Sociology, Western Washington University, [Jay.Teachman@wwu.edu](mailto:Jay.Teachman@wwu.edu)

Over the last 60 years, at least 1.5 million military personnel have been on active duty in each year, affecting 10% to 70% of relevant birth cohorts. The peak participation figures are for birth cohorts affected by war and large-scale conscription (World War II, Korea, Vietnam), but military service is common even for peacetime birth cohorts. For example, a recent study estimates that 17% of Black men and 14% of White men born 1965-1969 have served in the military (Pettit & Western, 2004). If men experiencing incarceration are excluded, nearly one in four Black men of this generation has

## Crime and Delinquency

Research on crime and delinquency illustrates well the importance of time and place when considering the impact of military service. The available literature suggests that service during World War II acted to reduce the likelihood that veterans would engage in criminal or delinquent behavior (Sampson & Laub, 1996). For veterans of the Vietnam era, however, this was less true, and there is even some evidence that Vietnam veterans were more likely to abuse alcohol and drugs than nonveterans (Bouffard & Laub, 2004). More recently, veterans of the AVF are more

vein, it is important to note that variation and changes in the civilian environment facing veterans and non-veterans may be as important to consider as variation and change in the military environment that act upon veterans. Thus, alterations in civilian opportunities for educational and economic success are likely to be as important as changes in the nature of selectivity into the military and the nature of military service. As we shall see, points two and three are important considerations for other outcomes of military service.



Jay Teachman

## Marriage, Divorce, and Cohabitation

An important component of the life course involves family transitions. Most research in the field has tied military service to the likelihood of divorce, with much less attention being paid to marriage or cohabitation. Moreover, much of the literature tends to be contradictory. For example, one study found that military service during World War II raised the risk of divorce (Pavalko & Elder, 1990), while another finds a decreased risk of divorce for the same period (Ruger, Wilson, & Waddoups, 2002). Such variations in findings are likely due to differences in datasets and analysis procedures and highlight the difficulty in specifying an effect of military service on life course behavior.

Research on veterans of the Vietnam era tends to be more consistent. This literature generally finds that service during the Vietnam era had little to no effect on risk of divorce (Ruger et al., 2002). The literature is also reasonably consistent in finding that combat exposure increases the risk of divorce among veterans of this era. Evidence for the post-Vietnam era indicates that divorce rates while serving in the military are generally lower than for comparable civil-

*the life course continued on page F12*

An often-ignored fact is that the military remains the single largest employer of young men in the United States. Thus, military service is not an anomaly or an isolated event in the transition to adulthood, even during the All-Volunteer Force (AVF) era; it is a common event that occurs at ages during which many men (and increasingly women) are making decisions about education, careers, and intimate relationships.

served in the military. An often-ignored fact is that the military remains the single largest employer of young men in the United States. Thus, military service is not an anomaly or an isolated event in the transition to adulthood, even during the All-Volunteer Force (AVF) era; it is a common event that occurs at ages during which many men (and increasingly women) are making decisions about education, careers, and intimate relationships. Military service also occurs at an age when service members are forming lifelong habits that will affect their health in the future.

Given the continuing importance of military service in American life, it is important to understand its relationship to important components of the life course. In this report I consider the relationship between military service and several life course outcomes, including crime and delinquency; marriage, divorce, and cohabitation; socioeconomic attainment; and health. I also indicate some important limitations in our knowledge base.

likely to experience contact with the legal system than comparable nonveterans (Bouffard, 2005).

As important as it is, the available research is limited in several ways. First, the data sources for earlier cohorts of veterans are restricted to small, specialized samples. The limitations of these samples (lack of geographic, racial, and socioeconomic variation) make it difficult to identify the true pattern of change across time. Second, these studies continue to struggle with appropriate procedures to deal with selectivity into the military. This is an especially important concern for any life course outcome given the fact that the military has always screened recruits on criteria such as health, education, mental aptitude, and criminal history. This means that military recruits are far from being a random subset of all Americans. Third, the mechanisms through which military service may influence crime and delinquency remain poorly specified, both within and among different cohorts of veterans. In this

*the life course* continued from page F11

ians, particularly for Black men (Lundquist, 2006; Teachman, 2008). After active-duty service, though, there appears to be little difference between veterans and nonveterans in the risk of divorce.

The literature pertaining to military service, marriage, and cohabitation is limited. The available evidence suggests that rates of marriage are particularly high during active-duty military service in the AVF era, with Blacks being as likely to marry as Whites, contrary to the case for civilians. In addition, the evidence indicates that men serving on active duty are much more likely than civilian men to choose marriage over cohabitation, and active-duty military service is strongly linked to the likelihood that cohabiting unions will be converted into marriages rather than dissolved. Active-duty military service thus appears to be supportive of marriage.

