

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

SUPPORTING MILITARY CHILDREN WITH SPECIAL NEEDS DURING
PARENTAL DEPLOYMENT

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By

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ABSTRACT

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This case study reviewed the current research regarding methods of supporting children during the deployment of a family member both at home and in school. It discusses a single case study of a military family with two children, a preschooler with disabilities and his younger sister, prior to and during the deployment of the father. Qualitative data was obtained from family interviews and observations and examining their family functioning , dynamics, experiences, and the strategies they used to support their children during the deployment. This case study compares and contrasts the family's strategies and unique experiences with the limited research available on this topic.

CHAPTER 1

INTRODUCTION

Over the last 30 years, a significant amount research has been conducted on the effects of children with disabilities on family life (Hassall, Rose, & McDonald, 2005; Oelofsen & Richardson, 2006), as well as on the demands of military life on families (Levin, Daynard, & Dexter, n.d.; National Military Family Association, n.d.). However, there is very little research available on the concurrence of these two factors. This literature review examines previous research on each of these factors separately, and then discusses the limited research on the concurrence of the two factors.

The United States Military continues to deploy service members to other countries throughout the Middle East, leaving behind their families, and oftentimes children. It is increasingly important that those left behind, especially children, receive the support to promote and maintain both their social and emotional well-being. The Office of the Deputy Under Secretary of Defense (n.d.) estimated that in 2009, 613,997(43.7%) members of Active Duty military personnel and 364,951 (42.8%) members of Selected Reserve military personnel had children. Between the two groups there were a total of 713,439 children ages birth through 5 years and 602,026 children ages 6 through 11 years old.

Parental concerns and parent related issues are similar for families with and without children with disabilities (Innocenti, Huh, & Boyce, 1992), but the challenges and demands associated with parenting a child with disabilities, (e.g., medical care, education, basic care-giving needs) are more concentrated. A recent study by Boyle et al. (2011) reported a 17% increase in the prevalence of parent-reported developmental

disabilities among children ages 3 to 17 years in the U.S. between 1997-2008. This study estimated that approximately 10 million children, or 15%, of children were affected by a developmental disability in 2006-2008.

Special educators are inevitably going to have students in their classrooms who are experiencing the loss and grief of a parent who has been deployed for some amount of time. Yet, most teachers are unaware of the unique lifestyles and challenges that military families experience. Typical stressors related to the military lifestyle can include, but are not limited to, frequent relocation and separation due to deployment or training (Segal 1999). Also, research has also shown that military parents of children with disabilities experience additional stress compared to those military parents with typically developing children. This can be attributed to the increase in time and resources that are needed in the daily care of a child with a disability (Russo & Fallon, 2001). Thus military families with a child with a disability face a dual challenge.

In the last 40 years, there has been a plethora of research on families with children with disabilities, their reported stress levels, and coping resources, strategies and adaptation (Dyson, 1997; Glidden & Natcher, 2009; Jones & Passey, 2005). Parent related stress and concerns among mothers with and without children with disabilities are similar, but parents of children with disabilities reported higher stress as a result of issues related directly to the child (Innocenti et. al., 1992). Parents of children with disabilities have reported significantly more frequent parenting hassles, such as common tasks associated with parenting and challenging behaviors resulting in an increase in family and maternal stress (Cuskelly, Pulman, & Hayes, 1998). Despite the unique challenges these families experience, a three year longitudinal study on 35 mother-child pairs showed

remarkable stability in terms of maternal adaptation and response to parenting a child with a disability (Innocenti et al., 1992).

Studies have shown that although families of children with special needs experience high levels of stress, it is the key aspects of coping resources and strategies that tend to be more predictive of family adaptation and well being (Quine & Pahl, 1991). The presence of coping resources can be protective, which would lead to resiliency, while the absence of coping resources can be risk factors that would lead to vulnerability. There have been a variety of approaches used to study stress, coping, and adaptation. The literature identified Lazarus and Folkman's (1984a) transactional model of stress as a fundamental theory defining coping resources. This section utilizes this model to examine the causes of increased stress, coping resources and coping strategies among families of children with disabilities. There have been studies that examined the factors associated with successful adaptation as well as risk factors associated with poor adaptation.

Parenting and Family Stress.

The notion of stress can be difficult to measure because it entails an experience as well as an individual's perception of the experience. Lazarus and Folkman (1984a) define stress as "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being"(p. 19). This definition supports and emphasizes the important relationship between the person and the environment when defining stress.

In spite of the challenges in measuring stress, there has been a large amount of research on the stress of parenting and families of children with disabilities, utilizing a multitude of research designs and instruments. One of the more common instruments

used is the Parenting Stress Index (PSI) (Abidin, 1990), which uses a 5-point Likert-type scale with higher scores indicating higher levels of stress, to measure stress in two domains, child related stress and parent related stress. The child related domain takes into account how factors, such as the child's characteristics and behaviors, influence the parent-child relationship. The sub-domains within the child related domain are; distractibility/hyperactivity (DI), Adaptability (AD), reinforces parent (RE), demandingness (DE), mood (MO), and acceptability (AC). The parent related domain takes into account how parent factors such as, characteristics, experiences, responses to their child, and current quality of life, influence the parent-child relationship. The sub-domains within the parent related domain are competence (CO), isolation (IS), attachment (AT), health (HE), role restriction (RO), depression (DP) and spouse (SP).

Families of children with disabilities tend to have similar scores in the parent related domain, but higher scores in the child related domain of the PSI when compared to families of typically developing children (Innocenti et al., 1992). More specifically, mothers of children with disabilities had higher scores in the distractibility/hyperactivity, adaptability, and demandingness sub-domains and lower scores in the reinforces parent sub-domain of the child related stress domain. Among families of children with disabilities, those whose children had lower levels of development or functioning scored higher in the demandingness subdomain (Boyce & Behl, 1991; Hanson & Hanline 1990), thus suggesting the impact of a child's development and functioning on parenting and family stress.

A number of studies used the PSI in conjunction with other instruments to establish additional factors that can affect parent or child related stress. Studies by Boyce

and Behl (1991) and Hanson and Hanline (1990) determine a child's age was typically not a factor that affected child related stress, but the severity and type of disability was highly influential. Other research examined the effects of each of the five domains of child functioning (i.e., personal/social, adaptive, motor, communication, cognition) as a predictor of parental stress and found the personal/social domain to be the most influential (Smith et al., 2001). When comparing the effects of child's behavior to the child's level of skill on parenting stress, Hassall et.al., (2005), found that behavioral challenges were a solid indicator of higher levels of parenting stress.

A significant amount of research has been devoted to exploring the effects of children's functioning as a source of parenting and family stress. However, it is also important to consider factors of family functioning, which has been found to be a stronger predictor of overall parenting stress (Smith et. al., 2001). Family functioning can be broken down into three components, family support, resources, and life events. Although all three factors are important, family resources tends to be a stronger predictor of parental stress than the other two factors. The amount of and quality of resources available to a family has the potential to alleviate both child related and parent related stress (Boyce & Behl, 1991; Smith et al., 2001).

Coping Processes

Although there are a number of definitions of coping, many of them contain a central theme related to the conflict of external and internal demands. Lazarus and Folkman (1984a, 1984b) refer to coping as a process in which continual assessments are made by an individual in an attempt to manage his or her perceived discrepancies between situational demands and available resources in order to maintain well-being and

stability. In using this definition, coping is simply seen as an attempt to deal with a situation and does not take into account whether the attempt is adaptive or maladaptive. Two important components of the coping process are coping resources and coping strategies.

