"We Can't Help if We Don't Know": School Psychologists' Awareness of and Support to Children with Parents Serving in the Military

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Abstract
Estimates suggest that up to two million children have had a parent deployed at least once over the past decade. Despite the length of the war, and multiple deployments, little is known about how school psychologists support military children before during and after deployment. This study investigated how school psychologists who are members of the New York Association of School Psychologists support children who have or have had a parent deployed in support of the Overseas Contingency Operation. Results suggest that they have limited awareness when children have a parent deployed yet 43% reported having provided counseling to, consultation and or referral for at least one child with a deployed parent. The most common reasons for working with these children were anxiety, academic concerns, and disruptive behaviors. School psychologists with an immediate family member who was serving or had served in the military participated in more workshops, used more methods to identify student needs, and identified more diverse reasons for working with children. They rely on other professionals and the professional associations to inform their work. These findings must be interpreted with caution in part due to the low response rate (12.7%). It is recommended that University programs and school psychology associations actively increase the awareness of the potential role of school psychologists in supporting military children. As mental health professionals they are in a position to offer support groups and counseling to facilitate effective problem solving, self-regulation and coping skills all of which promote resilience and ease the transitions related to military deployment.
"We Can't Help if We Don't Know": School Psychologists' Awareness of and Support to Children with Parents Serving in the Military

By

Deborah B. Johnson

Submitted in partial fulfillment of the requirements for the degree Ed.D. in Executive Leadership

Supervised by

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St. John Fisher College

August 2012
Dedication

A dissertation is never the product of the individual; rather, it grows from seeds that have long before been planted and nurtured by a community. This dissertation is no exception, and is therefore dedicated to those who have nurtured, pruned, and been a light to guide me onward. This work is dedicated to my parents, Carl and Lillian Johnson, to the children and siblings of the service members who volunteer to serve in the United States military, and to those who have been cheering me on these past several years.

My father, Carl, a veteran of World War II rarely spoke of war. Dad served in the European theater, landing in Normandy and later helping to free a concentration camp in Germany. These experiences left a mark on him in a way that we will never know. While he was a man of few words, it was clear that he believed his generation went to war hoping that subsequent generations would not have to. Dad died during the final months of my dissertation journey, knowing full well the focus of my research. In his quiet way, he nudged me on. He lived with a focus on faith, work, education, and freedom. My mother, Lillian, was the not-so-quiet nudge as I worked toward completion! She kept track of the weekends and how many classes I had left. Mom would often say, “How is your dissertation coming along?” and “You need to get working on it.” Even in her days of grief she worried about me.

The children and siblings of our service members are often forgotten during the public discourse of war. We must never forget that they too are affected by the decisions we make as adults. We are the adults, and it is our responsibility to build a world on the
foundation of justice for all. For the children we must model faith, compassion, excellence, leadership, diversity, achievement, knowledge, and service through our words and actions.

The Ed.D. program of St. John Fisher outlines a path for us to follow. The guides and markers are well-defined; it is up to us to take the journey. A special thanks to all who have taught, mentored, challenged and looked at us as individuals not just another student. They have looked into our hearts, souls and our minds as they walk with us. My dissertation committee, Dr. Wischnowski and Dr. Madigan were the best as we learned together about the impact of war on children and families. This has become personal for each of us. Thanks for your genuine interest!

Finally I could have not completed this without the laughter, support, teaching, and encouragement from Mary Anne Peabody; Lieutenant Commander Todd Linskey, U S Navy; and Major Dave Long, U S Army, Retired. For those who reminded me that there was more than school, John, Lin, Avis, Eric, Sue, Meghan and Faye, Susan—thanks for the editing, encouragement, dinners, wine, ice cream, and prayers: “You da best!”

Then there are my much-loved colleagues, the members of the National Services team who have been with me these past two-plus years (Arlene, Ellen, Gary, Moria, Lynn, Shelley, and Stephanie). Last, and certainly not least, a special call out to my favorite brothers, David and Doug, thanks from your favorite sister!

Remember, childhood is a series of moments from our birth to our death, each of which is a gift. Take advantage of the moments, they may pass before you know it.
Biographical Sketch

Deborah Johnson is the Director of National Services for the Children's Institute, a non-profit organization whose focus is to support the emotional health of young children. She began her academic and professional journey as a young child making handprints in Kindergarten. A graduate of public schools in Oakland, California, she continued her academic career with a Bachelor’s of Science in Psychology from the University of California, Davis, followed by a Master’s of Science from California State University, Chico.

Her professional career began with children who were having difficulty adjusting to school in Knights Landing, California, followed by serving as a school psychologist in Northern California. After working at the California Department of Mental Health to bring play to children through the Primary Intervention Program, she moved to Rochester, New York to work at the Children's Institute. In her twenty years at Children’s Institute and the University of Rochester, she has served in multiple capacities including the director of the Primary Mental Health Project and now as the Director of National Services.

In the summer of 2010 she began doctoral studies in the Ed.D. Program in Executive Leadership at St. John Fisher College with her dear friend and colleague, Dr. Mary Anne Peabody.
Acknowledgements

There are two institutions when taken together have been central and supportive to this work: Children’s Institute and the University of Rochester. Children's Institute is an organization dedicated to the promotion of the social and emotional health of children. I would like to acknowledge the support of Dirk Hightower, Executive Director, who has been steadfast in his belief in me for over twenty five years. We are fortunate to have a Board of Directors who encourages and supports the development of staff while promoting our mission and vision. The University of Rochester values continued professional development of all staff. Their financial support is a testament to their belief in building a strong workforce that builds the community.
Abstract

Estimates suggest that up to two million children have had a parent deployed at least once over the past decade. Despite the length of the war, and multiple deployments, little is known about how school psychologists support military children before during and after deployment. This study investigated how school psychologists who are members of the New York Association of School Psychologists support children who have or have had a parent deployed in support of the Overseas Contingency Operation. Results suggest that they have limited awareness when children have a parent deployed yet 43% reported having provided counseling to, consultation and or referral for at least one child with a deployed parent. The most common reasons for working with these children were anxiety, academic concerns, and disruptive behaviors. School psychologists with an immediate family member who was serving or had served in the military participated in more workshops, used more methods to identify student needs, and identified more diverse reasons for working with children. They rely on other professionals and the professional associations to inform their work. These findings must be interpreted with caution in part due to the low response rate (12.7%). It is recommended that University programs and school psychology associations actively increase the awareness of the potential role of school psychologists in supporting military children. As mental health professionals they are in a position to offer support groups and counseling to facilitate effective problem solving, self-regulation and coping skills all of which promote resilience and ease the transitions related to military deployment.
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Chapter 1: Introduction

Introduction

Military deployment exposes service members to death, injury, and trauma. The pace of deployment has remained steady since the beginning of the Global War on Terror in 2001. During the first decade of the war, the operational tempo was relentless; deployments were longer than in previous conflicts, and the time between deployments (dwells) were short (Duckworth, 2009).

There are 2.5 million Americans serving in the all-volunteer military force, with 43% in the Ready Reserves (Department of Defense, 2011). Service members do not serve alone. They are supported by family members, including 1.85 million dependent children under 18 (Department of Defense, 2011). Sixty-seven percent of the children are school age and 33% are younger than six-years old. It is estimated between 800,000 and two million children have experienced one or both parents deployed in the past decade (Aranda, Middleton, Flake, & Davis, 2011; Interagency Policy Committee on Military Families, 2011). Some children have had a parent deployed up to 50% of their lives, others have had a parent deployed two, three, or four times, and about 100,000 have experienced three or more deployments (Barker & Berry, 2009; Duckworth, 2009; Lester et al., 2010; Lincoln & Sweeten, 2011). Students who graduated from high school in 2012 were in first grade when the Global War on Terror began one month after the terror attacks on the World Trade Center in New York City and the Pentagon in Washington DC and the downing of a hijacked airplane in Shankesville, Pennsylvania.
In order to better understand the nature of modern military deployment, this chapter begins with an overview of the Global War on Terror and the Armed Forces of the United States. A description of deployment from an operational perspective is followed by a description of the emotional stages of deployment. The chapter continues with a discussion regarding the importance of school for children especially as their family transitions when a parent is prepares for, leaves and returns from for deployment, the role of school psychologists as mental health providers, and an overview of school psychology in New York. A review of the theory of resilience, as it relates to child development and stressful life events, is then discussed followed by a description of resilience and the military. The problem statement and research question conclude the chapter.

**War and Armed Forces**

The Global War on Terror (GWOT) was authorized by President George W. Bush soon after the September 2001 terrorist attacks on the United States. In October 2001, Operation Enduring Freedom (OEF) was launched in Afghanistan and continues today as the longest war in American history. Operation Iraqi Freedom (OIF) began two months after OEF and was declared finished by President Barack Obama in August 2010. The continued military conflict in Iraq was renamed Operation New Dawn (OND) and ended December 15, 2011 with the last troops leaving Iraq three days later. The war continues in Afghanistan with troops scheduled to withdraw in 2014; however, the Department of Defense is seeking to end the combat role of troops by mid-2013.

The Obama administration has sought to distance itself from the rhetoric used by the Bush administration regarding military action in the Middle East. In his inaugural
address, President Obama (2009) pledged, “We will begin to responsibly leave Iraq to its people and forge a hard-earned peace in Afghanistan”. As part of this effort, the Office of Management and Budget stated, “this Administration prefers to avoid using the term ‘Long War’ or ‘Global War on Terror’. Please use ‘Overseas Contingency Operation’” (Kamen, 2009). Despite this request, the term Global War on Terror is still commonly used in the media and by politicians even though John Brennan, the White House Counterterrorism Chief, said, “we intentionally do not use ‘global war on terror’: We’re in a war with Al Qaeda” (LaFranchi, 2011). Therefore, for the purposes of this study, the term Overseas Contingency Operation will be used in reference to the deployment of forces.

All war, including the Overseas Contingency Operation, draws upon the resources of service members and civilian contractors which include private security contractors and those employed by non-government organizations (NGOs) that support the development of the Afghanistan and Iraq. The impact of war on service members, families and children is varied. Since the beginning of the Overseas Contingency Operation, the price (financial, physical, emotional and death) has been heavy. In Iraq, 4,488 troops have died as of August 19, 2012. These casualties were primarily male (98%) and enlisted (91%). Fifty-four percent were under 25-years old and 72% were from the Army. An additional 2,099 service members have died in Afghanistan bringing the total number of service members who have died in these wars to 6,587 (icasualties.org, 2012). Another 2,750 civilian contractors have also died in Iraq over the past decade (Department of Labor, 2011). Over 40,000 service members have reported physical wounds (20% of which are serious brain and spinal injuries). The numbers of
veterans who suffer from Post-Traumatic Stress Disorder (PTSD) vary from 5% to 20% with some studies suggesting rates as high as 60% (Ramchand et al., 2010).

The United States military is an all-volunteer force of 2.3 million service members. Less than one percent of the nation’s population serves in the military. These men and women (86% and 14% respectively) are either Active Duty or members of the National Guard or Reserves (Ready Reserves) and have over 1.85 million children as shown in Table 1.1 (Department of Defense, 2011). For the military families, especially those in the Active Duty, deployment has become routine. The U.S. Army alone has deployed over 1.1 million soldiers with approximately 700,000 school-age children (McHugh & Casey, 2011, Military Child Education Coalition, 2012). Over 250,000 children of the 670,000 U.S. Army Reservists have experienced a parent deployed at least once in the past decade (MCEC, 2012).

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In New York State, there are 19.3 million residents including over 55,500 military personnel of which 24,356 are stationed at six bases (Fort Drum, Fort Hamilton, Scotia Naval Administration Ballston Spa, Steward Newburgh USARC, West Point, and the 1st Marine Corps District) (U.S. Census, 2011; DOD, 2011; State of New York National
Guard and Federal Initiatives Report, 2012). These service members have approximately 41,000 school age children. The largest installation is Fort Drum which covers 168 square miles in Jefferson County, New York. Fort Drum is home to 19,605 Active Duty military and over 8,500 school-aged children. As the largest employer in Northern New York, the civilian work force exceeds 4,700 (Fort Drum, 2012). There are 8,543 school age children connected to the soldiers of Fort Drum. During fiscal year 2009 districts in the three county area surrounded by Fort Drum that were impacted by numbers of students of military parents received in excess of $17.5 million. The impact aid to education is based on the number of military students enrolled; therefore, it is advantageous for schools to collect such information.