The literature linking marriage, divorce, and cohabitation is limited in several fashions, though. First, it is difficult to obtain consistent data on these important family life course statuses across different historical eras. Only more recently have event history data collecting the dates of important transitions for nationally representative samples become available. Second, the mechanisms linking military service to these family life course events remain unclear. While active-duty service appears to spur marriage, at least for more recent cohorts, the mechanisms by which this occurs remain opaque and crudely measured at best. Third, it is not known to what extent military service affects marriage, divorce, and cohabitation after leaving active duty. Fourth, although we have begun to accumulate information about a select number of family-related transitions, other family events such as childbearing, child rearing, and kin relationships remain severely under researched.

**Socioeconomic Attainment**

There is a relatively rich history of research investigating the consequences of military service for subsequent socioeconomic attainment. Most of this research focuses on education and income. The earliest research, focused on World War II, suggested considerable benefit to serving in the military. A number of studies found that veterans of World War II received an income premium

(Fredland & Little, 1980). More recent research, however, has found little impact of service during World War II on income, largely due to increased awareness of the need to control for selectivity (Teachman & Tedrow, 2004). That is, veterans would have earned more than nonveterans even if they had not served. An exception occurs for Black veterans and veterans with little preservice education. Minorities and lesser educated Whites appear to gain some benefit from military service irrespective of selectivity.

This pattern of findings—little to no positive effect of military service on income except for disadvantaged groups—is repeated for both the Vietnam and AVF eras (Teachman, 2004; Teachman & Tedrow, 2007). Indeed, for both eras, White men saw declines in their civilian incomes as a result of military service, even when controlling for selectivity. Other research has also found similar results for education only minority men seem to have benefited educationally from military service (Teachman, 2005). An exception to the pattern for education occurs for veterans of World War II, however. The availability of the G.I. Bill appears to have increased the level of education obtained by veterans of this era (Stanley, 2003).

Even though much has been learned, this body of literature too is limited in many ways. First, there remains a lack of data that can be used to compare the consequences of military service across different eras. This makes it difficult to understand why changes in the consequences of military service may have occurred over time. Second, the number of socioeconomic outcomes that have been investigated is limited. Income and education are most commonly considered, but outcomes such as occupations, wealth accumulation, and home ownership are scarcely discussed. Third, paths of socioeconomic attainment, and the interrelationships between various components of attainment over the life course, have largely been ignored. Only recently have researchers begun to move beyond static indicators of income and education. Fourth, research on socioeconomic attainment continues to struggle with appropriate controls for selectivity and precise specification of the mechanisms through which military service impacts postservice accomplishments.

**Health**

A large body of literature has investigated the health consequences of military service. Much of this research focuses on PTSD and the negative effects of combat. Irrespective of historical era, combat is positively linked to PTSD and other negative health effects (Dobkin & Shabani, 2007). Other research has linked military service during times of combat to excess mortality later in life (Bedard & Deschenes, 2006). The link between combat, PTSD, and mortality is not unexpected and its pervasiveness across different cohorts of veterans speaks to the powerful impact that highly stressful military service can have on the lives of veterans.

A strength of this literature is that it identifies mechanisms through which military service negatively affects health. The negative mental health effects of experiencing combat have been well-identified and exist across all cohorts of military veterans. In addition, the excessive use of tobacco among men in the military is a contributor to their excess mortality (Bedard & Deschenes, 2006). A variety of research has clearly shown that military service is related to abuse of tobacco and alcohol products. Some authors have also tied military service to risk-taking behaviors that impact mortality through accidental deaths (e.g., speeding, motorcycle riding).

Nevertheless, a significant gap in the literature exists, in that there is very little research that addresses the health implications of noncombat military service. While we know that veterans who experience combat have more negative health outcomes than noncombat veterans, we do not know how noncombat veterans compare to the general population. On one hand, the screening process that selects veterans into the service suggests that they should be healthier than nonveterans. On the other hand, poor health habits (use of tobacco and alcohol) learned in the military may operate to negate any positive selectivity effect. The existing literature also fails to fully consider how variations in military service affect health. For example, are the health-related effects of military service different for officers versus enlisted men, for different military occupational specialties, for different terms of service? In addition, with the exception

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# Military families: What we know and what we don't know

by Sarah O. Meadows, Ph.D., RAND Corporation, [smeadows@rand.org](mailto:smeadows@rand.org)

Today's soldiers, sailors, marines, airmen, and Coast Guard members have faced unprecedented stresses, not the least of which is repeated, extended deployments to hostile zones far away from home and friends and families. These stresses have been captured by popular media, journalists, politicians, military leaders, and, perhaps most important for readers of the *NCFR Report*, family scholars. Family researchers—including social workers, psychologists, sociologists, economists, and others—have brought critical thinking, advanced methodologies, and policy analysis to a unique population that, in the past, has not often received the kind of attention that their civilian counterparts have enjoyed. (For the record, research on military families is not new, but I would

argue that it has been *renewed* over the past decade.) Based on this reinvigorated line of research, my goal in this piece is to provide the reader, who may or may not be familiar with this work, a taste of what we know, and what we don't, about military families.

## What We Know

Select references for this section can be found in Hosek (2011).