Coping Resources

Coping resources, as defined by Lazarus and Folkman(1984a), are factors from either the person or the environment that, when present or absent, can help mediate stress and coping in either a positive or negative direction. Folkman, Schaefer, and Lazarus (1979) break coping resources down into five broad categories: utilitarian resources; health, energy and morale; social networks; general and specific beliefs; and problem solving skills.

Utilitarian Resources

Utilitarian resources include factors such as social economic status, income, employment and level of education. Multiple studies found a trend in which mothers with higher education levels experience less stress (Koeske & Koeske, 1990; Quine & Pahl, 1991).

Those parents who possess an array of utilitarian resources, particularly monetary, and know how to use them effectively tend to have more access to legal, medical, or other professional resources (Folkman et al., 1979). The presence of sufficient financial resources and higher social class was shown to be a strong mediator for some of the parental stress related to caring for children with disabilities (Beresford 1996; Koeske & Koeske, 1990; Quine & Pahl, 1991). Financial resources can be used to purchase items or pay for in-home support related to daily caregiving tasks of either the house or the

child. Cuskelly et al. (1998), found that a common area of concern for parents of children with disabilities was finding appropriate and adequate childcare for their child, where as none of the parents of typically developing children voiced this as a concern. Thus in some cases, financial stability and higher social economic status may allow for one of the parents to remain in the home to care for the child and alleviate the stress related to finding appropriate childcare and balancing the combined stress of childcare and employment (Quine & Pahl, 1991).

Although Koeske and Koeske (1990) found that mothers who were employed outside the home reported less stress related to their child's challenging behaviors, most mothers of children with disabilities were likely to remaining in the home, possible due to the increase in care giving demands and medical needs of their child (Cuskelly et al. 1998). Leiter, Krauss, Anderson, and Wells (2004), examined the effects of parenting a child with special needs on maternal employment and found that 56% of the 888 mothers who remained in the home reported they had stopped working in order to care for their children. In addition, of the 984 mothers who reported they were still working, 56% reported they had to cut back on their hours in order to provide adequate care for their child.

Health, Energy and Morale

Caring for a child, disabled or not, is very demanding both mentally and physically and those parents with fewer illnesses and less depression fare better (Quine & Pahl, 1991). In spite of this, parents of children with disabilities frequently report higher stress levels, poorer health and higher depressive symptomology (Miller, Gordon, Daniele & Diller, 1992; Oelofsen & Richardson 2006). However, higher levels of

education, parental satisfaction and self esteem were all interconnected with decreased levels of psychological and somatic symptoms (Koeske & Koeske, 1990).

Social Support

Social support is a resource that results from interrelationships with significant others and can be a source of either support or increased stress. Social support can have emotional benefits such as, creating a sense of belonging, meaning, and acceptance or tangible benefits such as providing information, transportation or help with childcare (Koeske & Koeske, 1990; Lazarus & Folkman 1984ab). Greater levels of social support are related to the quality and perceived helpfulness of support as opposed to the number of support sources (Hassall et al., 2005; Jones & Passey, 2005). A number of studies have shown that an increase in support, resources, and family cohesion are linked with lower parent and child related stress (Boyce & Behl, 1991; Hanson & Hanline, 1990; Smith et al., 2001). The presence of too few or overstretched resources typically makes adaptive coping more difficult (Jones & Passey, 2005). The impact of stress on parents and its association with negative outcomes are typically more pronounced when social supports are inadequate. However, this appears to be less critical among mothers who have other resources, such as education, available to them (Koeske & Koeske, 1990). The effects of stress on mothers who lack the necessary social supports can be debilitating, especially when combined with other factors such as lower levels of education.

Although both mothers and fathers who appraised their situation with a more positive outlook reported they were more likely to receive help from others, the significance of this help was more important for mothers. In addition, mothers reported assistance provided by others as an important component of social support. Mothers with

positive belief systems were much less affected by perceived criticism than fathers, who tend to experience high levels of both parenting and psychological stress as a result of criticism (Frey, Greenberg, & Fewell, 1989). Although parents value honesty and realistic prognoses from professionals (Beresford, 1996; Hastings et al., 2002), formal social supports that consist of insensitive professionals unwilling to provide information are a source of stress to parents. In addition, community members who maintain negative attitudes and lack understanding of persons with disabilities are also associated with increased stress and other negative effects (Beresford, 1996; Jones & Passey, 2005; Hastings, Allen, McDermont & Still 2002). A number of parents have reported that support from those around them, such as other parents, friends, and family, who maintain a positive attitude has helped to promote their own positive attitude and a sense of personal growth and maturity (Hastings et al., 2002; Jones & Passey, 2005). Having an emotional outlet available is crucial for parents and appears to be associated with more positive coping (Beresford, 1996).

General and Specific Beliefs

A number of studies looked at the effect of parental beliefs, such as optimism, parental self-esteem, and locus of control on parenting stress as a resource for coping. Parents who were able to remain optimistic and view their problems as less problematic or in a more positive manner, especially in chronic situations that could not be changed, tend to fare better overall (Glidden, Billings & Jobe, 2006; Jones & Passey, 2005; Miller et al., 1992). Parents who were able to maintain a positive outlook were more likely to receive help from others (Frey et al., 1989), have positive parental perceptions of children (Hastings et al., 2002), increased positive and loving parent child relationships

(Beresford, 1996), lower levels of stress and higher levels of overall well-being (Glidden et al., 2006; Glidden & Natcher, 2009). In addition, mothers were much less affected by perceived criticism from others when they were able to maintain a positive belief system (Frey et al., 1989).

In general, mothers with higher levels of parenting self-esteem, which included parental efficacy and parental satisfaction, were more inclined to experience lower levels of parental stress. Hastings et al., (2002) found that the ability of mothers to successfully meet the increased demands of having a child with a disability has the potential to result in enhanced feelings of parental efficacy, personal growth and maturity. In addition, parents with higher levels of parental satisfaction and self-esteem experienced fewer psychological and somatic symptoms (Koeske & Koeske 1990), and were able to enjoy the rewards and pleasures of parenthood, such as child success or achievement and positive loving parent child relationships (Beresford, 1996). However, in a study that differentiated between parental efficacy and parental satisfaction, the latter of the two appeared to be a more influential coping resource (Hassall et al., 2005).

In recent years there has been a focus on parental cognition and parental locus of control as coping resources. Rotter (1966) defines external locus of control as the belief that events are contingent on external forces such as other people's actions, luck, chance, or fate; whereas internal locus of control is the belief that events are contingent on internal forces such as ones own behavior and characteristics. When applying locus of control to parenting, those who perceive child development and behavior as a result of their parenting and feel they have control over their child are said to display an internal parental locus of control; whereas parents who perceive child development and behavior

as unrelated to their own parenting and feel they have little or no control over their child are said to have external parental locus of control (Lloyd & Hastings, 2009).

When perceptions among mothers and fathers on their personal control are high, they consistently report less parental and psychological stress (Frey et al., 1989).