The military is a hierarchy based on rank, including four career substructures: Commissioned Officers, Warrant Officers, Non-Commissioned Officers (NCO), and enlisted. By law, Commissioned Officers hold a four-year college degree. Warrant Officers usually hold two-year college degrees, and NCOs and enlisted members usually have a high school education or less, depending upon the needs of the service at their time of entry.

Today’s service members are more diverse than ever before. Soldiers from rural areas are disproportionately represented among the enlisted ranks. Furthermore, rural soldiers account for 27% of the casualties, even though rural areas contribute only 19% of the adult population (O’Hare & Bishop, 2006). Sixty-four percent of the military self-report as White, 17% as African-American, 11% as Hispanic, 6% as Asian, and 3% as other, including multi-racial (DOD, 2011). African-Americans have lower mortality rates relative to Whites overall; however, rural African-Americans have a much greater
likelihood of death than non-rural African-American service members (Gifford, 2009; Curtis & Payne, 2010). More children than ever have a mother who is deployed, with females making up 14% of the military.

**Active duty.** The military is a diverse amalgamation of organizations. Each of the five Active Duty branches (Army, Navy, Air Force, Marine Corps, and Coast Guard) has a distinct organizational structure, culture, and expectations. Active Duty members typically live near or on a military base and have access to a wide array of resources, designed specifically for them and their families.

Over 33% of the Active Duty are married with children and 5.3% are single parents. Children five-years-old and younger represent the largest group of children with an Active Duty parent. Separation from Active Duty parents is typical during peacetime; however, deployments due to war are longer, more frequent, and put the service member of increased risk of injury or death.

**Ready reserves.** There are seven reserve components: Army National Guard, Army Reserve, Air National Guard, Navy Reserve, Air Force Reserve, Marine Corps Reserve and Coast Guard Reserve. The Ready Reserves provides a pool of trained service members to step in and serve whenever and wherever needed. In 2005, The National Defense Authorization Act transitioned the Ready Reserves from a “strategic” reserve to an “operational” reserve increasing their involvement in the Overseas Contingency Operation.

Members of the Ready Reserves live and work in communities and are often referred to as citizen soldiers. Their identity crosses both the civilian and military worlds. They are typically employed in their local communities working traditional jobs, yet one
weekend a month they dress in uniform and train with their unit. When they are called to full-time Active Duty and deployed, they leave their families and places of employment and report to duty. Nondeployed spouses typically remain home near long established supports, including family and friends. Spouses are less likely to interact regularly with others who are having similar experiences.

A higher percentage of females and older service members are in the Ready Reserves compared to the Active Duty. One-third of the Ready Reserves are married with children and 9% are single parents. The largest group of dependent children is from 12- through 18-years-old. The children of Ready Reserves typically attend local schools and have limited access to the types of services designed for military families living on or near military installations (for example, access to specialized military personnel and resources, including the commissary, and peers who share experiences). Like their nondeployed parent, they are isolated from others who experience similar parental separation and tend to be lonelier (Chandra, Martin, Hawkins, & Richardson, 2010).

**Military children.** The 2.5 million service members are parents to 1.85 million dependent children of whom 67% are 5- to 18-years-old and in school (DOD, 2011). The number of children who have a parent deployed fluctuates at any given time. The total number of children who have had a parent deployed over the past decade is unclear; however, estimates range from 800,000 to over two million (Aranda et al, 2011; DODEA, 2011; Interagency Policy Committee on Military Families, 2011). More than 71,000 children attend Department of Defense schools. The other children attend public or private schools or are home-schooled. Military children typically move every two years, therefore some may attend five to nine schools by the time they graduate, perhaps
making them the most transient of school students. Despite the length of the Overseas Contingency Operation, the prevalence of repeat deployments, and the anticipated continuation of the military conflict, little is known about the short- or long-term impact of deployment on children, or the supports and services available to them in the school and community.

**Military Deployment**

Deployment is defined by the U.S. Army as the strategic movement and positioning of military forces from a home base to an area of military combat or peacetime operations (U.S. Army, 1992). For families, deployment is not always defined as assignment to a combat zone, rather “gone is gone” (MCEC, 2012). In military practice, deployment is a cyclical process with three primary phases: before (*pre-deployment*), during (*deployment*), and after (*post-deployment*). Unique to the Overseas Contingency Operation, the deployment cycle has been repeated multiple times for many service members.

The length of deployment can vary by branch, specialty, location or point in time. Across branches, deployment typically ranges from 12- to 15-months and a service member deploys 2.2 times (Chandra, Burns, Tanielian, Jaycox, & Scott, 2008). For example, during the early years of the Overseas Contingency Operation, Army troops typically had 12-month deployments; however, in 2007, deployments were extended to 15-months. Seventeen months later the length of deployment returned to 12-months. The Marines typically have six- to seven-month deployments, whereas for the Air Force deployment is typically four-months. Dwell time (time between deployments) ranges
from 24- to 36-months. Because a goal is to provide “alerts” up to 24 months in advance, some service members may learn of a future deployment soon after returning home.

Approximately 90 days from the actual departure, the individual service member receives orders. Individualized deployment orders outline the date and location of departure. At this point pre-deployment begins. Following receipt of the order, the service member becomes increasingly engaged with training and working longer hours. Many attend classes regarding rules of engagement, cultural awareness, family readiness, etc. There is extensive paperwork to be completed and filed including wills, powers of attorney, health and life insurance, and family readiness plans. Simultaneously, the service member begins to emotionally disengage from his or her family.

The service member reports to a designated location at a given time and from there, deploys (deployment). During this time the service member is away from home. The deployment period lasts from departure until the return home.

Post-deployment begins with arrival at Home Station (Active Duty) or DEMOB (Demobilization) Station (Reserve Component) where the individual’s health is assessed through a face-to-face meeting with a health care provider. The assessment may include medical, dental and disability evaluations and referral. Between three- and six-months after return, the service member participates in education and screening. Additional health assessments are designed to identify and facilitate access to care for deployment-related physical, mental and re-adjustment concerns that have emerged over time since deployment.
Emotional Stages of Deployment

Whereas there are three phases operationally, deployment is often described as having five stages emotionally. The most commonly referenced model is the five emotional stages of deployment as developed by Pincus, House, Christenson, and Adler (2010).

Over the past decade, the understanding of deployment in relation to the Overseas Contingency Operation has extended beyond the operational definition to an understanding of deployment in terms of its emotional impact. Deployment is described as having five emotional stages: pre-deployment (from notification to departure), deployment (from departure through the first month), sustainment (first month through next to last month), redeployment (last month), and post-deployment (homecoming through six months) (Pincus et al., 2010). Each stage presents different challenges for the service member, spouse, and children.

During pre-deployment, the focus is on preparing for departure and attending to personal affairs. This stage is characterized by denial and anticipation of loss and is often accompanied by alternating periods of closeness and pushing one another away. Pre-deployment may range from several weeks to a year. One spouse commented, “I wish he would go, already” as the preparations seemed to drag indefinitely (D. Vincent, personal communication, June 13, 2011). During this phase, school children anticipate the upcoming separation from their parent and have concerns regarding their safety and the parent’s ultimate return.

The second stage, deployment, begins when the service member leaves. The spouse and children are now on their own. As the service member deploys, there is a
period of mixed emotions, including feeling disoriented and overwhelmed. Some spouses may feel relieved that they no longer have to appear brave and supportive. Children experience loss and begin to adjust to their parent being gone. One mother of three said that once her husband left, it was “fight or flight,” that she was on her own, and her goal was survival (Anonymous, personal communication, 2008). Even after multiple deployments, this period includes feelings of loss, fear, and grief. One woman stated:

“He left again a few weeks ago. This is his fourth deployment and our third together. You try to say that you are used to it and you play strong until you are driving away and then you let the tears fall. Then you just pretend everything is okay for as long as you can” (Post, 2011).

After about a month, the longest period, sustainment, begins. The family settles into a new rhythm with the nondeployed parent in charge. Sometimes the spouse feels a greater sense of independence. New routines and sources of support are established. For example, a mother of two boys (ages 4 and 10) reported that her patterns of behavior changed, and while she would never have brought work home prior to her husband’s deployment, she found herself keeping busy by working late into the evening (M. Bills, personal communication, October 11, 2011). Communication with the service member varies, depending on location and access to technology. During sustainment, a “new family unit” develops a rhythm, creating new patterns of interacting, and assuming different roles and responsibilities. Some Active Duty families move to other areas of the country to be closer to family members; however, most stay near the military base.

Spouses often find themselves managing the service members’ relationships with their children, including “staging conversations” to promoting relationships while
limiting sharing information that could potentially be a distraction for the service member (MacDermid, 2006). The time seems to go on forever even when many families develop strategies to mark the separation. While reflecting on her husband’s second deployment, the wife of a Navy Reservist said that she felt that she had lost credibility with her children and that they were tired of listening to her after he had been gone eight months. She reflected that “this is what is must be like to be a single parent” (M. Bills, personal communication, October 11, 2011).

About a month before the service member returns home, there are feelings of anticipation and excitement as well as apprehension and concern. This stage, re-deployment, is similar to the first stage as conflicting emotions rise to the surface. A sense of the unknown begins to creep in. Children have changed developmentally, and they have imagined how their parent has or has not changed. It is not uncommon for the “house to be put back in order” to get ready, and children and adults alike prepare for the return of the loved one. There is also a sense of the “hurry up and wait” for the returning service member, as the return date may change. The spouse of a returning officer indicated that she did not tell her children when their father was coming home “until he was on the plane,” as the return date had changed several times (D. Vincent, personal communication, June 13, 2011). In a blog, a mother shared anticipation regarding her husband’s return:

“Okay, so I can count on one hand the number of trash days I have left, and it could be sooner. Gunner is coming back to a stressed out wife, and three angelic (while they sleep) children …. I already warned him that if the next few weeks go like the last few, that he shouldn't expect the house to be spotless … I feel
like I am dropping the ball as this is his last homecoming, and I live for these.”

(ABW, 2011)

The final stage, post-deployment, often begins with great excitement. For many, there is an initial period during which families reunite physically; however, emotionally they are rediscovering one another. As reality sets in, the joy is followed by renegotiating roles and responsibilities as the family reintegrates (Pincus et al., 2010). This phase can last anywhere from one- to six-months. Skills and behaviors that were lifesaving during deployment may cause challenges during reintegration. For example, deployed service members must be on constant alert for danger, and they are hesitant to trust others, always assuming everyone is the enemy until proven otherwise. When deployed, service members depend on others to make decisions and issue orders; however, at home decisions are more often cooperative and making the shift can be difficult. Post-deployment may be compounded by the deployed parent’s physical and mental health issues upon return (Bowling & Sherman, 2008; Cozza et al., 2010).

During post-deployment, relationships are reestablished and renegotiated (service member and spouse, service member and children, nondeployed parent and children) as the service member reintegrates with the family. Those returning from deployment may experience physical changes including adjusting to diet, healing from injuries, and coping with new sleep patterns. For service members who may have missed the birth of a child, they return home and take on responsibilities parenting a baby. One woman who gave birth to a daughter while her husband was away said that upon his return that he was now in ‘daddy-boot-camp’ because she had to return to work (C. McKinley, personal communication, December 5, 2010). Service members remember the family prior to
their departure; however, the family has changed over the past year. This dissonance requires patience and understanding on everyone’s part.

Each family’s response to deployment is unique and based on a multiple of factors including access to family support, emotional health of stay at home caregiver, ages of children, single or dual parent household, and/or financial resources. These stages, as displayed in Table 1.2, are stressful for children and families alike regardless of which model (operational or emotional) of deployment is used to understand the family’s experience. Deployment is not necessarily negative, however. It must be recognized that deployment can also offer an opportunity for children to develop skills and resources which support and lead to resilience. Schools often can serve as a place of continuity in the life of a child as a family experiences transitions such as deployment.

Table 1.2

<table>
<thead>
<tr>
<th>Operational Stages</th>
<th>Emotional Stages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pre-deployment</td>
<td>1. Pre-deployment</td>
</tr>
<tr>
<td></td>
<td>2. Deployment</td>
</tr>
<tr>
<td>2. Deployment</td>
<td>3. Sustainment</td>
</tr>
<tr>
<td></td>
<td>4. Re-deployment</td>
</tr>
<tr>
<td>3. Post Deployment</td>
<td>5. Post-deployment</td>
</tr>
</tbody>
</table>

Schools Supporting Children in Transition

Schools are the primary institution for the cognitive and academic development of children. In May 2001, five months prior to the beginning the Global War on Terror the
United States House of Representatives passed No Child Left Behind (NCLB). It was passed by the United States Senate one month later and signed into law by President George W. Bush in January 2002. No Child Left Behind requires that schools that receive federal funding administer annualized standardized tests, which are frequently referred to as “high stakes testing”.