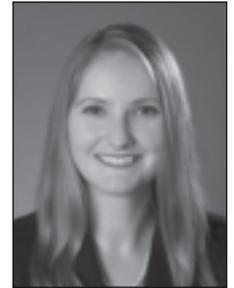
### *Military Kids Experience Some Problems More Often than Their Civilian Peers*

Evidence suggests that kids in military families, especially those who have experienced longer periods of time away from a deployed parent, have significantly higher rates of problems, especially emotional and behavioral difficulties, than non-military kids.

RAND's Children on the Homefront study shows that children of currently deployed parents have higher rates of anxiety symptoms than a comparable national sample of same-aged children (by roughly 4%).

Other studies have reported similar results for behavior problems (e.g., aggressiveness) and internalizing symptoms (e.g., sadness). An important predictor of how well a child will cope with a parent's deployment is the health and well-being of the child's nondeployed parent.

*what we know* continued on page F14



Sarah Meadows

## *the life course* continued from page F12

of tobacco and alcohol use, there is little indication in the literature of the mechanisms through which military service affects health. Variations in life course patterns of education, income, and occupational attainment associated with military service may impact health outcomes.

## Some Final Thoughts

I have noted some of the weaknesses in our knowledge base with respect to particular topics. Additional weaknesses involve our almost complete lack of knowledge about the relationship between military service and the life course outcomes of women veterans. The same limitation applies to the life course outcomes of veterans who are gay or lesbian. As the military becomes more diverse, it is important to continue gaining knowledge about its impact across different groups of individuals who choose to serve. ■

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*what we know* continued from page F13*Despite Military-Related Stress, Resilience is the Norm among Military Families*

While children (and to some degree parents) in military families experience a decline in well-being, particularly during parental absence due to a deployment, most families find ways to cope. Prior studies have shown that, during peacetime, kids from military families do not differ from their nonmilitary peers in terms of mental health and behavioral outcomes, and in some cases, fare better on these outcomes. Other studies have found that, although children may have elevated symptoms during a deployment, the severity of symptoms often does not reach a clinical threshold. And recent studies have found limited (and mixed) evidence of an impact of deployment on specific academic outcomes such as engagement, achievement, and performance. Taken together, this research suggests that negative outcomes among military families are not inevitable.

*National Guard and Reserve Families Often Face Distinctive Issues*

Deployments are stressful for all families, but a growing body of research suggests that they can be even more stressful for families who are part of the approximately 1.1 million service members who are part of National Guard or Reserve units. These families often live far removed from the built-in resources and support systems that are provided to active component families who live on, or near, a military base. Children of reserve component members may be the only child in their entire school who has a parent in the military. As a result of their situations, Guard and Reserve families often do not know what to expect when a deployment occurs, nor do they always know where to go for assistance if and when it is needed. Further, teachers, pediatricians, psychologists, and other service providers in those communities often do not have the military information (e.g., cultural awareness, knowledge of and access to resources) needed to support these families.

**And What We Don't Know**

Admittedly, we do know more than the handful of things outlined above. But despite the healthy amount of the existing literature on military families, there are a number of outstanding questions that for one reason or another (largely due to a lack of longitudinal data on military families, see Segal & Kleykamp, 2011) have not been addressed.

*What Exactly is a Military Family?*

Obviously, it's a dad who is in the military, a mom, and a kid or two, right? Not quite. Although the two-parent married family is still the norm among military families, it is not the only type. Women represent between 15% and 20% of the overall military population, depending on branch of service (i.e., Air Force, Army, Navy, Marines, Coast Guard) and pay grade (i.e., officer versus enlisted) (see *Demographics 2009*, 2009). Single-parent families represent just over 5% of the current military population (Hosek, 2011). Unmarried and unpartnered service members are an understudied population,

My colleagues at RAND have reported that roughly 20% of troops returning from Iraq or Afghanistan met the diagnostic criteria for post-traumatic stress disorder or depression, and 20% met the criteria for experiencing a probable traumatic brain injury during their deployment. Arguably, these types of "invisible wounds" are more difficult to manage than more obvious physical injuries.

and it is not at all clear what family means to these individuals. Is it the family of origin (e.g., parents, siblings), a significant other, or even Fido or Fluffy? And with the repeal of Don't Ask Don't Tell, LGBT families, which to date have been the focus of a very limited amount of research, may see a substantial increase in attention from family scholars.

*What Makes a Resilient Military Family Resilient?*

As noted above, the existing body of research on military families suggests that most families are indeed able to cope with the stresses associated with being a part of the military. Yet, we do not know exactly what it is that makes these families resilient. Do they have innate skills that make them some-how different from their civilian peers? That is, are more resilient families selected into the military in the first place? (I suspect the answer is no, but the jury is still out.) Does the military somehow inoculate families against the deleterious effects of stress? There has been a lot of focus on strengthening these "resilient factors" but how effective have those efforts been? What

exactly do military families do, and what resources do they possess, that make them able to handle deployments, permanent changes in station (or other relocations due to military service), parental and spousal absence, and the risk of injury or death?