Mothers who had a tendency to display an internal locus of parenting control experience greater levels of social support, higher levels of self esteem (Hassall et al., 2005), and feel more effective in their role as parents (Jones & Passey, 2005). In contrast, mothers who display an external locus of parenting control display higher levels of parenting stress and children of mothers who display external locus of parenting control display higher levels of maladaptive behavior (Hassall et al., 2005). Overall, mothers with internal locus of parental control feel they are able to influence their lives and achieve positive coping adjustment, acceptance, and adaptation (Quine & Pahl, 1991).

Problem Solving Skills

According to Folkman et. al., (1979), problem solving skills include the abilities to locate information, analyze pertinent situations, generate solutions or alternatives, and then apply these alternatives appropriately. Beresford (1996) found that parents from middle-class social economic standing who were more literate and articulate are more likely to engage in information seeking. In addition, those parents who seek out information are more empowered and likely to demand services to which their children were entitled. Quine and Pahl (1991) proposed that a higher level of education may provide families with more access to information and analytic problem solving skills, allowing for more positive coping strategies. Furthermore, those who were able to

continually assess their coping skills and make changes as needed were better able to cope with daily challenges.

Coping Strategies and Adaptations

Parental adjustments in families of children with special needs are mediated by three factors: specific coping strategies, cognitive appraisals, and stressful events (Miller et al., 1992). Current research has found that a large number of families of children with disabilities, despite the numerous difficulties they face, are able to eventually cope and adapt to stress (Beresford, 1996; Kelso, French, & Fernandez, 2005; Lusting, 2002; Quine & Pahl, 1991). Jones and Passey (2005) determined that coping strategies that include cooperation, family integration, and optimism are coupled with an increase in family cohesiveness and parental satisfaction. The coping strategies a parent uses have a powerful effect of the overall adjustment and well-being of both the parents and the family. In some cases, parents may approach similar problems using different coping strategies and still have beneficial outcomes (Beresford, 1996).

The Ways of Coping Questionnaire, by Folkman & Lazarus (1988) is a commonly used instrument to examine coping strategies and outcomes. This questionnaire address eight common coping strategies that are further broken down into either problem focused or emotion focused coping strategies. Comparison of the frequency of coping strategies used among parents with and without children with disabilities, Paster, Brandwein and Walsh (2009) found parents of children with disabilities used all eight of the strategies more frequently than parents of typically developing children. Research also suggests that although mothers of children with disabilities and mothers of typically developing children utilize different process for

managing and negotiating stress, mothers of children with disabilities are more influenced by both their choice and use of coping strategies (Miller et al., 1992).

Coping strategies and adaptations are typically measured in terms of an individual's physiological and psychological well-being and can be either negative or positive (Sloper & Turner, 1993). However, the use of problem focused coping strategies results in more positive adjustments and less stress than emotion focused coping strategies (Frey et al., 1989; Glidden et al., 2006).

Problem Focused Coping Strategies

Problem focused coping strategies employ techniques that utilize a constructive approach that incorporate steps such as defining problems, generating alternative solutions, implementing solutions, and objectively evaluating outcomes (Lazarus & Folkman, 1984a, 1984b). Problem focused coping strategies typically concentrate on either the environment or one's self (Lazarus & Folkman, 1984a) and tend to be associated with enhanced feelings of competence and control over a situation (Miller et al., 1992). An important component of problem focused coping strategies is the ability to engage in continuous cognitive appraisal, which involves monitoring and finding a balance between demands on one's ability to deal with those demands. Thus those who were able to continually assess their coping skills and make changes as needed were better able to cope with stressful situations (Quine & Pahl, 1991).

Planful Problem Solving

Planful problem solving refers to conscious problem-focused attempts that are combined with an analytic approach aimed at altering the current situation (Folkman & Lazarus, 1988). Glidden et. al., (2006) found parents of children with disabilities

reported planful problem solving as the most frequently used strategy. In addition, mothers tended to use planful problem solving more often than fathers (Glidden et al., 2006; Glidden & Natcher, 2009), possibly because mothers tend to be the primary caregivers and assume the responsibility of solving child related problems. Furthermore, for mothers of children with disabilities, planful problem solving appears to more strongly related to lower levels of less psychological distress than any of the other problem focused coping strategies.

Seeking Social Support

Seeking social support is a problem solving strategy that utilizes a person-orientated solution; it requires the person to seek informational support, tangible support, and/or emotional support from another person (Glidden et al., 2006). Glidden and colleagues (2006) found that seeking social support was typically reported as the second or third most frequently used strategy by parents, and was again reported to be used more by mothers than fathers (Glidden & Natcher, 2009). The use of seeking social support was also more statistically significant for parents of children with disabilities than for parents of typically developing children (Paster et. al., 2009).

Confrontative

Confrontative coping strategies, which have been found to be related to higher levels of neuroticism (Glidden et al., 2006), use various degrees of hostility and/or risk taking behavior and include the use of aggressive efforts in an attempt to alter the situation (Folkman & Lazarus, 1988). In a longitudinal study, over a period of six years, the use of confrontative coping strategies was consistent in predicting less depression and positive subjective well-being for both mothers and fathers (Glidden & Natcher, 2009);

however, in an earlier study, the use of confrontative coping strategies predicted lower levels of depression in mother, but not fathers (Glidden et al., 2006).

Emotion Focused Coping Strategies

Emotion focused coping strategies refer to a number of different strategies aimed at decreasing emotional distress related to the situation, and can include methods of regulating behavior, expression, psychological disturbance, and/or subjective distress (Lazarus & Folkman, 1984b). For mothers of typically developing children, the use of emotion focused coping strategies did not significantly affect their levels of psychological distress; however, none of the emotion focused coping strategies appeared to help alleviate or decrease psychological stress. More specifically, distancing, self-controlling, escape avoidance, and accepting responsibility seem more strongly associated with maternal psychological stress (Miller et al., 1992).

For mothers of children with disabilities, the appraisal of emotion focused coping strategies may be employed because they recognize the need for coping action, but may lack the information services, or resources necessary to employ more effective coping (Miller et al., 1992). The use of emotion focused coping strategies may be a poor fit with the appraisals of mothers of children with disabilities and may prevent parents from moving past a cycle of self-blame and withdrawal, towards a more productive problem solving approach, which appears to be more effective. Hastings et al., (2002) found that although most emotion focused coping strategies tend to lead to negative outcomes, positive reappraisal is associated with positive outcomes.

Distancing

A distancing strategy incorporates some type of cognitive endeavor in which one attempts to distance him or herself from the situation in an effort to minimize the situational significance (Folkman & Lazarus, 1988). In a longitudinal study over a span of six years, Glidden and Natcher (2009), found the use of the coping strategy, distancing (which was also associated with neuroticism) is consistent in predicting both depression and negative subjective well-being for both mothers and fathers. In addition, Glidden et al., (2006) found distancing was used more frequently among fathers, and was associated with lower levels of child subjective well-being. This strategy is typically ineffective because a parent will most likely be unable to successfully distance him or herself from his or her child and there will always be environmental cues that serve as reminders of the stressful situations.

Self-Controlling.

The self-controlling strategies refer to one's attempt to regulate his or her own feeling and actions (Folkman & Lazarus, 1988). Use of this strategy does not appear to help or alleviate distress, but was found to be associated with higher psychological stress among mothers of children with disabilities (Miller et al., 1992).

Escape Avoidance.