The Federal government, including the Departments of Education and Defense recognize the unique strain on schools that serve a large number of military students (mobile population, multiple transitions within a school year, emotional stress). Schools near military installations receive impact aid from the Federal Government (including the Department of Defense) to support the unique needs of military children. The level of aid is determined based on the enrollment of military connected children and is prorated according to those that live on base or off base.

In addition to addressing academic development, schools serve a variety of other purposes, one of which is to support the social and emotional learning and development (SELD) of children. Schools are the primary setting where emotions, behaviors, and academics are woven together and are dependent on one another (Zins, Weissberg, Wang, & Walberg, 2004; Greenwood, Kratochwill, & Clements, 2008). While standards for academic growth are set forth and annually measured through NCLB, as of April, 2011 only one state (Illinois) has comprehensive, free-standing learning goals and benchmarks for SELD (Dusenbury, Zadrazil, Mart, & Weissberg, 2011). A number of other states, (e.g. Pennsylvania, New York, Washington, and Kansas) have them under development and consideration.
Teachers report that they feel it is within the scope of schools to support children’s mental health needs and believe it is important to have an adequate number of school mental health professionals (Reinke, Stormont, Herman, Puri, & Goell, 2011). In a recent study, 75% of teachers reported working with or referring students with mental health needs within a year (Reinke et al., 2011). The social and emotional needs of students can and should be offered through a variety of approaches including universal (i.e., all students), selective (i.e. students at-risk) and indicated programs (i.e. with identified need) (Hoagwood et al., 2007; Greenberg, Domitrovic, & Bumbarger, 2001).

**School Mental Health Providers**

School personnel with mental health training and expertise specific to working with children in school settings are available. More specifically, services to meet the needs of children who have a parent who will be, is or has been deployed have been available from counselors, social workers and school psychologists.

The U.S. Department of Education and the New York State Education Department recognized the importance of and provides financial support for school mental health providers (including school psychologists). For example, the U.S. Department of Education targeted funds to support school mental health personnel through various sources such as Safe and Drug Free Schools and the Elementary and Secondary Counseling Act. Each initiative focuses on the personal, social, emotional, and educational needs of all students through the expansion of current services using developmental, preventive approaches.

In New York, the Student Support Services office of the State Education Department (SED) promotes school improvement by focusing on social and emotional
development and learning through programs, services and activities. School mental health staffs were considered to be in a position to protect the health and safety of all students and to be able to evaluate factors that contribute to student difficulties with behavior and academic achievement. Social and emotional learning and development (SELD), while it begins at home, was found to be related to student motivation, self-expectations and high achievement and when necessary, school and prevention services can and should be provided on site (New York State Education Department, 2012).

**School Psychologists as Mental Health Providers**

As mental health providers, school psychologists are in a position to support the academic and mental health needs of children, as they are trained in education and psychology. They are represented by the National Association of School Psychologists (NASP) and the American Psychological Association (APA). It has been estimated that there are 25,000 school psychologists in the country, with the majority represented by NASP (American Psychological Association, 2011).

To become a school psychologist, one must complete a graduate program that awards a Masters, Specialist, and/or Doctorate, specifically in school psychology (NASP, 2008). Upon completion of a degree program a school psychologist must be certified (generally by the State Department of Education) or licensed by the state in which one works. The National Association of School Psychologists requires a minimum of specialist level training. This level of training includes a minimum of three years of full-time graduate study, one academic year internship and coursework and experiences outlined by NASP (2011).
Training in school psychology includes developing knowledge of biological, cultural, developmental, and social influences on behavior and mental health. One of the strategies identified and promoted by NASP (2008) for school psychologists is to “provide sufficient student support services to meet the needs of the whole child in order to promote healthy learning and development” (p. 2). Central to this strategy is the importance of reducing barriers to learning, such as the distraction and concerns resulting from a parent’s deployment. This training can be utilized to support the needs of military children who are experiencing the family transition due to deployment.

NASP supports a national study every five years. In the most recent study, a survey was conducted on a 20% random sample by state of regular members (Castillo, Curtis, Chappel, & Cunningham, 2011). The study found that field was primarily female (78.1%), Caucasian (90.7%), and over 40 years old (72%). Eighty-three percent of school psychologists worked in public schools across urban (26.5%), suburban (43.4%) and rural (24%) districts. Seventy-seven percent of those surveyed indicated that they provide individual counseling to students, and of those 8.5% provided individual counseling to over 30 students a year. Seventeen percent reported that they offer student groups based on mental health needs and 32.8% offered groups for behavioral issues.

The Practice Model of NASP, which represents the official policy regarding the delivery of comprehensive school psychological services within the context of educational programs and educational settings, outlines the association’s policy regarding the delivery of psychological services in schools (NASP, 2010). Figure 1.1 shows the NASP Practice Model and includes the ten domains of services for school psychologists as identified by NASP.
Five of the domains shown in Figure 1.1 are particularly relevant for school psychologists who support children of military parents: (a) Interventions and Mental Health Services to Develop Social and Life Skills, (b) School-Wide Practices to Promote Learning, (c) Preventive and Responsive Services, (d) Family–School Collaboration Services and (e) Consultation and Collaboration. These domains are based on core principles including (a) using strategies and skills to help students succeed academically, behaviorally and emotionally; (b) creating and maintaining safe and supportive, fair and effective learning environments; and (c) delivering a comprehensive range of services to result in direct, measurable outcomes for children, families, schools and communities. Four of these domains involve both direct and indirect services to students and the fifth utilized a consultation and collaboration models which permeates all aspects of service delivery.
A school psychologist’s caseload is typically defined by either the number of
students assigned to them or the number of assessments they complete in a year. The
potential caseload, on the other hand, is the ratio of enrolled students per school
psychologist. The NASP recommends a ratio of no more than 1,000 enrolled students
per school psychologist (Thomas, 2000).

**School Psychologists in New York**

School psychologists can potentially meet the mental health needs of the
approximately 41,000 military children in New York. During the 2010 school year, there
were 3,452 School psychologists working in New York (NYSED, 2012b). Their training
ranged from Bachelor’s (2%), Master’s (72%) to Doctoral degrees (26%). Fifty-eight
percent of the school psychologists in New York were over 40-years old compared to the
40% of those identified by the national NASP survey. Similar to NASP, 77% of the
school psychologists were female. The largest association for school psychologists in
New York is the New York Association of School Psychologists (NYASP) representing
925 members.

NYASP has adopted the NASP Practice Model and on their website describes the
role of school psychologists as: “help(ing) children and youth succeed academically,
socially, and emotionally. They collaborate with educators, parents, and other
professionals to create safe, healthy, and supportive learning environments for all
students that strengthen connections between home and school” (NYASP, 2012). In
2008, NYASP developed the Children of Warriors Toolkit to support school
psychologists working with military-connected children.
In New York, credentialed school psychologists are permitted to work in public and private schools, NYSED approved preschools, college and university settings, and/or some state and federal agencies. There are four pathways to become a school psychologist in New York: Approved Teacher Preparation Program, Individual Evaluation, Interstate Reciprocity, or Certificate Progression. School psychologists begin with a provisional credential obtained by earning a bachelor of arts, plus 60 graduate credits in psychology, and a one-year school psychology internship. Permanent certification requires a provisional credential and two years of work experience in schools. School psychologists can obtain a bilingual extension by enrolling in a specific course of study and engaging in a supervised experience within a bilingual context.

Located in every district and school in New York, school psychologists are positioned to meet the needs of the children of Active Duty, Reserves and National Guard service members. School psychologists are able to be a caring adult for a child experiencing the deployment of one or both parents. They also have skills and training to provide individual or group counseling designed to help children develop coping strategies and problem solving skills which will strengthen resilience. The following sections describe the theory of resilience and the importance of resilience to the military.

Resilience Theory: Adapting to Parental Military Deployment

Defined as a “dynamic process encompassing positive adaptation within the context of significant adversity” (Luthar, Cicchetti & Becker, 2000) resilience theory assumes that two conditions must be met: a stressful event and a positive adaptation. This theory helps practitioners understand how to develop children’s resilience in response to the military deployment(s) of one or both parents. Seminal research
regarding resilience comes from two longitudinal studies: The Competence Project (Garmezy, Masten, & Tellegen, 1984) and the Kauai Longitudinal Study (Werner & Smith, 1989).

In the Competence Project, Masten and Coatsworth (1998) found that both child cognitive functioning and parent competence moderated the relationship between child competence and life stress. In fact, greater parental effectiveness predicted increased school engagement and decreased disruptiveness. Masten (1994) suggested that there are protective factors including (a) interactions with adults, which includes effective parenting, relationships with competent adults, access to people, adults in particular; (b) individual variables such as good intellectual skills, talents or accomplishments appreciated by the self or other, and a sense of self-worth; and (c) connectedness and a sense of future, including hope, religion or the feeling of belonging. Other factors include socio-economic status, school performance, and good luck.

The Kauai Longitudinal Study began when a team of psychologists, pediatricians, public health, and social workers initiated a prospective study of babies, born on Kauai, the northernmost island in the Hawaiian chain in the 1950s (Werner & Smith, 1989). These children were born to field laborers, many of whom had not graduated from high school. Originally designed to show how risk factors, such as perinatal complications and adverse rearing conditions, affected a child’s adaptation and development, the study grew to build a base of knowledge regarding the relationship between protective factors, risks, and long-term adaptation.

In a study conducted by Werner and Smith (1992), one-third of the children developed without behavioral or emotional difficulties despite exposure to significant
stressors. As shown in Table 1.3, the study found that a number of variables served as protective factors of resilience. These variables can be categorized according to the general consensus regarding what factors promoted resilience (Thomas & Chess, 1986; Wyman, 2002; Tedeschi & Kilmer, 2005; Luther, 2006; Benzies & Mychasiuk, 2009). Furthermore, research found that high quality childcare and schools play a role in developing and supporting resilience in children as a place for caring relationships (Doll & Lyon, 1998). Some argued that the most significant way to promote resilience in children is through supportive relationships with adults, whether with parents or with other adults outside the home (MacDermid, Samper, Schwarz, Nishida, & Nyaronga, 2008).

Table 1.3
Protective Factors Leading to Resilience

<table>
<thead>
<tr>
<th>Individual</th>
<th>Family</th>
<th>Broader Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temperament</td>
<td>Maternal competence</td>
<td>Schools</td>
</tr>
<tr>
<td>Internal locus of control</td>
<td>Family cohesion</td>
<td>Supportive relationships</td>
</tr>
<tr>
<td>A sense of efficacy</td>
<td>Supportive parent-child</td>
<td>High expectations</td>
</tr>
<tr>
<td>Problem solving skills</td>
<td>interaction</td>
<td>Opportunities for participation</td>
</tr>
<tr>
<td>A close relationship with a caring adult</td>
<td>Parent relationship stability</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stimulating environment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Required helpfulness</td>
<td></td>
</tr>
</tbody>
</table>

Finally, resilience theory suggested that a “one size fits all” formula does not exist. Resilience has been found to be a complicated maze of interrelationships between
gender, age, and stressful events. There are multiple mediating variables that vary by age and gender and are linked with the temporal experience (Rutter, 1999). For example, for children who experience family stress, it has been documented that parental divorce can but does not always have serious negative effects on child and adolescent functioning (Amato & Keith, 1991; Amato, 2001). While divorce may be associated with risk for a variety of difficulties, there is marked variability in children’s responses (Wolchik, Schenck, & Sandler, 2009). Wolchik et al. (2009) go on to say “although almost all youth are highly distressed after parental divorce, most do not manifest serious mental health, physical health or social adaptation problems as a result of the divorce” (p.1833).

Significant to understanding how a child adapts to parental deployment, resilience theory suggests that it may not be the deployment itself that impacts the child. Instead, the series of connected experiences related to deployment (i.e. pre-deployment and post deployment) collectively effects the child’s adaptation, which is similar to what has been learned about children experiencing parental divorce (Hetherington & Stanley-Hagan, 1999). There may be a linking of reactions to adverse situations such as a child’s experience during the deployment phase impacting adaptation during post-deployment. Finally, a child’s response to deployment may not be fully understood until a later developmental age.

**Resilience and the Military**

The Department of Defense (DOD) has identified psychological resilience as essential for service members and their families to adapt to the stresses of deployment successfully. Over 23 programs designed by the military to build resilience have been developed and offered for service members, their families, and their children. One such
program is the Yellow Ribbon Program developed to support members of the Ready Reserves.