*What Are the Keys to Successful Reintegration After Deployment?*

In a similar vein, we actually know very little about what factors pave the way to a smooth reintegration process after a family member returns from a deployment. To date, military family researchers have primarily focused on the rapid cycle of deployment and reintegration. But with ever-increasing

numbers of service members returning home with no new deployment in sight, we must now focus on the long-term reintegration of service members within their families and society. My colleagues at RAND have reported that roughly 20% of troops returning from Iraq or Afghanistan met the diagnostic criteria for post-traumatic stress dis-

order or depression, and 20% met the criteria for experiencing a probable traumatic brain injury during their deployment (Tanielian & Jaycox, 2008). Arguably, these types of "invisible wounds" are more difficult to manage than more obvious physical injuries. Given the types of injuries that recent veterans may experience, possible exposure to horrific events on the battlefield, and being away from home for months at a time, how do families cope when a loved one returns?

*What Happens to Military Kids During the Transition to Adulthood and Beyond?*

A 10-year-old child whose parent deployed in 2001, soon after 9-11, would today be 20 years old. How is that child functioning today? Is he or she in college, or working at a full time job? Has that child joined the military? Is he or she married, cohabiting, or a parent? How does experiencing a parental deployment influence the childparent relationship once the parent comes home and the child grows into adulthood? We simply do not know the answers to these life course questions. In some respects these may be "nice to know" questions, but if you scratch

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the surface you quickly realize that the answers have implications for family formation patterns, fertility rates, educational attainment, unemployment, poverty, etc. Furthermore, they could have dramatic implications for the future of our all-volunteer military, where legacy service members are common (Ferris, 1981; Segal & Segal, 2004).

*How Do We Integrate Research and Civilian and Military Services to Provide the Most Effective Support for Military Families?*

Finally, when it comes to policy, we have not yet been completely successful in integrating research and support services. Last April I attended the 2011 Family Resilience Conference cosponsored by the U.S. Department of Defense (DoD) and the U.S. Department of Agriculture (USDA). At this point you may be asking yourself why the USDA cohosted a conference with the DoD? I will spare you the details, but basically land-grant universities (e.g., Penn State, Ohio, Cornell) have mandatory Cooperative Extension Services with a mission to (more or less) serve the public good (U.S. Department of Agriculture, 2011; see Proclamation, 2011). In this case, that public good meant getting researchers, policymakers, and service providers in one room and forcing them to talk to each other. In many respects I think we were all a little outside of our comfort zones. But what I quickly realized is that as a researcher I have to find a way to connect with these folks. I cannot expect them to read the most recent copy of *JMF* or *Armed Forces and Society*. (I rarely have time to do that myself!) And by the same token, from their perspective on the ground, they need to tell me what works and what does not, what is feasible to implement and what is not, and what helps and what hurts.

**Forward, March!**

Given the gaps outlined above, how do we start to fill them? One way to potentially address many of these issues is with the use of longitudinal data, of which we have surprisingly little when it comes to military families. That's why I am so excited to be a part of RAND's Deployment Life Study. Over the next 3 years we will follow some 2,000 military families, both active and reserve components, across the deployment cycle from preparing, to being away, to returning home. And even more exciting

is that we will have data from three family members—service members, their spouses, and their children, roughly three times per year. Three years x three times a year x three family members—that's 27 surveys per family. By collecting rich data on military experiences, family functioning, and mental and physical health, we hope to be able to tackle some of the tricky questions that remain elusive to military family researchers.

Certainly my colleagues and I at RAND are not the only researchers investigating issues surrounding military families. The Military Family Research Institute at Purdue University is conducting a longitudinal study of National Guard families. And in 2010 the Undersecretary of Defense for Personnel and Readiness, with the help of the Defense Manpower Data Center, launched the Military Family Life Project, a study of roughly 30,000 service members and their spouses. A follow-up survey will take place during the next year. And the First Lady's Joining Forces initiative may provide more chances for researchers to interact with peers outside academia. These and other similar efforts should keep us all busy for a while.

I may be biased, but I think it is an incredibly exciting time to be a family scholar interested in the health and well-being of our military families. Arguably, never before in our nation's history have our service members and their families been so challenged and never before have their struggles (and successes) been the topic of so much scholarly attention. The work we do makes a real difference for these families—as a policy researcher I am lucky enough to see that first hand. And the work we do in understanding how these families confront stress has implications for the larger body of family stress and coping research.

Although we know a lot about what it means to be a military family, our work is not done. It will likely be difficult to prioritize the many unanswered questions in a constrained

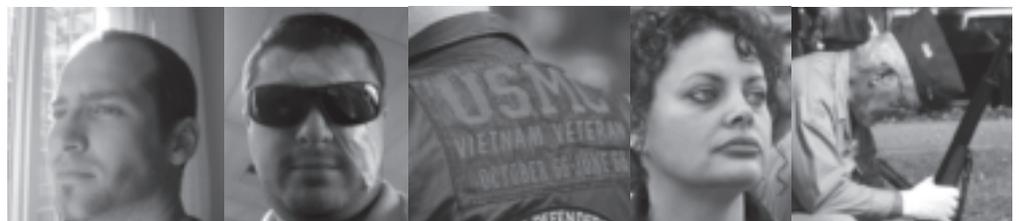
resource environment like the one we have now. Nonetheless, we must continue to expand our knowledge base, not only because it represents a general contribution to the scientific community, but also because it's a way to say “thank you” to those who most definitely deserve it.