The escape avoidance strategy utilizes both wishful thinking and behavioral efforts in an attempt to escape or avoid the problem or situation, but does typically refer to detachment (Folkman & Lazarus, 1988). The use of the escape avoidance coping strategy showed more statistically significant results for parents of children with disabilities than for parent of children without disabilities (Paster et al., 2009); and was related to higher levels of stress, depression, and negative subjective well-being among

both mothers and fathers (Frey et al., 1989; Glidden et al., 2006; Glidden & Natcher, 2009). Escape avoidance, which is a maladaptive coping strategy, is one of the least used strategies, and is associated with parents who displayed higher levels of neuroticism or extraversion and/or lower levels of conscientiousness (Glidden et al., 2006). This strategy, whether used by mother or fathers, continues to be a strong predictor of negative outcomes and an ineffective problem solving approach that can further exacerbates stressful situations (Glidden & Natcher, 2009).

Accepting Responsibility

The accepting responsibility coping strategy typically includes a self blame component (Glidden et al., 2006), and is used when one recognizes his or her role in the problem situation and makes attempts to put things right (Folkman & Lazarus, 1988). Although accepting responsibility was one of the least used coping strategies, parents who displayed higher levels of neuroticism reported more frequent use (Glidden et al., 2006). In addition, the accepting responsibility coping strategy incorporates self blame, which is typically maladaptive and associated with higher levels of maternal stress (Frey et al., 1989). In spite of this, Miller et al. (1992) found that oftentimes, stressors experienced by mothers of children with disabilities tend to be chronic, in which case coming to terms with and accepting the outcome can be an effective coping strategy.

Positive Reappraisal

Positive reappraisal requires the individual to engage in personal growth and resolution by interpreting and redefining the situation as more positive and less problematic (Folkman & Lazarus, 1988; Glidden et al., 2006). Although most emotion focused coping strategies tend to lead to negative outcomes, there are multiple studies

(Glidden et al., 2006; Glidden & Natcher, 2009; Hastings, et al., 2002; Lusting, 2002; Miller, et al., 1990; Paster et al., 2009) that have found positive reappraisal to be associated with positive outcomes, especially in chronic situations that cannot be changed (Glidden et al, 2006; Miller et al., 1992). Positive reappraisal was found to be statistically more significant for parents of children with disabilities than for parents of children without disabilities (Paster et al., 2009) and appeared to result in consistently lower levels of depression and higher levels of subjective well-being over a six year period (Glidden & Natcher, 2009). Those parents who engaged in positive reappraisal coping strategies were able to develop increased positive perceptions of their children (Hastings et al., 2002). Parents who perceived themselves as competent and engaged in an increased use of positive reappraisal appeared to encounter higher levels of family adjustment and adaptation while simultaneously taking an active role in the organization of family demands (Lusting, 2002).

Experiences of Military Families

Phases of Deployment

The deployment cycle can be broken down into five phases; pre-deployment, deployment, sustainment, re-deployment, and post deployment. The deployment cycle begins when a soldier receives notification of pending departure and ends three to six months after he or she returns home, and involves tremendous amounts of conflicting emotions, change, and growth for all family members involved. The responses of all family members during this period are individualized and can vary greatly depending on factors such as age, gender, maturity, parent-child relationships, past experiences, and the coping skills of all the individuals involved (Educational Opportunities Directorate of the

Department of Defense, n.d.-b). In addition, not all families or family members respond to deployment in the same way or at the same time (National Military Family Association, n.d.).

Specific emotional challenges need to be navigated and met in each distinct phase of deployment in order for the family to adapt successfully, an inability to do so can lead to significant discord for all family members (Pincus, House, Christensen & Adler, 2001). Families need a variety of ongoing support outlets prior to, during, and after deployment, and cannot be expected to make it through this turbulent period alone (National Military Family Association, n.d.). In addition, communication between families and service members is essential.

Pre-Deployment

The pre-deployment phase begins when the military member receives notice of a scheduled deployment (Levin, et al., n.d.). Throughout this period, emotions and preoccupations of family members typically alternate between denial, dread, and anticipation (Robertson, 2008). Children often lack the ability to express their feelings with words during this time, and may become fearful because they do not understand why their parent is leaving (Educational Opportunities Directorate of the Department of Defense, n.d.-b). During this time the stress and confusion young children experience is usually a result of the emotional stress they perceive (Levin et al., n.d.). Oftentimes, for children, the unknown can be scarier than the known, so age appropriate information and reassurance is essential (Robertson, 2008)

During the final week(s) of pre-deployment, there tends to be a dramatic shift in the emotions of both parents due to an unconscious self preservation instinct (Robertson,

2008) as family members begin to detach both physically and emotionally. The deploying adults begin to shift their time, energy and focus from the family to the demands of their impending military mission while emotionally preparing themselves for their arrival in an unfamiliar and possibly hostile environment (Educational Opportunities Directorate of the Department of Defense, n.d.-b; Levin et al., n.d.). Oftentimes the remaining parents become frustrated while having to anxiously await their spouses' deployment and wish their spouse was gone already so they can begin to move on with their lives (Pincus et al., 2001). The remaining parents will also become focused on what will happen once their partner leaves and how they will cope with the dramatic changes in their daily routine, as well as the increase in their responsibilities (Levin et al., n.d.).

Prior to deployment, it is very important that spouses discuss with one another, in detail, their respective expectations for one another during the deployment. Pincus et al. (2001) also warn that is common for frequent and significant arguments among spouses to occur, which are typically the result of stress and fear surrounding the upcoming separation. They hypothesize these arguments may also occur because psychologically it is easier to be angry than to have to feel the pain and loss of separation. Thus it is important for adults to not become preoccupied and overly focused on these arguments.

Although young children will not be able to comprehend the imminent departure because their parent is still in the home, they may still begin to feel a sense of abandonment (Levin et al.). Young children will not be able to understand why their parent has to leave and because their thoughts are still very much egocentric, will oftentimes feel responsible for their parent's departure (Dougy Center, 2010). To help children through the pre-deployment period, Robertson (2008) suggests parents provide

children with specific roles and allow them to participate in deployment preparations, which can help to create a sense of purpose and control for children during this tumultuous time.

Deployment

Deployment begins when soldiers leave the military base for their assignments and continues for the first month or two. Oftentimes, this period is very disorganized and accompanied by mixed emotions (including relief and sadness), disorientation, a sense of overwhelmingness, difficulty sleeping, and security issues (Pincus et al., 2001). Once the actual deployment begins, reality sets in and families are left behind to struggle with their feelings of loss, grief, and fear (Levin et al., n.d.). At the same time, the remaining parent is left with the sole responsibility of caring for the family and establishing new daily routines. Family roles need to be redefined and redistributed in order to find a working equilibrium within the family. While the family struggles to identify and maintain a new equilibrium, the sense of separation and loss remains and may become stronger at various times throughout the day. Young children often feel guilty because they feel the parent's deployment was a result of something they did. Children often have questions during this time and throughout the remainder of the deployment period as to why their parent has left (Levin et al., n.d.).

Sustainment

The sustainment period begins after the first or second month of deployment and continues through to the penultimate month of the deployment period. This period is marked by the establishment of a new equilibrium during which new routines and support sources are established. During this period, the remaining parent typically reports feeling

more confident and in control (National Military Family Associate, n.d.; Pincus et al., 2001.) During this time moods and needs of the children, as well as adults, can change daily and communication is important (Robertson, 2008).