The Army Reserve, for example, offers two events during pre-deployment to provide the service member and their family with information regarding deployment including enrollment in the Defense Enrollment Eligibility Reporting System (DEERS) and healthcare (TRICARE). Other topics include financial readiness, benefits and entitlements, local support and resources, personnel policies, suicide prevention awareness, and related family programs. During deployment, Yellow Ribbon events provide family members with opportunities to meet and learn about stress reduction, Traumatic Brain Injury (TBI), Post-Traumatic Stress Disorder (PTSD), as well as what to anticipate when the service member returns from duty.

Upon completion of an active tour of duty and before being released to travel home, service members spend time at a demobilization station for debriefing and a health and wellness screening. Additional post-deployment events are designed for the service member and his or her family. The Army Reserve, for example, has three scheduled events at 30- 60- and 90-day intervals. These events are intended to support the service member’s reunification with spouse and family and to provide information regarding services. Each of the scheduled events is designed to provide information, social support, problem solving and coping strategies for the service member, spouse, and children. Specific attention is paid to the health of the marriage, domestic violence, substance abuse, and suicide awareness.

Resilience theory has been applied to studies where military children have been the primary focus. In the Education of the Military Child in the 21st Century (EMC-21)
research by the Military Child Education Coalition (2012) supported by the U.S. Army, the impacts of multiple deployments are examined “in terms of stressors and challenges related to education as well as the strengths and resilience characteristics of children” (Military Child Education Coalition, 2012, p. 9).

Lester et al. (2010) studied the impact of combat deployment of Active Duty service members and parental distress on the adjustment of school-aged children. Findings from this study suggested that children overall showed considerable resilience; however, approximately one-third reported the clinically significant symptoms of anxiety. Consistent with resilience theory, the psychological symptoms of parents (relationship with caring adults) and the cumulative length of parental deployment (stress over time) were positively correlated with children’s anxiety. Data was not collected on variables often identified as protective, such as problem solving and peer social skills.

Similar results were found in a second study, which measured children’s symptoms and parental stress (Flake, Davis, Johnson, & Middleton, 2009). The study found that 32% of the children were “high risk” for behavioral difficulty. Parenting stress of the non-deployed spouse or the potential caring adult was positively correlated with child risk symptoms. As with other findings in the resilience literature, children’s adjustment is related to parental stress.

Childhood is a series of changes and transitions. Under the supportive guidance of parents and caring adults, children learn to navigate and develop coping strategies as they move through them. Over two million children have experienced a parent being deployed as part of the Overseas Contingency Operation. While research regarding the
impact of deployment on children is limited, there is general agreement that children and families are at increased risk for negative outcomes.

Many factors contribute to a child’s adjustment to deployment, including the age of the child, parental mental health, total time deployed, and community support (Chartrand, Frank, White, & Shope, 2008; Chandra et al., 2010). During deployment, children’s lives are in a state of stress, transition and uncertainty. Factors include multiple deployments, frequent moves, and an underlying fear of a parent becoming injured or dying (Lincoln, Swift, & Shorteno-Frasier, 2008; Lester et al., 2010; Flake et al., 2009). Increased rates of pediatric outpatient visits and hospitalizations during and following deployment are documented as are social and emotional difficulties among school-aged children (Kaplan, 2011; Lester et al., 2010; Gorman, Eide & Hisle-Gorman, 2010).

While the procedures of deployment may be similar for Active Duty and the Ready Reserves, the effects of deployment on families and children may be different. For Active Duty children, it is suggested that these changes are “normative” because deployment is a “community” experience; yet, for children of Ready Reserves deployment is typically not a shared experience (MacDermid et al., 2008). Thus, children of Ready Reserves feel a greater sense of isolation from their peers, the school and their community (Chandra et al., 2011). According to one military family expert, “We hear about more frequently how it [deployment] affects children, especially school-age children in large-population; schools that may not have experience with children of deployed military members. These children may be ostracized
‘as a result of their unique situation’ or, even if they seek help, the counselors and teachers don’t know how to help them.” (Castaneda et al., 2008. p. 69)

Resilience is one avenue to understanding how a child adapts to military deployment. Some have argued that the most significant way to promote resilience in children is through supportive relationships with adults, whether with parents or with other adults such as those in schools (MacDermid et al., 2008). School psychologists can support students directly by providing individual and group counseling or psychoeducational support groups, as a caring adult to ease the transition of deployment, and by working with schools and families to develop appropriate supports for students.

School psychologists are in a position to provide support to children who experience the multiple transitions related to deployment. School psychologists, as members of the school mental health team, may work directly with children and can offer strategies to support children in the school community. The school psychologist may consult and collaborate with others in planning regarding how to support children experiencing the stressful transitions associated with deployment. School psychologists, regardless of proximity to a military base, have the responsibility to be aware of and offer support to children who have a parent in the military.

Little is known about the relationship between school psychologists and military children. It is anticipated that school psychologists working in schools in close proximity to military bases regularly identify and support children who have a parent deployed. The probability of a student with a deployed parent attending school distant from a base is low, yet these children report a greater sense of isolation. Children in rural areas also have a greater likelihood of having a parent or wounded in war. Therefore it is important
that school psychologists are aware of and support children with a parent or sibling deployed.

**Research Question**

The overarching research question is “How do school psychologists support children who have or have had a parent deployed?”

A. How do school psychologists identify children who have or have had a parent deployed?

B. What training, resources, and programs external to schools do school psychologists use to support military children?

C. How do school psychologists provide support to children experiencing deployment?

D. Are school psychologists who have a personal connection with the military (personal service or member of immediate family) more responsive to the needs of children who have parents in the military?

E. Are school psychologists who work in schools in closer proximity to military bases more responsive to the needs of children who have parents in the military?

F. What are the three social and emotional concerns do school psychologists have for military students?

G. What are the three social and emotional concerns do school psychologists have for students regardless of military status?

**Chapter Summary**

This chapter began with an overview of the Overseas Contingency Operation and the Armed Forces of the United States. A description of the emotional stages of
deployment followed a description of deployment from an operational perspective. It continued with a discussion regarding the importance of school for children particularly as their family experiences the transitions related to deployment, how school psychologists are mental health providers, and an overview of school psychology in New York. The theory of resilience is reviewed as it relates to development and exposure to stressful life events, and how the United States military embraces theory as a foundation for supporting service members and their families. The chapter concludes with the problem statement, research questions and definition of terms. Having set the stage of the issue school psychologists supporting military children, chapter two reviews the research related to the impact of military life on children, schools and military children and the adjustment of children with Ready Reserve parents who have been deployed.

Definitions of Terms

**Active Duty:** Full time employment in the military: Army, Navy, Air Force, Marine Corps, and the Department of Homeland Security (Coast Guard)

**Department of Defense (DOD):** The Department of Defense is charged with coordinating agencies and functions related to national security and the military. All Active Duty branches, except the Coast Guard, are considered part of the DOD. The Coast Guard is a component of the Office of Homeland Security.

**Deployment:** The strategic movement and positioning of military forces from a home base to an area of military combat or peacetime operations (U.S. Army, 1992). For the purposes of this dissertation, deployment refers to any assignment to a location in support of the Overseas Contingency Operation.
**Global War on Terror (GWOT):** The Global War on Terror is an international effort led by the United States. The term “war on terror” was first used by President George W. Bush following the terrorist attacks of September 11, 2001 in the United States. This became the umbrella term for the Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). In March 2009, the Department of Defense officially changed the title of the war effort from the Global War on Terror to the Overseas Contingency Operation.

**Military child:** Any child under the age of 18 years who has a parent enlisted in any of the military services of the United States, either Active Duty or Ready Reserves.

**Military deployment:** The movement of military around the world, including movement from home station. This can include intra-continental United States, inter-theater, and intra-theater movement legs, staging, and holding areas.

**Operation Enduring Freedom (OEF):** The name for the war in Afghanistan, which began October 2001, as part of the GWOT.

**Operation Iraqi Freedom (OIF):** The name for the war in Iraq, which began in 2003 as part of the GWOT and continued through August 2010.

**Operation New Dawn (OND):** Operation New Dawn officially began September 1, 2010 and marked the official end to combat operations in Iraq. The primary work of OND on behalf of the military is to provide stability and support to the Iraqi Security Forces. With the drawdown of military forces, there was a simultaneous increase in civilian personnel through the Departments of State and Defense.

**Operation Purple Camp:** Operation Purple Camp is a summer program of the National Military Family Association is to empower military children and their families
to develop and maintain healthy and connected relationships in spite of the current military environment.

**Overseas Contingency Operation (OCO):** The term used by the Obama administration to refer to military action in Afghanistan and Iraq. In March 2009, the Department of Defense officially changed the title of the war effort from the Global War on Terror to the Overseas Contingency Operation.

**Ready Reserves:** Reservists are military personnel who hone and maintain their military skills in long-term, part-time service. Reservists are attached to specific trained units to be called upon as needed. A member of the Ready Reserves may be called to Active duty to serve full time during times of war. The National Guard is composed of state units or federally recognized units. The state guard operates under the governor of the state and the adjunct general, and is primarily activated to respond to domestic needs. The federally recognized National Guard units operate under the Department of Defense. The John Warner Defense Authorization Act of 2007 allows the President to take control of the National Guard units without the Governor’s consent.

**TRICARE:** The national health care program serving Uniformed Service members, retirees and their families worldwide.
Chapter 2: Review of the Literature

Introduction and Purpose

Research regarding the impact of deployment related to the Overseas Contingency Operation on military children has provided information for how school psychologists can support students of deployed parents. Chapter two begins with a restatement of the problem and the research question. It continues with a review of research related to the impact of military life on children prior to the Overseas Contingency Operation. This is followed by research conducted over the past decade specific to (a) deployment and children’s adjustment based on their age; (b) school, military children, and deployment; and (c) the adjustment of children with Ready Reserve parents who have been deployed.

Problem Statement

Childhood is a series of transitions. Under the supportive guidance of parents and caring adults, children learn to navigate and develop strategies to support them through these transitions and life’s challenges. Over two million children have experienced a parent being deployed as part of the Overseas Contingency Operation. While research regarding the impact of deployment on children is limited and findings to date are varied and inconclusive, there is general agreement that children and families of deployed military personnel are at increased risk for negative outcomes.

Military deployment in the context of resilience theory is one avenue to understanding how a child adapts. There is general consensus regarding what factors promote resilience: (a) individual strengths, such as coping and problem solving skills,
(b) family support including high quality parenting, and (c) relationships with caring adults and the broader community including schools (Thomas & Chess, 1986; Wyman, 2002; Tedeschi & Kilmer, 2005; Luther, 2006). Some have argued that the most significant way to promote resilience in children is through supportive relationships with adults, whether with parents or with other adults outside the home (MacDermid et al., 2008).

Those who work in schools on or near military bases know many students who have parents in the military. Staff in these schools are typically aware when units deploy; however, they may not know when a particular student has a parent deployed. The likelihood of a student with a deployed parent in a school distant from a military base is low; thus, these schools lack standard mechanisms for identifying military children. Children who live at greater distance from military bases are more likely to have parents who are members of the National Guard or one of the reserve branches. These children feel a greater sense of isolation from their peers, the school and their community (Chandra et al., 2011).

Little is known regarding how schools support military children, and even less is known about how school psychologists specifically work with children who have a parent or parents deployed. School psychologists are in a position to support children who experience the transitions related to parent’s deployment. As members of the school mental health team, psychologists may serve as caring adults, provide individual counseling, facilitate psychoeducational groups, and / or support other educators who interact with military children through consultation and collaboration.
**Research Question**

The overarching research question is “How do school psychologists support children who have or have had a parent deployed?”

A. How do school psychologists identify children who have or have had a parent deployed?

B. What training, resources, and programs external to schools do school psychologists use to support military children?

C. How do school psychologists provide support to children experiencing deployment?

D. Are school psychologists who have a personal connection with the military (personal service or member of immediate family) more responsive to the needs of children who have parents in the military?

E. Are school psychologists who work in schools in closer proximity to military bases more responsive to the needs of children who have parents in the military?

F. What are the three social and emotional concerns do school psychologists have for military students?

G. What are the three social and emotional concerns do school psychologists have for students regardless of military status?

**Research Regarding the Impact of Military Life on Children**

Research prior to the Overseas Contingency Operation focused primarily on understanding the impact of military life on children. Several studies investigated the impact of the Gulf War, which lasted less than one year.
The “military family syndrome” concept suggested that children in Active Duty families have difficulty adapting and a greater likelihood of psychopathology. This was attributed in part to frequent relocations across the United States and internationally and to the influence of military training, which included an authoritarian approach and subjecting children to regulation and regimentation (Jensen, Xenakis, Wolf, Degroot, & Bain, 1991; Ursano, Holloway, Jones, Rodriquez, & Belenky, 1989).