**Note**

Many thanks to my colleagues Benjamin Karney and Anita Chandra for providing feedback on this piece. ■

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# Returning home: What we know about the reintegration of deployed service members into their families and communities

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According to the Department of Defense, as of June 30, 2011, 203,400 military personnel, including reserve and National Guard members, were currently on deployment in Iraq or Afghanistan. As nearly one half of all military personnel are parents, and with almost two million children having a military parent, there are a growing number of families who are experiencing or have experienced the strain of wartime deployments. These deployments are characterized by lengthy and multiple separations that put stress on family functioning, structure, and cohesion. In addition, the effects of these deployments, with their related difficulties, can spill over into domains outside of the home and affect individual and social functioning. Military personnel, program providers, and helping professionals are becoming more interested in and concerned about the stage of deployment known as reintegration or postdeployment. Understanding this stage is especially important at this time, given the current drawdown of troops. With the number of returning service members increasing, they and their families must now reassemble their lives after each member has experienced profound change.

Reintegration is the stage of the deployment cycle (predeployment, deployment, postdeployment or reintegration) characterized by the service member’s reentry into his or her daily life as experienced prior to deployment, or into a new civilian life, including the domains of work, family, and personal experiences. Most often, this stage is another predeployment, given the operational tempo of the last 10 years; meaning that most service members are already preparing for another deployment immediately upon return to their families. Despite much literature suggesting that the reintegration stage lasts several months, this stage can actually

persist for months to years depending on the individual service member, his or her family, and the fuller context of the service member’s life. Notably, although many service members, spouses, and children or youth demonstrate great resilience during what can be a smooth and joyful reintegration process, many individuals and families have difficulties with this stage of deployment.

Reintegration can be a turbulent time for the family, as members must re-form into a functioning system. Some studies suggest that relationship stress and negative family

Reactions to the return of the deployed service member can vary wildly; some spouses report not having to adjust at all during reintegration while others report that their deployed partner is no longer the same person they knew previously, making for a rather difficult adjustment.

function may reach a peak between 4 to 9 months after the service member’s return. One of the greatest challenges for these families appears to be renegotiating family roles as the service member encounters the often-unexpected difficulty of fitting into a home routine that has likely changed a great deal since his or her departure. Typically, over the course of one or more deployments, the at-home parent and children (especially adolescents who are more capable of providing greater instrumental support within the home) assume new responsibilities such that when the service member returns, there may be expectations among family members that things will either return to how they were

prior to deployment or that the structure that emerged during deployment will remain. Lack of appropriate expectations and communication around this restructuring is a frequent source of conflict and stress for reintegrating families.

Those involved with military families must understand the reintegration process and its effects on the service member and his or her family, because this multifaceted period of time has been found to have a profound impact on multiple life domains. With the current drawdown of troops in Iraq, this reintegration process is even more important for researchers and practitioners to understand so that critical supports for returning service members and their families can be developed, implemented, and evaluated. This article provides a brief overview of main issues in the process of reintegration for service members, spouses, children, and the family unit, and concludes with future research needs.

## The Experience of Reintegration

### *Service Members*

During the service member’s reentry to the home, he or she faces physical, psychological (e.g., symptoms related to an experience of trauma), and social challenges. Adler, Zamorski, and Britt (2011) suggested a model of service member transition in which the effect of deployment-related variables (deployment experiences, anticipation of homecoming, and meaningfulness) on domains of postdeployment transition (physical, emotional, and social) are moderated by the service member’s decompression, or the psychological transition from functioning in a high-stress and pressure-filled environment to one of less stress and pressure (in other words, the psychological processes involved in going from battlefield to

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bedroom), his or her personal narrative around military experiences, unit variables, and the anticipation of redeployment. These transition domains can then directly affect the quality of one's health, work, relationships, and an overall ability to enjoy life. Studies have identified specific challenges facing reintegrating service members as follows:

1. Feeling like they no longer fit into their families due to the family changes that occurred in their absence, including the normative development and maturation of children and the increased competence of the spouse who has taken over many of the tasks and roles that were previously completed by the service member.
2. A feeling of separation for returning service members from the culture to which they return. Several reasons were cited such as lack of respect from civilians (including a loss of status and self-esteem), the belief that they hold themselves to a higher standard than civilians, and the complexity of "normal" life.
3. Difficulties related to interpersonal interactions (including those with their partners and children) due to low frustration tolerance, poor anger management, difficulties in coping and self-regulation, hypervigilance, and social withdrawal. Many of these could be characterized as post-traumatic stress symptoms and may also include increased alcohol use and heightened symptoms of depression and anxiety.