Children react differently during this phase of deployment depending on their developmental levels (Pincus, 2001). Toddlers tend to do as well as the remaining parent, from whom they are receiving their support and responding well to consistency and increases in both attention and affection. Preschoolers, who also respond well to consistency and increase in attention and support, will often display regression in their current skills, clinginess, irritability, desperation, aggressiveness, fearfulness and/or somatic symptoms.

Re-Deployment

Re-deployment refers to the last month of a soldier's deployment and is typically a period of intense conflicting emotions such as anticipation, excitement, apprehension, and worry (Pincus, 2001). Oftentimes, the actual date of homecoming is an estimate and can change. A lot of the intensity of emotions experienced at this time can be dependent on both the quality and quantity of communication available between the soldier and his or her family during the deployment (Robertson, 2008). It is also important that adult be able to manage his or her own emotions while remaining stable and available for children. Pincus et al. (2001) also report that parents typically begin having trouble making decisions during this period, and attribute their constant second-guessing to a focus on what their spouse would want.

Post Deployment

Post deployment occurs when the soldier returns home and can last from three to six months. This phase is thought to be one of the most important phases, of which three quarters of family members surveyed by the National Military Family Association (n.d.) reported as the most stressful. One of the first reactions during this period is an overwhelming sense of relief that the deployment is finally over (Robertson, 2008). These feelings quickly become replaced with mixed emotions after the reunion. The family members may be uncomfortable with one another and have trouble reconnecting after the extended separation. The returning parents may expect everything to be the same as before they left and to be able to pick up where they left off. They are quickly surprised and unfamiliar with all of the changes that took place during their absence (Levin et al., n.d.). The adjustments made in routines and family roles during the deployment change once again as the family struggles to find a new equilibrium that includes the returning parent. In addition, stressors and problems that may have existed prior to deployment usually resurface, and may become even more exaggerated than before (Levin et al., n.d.; National Military Family Association, n.d.).

Once again, responses of children during this stage depend on their developmental levels; toddlers can appear slow to warm up, whereas, preschoolers may feel guilty and scared (Pincus et al., 2001). Furthermore, children often feel the need to remain loyal to the parent who stayed behind and may not respond to discipline attempts by the returning parent. In addition, some children may continue to display anxiety that separation will occur again for up to a year following reunion. It is important to keep children's routines and behavioral expectations as consistent as possible during this time while creating

opportunities for both individual and family reconnection with the previously deployed parent (Robertson, 2008).

Supporting Young Children During Deployment

According to Favazza and Munson (2010), each child's experience of loss and grief is unique and may be displayed in a variety of ways and during various periods throughout the deployment, depending on his or her developmental level and temperament. In addition, children's perspectives of their parent's deployment are usually different from an adult's perspective. To better understand the children's loss adults need to understand the impact and importance of the deployed parent relative to the children. The feelings of loss and grief experienced during deployment have the potential to affect children's past, current, and future relationships, as well as their identity and level of security. Children's ability to cope and respond to current and subsequent losses is directly related to both their past and current experiences and the type of support they receive during this time. By teaching children positive ways to cope with these feelings of loss and grief, they will be better able to cope with similar life events and situations in the future (Favazza & Munson, 2010).

Both Favazza and Munson (2010) and Levine (2003) reiterate that children are very aware of and sensitive to both verbal and nonverbal responses of those around them. One's own comfort level and understanding of loss can either weaken or improve one's ability to support a child during this time (McGlaufflin, 1998). In addition, the responses of an educator or parent can potentially enhance or diminish the child's ability to understand, express, and cope with loss and grief. When helping children process their feelings of loss and grief during deployment, it is important to listen to them and help

them identify their feelings by labeling them. A publication by the Educational Opportunities Directorate of the Department of Defense (n.d.-a) emphasizes the importance of validating a child's feelings of fear, anger, frustration, and grief. Children need to be reassured they are not alone and that their feelings are both normal and acceptable.

Strategies for Educators

Educators play an important role in their students' daily lives, and children are, in turn, deeply impacted by an adult's emotions and attitudes. Because students rely on educators to provide them with a sense of security, it is important educators be able to provide their students with a supportive and nurturing environment especially during the deployment of a family member. Each child's reaction to and experiences of loss and grief during deployment is unique and greatly affected by his or her age, maturity, developmental level, gender, coping skills and relationships with caregivers (Educational Opportunities Directorate of the Department of Defense, n.d.-a). Educators need to be informed about the unique challenges and lifestyles of military families, as well as ways to best support students in the classroom at this time.

In the classroom, educators may notice the child having greater difficulty separating from the remaining parent becoming easily frustrated and/or harder to comfort and exhibiting an increase in clinginess, crying, and whining. When a child displays these types of behaviors, it is important the educator attempt to make the child feel safe by remaining patient and calm while helping the child to regain control (Levine, 2003). In addition, young children may also become more withdrawn, have difficulty engaging and display an increase in aggression (Levin et al., n.d.). Young children have difficulty

verbalizing their emotions and tend to work through their feelings via play, which may include acting out scary events. In these situations, educators need to support the children's play while providing them with a safe environment and the words needed to express their emotions. If children engage in inappropriate play, they need to be redirected and taught acceptable coping strategies and methods of expressing their feelings without hurting themselves or others (Educational Opportunities Directorate of the Department of Defense, n.d.-a).

Children will inevitably have many questions during this time and may ask the same questions repeatedly. Favazza and Munson (2010), therefore, stress that educators need to be approachable, sensitive, and attentive to the needs of the child. The Educational Opportunities Directorate of the Department of Defense (n.d.-a) emphasizes the significance of answering children's questions in a matter of fact manner with developmentally appropriate information in terms they can understand so as to clear up any confusion children may have. Furthermore, they stress the importance of the educator ending all discussions with a statement that focuses on the child's safety to help reduce any fears the child may have.

In order to promote and maintain optimal learning, the school and classroom environments need to be understanding and supportive of all students. Consistent classroom routines can provide students with a sense of stability and security during this time of uncertainty (Educational Opportunities Directorate of the Department of Defense, n.d.-a.; Levin et al., n.d.). Educators need to be understanding and supportive while providing students with opportunities for emotional connection and strengthened relationships with others. By supporting children and teaching them positive coping

skills and strategies during times of deployment, educators are providing children with important opportunities for healthy growth and development (Favazza & Munson, 2010.)

Strategies for Caregivers

During deployment, it is extremely important that a child be able to seek and take comfort in the presence of the remaining caregiver. Young children need to feel they still have a caring parent in the home to be able to care for them and meet their daily needs (Levin et al., n.d). As a result, remaining caregivers need to remember to care for themselves so they can, in turn, provide their child with quality care and support during this time. The bond between a child and caregiver is unique, and young children are very intuitive. They will quickly pick up on their caregiver's sense of being. Thus, a caregiver's response can either enhance or diminish a child's ability to understand, express and cope with the current situation (Dombro, 2007b; Favazza & Munson, 2010; Levine, 2003). If caregivers are upset or apprehensive, the child may notice the subtle changes in the caregiver's voice, expressions, or body. This response in the caregiver may prompt the child to have similar feelings and react accordingly. Hence, by taking care of themselves, caregivers can respond to and be more available to their child both physically and emotionally during the deployment period (Dombro, 2007b).