Families and children experience different cultures and languages when they are stationed overseas as well as the diversity of life found in different communities across the United States. With each move they experience loss as they say goodbye to friends and then have the opportunity to make friends in the new location. Annually, military children move 33% compared to 12.5% of the general population (U.S. Census Report, 2010).

Despite the disruptions military families experience, Jensen et al. (1995) found that the prevalence of psychopathology in military families was comparable to the general population. However, further data analysis showed that children of mothers with diagnosed mental health concerns had higher levels of depression than children of mothers without mental health issues. This finding suggested that a child’s depression was related to maternal mental health. Similar findings by Finkel, Kelley and Ashby (2003) suggested that maternal and family variables were more predictive of a child’s adjustment than the number of moves for children in career military families.

*Parental Separation during Peacetime.* Separation from parents is common for children even during peacetime, and studies have not found higher rates of pathology for children geographically separated from their parents due to peacetime deployments when
compared to children in the general population (Applewhite & Mays, 1996; Kelly et al., 2001). Research also found no correlation between maternal separations related to Active Duty military responsibilities and psychopathology.

**The Gulf War.** Several studies were conducted regarding the impact of deployment on children during the Gulf War (Operation Desert Storm). The Gulf War lasted less than seven months, significantly shorter than the Overseas Contingency Operation. The studies found that deployment was correlated to children’s adjustment suggesting that parent separation due to combat deployment may have an impact of children’s adjustment (Jensen, Martin, & Watanabe, 1996; Lawler, Flori, Volk, & Davis, 1997). For example, Jensen et al. (1996) found that boys had higher levels of depression and exhibited more internalizing symptoms than those in the nondeployed group, and they had overall higher psychopathology than girls in both the deployed and nondeployed groups. Consistent with studies conducted during peacetime, home caregivers who reported higher levels of depression had children with more adjustment difficulties.

A second study assessed general health, health-related problems, health risk behaviors and healthcare utilization among children whose parent was deployed as a member of the National Guard (Lawler et al., 1997). In this study, children with a parent deployed engaged in more risk behaviors and had more health problems than the children in the control group.

**Overseas Contingency Operation: The Impact on Children**

Many factors contribute to a child’s adjustment during the Overseas Contingency Operation, including the child’s age, parental mental health, total time deployed, and community support. The lives of a family with a deployed parent are in a continual state
of stress, transition and uncertainty. Additional factors have been shown to include repeat deployments, frequent moves, and an underlying fear of a parent becoming injured or dying (Lincoln et al., 2008; Chartrand et al., 2008; Chandra et al., 2010; Lester et al., 2010; Flake et al., 2009). Increased rates of pediatric outpatient visits and hospitalizations during and following deployment have been documented, as well as social and emotional difficulties for school age children (Kaplan, 2011; Lester et al., 2010; Gorman et al., 2010). The following sections discuss research related to children’s age during deployment.

**Birth to four-years.** Although the majority of children of Active Duty forces are under five-years old only three studies have focused on this age range. Results suggested that these children experience psychosocial and behavioral difficulties and have an increased rate of pediatric visits.

The Health and Behavior of Young Children in Active Duty Military Families Study was conducted with Active Duty parents, caregivers and childcare providers of children aged 1½- to 5-years in child care centers (Chartrand et al., 2008). Differences by age and deployment status were reported by parents and childcare providers. Children under three-years had significantly lower externalizing symptoms (i.e. acting-out); whereas, children three-years and older had significantly higher externalizing and total scores on the Child Behavior Checklist (CBCL).

Similar results were found in a study that included both Active Duty Army and National Guard families with children under four-years old (Barker & Berry, 2009). In this study, children were assigned to one of three groups: Single deployment, multiple deployment and nondeployed. Results found that behavior problems were positively
correlated with older preschool children, total time gone, child temperament and family stressors during deployment. Intense attachment behaviors were more likely to be reported at reunion and were correlated with family stressors during deployment and length of most recent deployment.

Gorman et al. (2010) found that there was an increased use of medical care due to difficulties with children’s behaviors in a review of TRICARE medical claims. For example, the rate of mental and behavioral health visits of children increased by 11% during deployment. The most common diagnoses were attention-deficit disorder, adjustment disorder, and autism. Anxiety, behavioral, and stress disorders were significantly higher during a mother’s deployment even though there were slightly fewer health care visits for children. Rates of medical claims increased with children over five years and when the military parent was the father.

**Five- to eleven-years.** As children grow older, they increasingly understand the world, develop more independence, and spend more time with peers. Older children understand the dangers of combat deployment and that is it more than a parent being away. Children from five- to eleven-years are the second largest group of minor dependents in the Active Duty forces and Ready Reserves; yet the two studies that examined this age group exclusively focused on children in Active Duty families.

One study found that 55% of the children were at risk on at least one of three measures of adjustment, and 10% scored in the high risk range on all measures (Flake et al. 2009). In the study, parents completed each of the three following measures: Pediatric Symptom Checklist (Jellinek & Murphy, 1988), the Parent Stress Indicators – Short Form (Abiden, 1995), and the Perceived Stress Scale (Cohen, 1983). Thirty-two
percent of the children were “high risk” for psychosocial morbidity on the Pediatric Symptom Checklist, which is about 2.5 times more than the national norm. As with other findings, parental stress correlates with increased child difficulties. The effects of military rank, child gender, child age, and race or ethnic background did not reach statistical significance. This is the only study that controlled for parent education and social support. Parents with less than a college education reported higher levels of stress, and those with higher levels of stress reported more difficulties. Social support from church, military organizations and community organizations appeared to serve as a protective factor for children.

In another study, Lester et al. (2010) found that boys and girls had significantly elevated rates of anxiety related to deployment. Consistent with other studies, parental distress and total months deployed were related to child outcomes. Combat deployment and home caregiver depression predicted child depression as well as internalized and externalized symptoms, home caregiver symptoms predicted internalizing symptoms, and months of deployment predicted child depression and externalizing behaviors.

**Twelve- to eighteen-years.** Adolescence is a time of multiple transitions and stress. The added worry of a parent’s deployment to a combat zone may further impact adjustment. Several studies have been conducted to understand how combat deployment affects adolescents. The body of research is largest for this age group.

The National Military Family Association has supported research conducted by the RAND Corporation, which provided the largest body of research on children in this age group. Data was collected on children and families who participated in Operation Purple Camp, a free one-week summer camp for children, ages 7- to 17-years-old, who
have had or have a parent serving in the military (Chandra et al., 2009; Chandra et al., 2010; Chandra et al., 2011). Consistent with other studies, children in the study were found to have significantly more emotional difficulties than those in the general population, and these difficulties were related to the mental health of the home caregiver (Chandra et al., 2009; Chandra et al., 2010; Chandra et al., 2011). Higher rates of anxiety were noted for younger girls, and boys had more difficulty with attention and hyperactivity (Chandra et al., 2009). One finding indicated that the correlation extended to children’s academic engagement.

Contrary to findings for younger children, there were no significant differences based on number of deployments; however, the total number of months deployed over a three-year period was significantly related to difficulties during and after deployment (Chandra et al., 2009). Reintegration (post-deployment) was found to be more difficult for girls than boys across all ages, for older children, when the home caregiver was employed outside the home and for children when the home caregiver had poor mental health (Chandra et al., 2009; Chandra et al., 2011). Even as families renegotiated roles and relationships during reintegration, youth were concerned about subsequent deployments (Chandra et al., 2011).

Based on analysis of a series of focus groups with adolescents, Huebner et al. (2005) reported a range of emotions including anger, pride, denial, and loss. The study supported the notion of changing family roles and responsibilities typical of deployment particularly during the reintegration of a returning parent. Thirty-one percent of the children made statements that there were changes in their mental health such as depression, changes in sleep and eating patterns, sadness, and crying. Adolescents shared
examples of heightened family emotional intensity, lashing out at others, changes in their
relationships with their stay-at-home parent, and difficulties with the period of
reintegration.

Similar to findings regarding elementary aged children (Gorman et al., 2010),
psychosocial morbidity was evaluated in a primary care setting from parents and youth
(Aranda et al., 2011). Youth and parents both reported significantly more psychosocial
difficulties including more internalizing and externalizing symptoms. Contrary to what
parents reported, youth indicated more school problems.

**Schools, Students and Military Deployment**

Teachers, counselors and school administrators reported that students expressed
uncertainly regarding deployment, increased stress at home, and concern regarding the
mental health of the non-deployed parent (Chandra et al., 2010). School personnel felt
that these issues contributed to difficulties with school functioning. Consistent with what
the students reported (Chandra et al., 2009), school personnel indicated that children of
the Ready Reserves appeared more isolated from peers and that reintegration of the
deployed parent into the family was difficult for students. Unique to this study was the
finding that children may be losing resilience with multiple deployments as evidenced by
children having difficulty maintaining schoolwork, demonstrating more interest in
avoidance behavior, and engaging in health risk-taking behaviors.

Several studies incorporated information from school personnel including
teachers, administrators and counselors (Mmari, Sudhinaraset & Blum, 2009; Bradshaw,
Sudhinaraset, Mmari & Blum 2010; Richardson et al., 2011). Research found that
behavior problems at school and home increased with deployment (Mmari et al., 2009).
Changes at home including changing roles, increased responsibilities, and added stress, including parental absence from important events, were reported by both parents and youth. Consistent with other studies, the nondeployed parent’s attitude and outlook throughout the deployment effected adolescents. Bradshaw et al. (2010) found similar results when they followed students who moved due to base closures and who were confounded by deployment. The most common stressors were related to tension at home, peer difficulties and adapting to new environments.

For children attending Department of Defense schools deployments have been found to have modest adverse effect across most academic subjects, with lengthy deployments and deployments during the month of testing leading to the largest detrimental effects. It is suggested that the adverse effects in academic achievement may persist for several years (Lyle, 2006; Pisano, 1992; Engel, Gallagher, and Lyle, 2006).

Little is known about the academic achievement of military children in public schools (non-DOD) which the majority of military dependents attend.

Strategies that appeared to modify the impact of deployment and relocation included increasing communication between schools and families, training staff to build connections with military students, developing connections among students, and modifying policies and procedures to support military students. Bradshaw et al. (2010) noted that military families and students were not aware that school psychologists could be a support to children in transition.

One study looked at school counseling services to children of deployed military parents (Keim, 2009). The study used a questionnaire distributed to a stratified random sample of schools in North Carolina for completion by one counselor in each school.
North Carolina was selected because it is home to six military installations, including one of the largest Army bases in the continental United States. Richardson et al. (2011) investigated similar questions through a series of interviews with teachers, counselors and administrators in two Active Duty communities as well as civilian and Army experts and stakeholders on child behavioral health. Consistent with parental reports, the studies showed that school personnel indicated that when parents struggle children also struggle. This was particularly apparent when families were confronted with multiple deployments. School staff reported inconsistent knowledge regarding which students had a parent deployed. Academically, the cumulative months of deployment was correlated with lower achievement scores for younger children rather than the number of deployments. While there are behavioral health specialists available to schools through the Military Family Life Consultant program, the effects of their work is yet to be understood.

The Military Child Education Coalition conducted a study including 900 interviews from administrators (school and military), teachers, parents, and students focused on: (a) the unique learning needs of military students, (b) home schooling efforts, (c) the impact of deployment, (d) the unique needs of National Guard and reserve families, and (e) challenges related to transition in secondary schools. The study was supported by the United States Army Installation Management Command, G-9, Family and Morale, Welfare and Recreation and focused on Army soldiers and their families. Results from the Education of the Military Child in the 21st Century (EMC-21) qualitative study found that less than half of the students interviewed (N=268) accessed support programs and tend to express a hopeful resilient attitude as well as pride in their
soldier parent (MCEC, 2012). Sports were perceived as a source of support for students. Consistent with other findings one’s response to the deployment is varied and dependent on a combination of factors (e.g. age, environment, previous experiences).

Parents (N = 195) were also interviewed as part of the EMC-21 research. In addition to the challenges of taking on the role of a “single-parent” during deployment, they observed that there was an “adverse change” in their children’s behavior. They went on to say that immediate intervention was helpful for their child. Parents did not feel that deployments were detrimental to their child’s education.

**Overseas Contingency Operation: Ready Reserves.**

In a comprehensive study regarding the deployment experiences of Guard and Reserve families, 296 service member and 356 spouses participated in telephone interviews (Castaneda et al., 2008). The study also included interviews with military family experts from the Department of Defense, and advocacy and support organizations.