*Spouses of Service Members*

Pincus, House, Christensen, and Adler (2001) postulated that postdeployment is arguably the most important stage for the service member and spouse as they often must reduce expectations, take time to become reacquainted with one another, and build communication. Reactions to the return of the deployed service member can vary wildly; some spouses report not having to adjust at all during reintegration while others report that their deployed partner is no longer the same person they knew previously, making for a rather difficult adjustment. Despite the potential for positive effects of reintegration (e.g., greater appreciation for one's family, personal growth), spouses may experience a loss of the independence gained during the service member's deployment and the loss of the social support networks formed

during that time. Chandra and colleagues (2011) found the following challenges expressed by spouses related to reintegration:

1. Fitting the deployed spouse back into the home routine;
2. Rebalancing child responsibilities;
3. Getting to know the deployed spouse again;
4. Worrying about the next deployment;
5. Dealing with the deployed spouse's mood changes; and
6. Deciding who to turn to for advice.

Some mitigating factors that are associated with the reintegration process include frequency of contact during deployment, overall adjustment to deployment, use of military support programs, and age of children. Negative communications with the service member, negative beliefs in the value of the service member's mission, and the service member's exposure to combat were significant predictors of wives' stress during postdeployment. Making sense of the deployment process in general and making appropriate attributions of the military partner's behavior in particular (e.g., if trauma symptoms are present) are valuable in reducing reintegration stress.

*Military Children/Youth*

Reintegration can be a very difficult time for children and youth. While proud of their deployed parent, many report feelings of loss, loneliness, and worry for the safety of their military parent during deployment and frequently must take on more responsibilities in the home. The child or youth may eagerly anticipate reconnecting with the service member parent who returns. Nevertheless, both parent and child may have undergone significant changes during deployment, thus heightening the unpredictability of this time for everyone.

A variety of factors, such as a child's stage of development (emotional, cognitive, or physical), the at-home caregiver's satisfaction with military and community support, the individual adjustment and emotional development of the parents, and the degree of marital stability can all affect a child's adjustment to reunion and reintegration.

Studies have found that children and youth expressed difficulty relating to the reintegrating parent due to the physical, mental, and emotional changes that resulted from deployment. Children reportedly expected

increased parental attention during reintegration and often did not understand why they did not receive it. Youth adjustment may be moderated by age, gender, and cumulative length of deployment, such that older girls who experienced longer parental deployments were at greater risk for reintegration difficulties. Boys, on the other hand, may have more difficulty adjusting to reduced autonomy and increased structure when the deployed parent returns home.

In spite of their challenges, many children demonstrate remarkable resilience during deployment and reintegration. Chandra and colleagues (2011) reported that when concerns did arise, they tended to focus on:

1. Adjusting to fit the deployed parent back into the home routine;
2. Worrying about the next deployment;
3. Dealing with the service member's mood changes;
4. Worrying about how parents are getting along;
5. Becoming reacquainted with the service member; and
6. Deciding who to turn to for support and advice.

*Military Families*

Family adjustment depends on a variety of factors, and although a majority of families make the appropriate adaptations during postdeployment and demonstrate a great degree of resilience, many report difficulties. The family dynamics created during deployment are often challenged during reintegration. Mechanisms of risk for these families, identified by Saltzman and colleagues (2011), include:

1. An incomplete understanding of the impact of deployment and combat operational stress;
2. Inaccurate developmental expectations;
3. Impaired family communication;
4. Impaired parenting practices;
5. Impaired family organization; and
6. A lack of a guiding belief system (i.e., values or beliefs that enable a family to make sense of and find meaning in their circumstances or a difficult situation).

Pincus and colleagues (2011) also suggest that there are a number of adaptations that can serve as protective factors and ease the

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# Teaching about military families: Lessons from the field

by Tara Saathoff-Wells, Ph.D., CFLE, [Tara.Saathoff-Wells@ucf.edu](mailto:Tara.Saathoff-Wells@ucf.edu); Amy Dombro, M.S.; Karen Blaisure, Ph.D., CFLE; Angela Pereira (Col., U.S. Army, Ret.), Ph.D., MSW; Shelley MacDermid Wadsworth, Ph.D., CFLE

## Introduction

This article focuses on college-level courses about military families. The authors of this article have just finished collaborating on a textbook about military families aimed at undergraduates training to become helping professionals. The book was inspired in large part by the courses developed by two of the authors, Karen Blaisure and Tara Saathoff-Wells. As a group, our goal is to work to ensure that the next generation of professionals from disciplines like family studies, counseling, social work, psychology, student affairs, and others are well-prepared

to support military and veteran families as they enter, complete, leave, and deal with the aftermath of their military service. Similar to our recent cowriting experience, the development and implementation of Karen and Tara's courses involved purposeful collaboration with a range of professionals and families within the military and veteran population. Each of the authors played a role in the courses, some of which were more visible than others: Angela, as a career Army social worker, is a professional who does the work that students need to know; Shelley, a researcher, conducts studies and

disseminates results that students read; Amy, the writer, listens to families and creates support materials that students read and can share with families; and Tara and Karen, the instructors, facilitate learning.