Children experience and express loss and grief in a variety ways that can vary depending on their developmental and/or chronological age. Each child's response to and experiences of grief are unique and can be reignited at various points during the deployment for a variety of reasons (Favazza & Munson, 2010). Some common responses of a child experiencing loss and grief can include: (a) an increase in clinginess, crying, and whining; (b) an increase in both positive and negative attention seeking

behaviors; (c) an increase in irritability and frustration accompanied with difficulty in comforting; (d) increased fear and difficulty with separation from the remaining parent; (e) an increase in aggressive behavior and the acting out of scary events; (f) withdrawal or a decrease in interest and involvement in activities; and (g) a regression towards previous behaviors, such as bed wetting, toileting accidents and thumb sucking (Dombro, 2007a; Levin et al., n.d). A young child's response to the deployment of a parent can change throughout the various stages of deployment, and can be influenced by events that occur prior to, during, and after the parent actually leaves. In order to respond appropriately, it is important that the parent listens to the child, monitors for changes in behavior, and tries to recognize and understand the child's perspective of the events that occur (Levin et al.).

During the deployment, consistency in rules and routines both at home and in the community can provide young children with a sense of security and control (Dombro, 2007a; Favazza & Munson, 2010; Levin et al., n.d.). It is also important to include frequent conversations about the deployed parent throughout the day to help young children continue to feel connected to him or her. In addition to frequently repeating the phrase, "Your mommy/daddy loves you," it would also help the child to talk about some of his or her parent's favorite things or things he or she used to do together to help keep the memory alive (Dombro, 2007a; Levin et al., n.d.). Dombro (2007a) also suggests incorporating a daily ritual to celebrate the deployed parent, such as watching a slide show of pictures every night before bed.

During deployment, it is not uncommon for young children to experience feelings of guilt as they begin to forget things about their deployed parent (Levin et al., n.d.).

Thus, it is very important that remaining parents help their children keep memories of their deployed parent alive while reassuring them that these feelings are normal. Prior to deployment, parents can: (a) give the children something special for them to hold on to and take care of. For young children, it would be helpful to make sure the remaining parent has extras of this special item in case it gets lost or dirty (Dombro 2007a; Levin et al.); (b) create audio or video tapes of themselves singing, reading a story, or a slide show of photographs which the child can watch or listen to during their absence (Dombro 2007a); (c) take pictures of family members doing everyday activities with the child. These pictures can be placed in a portable photo album or laminated so the child can carry them. Pictures of the deployed parent can also be placed throughout the house where the child can see and access them (Dombro, 2007a; Levin et al., n.d.).

During the deployment, parents can: (a) keep reminders of the deployed parent around the house where they would normally be kept (i.e., shoes, jacket, purse) to imply to the child that the parent will be back (Dombro, 2007a); (b) explain to children in simple, clear, developmentally appropriate words what is happening and prevent them from viewing media images or hearing scary aspects of deployment (Dombro, 2007a; Levin et al., n.d.); (c) encourage children to express their feelings and offer them a variety of appropriate activities to work through and express these feelings, such as art materials, dramatic play materials, and gross motor activities. Keep in mind that children work through their feelings and experiences through play, which may become scary or disturbing during this time. Continue to provide children with support and reassurance during this time (Dombro, 2007a; Levin et al., n.d.); (d) try to maintain contact with the deployed parent as much as possible via technology such as Internet, web based video,

phone and mail. Children can also send care packages, scrapbooks, and letters (Dombro, 2007a; Levin et al.).

The following case study examines what can early childhood special educators do, both in the classroom and at home, to support children with special needs during the deployment of one of their parents.

CHAPTER 2

METHODS

This case study fulfilled the culmination requirement for the special education master's degree under "Cultural Understanding and Language Training: An Urban Residency Experience in Early Childhood Special Education" (CULTURE in ECSE), funded by an award from the U.S. Department of Education, Office of Special Education Programs, #H325K055139. The CULTURE in ECSE project obtained annual approval from the human subjects committee. The focus family was selected because it had a cultural background different from that of the researcher, which was one of the requirements of the project. The research focused on the military aspect of the family for two reasons. First, this family and the researcher are located in an area surrounded by two large military bases, so a number of the children served by the researcher are from military families. Second, there has been very little research done in this area and it is rarely addressed in courses on cultural competency.

Participants

A single military family, residing on a Naval military base, was the focus of this case study. Upon the first meeting with the family, the family members were informed that this project was strictly voluntary, and at any time if they were uncomfortable or did not want to continue they could do so. They were then informed about the requirements and purpose of this project. Once they agreed to participate in the project they were provided with a parental consent form, which they had to sign each year of the case study.

For purposes of this case study and to protect the anonymity of the family, names have been changed. The family is comprised of the father, Charlie (of Philipino and

Norwegian decent), the mother, Rose (of Columbian, Scottish, Sephardic Jew, African American and Spainard decent), a 5-year old son, Eric, and a 17-month old daughter, Lynn. Charlie was deployed to Afghanistan in October of 2010 and Rose remained in the home to care for their two young children. Eric was diagnosed with Russell Silver Syndrome and attends a special day class (SDC) of a local school district for 5.5 hours per day. He currently receives speech therapy, occupational therapy (OT), feeding therapy, behavioral therapy, equestrian therapy, and art therapy through the school district, the local Regional Center (RC), and private insurance. Charlie was previously deployed during Rose's first pregnancy with Eric, and the family had not experienced another deployment since then.

Procedures

The methodology utilized for this research was an in-depth case study of a military family during the deployment of one parent. Qualitative data were collected and analyzed systematically via four separate visits with the family. They occurred on 10/16/09 (initial), 2/07/10 (pre deployment/observed family routines), 3/13/11 (during deployment), and 10/09/11 (post deployment) and typically lasted between 2 to 3 hours. Family visits consisted of both observations of the family functioning and dynamics during typical home routines as well as interviews. All interviews and observations were conducted in the family's home and recorded via a digital recorder. The recordings were then used by the researcher to verify information when writing the case study.

The first visit, 10/16/09, was an observation of all four family members prior to the father's deployment. The second visit, 2/07/10 included a formal interview with both parents as well as an informal observation of the family together. During this interview,

the family members also discussed strategies they were using to prepare the family for deployment. The third visit, 3/13/11, occurred shortly after deployment and consisted of both an observation and a formal interview with the mother. The fourth visit, 10/09/11, occurred during the post deployment phase and consisted of both a formal interview with the mother and a family observation.

CHAPTER 3:

FINDINGS

Analysis of information obtained through the interviews and observations, prior to deployment revealed that the family appeared to be well adjusted. Both parents worked well together and had a stable relationship. Rose was a stay-at-home mom and Charlie worked during the day on base. After coming home from work, Charlie cooked dinner, spent time with the children, gave both children a bath, and helped with the bedtime routine. Charlie and Rose had very close relationships with their son, Eric. Lynn was still very young and much closer to Rose because she was still breastfeeding.

In April 2010, to prepare for deployment, Charlie was sent for training in China Lake for 2 months. During this time, he was still able to come home most weekends to help and spend time with the family. To prepare Eric for his father's impending deployment, Rose purchased a large world map and placed it on the wall in the hallway. She marked in the area where Eric was, and another mark was made in the area where Charlie was. Both parents also created multiple photo albums and a slide show of family pictures with Charlie's favorite music in the background for the kids to watch during the deployment period. In addition, photos of Charlie and the children were hung up all over the house and a few large photos, 16" by 20", were placed in the children's bedrooms. Prior to departure, the family tried to do a few special activities together including a big birthday party at 'Pump It Up.' Since Charlie would be away for Eric's 5th birthday, they had a huge party for Eric a few weeks early so Charlie could attend. For Charlie's departure, Rose's mother, grandmother, aunt, cousin, and niece came from Las Vegas to say goodbye and to help Rose for a few days.