Several topics were included in the interviews including family readiness, challenges and advantages of deployment, coping mechanisms, and suggestions for improved support. While there was variability across families, common themes were found. Three components of readiness were identified: financial, readiness related to household responsibilities, and emotional or psychological readiness. Service members more often addressed financial readiness, whereas their spouse was more likely to talk about emotional readiness.

The most common problems cited were emotional or mental difficulties with 39% of spouses and 26% of service members recalling such difficulties. Household challenges were reported by both spouse and service members. Children’s issues were
most likely to be mentioned by spouses. Services members were more likely than spouses to indicate that the family experienced no problems (29% compared to 14% respectively).

The majority of interviewees (63% of service members and 62% of spouses) reported that they coped well or very well with deployment; however, the majority were unable to define what they meant by coping. The two primary definitions most often cited were “emotional coping” and coping with household responsibilities. It was noted that spouses who were married longer, had children, and a previous history of Active Duty were more likely to cope well or very well.

Military deployment is not without advantages. Some families reported increased income, whereas others reported increased family closeness, independence, confidence or resilience. However, 20% of service members and 13% of spouses reported no benefits to deployment.

The study by Castaneda et al. (2008) was a comprehensive and significant contribution to understanding how deployment of Ready Reserves affected families. Several recommendations from both families and military family experts highlighted potential actions related to supporting children and their families. Of particular interest are the following recommendations: (a) know how to find families, (b) connect families to one another, and (c) improve access to and support from local and community resources.

**Summary**

Children’s social and emotional adjustment in relation to military deployment during the Overseas Contingency Operation varies by age and gender. Outcomes were
mediated by phase of deployment, parental stress and well-being, and the cumulative length of deployment. Recent research suggested that the reintegration that occurs during post-deployment, the period after the service member returns home, was further complicated by the fear of the potential of another deployment.

Several research studies included data on children across multiple ages. Most notably is the extensive research conducted by RAND (Chandra et al., 2009; Chandra et al., 2010; Chandra et al., 2011). These studies drew from a pool of children who had applied for or attended Operation Purple Camp, a summer camp for military children. Additionally, Gorman et al. (2010) analyzed data for children across the age spectrum regarding outpatient services reimbursed from TRICARE, the health care program serving military members worldwide. Finally, focus groups and telephone interviews were conducted to better understand educational needs (Huebner & Mancini, 2005; Richardson et al., 2011).

Research regarding the impact of combat deployment is limited for the youngest children. Of the two studies reviewed, one focused on Active Duty military while the other focused on children of Select Reserves. Chartrand et al. (2009) found differences by age as did Barker and Berry (2009) for children three- to four-years who exhibited more externalizing behaviors. While these findings suggested correlation, they should be interpreted cautiously. In one sample, the families lived on or near a military installation, whereas in the other the families were disbursed throughout their communities.

In the two studies that looked exclusively at children five- to eleven-years of age, changes were noted when compared to deployment status. Neither study included members of the Ready Reserves, drawing instead from Active Duty samples (Army or
Marines). This limited the ability to generalize to military children of the age group. Another limitation was the overrepresentation of officers in Lester et al. (2010) compared to what is reported (DOD, 2011). Consistent with studies on younger children, adolescents who had a parent deployed had more emotional difficulties compared with national samples.

Longer deployments and caregiver poor mental health have been found to be significantly associated with a greater number of challenges for children during and after deployment. Children in Ready Reserves families reported greater loneliness and disengagement than children in Active Duty families. These findings were consistent with what has been reported in focus groups of children, family member and school personnel.

**Understanding Children’s Adjustment Across Multiple Variables**

Within the military context there is a minimum of eleven variables that can be considered (Table 2.1). In the studies conducted since 2003 only one factor has been controlled for: Deployment (yes or no). Variables not reported include rank, years of service, stage of deployment or location of deployment. Several studies (Barker & Baker, 2009; Flake et al., 2009) looked exclusively at the Active Duty Army. While data was available for family and child variables, it is unclear if there was sufficient power to control for this as part of analysis.
Table 2.1

*Military Variables*

<table>
<thead>
<tr>
<th>Status</th>
<th>Deployment Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service branch</td>
<td>Emotional Phase (5)</td>
</tr>
<tr>
<td>Rank</td>
<td>Military Phase (3)</td>
</tr>
<tr>
<td>Active Duty</td>
<td>Number</td>
</tr>
<tr>
<td>Guard / Reserve</td>
<td>Location</td>
</tr>
<tr>
<td>Years of service</td>
<td>Length</td>
</tr>
<tr>
<td></td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

Table 2.2 outlines other variables to be considered to understand the impact of deployment and the services available to military children. While some of these variables are examined in the research (e.g. gender, age, race), others are not available. The variables not investigated in any study to date include sexual orientation, dual military family, and income. Other variables were considered in at least one other study.

Understanding the emotional cycle of deployment, the impact of repeat deployments, and the impact of reintegration of a service member with the family is complicated. The typical stresses of family reintegration, such as the renegotiation of roles and responsibilities, are more complicated when a service member returns with injuries that may be physical, neurological (traumatic brain injury) and / or psychological (PTSD) (Chandra et al., 2011; Lester et al., 2010)
Table 2.2

*Family / Child Variables*

<table>
<thead>
<tr>
<th>Service Member</th>
<th>Non Deployed Caregiver</th>
<th>Child</th>
<th>Family Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Gender</td>
<td>Gender</td>
<td>Blended Friends</td>
</tr>
<tr>
<td>Age</td>
<td>Age</td>
<td>Age</td>
<td>Siblings Church</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>Sexual Orientation needs</td>
<td>Dual Parent Military</td>
<td>Family</td>
</tr>
<tr>
<td>Employment Status</td>
<td>Employment Status</td>
<td>Extended Family</td>
<td>Community</td>
</tr>
<tr>
<td>Race</td>
<td>Race</td>
<td>Mobility</td>
<td>School</td>
</tr>
<tr>
<td>Mental Health Status</td>
<td>Relationship to child</td>
<td>Income</td>
<td>Marital status</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There are thousands of children living in communities throughout the United States where their civilian parent becomes a service member and is combat deployed. In the RAND studies, these children were shown to experience a greater sense of isolation from peers and school personnel who have difficulty understanding the children’s needs. Little is known about social supports for the family and the children, although there are recommendations regarding increased involvement by school personnel (Mmari et al., 2009; Bradshaw et al., 2010; Richardson et al., 2011).

Children of members in the Ready Reserves who are deployed have an identity that is a confusing amalgam of civilian and military. The nondeployed spouse, who is most often the mother, does not move away from a primary residence to a military
community, choosing instead to live near long established supports including family and friends. Thus these children experience the stresses of having a parent who is deployed without having access to the various support mechanisms in place for those who live on or near military bases.

Chapter Summary

In conclusion, understanding the impact of deployment is a complex undertaking. In addition to considering the developmental age of the child, there are multiple military, family, and child variables. There continues to be a need for research that builds knowledge and informs the field on how to support children and families as they adapt to the stresses of military deployment including their adjustment over time. The review of the literature reveals no studies to date that specifically examine how school psychologists identify and support children of deployed parents.
Chapter 3: Research Design Methodology

Introduction

Parental deployment affects children’s adjustment in different ways at different ages. School children are the largest group impacted across the United States and have been the focus of attention and research over the past decade. Findings have highlighted the need to understand how schools and communities can support these children. The purpose of this study was to examine how school psychologists in New York State learn about, identify, and support children who have or have had a parent deployed as part of the Overseas Contingency Operation.

Research Question

The overarching research question is “How do school psychologists support children who have or have had a parent deployed?”

A. How do school psychologists identify children who have or have had a parent deployed?

B. What training, resources, and programs external to schools do school psychologists use to support military children?

C. How do school psychologists provide support to children experiencing deployment?

D. Are school psychologists who have a personal connection with the military (personal service or member of immediate family) more responsive to the needs of children who have parents in the military?
E. Are school psychologists who work in schools in closer proximity to military bases more responsive to the needs of children who have parents in the military?

F. What are the three social and emotional concerns do school psychologists have for military students?

G. What are the three social and emotional concerns do school psychologists have for students regardless of military status?

Research Design

The purpose of this research was to understand the state of practice of school psychologists in New York related to supporting students with parents in the military; therefore, a descriptive research approach was used (Bickman & Rog, 2009; Cresswell, 2009). A mixed method design was employed to provide a quantitative description of knowledge and practice and a qualitative description of perceptions of social and emotional concerns (Tashakkori & Teddlie, 2009). The data collection tool was a web-based survey (Best & Harrison, 2009; Fowler & Coseza, 2009) adapted from the School Counseling Services Provision Questionnaire (SCSPQ) (Keim, 2009).

Research Context

The context for this study was the New York Association of School Psychologists (NYASP), which is the primary professional association for school psychologists who work in the 962 public school districts in New York (NCES 2012), and the Boards of Cooperative Educational Services (BOCES). The mission of NYASP is “to serve children, their families, and the school community by promoting psychological well-being, excellence in education, and sensitivity to diversity through best practices in school psychology” (NYASP, 2012). The NYASP website describes the practice of
school psychologist as helping “children and youth succeed academically, socially, and emotionally. They [school psychologists] collaborate with educators, parents, and other professionals to create safe, healthy, and supportive learning environments for all students that strengthen connections between home and school” (NYASP, 2012). NYASP embraces the core practices developed by the National Association of School Psychologists (NASP), which supports and represents school psychologists nationally (NASP, 2011).

**Research Participants**

The NYASP has four categories of membership: regular, student, retired and common address. Research participants were selected from those registered as regular members. Regular membership in NYASP is open to school psychologists and trainers. In order to conduct the study, the researcher initiated contact with the association through a member of the NYASP board, who in turn communicated with NYASP Research Chair. At this point permission to conduct the research was granted. The membership list was forwarded electronically to the researcher who identified those classified as regular members. Duplicate entries and names for whom there were no valid email addresses were eliminated. A final review of the list was conducted and those known to hold University appointments also were eliminated. The final list included 841 of the 892 original names.

**Instrumentation**

The web-based survey was adapted from the School Counseling Services Provision Questionnaire (SCSPQ) (Keim, 2009) and the National Association of School Psychologists Demographic Characteristics, Employment Conditions and Professional
Practices Survey found in (Castillo, Curtis, Chappel, & Cunningham, 2011). The School Counseling Services Provision Questionnaire was designed for research regarding school counselor support of military children in North Carolina (Keim, 2009). The School Counseling Services Provision Questionnaire and the National Association of School Psychologists Demographic Characteristics, Employment Conditions and Professional Practices Survey were integrated and modified with permission to address the specific research questions of this study, professional identification, and relative percentage of military population in New York State.

**Pilot Study Questionnaire**

The questionnaire included five parts: 1) participant demographics including personal and family connections with military; 2) identifying military students; 3) developing knowledge regarding deployment and military children; 4) supporting military students; and 5) presenting social and emotional concerns regarding children with military parents and children regardless of parental military status. The resulting survey was reviewed by a school psychologist employed by the Department of Defense whose expertise is working with military children. Several suggestions were offered to clarify terminology (such as changing “military-connected children” to “student with a parent in the military” and changing “whose parent has been deployed in military operations in the last three years” to “who experienced a parent deployment within the last three years). Additional reasons for working with children were suggested (concern about personal safety, confusion, stress). In addition to providing feedback on the questions, the consulting expert indicated that the research was “right on topic for [his] concerns for Guard and Reserve families” (M. Pisano, 2011 personal communication).
Field Test Procedures

After the modifications, the survey was reviewed and approved by the St. John Fisher Institutional Review Board (IRB). The survey was entered into SurveyMonkey and field tested with three school psychologists external to New York: two practitioners (California) and one university trainer who was formerly a practitioner (Oregon). Field testing showed that the average time to complete the survey was 12.5 minutes. Each field test respondent was asked to rate the survey’s appropriateness as a whole using a five point Likert scale from “very inappropriate” to “very appropriate,” and to provide feedback with regard to individual items. The average Likert score was 3.6, and each of the three respondents expressed concern that they may have had little to offer in response to the survey as they had limited knowledge or awareness of this population in their schools (one rural and one suburban).

Field testers provided narrative feedback, which was used to further modify the instructions. For example, one respondent said, “I like the concept. However, I was guessing at a lot of the numbers and services, because children of service members are not systematically identified in my district. I didn't see this as an option.” A second respondent was confused by similar options within the survey. As such, modifications were made. The third respondent expressed concern regarding the applicability of the survey for University Faculty; therefore, it was determined that when this option was selected the respondent would be disqualified.