Although the number of service members and veterans is relatively small compared to the U.S. population as a whole, they and many more millions of moms, dads, siblings, and other family members have been deeply influenced by the conflicts of the past decade as well as earlier conflicts. Thus, all professionals working with families are now

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family into the reintegration process. These include:

1. Being able to have role flexibility with the ability to perform multiple roles;
2. Using active coping skills;
3. Maintaining contact through e-mail and letter writing during deployment;
4. Having all family members maintain realistic expectations during this reintegration process;
5. Developing a shared family narrative and collaborative meaning-making;
6. Open communication in the family; and
7. Effective parental leadership.

## Next Steps

Our current knowledge of reintegration experiences, how they unfold over time, and their consequences is for the most part based on research using largely clinical samples focusing on service member experiences of post-traumatic stress disorder and its impact on the marital relationship and parenting. Such a focus obscures the fact that even in the absence of formal mental health diagnoses for service members, difficulties can and do arise, thus warranting further research with nonclinical samples. There is a need for a greater balance between strengths-based or family resilience approaches and those emphasizing psychopathology and its transmis-

sion. Other limits of reintegration research thus far include the following:

1. Many service members have been surveyed about their experiences of reintegration years after returning from deployment (rather than during or immediately following postdeployment);
2. Measures used have reported limited psychometric information;
3. Most current research is cross-sectional with some notable exceptions;
4. Data are seldom gathered from multiple informants; and
5. There is insufficient attention to theory, thereby limiting the application and building of family stress and resilience research and understanding.

Addressing these deficits would enrich our knowledge of the process of reintegration and help highlight the stressors and resilience factors in military families. More research that is family-focused and longitudinal, using nonclinical samples and measures that have demonstrated psychometrics, is needed. This understanding could then lead to the development, implementation, and evaluation of effective support programs and services targeted at each of these groups during specific time periods. Strong and effective collaboration between the military

and civilian community would be needed for such a research agenda and is essential if we are to assist in building the resiliency of military families during the potentially difficult and multidimensional process of reintegration. ■

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likely to encounter military and veteran families in their practices even if they work in the civilian community.

*The support our society offers military families has grown from a seed to a twig over the last few years. But we need to offer them the support of a tree for the good of military families and our country. Courses like this will help.* KLC, WMU student

### Course Structure and Content

Karen, at Western Michigan University, and Tara, at Central Michigan University, both developed and taught courses on military families during the past 5 years. Most human development and family studies programs in the United States do not regularly offer a course on military families, so following university guidelines for special-topics courses may be necessary. The following items are examples of what Tara and Karen considered in developing their courses:

- A weekend format. We both found that a weekend format worked well, whether offering a 1-credit or 3-credit version of our courses. A large block of time allowed for deeper discussion of topics, for extended time with guests, and for unique field trip opportunities.
- Flexible course numbers. These courses were offered at a level that allowed both graduate and advanced undergraduate students to enroll.
- Online course-management systems. An online platform helped structure homework and reading assignments and kept dialogue about topics active via discussion boards and resource sharing between class sessions.
- CVIT and Skype™. Compressed Video Interactive Technology allowed us to stream class sessions with each other throughout the semester. Additionally, classes could “share” guest speakers, creating an open dialogue across sites. Skype™ enabled video conference calls with guests who were not local to one of our universities. We also became good friends with our local IT gurus. (Note that tech support availability for a weekend class may be challenging on your campus; check beforehand!)

Course content is a combination of background information and current trends in research and practice. We strongly recom-

mend that instructors take time at the beginning of a course to familiarize students with hallmarks of military culture; of basic organizational characteristics of the different branches, including active duty and ready reserve; and of common experiences of military family life compared, when possible, to civilian families.

As we mark almost a decade of sustained military action in Iraq and Afghanistan, other topics have been added into our courses. Emerging research on stress and resilience regarding multiple deployments and combat-affected families (spouse’s and children’s well-being, family violence, substance abuse, and changes in close and extended family relationships), visible and invisible wounds, and service member death now take a more prominent place in our courses than they did 5 years ago. In earlier

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iterations of our classes, students were asking “Where is the research on families, children, loss, and deployments?” Now we can point to a rapidly growing body of literature that examines these questions. Discussions on new military and civilian initiatives built from this research and practice innovations are also included.

Assignments and field trip/guest speaker opportunities offer variation in integrating course content. For example, students find it informative to investigate local veterans’ organizations such as the Veterans of Foreign Wars or Student Veterans of America. They may collate resources for returning National Guard families or volunteer in a Yellow Ribbon reintegration weekend.

In fall 2010, we coordinated our classes at WMU and CMU and met together for a joint field trip to an Air National Guard base on a drill weekend, a VA hospital, and a national cemetery. During the base visit, the family readiness manager, the chaplain, and a first sergeant described their work and reactions to deployment. We toured the facilities and ate lunch in the cafeteria, providing some students their first experience on a military

installation. At the VA medical center, a psychologist discussed PTSD treatment; at the national cemetery, staff discussed how they assist families with arrangements. During another class session, our coauthor, retired Army Colonel Angela Pereira, skyped into our classrooms sharing her experiences as a career Army social worker and answering questions from students. These experiences bring information about military families to life in a way that a standard seminar format cannot duplicate.