Rose described the first three weeks to a month after Charlie's departure as the hardest time for both her and Eric. Charlie was a big help around the house and without him, Rose had a lot more responsibilities. Typically, Charlie did all of the cooking and paid the bills. In addition to taking on the responsibilities around the house, she also had to juggle both of the children's busy schedules by. Rose reported being much more tired as a result of all of the changes taking place and the dramatic increase in her responsibilities.

Rose was expecting some of the changes in Eric, but others were very shocking and unexpected. She was expecting an increase in meltdowns and tantrums as well as the frequent questions and conversations about daddy. Eric had difficulty, due to the language delay, expressing his feelings and did not understand why Rose could not bring daddy back. Eric also started to call other male figures in his life, such as the occupational therapist (OT), daddy. Eric became reluctant to use the potty and would often cry and scream about it. Rose was shocked and scared when Eric showed signs of self-injurious behaviors. He hit and bit himself, and on one occasion, bit his lip so hard it bled and resulted in a scar.

During the early deployment phase, Rose utilized a variety of strategies she learned from counselors and support providers to support Eric. There were pictures of Charlie all over the house, and Rose played the slide show, which they made prior to deployment, every night at bedtime. Eric also had one of his father's shirts that he took to bed with him at night. Charlie tried to call three to four times a month allowing Eric, when he is still awake, a chance to talk with his father on the phone.

During this time Rose, Eric, and Lynn tried to spend more time with their extended family. For Thanksgiving, they went to Lake Havasu to visit with Charlie's parents and his sister. During Christmas, the three of them went to Las Vegas to visit with Rose's family. In addition to visiting at the initial time of deployment, Rose's mother visited on three different multiple day visits and Charlie's sister visited for a while, as well.

Rose reported she had frequent contact with Eric's teacher and that she has been very helpful, understanding, and accommodating of Eric's home circumstances. Eric's teacher gave Rose a "Daddy and Me" book to read at home and created a photo album for him to keep in the classroom. Eric and his class also made and sent Valentine's Day cards to Charlie and his unit. Rose stated that when problems arose she was able to talk to and receive support from Eric's teacher.

Rose reported that many of Eric's previous behaviors have begun to subside, although there were times when they flared up, especially when he was reprimanded or sent to time out. Eric talked about his father less frequently, but every time a plane flew by, Eric was reminded of his father and commented about him. The toileting situation got somewhat better, and Eric began to sit on the toilet more often without crying and screaming. Recently, Eric and Lynn received a recording of their father reading a book to them in the mail, which they really enjoyed.

When asked what she did to take time for herself, Rose responded, she tries to go to the movies by herself once a week and received some respite care through the regional center. Rose commented on her time alone as "a little band aid," but enough for the time being. She also felt the situation was easier because she was a stay-at-home mom, and

this is her job; but felt she would not be able to handle it all if she had another job in addition to taking care of the house and children.

To prepare for Charlie's homecoming, the family attended the FOCUS program. Rose, Eric, and the counselor spent a great deal of time talking about emotions and helping to facilitate Eric's ability to communicate his emotions. The family used a paper plane countdown chain to prepare Eric for his father's homecoming. The behavioral supervisor also suggested Rose purchase presents for the kids for their father to give to them when he returned. Rose felt the use of presents really helped to bring the children closer Charlie. Rose also reported she felt Eric's busy schedule and the number of important people he has in his life (i.e., therapists) helped to smooth the transition and keep Eric busy during the separation.

Prior to Charlie's return, Rose warned Charlie it would be best if he came home without any preconceived expectations because she had no idea how the children would react to his homecoming. In particular, Rose did not know how Lynn would react, especially since she tended to display some apprehensiveness with men, in general. Charlie reported that he understood Rose's concerns but just wanted to be home again with his family.

Rose reported that the homecoming transition went well and no major issues arose during that time. The FOCUS group suggested to Rose that she and Charlie talk with one another early on and emphasize what each of them needed from one another. Rose felt this discussion between her and Charlie was one of the main factors that helped the most in supporting Charlie's transition back into the family. Also, because of the close relationship that existed between Eric and Charlie, the two of them were able to pick up

where they left off. Charlie had to work a little harder with Lynn because she did not really remember him since she was only 11 months old when he left. Rose felt that Eric being able to see Charlie get off the plane helped because in Eric's mind, Charlie had been working on a plane the whole time.

Upon his return, Rose told Charlie to sit and watch her for two weeks when he first came home to see what she did and then they can begin to discuss what was working for each of them and any changes that needed to be made so it could happen gradually. However, because Charlie was still not around very often, and for the most part he agreed with everything, few changes needed to be made.

Rose reported that the family routine had not changed much since Charlie's returned. She said that "even though Charlie is home, he is not really here." He had to leave the house every morning at 5:30 am, and sometimes they did not see him again until 6:00 pm. He also had to be gone for a few weeks at a time for various training. Charlie was typically home on the weekends, but not as much on the weekdays. During this time, Rose focused on keeping the children's schedule the same in order to provide them with consistency.

Coping Resources.

Utilitarian Resources

This family lived on base in military housing and survived on a steady single income. Rose was a stay at home mom and Charlie was a Petty Officer 1st class in the Navy. They received health benefits from the military. They used them frequently to support Eric and had reliable transportation. Charlie had some college background and Rose had a BA.

Health, Energy and Morale

Both parents were in good health and had the energy needed to maintain their rigorous daily routines. Both realized the importance of taking time for themselves, and prior to deployment Charlie tried to go surfing every weekend. During the deployment, Rose took advantage of respite care and took time for herself by going to the movies. She also enjoyed reading at night after the children were asleep.

Social Support

This family received a tremendous amount of support from a variety of sources such as family, the military, Eric's school, and a variety of professionals. During the deployment, several family members came to visit and help out. In addition, Rose was able to take the children on a few trips to visit family members. Furthermore, Rose reported she was fortunate in that she had a good rapport with Eric's teachers and therapists. In addition, Rose perceived this support as helpful and positive which allowed her to have an overall positive outlook on her situation. However, Rose did report that she received both positive and negative support from medical professionals, and the negative perspectives would at times anger and frustrate her.

General and Specific Beliefs

Both parents displayed an internal locus of control and frequently mentioned that they believed, through their parenting decisions, they were able to influence their children's development and behavior. Charlie and Rose displayed parental satisfaction and often spoke of their children in a positive manner, focusing on their abilities, rather than deficits, which suggests they were able to maintain positive perceptions of both children. In addition both parents were able to frequently enjoy and celebrate their

children's successes and achievements. Oftentimes, their children's achievements were represented through pictures and schoolwork prominently displayed throughout the house and referred to on every visit.

Problem Solving Skills

This family displayed strong problem solving skills and was able to effectively locate and apply information from the Internet and various knowledgeable people in their lives. When talking with Rose, she frequently used the various acronyms and terminology therapists and doctors use. When asked how she knew all of the various terms, she reported that in the first year, she spent a lot of time on the Internet researching terminology, procedures, diagnoses and services. During Eric's first year, he did not receive services. However, once Rose learned what everything meant and navigated the system, she became a strong advocate for Eric, and by the end of the first year she had procured a variety of service and resources for her son.