Final Questionnaire

The final questionnaire (Appendix B) sought to meet Fowler and Cosenza’s (2009) four fundamental elements of good measurement: Questions that are consistently
understood; access to the information to answer questions; appropriate ways to provide information; and a willingness to provide answers. The greatest challenge was respondents not having the information needed to answer a question. Therefore, an option was added for respondents to indicate that the data was not available to them.

Data Collection Procedures

SurveyMonkey, an online web-based system, was used as a secure means of producing and administering the survey and downloading responses. An email invitation with a link to the survey was distributed to 841 school psychologists in early February 2012 (Appendix C). A second email was generated the following week to those who had not responded. The President of NYASP also generated an email inviting members to participate in the study via the NYASP list serve and posted the same request on the NYASP Facebook page (Appendices F and G). The survey was open during a 32-day period from February 8, 2012 to March 10, 2012.

Data Analysis

For the purposes of this study, both quantitative and qualitative data analysis methods were used. Prior to data analysis, the data was cleaned to eliminate participants who started but did not complete the survey, were not primarily practitioners, or worked outside of New York.

Quantitative analysis. The first level of analysis used the Statistical Package for the Social Sciences (SPSS) to analyze descriptive (mean, mode, median and frequency) and inferential (Analysis of Variance) statistical measures. The areas of inquiry including identification of children, knowledge of needs and resources regarding military children, and support to children were answered using descriptive methods.
The second level of data analysis determined if statistically significant ($p \leq 0.05$) differences in services were provided based on the independent variables of distance from the nearest Active Duty military installation or personal military experience (independent variables). Dependent variables included (a) resources utilized to guide professional practice, (b) workshops attended, (c) methods to determine student needs, (d) how needs of children of deployed parents were determined, (e) responsive methods used, (f) total services provided, and (g) reasons for working with children.

Nonresponse to individual items within the dependent variables confounded the goal of understanding the relationship to the independent variables; therefore, the dataset was further cleaned so it could be analyzed as if there were responses. For example, in questions 26, 27, 28, 31, and 32 respondents were asked to select multiple options from a randomly generated order list. In all cases, a missing response could limit the amount of information available in the analysis, especially since the model included many inputs. Therefore, the value of 0 (zero) was imputed prior to analysis.

A one-way analysis of variance (ANOVA) was conducted to measure the mean scores of the dependent variables of Resources to Guide Practice, Participating in Workshops, Determining Needs of Students, and Service Delivery and the independent variables of the distance from military installation (0 – 45 miles, 46 – 90 miles, 91 – 120 miles, and 121+ miles) or military family member (yes/no).

**Qualitative analysis.** The third level of analysis was to qualitatively analyze the open-ended questions. A six-step process for analyzing and interpreting qualitative data was utilized (Creswell, 2009). The first step was to prepare and organize the data according to the categories of social and emotional concerns for military connected
students and social and emotional concerns regarding students regardless of parental military status. Data from the two lists was downloaded then read to obtain an overall sense of the information. During the reading notes were made in the margins to record broad thoughts and patterns.

The third step involved coding or labeling segments of texts using terminology representative of the language of the respondents or “in vivo” coding (Creswell, 2009). As recommended by Creswell, the data was reviewed for multiple participants prior to reviewing all the data. This process was followed for each question before comparing the list of codes. In the fourth step of analysis, codes were categorized according to topics or themes and the data was revisited to see if new codes emerged. Descriptive wording was developed and linkages between codes and categories were established. Finally codes were alphabetized and a preliminary analysis was conducted for each of the two lists independently.

The fifth step was to write a narrative to convey the findings of each of the categories and discuss the emerging themes. The final step was to interpret and compare the category of social and emotional concerns of military connected students with research from the past decade. The final analysis involved comparing the findings from the category of social-emotional concerns of military connected students to that generated in response to the question “what are three social and emotional concerns you have for your students in your school regardless of military status?”

Summary

This chapter included the research questions used in the study as well as the data collection methodology. The research context and participants were outlined. The
process for developing and finalizing the survey was described followed by data
collection processes and data analysis. This mixed-method study collected information
that describes how school psychologists in New York identify, support and learn about
the needs of children who have deployed parents. Chapter 4 presents the data analysis
and findings, and Chapter 5 concludes with a discussion and interpretation of the results
including the implications of the findings, the limitations and recommendations for policy
and practice.
Chapter 4: Results

Introduction

As stated in Chapter one, the purpose of this study was to examine how school psychologists in New York State learn about, support, and meet the needs of students who have or have had a parent deployed in support of the Overseas Contingency Operation. Limited research has been done regarding how school mental health professionals, specifically school psychologists, support these children despite the length of the war and the impact on children’s adjustment when one or both parents are deployed. This study may inform the field relative to school psychologists as potential mental health providers for children experiencing the absence of a military parent and how they seek to find resources to inform their practice.

This chapter is organized in terms of the specific research questions posed in Chapter one. The questions concern school psychologists who are practitioners and regular members of the New York Association of School Psychologists (NYASP). The overarching research question was “How do school psychologists support children who have or have had a parent deployed?” To answer the question, there are specific areas of inquiry:

A. How do school psychologists identify children who have or have had a parent deployed?

B. What training, resources, and programs external to schools do school psychologists use to support military children?
C. How do school psychologists provide support to children experiencing deployment?

D. Are school psychologists who have a personal connection with the military (personal service or member of immediate family) more responsive to the needs of children who have parents in the military?

E. Are school psychologists who work in schools in closer proximity to military bases more responsive to the needs of children who have parents in the military?

F. What are the three social and emotional concerns do school psychologists have for military students?

G. What are the three social and emotional concerns do school psychologists have for students regardless of military status?

Demographics

An electronic survey, hosted by SurveyMonkey.com, was distributed via email to 841 regular members of the New York Association of School Psychologists (NYASP). A second email was generated the following week to those who had not responded. The President of NYASP generated an email inviting members to participate in the study via the NYASP listserve and posted the same request on the NYASP Facebook page. Of the 841 members (of whom invited to participate 112 (13.3%) responded. Of those, 107 (18.5% of all regular members) gave permission to participate and five refused. Data from 76 (12.5%) of the respondents based on their meeting the following criteria: 1) completed the survey, and 2) practice in New York State.

Before examining the data related to the research questions, the personal and professional characteristics of the participants were calculated using the Statistical
Package for Social Science (SPSS) in order to identify frequency distributions and percentile ranks. Data analyzed included age, gender, ethnicity, number of years worked as a school psychologist, direct experience with the military (self/immediate family) and school district demographics. Table 4.1 shows that respondents ranged from 24- to 62-years old with a mean age of 38.7 years. Sixty-one percent of the respondents were less than 40-years old compared to 28% of school psychologists nationally. They were predominantly white (97.3%) and female (88.2%) and had less than 10 years of experience (58.67%).

Table 4.1

Respondents' Demographics

<table>
<thead>
<tr>
<th>Age</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>24-30</td>
<td>25</td>
<td>33.3%</td>
</tr>
<tr>
<td>31-40</td>
<td>21</td>
<td>28.0%</td>
</tr>
<tr>
<td>41-50</td>
<td>11</td>
<td>14.7%</td>
</tr>
<tr>
<td>51-60</td>
<td>16</td>
<td>21.3%</td>
</tr>
<tr>
<td>60+</td>
<td>1</td>
<td>1.3%</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>67</td>
<td>88.2%</td>
</tr>
<tr>
<td>Male</td>
<td>9</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>73</td>
<td>97.3%</td>
</tr>
<tr>
<td>Asian-American/Pacific Islander</td>
<td>1</td>
<td>1.3%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1.3%</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Years of experience</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>30</td>
<td>40%</td>
</tr>
<tr>
<td>6-10</td>
<td>14</td>
<td>18.67%</td>
</tr>
<tr>
<td>11-20</td>
<td>14</td>
<td>18.67%</td>
</tr>
<tr>
<td>21-30</td>
<td>14</td>
<td>18.67%</td>
</tr>
<tr>
<td>31+</td>
<td>3</td>
<td>4%</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
Questions 13 to 16 addressed the respondent’s personal military experience as well as that of members of their immediate family. None of the participants had served in the military; however; 42% of the respondents have had a member of their immediate family in the military (father, 84.4%; brother, 25%; husband, 15.6%, other 2.6%).

**School Location**

The data in Table 4.2 shows the results from survey question 8, which asks respondents to identify the context of their school district. The data indicate that the majority of respondents worked in suburban districts (42.7%) followed rural districts (30.7%). The balance of respondents worked in large (9.3%) or small urban districts (17.3%). The majority of the schools (80.7%) were within 90 miles of an Active Duty military installation (46.9% within 45 miles). The remaining schools (20.4%) were more than 91 miles from a military installation.

Table 4.2

*School District Information*

<table>
<thead>
<tr>
<th>District type</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suburban</td>
<td>32</td>
<td>42.7%</td>
</tr>
<tr>
<td>Rural</td>
<td>23</td>
<td>30.7%</td>
</tr>
<tr>
<td>Small urban</td>
<td>13</td>
<td>17.3%</td>
</tr>
<tr>
<td>Large urban</td>
<td>7</td>
<td>9.3%</td>
</tr>
<tr>
<td>Missing data</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Distance from nearest military installation</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-45 miles</td>
<td>30</td>
<td>46.9%</td>
</tr>
<tr>
<td>46-90 miles</td>
<td>21</td>
<td>32.8%</td>
</tr>
<tr>
<td>91-120 miles</td>
<td>9</td>
<td>14.1%</td>
</tr>
<tr>
<td>121+ miles</td>
<td>4</td>
<td>6.3%</td>
</tr>
<tr>
<td>Missing data</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>
Identifying Students Who Have or Have Had a Parent Deployed

This question was answered at two levels: system and practitioner. At the system level, data show that 60% of schools did not have a process for identifying children of military parents, 14.7% had a known process, and 25.3% of the respondents were unaware of an established process for identifying military children. The primary means of identifying military connected students was through school registration (90.9%). Other sources of information included parents (36.4%) and student self-disclosure (36.4%).

At the individual level, 47.5% (N=40) school psychologists reported that they learned about specific children who had a parent deployed primarily through the parents (47.5%), by student self-disclosure (22.5%). They also learned who had a parent deployed from teachers (17.5%) and other family members (10%). Of the 28 school psychologists who indicated that they were aware of children with deployed parents they were aware of approximately 628 children. Of these children the majority were Active Duty (94.57%). The majority of school psychologists knew of 10 or fewer students (82.1%) as shown in Table 4.3.

Table 4.3

<table>
<thead>
<tr>
<th>Students with deployed parents</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-10</td>
<td>23</td>
<td>82.1%</td>
</tr>
<tr>
<td>11-100</td>
<td>3</td>
<td>10.7%</td>
</tr>
<tr>
<td>101-300</td>
<td>2</td>
<td>7.1%</td>
</tr>
<tr>
<td>Missing</td>
<td>48</td>
<td></td>
</tr>
</tbody>
</table>
Training, Resources and Programs to Support Children

The variety of materials used to guide school psychologists are listed in Table 4. The two primary sources are other professionals (including school psychologists) and the Internet (32.9% and 21.1% respectively). Professional organizations and literature were also frequently used by respondents with 27.6% making use of the National Association of School Psychologist’s website. Additionally, 15.8% used the Children of Warrior’s Toolkit developed by the New York Association of School Psychologist, and 17.1% turned to professional literature. Military resources, including material jointly prepared by military consultants and Sesame Street, were also accessed.

Some school psychologists attended workshops designed to help professionals to work with military children. Workshops included those offered through the Military Child Education Coalition (2.6%), NASP (2.6%) or NYASP (10.5%), the Zero to Three organization (21.1%), workshops available at Fort Drum (3.9%), or University training programs (1.3%).
Table 4.4

*Resources Utilized to Guide Professional Practice*

<table>
<thead>
<tr>
<th>Sources of information</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other professionals/school psychologists</td>
<td>25</td>
<td>32.9%</td>
</tr>
<tr>
<td>NASP Website</td>
<td>21</td>
<td>27.6%</td>
</tr>
<tr>
<td>Internet</td>
<td>16</td>
<td>21.1%</td>
</tr>
<tr>
<td>Professional Literature</td>
<td>13</td>
<td>17.1%</td>
</tr>
<tr>
<td>NYASP Toolkit (Children of Warriors)</td>
<td>12</td>
<td>15.8%</td>
</tr>
<tr>
<td>Military Websites</td>
<td>7</td>
<td>9.2%</td>
</tr>
<tr>
<td>School district</td>
<td>7</td>
<td>9.2%</td>
</tr>
<tr>
<td>Department of Defense educational activity resources</td>
<td>5</td>
<td>6.6%</td>
</tr>
<tr>
<td>Military OneSource</td>
<td>5</td>
<td>6.6%</td>
</tr>
<tr>
<td>Military Child Education Coalition</td>
<td>4</td>
<td>5.3%</td>
</tr>
<tr>
<td>Sesame Street</td>
<td>4</td>
<td>5.3%</td>
</tr>
<tr>
<td>National Military Families Association</td>
<td>3</td>
<td>3.9%</td>
</tr>
<tr>
<td>Newspapers</td>
<td>3</td>
<td>3.9%</td>
</tr>
<tr>
<td>University Training Programs</td>
<td>1</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

*Note:* Respondents could identify multiple resources therefore the % is greater than 100.