### Instructor Knowledge and Preparation

Because there are currently 30 million veterans and 2.2 million service members and their families, college and university instructors may be part of an extended military family. While this is appreciated by students and is a means of gaining initial credibility, experience as a military family member is

not necessary to teach a course on military families. Building from respect for military families, instructors can engage in the study and activities required to prepare and deliver a high-quality course.

*If you aren’t a member of a military family, be up front about it. If you are knowledgeable, share stories you have gathered, and bring in guest speakers with military backgrounds, you will have credibility.* KH, CMU student

An instructor’s knowledge should span military culture (e.g., values, mission, chain of command, service before self, language), active and reserve components (i.e., reserves and National Guard), and the Departments of Defense and Veterans Affairs. Familiarity with recent research on military families is central to an instructor’s knowledge and includes factors that support family resilience, the implications for adults and children of separations due to training and deployment, relocations, service members’ 24/7 “on call” status, and visible and invisible injuries. Instructors also need to know military and

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civilian resources for military, as well as content found in key reports, research articles, and books (see Recommended Resources, below).

Theory and praxis are necessary to address tension between content that focuses on service members and content that focuses on family members. Helping students frame intricate, contextual influences for individual and family resilience requires taking time throughout the semester to revisit theoretical concepts and models so that they can create a robust theoretical foundation.

Developing positive relationships with on-campus and local military groups can be mutually beneficial. A course on military families adds to a supportive climate for military students, veterans, and their families. In turn, members of these groups often are eager to be guest speakers. If a college or university has a department of Military Science (responsible for the training of Reserve Officers Training Corps students), it is staffed by active-duty members, typically willing to make presentations on military culture. Members of the campus military student/veteran office or organization can describe reintegration and the transition to or back to college life. Family program staff at a local National Guard unit (e.g., Military Family Life Consultants, Director of Psychological Services), reserve unit (e.g., Family Readiness Manager), or active-duty base or post can describe their day-to-day work with military families.

#### Opportunities and Challenges

Students enrolled in a military family course vary in knowledge of and comfort with the military and in motivation for taking the course. Some may be limited to what they have learned from media accounts while others have lived in the military culture for years. Other students may take the course for personal reasons, such as marrying a service member. Yet others enroll because they realize issues military families face will continue even if current military actions come to a close and as a professional they will be responding to these implications for rest of their professional lives.

Students' experiences with the military often have been with one branch of the military or one population (e.g., returning veterans). A course on military families offers them the opportunity to share their knowledge while also expanding it. For example, in our

coordinated 2010 courses, several graduate students in a student affairs program at WMU had experience working with student veterans and with military family members who were attending college while a loved one was deployed. Students at CMU were both undergraduate and graduate students in Human Development and Family Studies whose career goals included working as civilians on military installations in child, youth, and family programs.

Students also vary in their political or social views that intersect with their interests in a course about military families. For example, when thinking about course policy and expectations for civil discourse, we have found it helpful to think ahead about how to address topics and facilitate classroom and online discussions on issues such as political stances on current military actions and social views on the repeal of Don't Ask, Don't Tell or women serving in combat positions.

Guest speakers provide some students their first experience talking with a service member or veteran, as well as the opportunity to hear about the highs and lows of military life. Discuss with guest speakers what to cover. At times, what they say may challenge students, and how students respond may challenge speakers. These are opportunities for respectful dialogue.

Field trips to nearby Army or Air National Guard installations during a drill weekend offer both opportunities and examples of challenges for faculty and students. Dates of a drill weekend may change, allowing students to experience a bit of what it is like to rearrange personal and professional schedules in response to a military decision.

#### Why Courses Like This Matter to Military Families

Perhaps the most important contribution a course on military families can make in educating current or future professionals is imparting to them a greater understanding of the culture of military life. Military service is a subculture of American life. If we can convey to students what it means to be part of a military family and help them feel more comfortable working with those families, we will give them the greatest tools in their work with this population.

Military members and families relate best to and trust those who understand them, which means that professionals need to address

barriers in their knowledge about military subculture and comfort in working with military families. When a professional is more familiar with and more comfortable working with military families, and when military family members understand that a professional acknowledges, appreciates, and understands what it is to be part of a military family, the helping relationship can develop and thrive. Even students who have been in the military or have been part of a military family will benefit from being able to look at the military culture and military family life from another point of view with other students. They will gain a better appreciation of how life differs for civilian and military families in general and will be able to work with military families whose experiences and needs are different from their own.

Courses on working with military families should have the goals of helping professionals become competent in their knowledge about military family life and developing professional skills that enhance effective interactions. These goals can be achieved when students:

- are introduced to military members, veterans, and their families;
- share personal experiences as or with military members and families;
- acquire a basic understanding of military structure and history;
- learning about the culture of the military and the nature of military service, including the fact that many military and family members may not agree politically with the missions of the military, but feel they must carry out whatever missions the nation has deemed necessary, because they have vowed to do so; and
- exploring the role(s) and stance of a helping professional when it comes to supporting families.

These course contents help professionals develop empathy for military families the single most important characteristic for a helping professional and help them to become compassionate professionals who are knowledgeable about the population they will serve.

*Lessons from the Field* continued on page 9

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