Coping Strategies

Problem-Focused Strategies

This family mainly engaged in planful problem solving approaches as well as seeking social supports. Early on, Rose used a constructive approach that focused on educating herself about her son's conditions. Once she had enough information she then began to concentrate on altering the environment by seeking out social supports for her son through her private insurance, the regional center, and the local school districts. Rose again engaged in a similar process prior to deployment. She researched ways to support her children via the Internet and reached out to other experienced parents and teachers. As a result, she was able to have a plan with a variety of strategies for supporting Eric

prior to the deployment, which she later implemented at the appropriate times. Once Rose was able to successfully advocate for her child, she reported feelings of control and competence.

Emotion-Focused Strategies

The main type of emotion-focused coping strategy used by this family was positive reappraisal. Rose reported that she tried to stay focused on things she could change such as the environmental supports and therapy, and focus less on what she could not change, such as Charlie's deployment and Eric's medical problems. As Eric made progress, she chose to focus on the progress rather than the deficits he still had. This resulted in an increase in Rose's positive perceptions of Eric. In addition, Rose viewed herself as a strong and capable mother and advocate.

CHAPTER 4:

DISCUSSION

Many of the feelings and experiences of this case study family were similar to those identified in the literature. During the final weeks of pre-deployment, Rose reported experiencing detachment, as mentioned by Robertson (2008) as well as the presence of frequent arguments as noted by Pincus, et al., (2001). In addition, Rose also reported that the first three weeks were the hardest for her as she struggled, without the support of her spouse, to maintain stability within the family's busy schedules. However, once things settled down, she reported experiencing more confidence, similar to the experiences described by The National Military Family Association (n.d.). During this time Eric asked frequent questions, which Rose reported became less frequent as the deployment continued. She also reported that Eric began to regress developmentally and displayed more frequent tantrum behaviors similar to those depicted in the literature (Levin et al., n.d.; Pincus, 2001)

Rose reported having a lot of anxiety about her husband's return during the Re-deployment phase. She had many concerns and fears about how her son would react to his father's return, which Pincus (2001) reported as common among family members during this time. However, after reunification, Rose reported that the whole process went better than she expected. She also reported that, unlike in the literature, (Levin, et. al., n.d.; National Military Family Assciate, n.d.) their family routines did not change much at all. Perhaps the continuity of routine was for the most part that Charlie was still gone most of the days working.

This case study family used many of the suggestions for supporting children during deployments mentioned in the research as well as some of their own. Some of the strategies this family (Dombro, 2007a; Favazza & Munson, 2010; Levin et al., n.d.) included: (a) maintaining consistency and routine prior to, during and after the deployment; (b) making available a variety of verbal and visual reminders of their father through pictures and slide shows; (c) giving Eric his father shirt to hold onto and sleep with during deployment; (d) taking time to nurture herself; (e) helping the children to maintain as much contact as possible with their father via, email, phone, and mail. Prior to Charlie's deployment some of the strategies that the family created were: (a) they purchasing a large map of the world so that the family could follow their father's movements prior to and during deployment; (b) using a paper plane countdown at the end of the deployment; (c) purchasing gifts for the children from their father upon his return.

Rose reported that she had a variety of coping resources available to her that helped to decrease her family's vulnerability during this stressful period. Both Folkman et. al., (1979) and Quine and Pahl (1991) emphasized the importance of financial stability and parent education, both of which were characteristics of this family. Rose also reported receiving significant amounts of support from family members, the military, Eric's school and therapist, which when present can help families better manage stressful situations (Beresford, 1996; Hastings et. al., 2002; Jones & Passes, 2005). In addition, both parents appeared to display an internal locus of control, which the literature suggests is associated with more positive outcomes (Hassal, et. al., 2005; Jones & Passes, 2005). This family had a variety of

strong problem solving skills, which are associated with lower stress levels (Quine & Pahl, 1991).

For the most part, this family utilized numerous problem focused coping strategies that promoted enhanced feelings of competence and control (Miller et, al., 1992; Quine Pahl, 1991). This family appeared to avoid many of the emotion focused coping strategies, that tend to be linked with increased levels of psychological stress (Miller et. al., 1992). However, the family did engage in positive appraisal, which is one of the only emotion focused coping strategies that has been linked to positive outcomes (Hastings et. al., 2002)

Limitations

This study had many limitations. It focused primarily on a single, well adjusted family that received a variety of intervention services and resources. The experiences of this family cannot be generalized to other families because every situation is so unique. Although this case study took place over a 2-year period, there were only four observations and interviews done. Of the four observations, Charlie only chose to participate in the observation that took place prior to his deployment. Additionally, the researcher was unable to interview Eric's teachers or other people involved with the family. The researcher conducted an informal assessment of resources and strategies based on observation and parental interview, but a formal test, such as the Parenting Stress Index (PSI) (Abidin, 1990) and the Ways of Coping Questionnaire (Folkman & Lazarus, 1988) was never administered. Also, due to Eric's language delay and the researcher had to rely on his mother's interpretation of his actual feelings and emotions.

Implications for Practice When Working With Children and Families

The literature (Quine & Pahl, 1991) as well as this case study, make it clear that the coping resources available to a family, as well as the coping strategies they choose to use, are very influential in the adaptation and well being of the family unit during times of stress. Informal assessment of a family's social and professional resources, as well as information on relevant school and community resources would be very valuable for families. It would also be beneficial to educate families on problem focused coping strategies and how to use them, prior to deployment in order to enhance their feelings of competence and control. In addition, parents need to be made aware of the feelings and behaviors that their children may exhibit during this time and at what point they should begin to seek outside professional help for their child.

The key areas to focus on for those working with young children are: (a) education in both the military lifestyle and typical responses to loss and grief among children; (b) consistency, (c) developmentally appropriate and honest answers to questions; (d) communication between home and school; (e) visual supports for children. It is important that all professionals who work with children receive some type of brief introduction into the distinctive experiences of military families and the deployment stages. Although every child's experiences and reactions to loss and grief are unique, it is important to be able to recognize typical symptoms and behaviors of children during this time as well as when to seek out additional support. In addition, a safe, consistent, nurturing environment is imperative for children during this time of turmoil. Professionals should also be prepared for

many questions and have an idea on how to respond to these questions appropriately. If unsure how to respond, it is okay to let the child know that you are unsure, but that you will look into the question and get back to them with a response at a later time. Communication between home and school needs to be continuous so that every one is on the same page as far as the vocabulary and concepts being used with the child. Appropriate visual aids, created in collaboration with professionals and parents, can be helpful both at home and in school in supporting children during this potentially confusing period.

Need for Future Research

Additional research into the long-term effects of military life, and more specifically parent deployment, on young children with special needs is needed. A longitudinal study, with a larger sample size that spans the entire deployment cycle and includes child, teacher and parent input would be very beneficial to this much needed area of research. It would also be valuable to research the influence of such variables as location, service member rank and active as opposed to reserve military status.

Research in this area is very important for a variety of reasons. As noted in the literature review, the feelings of loss and grief experienced during deployment have the potential to effect the child's past, current and future relationships, as well as his or her identity and level of security. In addition, a child's ability to cope and respond to current and subsequent losses is directly related to both his or her past and current experiences and the type of support he or she received during this time. (Favazza & Munson, 2010). By teaching children positive ways to cope with feeling

of loss and grief they will be better able to cope with similar life events and situations in the future.

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