**Support for Children Experiencing Deployment**

How school psychologists learn of the different needs of children and provide services were reported through questions 28, 30 and 31 and data is shown in Table 4.

The primary reasons for working with children were anxiety (30.3%), stress (28.9%),
academic performance (25%), disruptive behaviors (23.7%), and family difficulties (21.1%).

Table 4.5

Reasons for Working Directly with Children

<table>
<thead>
<tr>
<th>Common student needs</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>23</td>
<td>30.3%</td>
</tr>
<tr>
<td>Stress</td>
<td>22</td>
<td>28.9%</td>
</tr>
<tr>
<td>Academic Performance</td>
<td>19</td>
<td>25.0%</td>
</tr>
<tr>
<td>Disruptive Behavior</td>
<td>18</td>
<td>23.7%</td>
</tr>
<tr>
<td>Family difficulties</td>
<td>16</td>
<td>21.1%</td>
</tr>
<tr>
<td>Depression</td>
<td>13</td>
<td>17.1%</td>
</tr>
<tr>
<td>Crying</td>
<td>12</td>
<td>15.8%</td>
</tr>
<tr>
<td>Peer relations</td>
<td>9</td>
<td>11.8%</td>
</tr>
<tr>
<td>Attendance</td>
<td>8</td>
<td>10.5%</td>
</tr>
<tr>
<td>Confusion</td>
<td>5</td>
<td>6.6%</td>
</tr>
<tr>
<td>Prevention</td>
<td>5</td>
<td>6.6%</td>
</tr>
<tr>
<td>Excessive tardiness</td>
<td>3</td>
<td>3.9%</td>
</tr>
<tr>
<td>Fighting</td>
<td>2</td>
<td>2.6%</td>
</tr>
<tr>
<td>Sleeping</td>
<td>1</td>
<td>1.3%</td>
</tr>
<tr>
<td>Concerns about personal safety</td>
<td>1</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

Note: Respondents could identify multiple resources therefore the % is greater than 100.

Table 4.6 presents data in response to the question, “How do you determine the needs of children of deployed parents within your school?” School psychologists became
aware of the needs of children from a variety of sources including referrals from parents (44.4%), administrators (12.1%), counselors (1.3%), and the students themselves (30.3%). Two forms of assessment were used: student assessment comprised 11.8% of respondents and formal needs assessments were conducted by 2.6% of participants. Additionally, school psychologists (22.4%) used observation to learn the needs of children of deployed parents.

Table 4.6

*How Needs of Children of Deployed Parents Are Determined*

<table>
<thead>
<tr>
<th>Sources of Information</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td>33</td>
<td>44.4%</td>
</tr>
<tr>
<td>Student disclosure / request</td>
<td>23</td>
<td>30.3%</td>
</tr>
<tr>
<td>Observation</td>
<td>17</td>
<td>22.4%</td>
</tr>
<tr>
<td>Administrators</td>
<td>16</td>
<td>12.1%</td>
</tr>
<tr>
<td>Student assessment</td>
<td>9</td>
<td>11.8%</td>
</tr>
<tr>
<td>Other students</td>
<td>7</td>
<td>9.2%</td>
</tr>
<tr>
<td>Formal needs assessment</td>
<td>2</td>
<td>2.6%</td>
</tr>
<tr>
<td>Counselor</td>
<td>1</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

*Note:* Respondents could identify multiple resources therefore the % is greater than 100.

A variety of responsive services were provided to children who had a military parent deployed, as shown in Table 4.. School based individual, group, and family counseling services were used by the majority of respondents, and consultation with teachers and parents was also used (34.2%). Of the respondents, 28.9% referred children to outside counseling, 10.5% to behavior health services, and 9.2% to Military Family
Life Consultants. Only one respondent who worked at a school greater than 90 miles from a military installation indicated that any services were provided to students of deployed parents.

Table 4.7

*Services Provided for Children of Deployed Military Parents*

<table>
<thead>
<tr>
<th>Services</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual counseling</td>
<td>26</td>
<td>34.2%</td>
</tr>
<tr>
<td>Consultation</td>
<td>26</td>
<td>34.2%</td>
</tr>
<tr>
<td>Referral to outside counseling</td>
<td>22</td>
<td>28.9%</td>
</tr>
<tr>
<td>Group counseling</td>
<td>12</td>
<td>15.8%</td>
</tr>
<tr>
<td>Linkage to behavioral health services</td>
<td>8</td>
<td>10.5%</td>
</tr>
<tr>
<td>Referral to Military Family Life Consultant</td>
<td>7</td>
<td>9.2%</td>
</tr>
<tr>
<td>Family counseling</td>
<td>1</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

*School Psychologists with Military Connections*

None of the respondents have served in the military, and the majority (57.8%) had not had a member of their immediate family serve. The remaining school psychologists (42.2%) had a member of their immediate family serve in the military. Table 4.8 shows that those who had a personal connection with military service attended more workshops, used more diverse methods to determine the needs of students, and cited more reasons for working with children of deployed parents.
Table 4.8

*Personal Military Experience, Resources, and Services*

<table>
<thead>
<tr>
<th>Personal Military Experience</th>
<th>Resources and Services</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Military connected</td>
<td>Resources used</td>
<td>32</td>
<td>2.12</td>
<td>2.22</td>
<td>1.48</td>
</tr>
<tr>
<td>Not military connected</td>
<td></td>
<td>44</td>
<td>1.31</td>
<td>2.49</td>
<td></td>
</tr>
<tr>
<td>Military connected</td>
<td>Workshops attended</td>
<td>32</td>
<td>0.59</td>
<td>0.71</td>
<td>2.53*</td>
</tr>
<tr>
<td>Not military connected</td>
<td></td>
<td>44</td>
<td>0.22</td>
<td>0.47</td>
<td></td>
</tr>
<tr>
<td>Military connected</td>
<td>Method to determine needs</td>
<td>32</td>
<td>2.43</td>
<td>2.42</td>
<td>2.24*</td>
</tr>
<tr>
<td>Not military connected</td>
<td></td>
<td>44</td>
<td>1.29</td>
<td>2.00</td>
<td></td>
</tr>
<tr>
<td>Military connected</td>
<td>Responsive methods used</td>
<td>32</td>
<td>1.71</td>
<td>1.67</td>
<td>1.63</td>
</tr>
<tr>
<td>Not military connected</td>
<td></td>
<td>44</td>
<td>1.07</td>
<td>1.75</td>
<td></td>
</tr>
<tr>
<td>Military connected</td>
<td>Total services provided</td>
<td>32</td>
<td>2.00</td>
<td>1.98</td>
<td>1.49</td>
</tr>
<tr>
<td>Not military connected</td>
<td></td>
<td>44</td>
<td>1.27</td>
<td>2.17</td>
<td></td>
</tr>
<tr>
<td>Military connected</td>
<td>Reasons for working with children</td>
<td>32</td>
<td>3.28</td>
<td>3.48</td>
<td>2.96*</td>
</tr>
<tr>
<td>Not military connected</td>
<td></td>
<td>44</td>
<td>1.22</td>
<td>2.13</td>
<td></td>
</tr>
</tbody>
</table>

*Note.* *p* < .05.

**Differential Response Based on Proximity to Military Installation**

The majority of the schools (80.7%) were within 90 miles of an Active Duty military installation, and 46.9% were within 45 miles. The remaining schools (20.4%) were more than 91 miles from an installation. Proximity to a military base did not have a
significant influence on how school psychologists support children who have a parent in the military.

Social and Emotional Concerns for Military Students

Respondents were asked to provide three social and emotional concerns they had for military children. Table 4.9 shows how the three areas were used to categorize the open responses of the respondents and additional categories that were added based on the responses. Of the 85 responses specific to military children, in vivo coding showed the primary areas of concern among the respondents were the following: (a) internalized (including anxiety, fear, depression, worry, and sadness); (b) academic, which included global skills related to social and emotional development and learning (SEDL) such as the ability to express emotions, social emotional development, and adjustment; (c) externalized (including acting-out, aggression, behavior problems, and anger); and (d) family issues. Forty-six percent of the responses were categorized as internalization. Internalized behaviors were identified as anxiety, “fear of losing family member”, depression, “sadness about being separated from family members”, and “worry that their parent make it home safely” (both physically and psychologically).

The second most commonly cited concern was academic (10 %). Specifically, the respondents identified “academic delay/regression”, “academics slipping,” and “decline in academic performance.” as well as and skills related to social and emotional development and learning (SEDL). Examples of SEDL were “effects of frequent moves on student social development”, “finding ways to express feelings”, and “social-emotional development.”
Table 4.9

*Social and Emotional Concerns for Military Students*

<table>
<thead>
<tr>
<th>Category</th>
<th>In Vivo Codes</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Internalized</strong></td>
<td>Anxiety</td>
<td>46%</td>
</tr>
<tr>
<td></td>
<td>Fear of losing family member</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Depression</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Worry that their parent make it home safely</td>
<td></td>
</tr>
<tr>
<td><strong>Academic</strong></td>
<td>Academic delay/regression</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Academics slipping</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Decline in academic performance</td>
<td></td>
</tr>
<tr>
<td><strong>SEDL</strong></td>
<td>Effects of frequent moves on student social development</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Finding ways to express feelings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social emotional development</td>
<td></td>
</tr>
<tr>
<td><strong>Externalized</strong></td>
<td>Aggression</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>Behavior problems in classroom</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acting-out</td>
<td></td>
</tr>
<tr>
<td><strong>Family problems</strong></td>
<td>Lack of support</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>Financial problems</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Limited family support</td>
<td></td>
</tr>
<tr>
<td><strong>Stress</strong></td>
<td>Feeling overwhelmed</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>Cumulative stress</td>
<td></td>
</tr>
<tr>
<td><strong>Inability to focus</strong></td>
<td>Inability to focus</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Resilience</strong></td>
<td>Poor coping skills</td>
<td>4%</td>
</tr>
</tbody>
</table>

Externalized behaviors (9% of total responses) were most frequently termed “aggression.” Other descriptions used by respondents included “behavior problems in classroom,” “acting-out,” and “anger.” The four other themes represented were (a) family problems (9%) which were defined as “lack of support,” “financial problems,” and limited family support; (b) stress (7%), which included “feeling overwhelmed” and “cumulative stress”; (c) inability to focus (5%); and (d) resilience (4%) defined as poor coping skills).

Social and Emotional Concerns for Students School Regardless of Military Status

The social and emotional concerns regarding students without regard to military status suggested a broader range of concerns: internalization (20%), externalizing (16%); family concerns (18%), and peer skills (13%). Secondary themes included resilience, SEDL, and stress, each of which represented 7% of responses. Finally, a third group of concerns was academic (4%), self-esteem (4%), mental health diagnosis (2%) and an inability to focus (1%) as shown in Table 4.10.

Similar to that of the military student population, anxiety and depression were the two most common terms used related to internalization. Unique to the general population were specific behaviors such as bullying, poor social skills, and poor self-regulation, none of which were noted for military children. Bullying was named by eight respondents, representing 6% of the total responses. Examples of poor social skills included “interpersonal relationships” “peer relationships,” “social interaction skills” and “social skills deficits”. Poor self-regulation was described as “being able to manage impulses and foster self-control,” “limited self-discipline” and the “ability to effectively regulate behavior.”
Table 4.10

*Social and Emotional Concerns for All Students*

<table>
<thead>
<tr>
<th>Category</th>
<th>In Vivo Codes</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internalized</td>
<td>Anxiety</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unhappy</td>
<td></td>
</tr>
<tr>
<td>Externalized</td>
<td>Bullying</td>
<td>16%</td>
</tr>
<tr>
<td></td>
<td>Anger Management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aggression</td>
<td></td>
</tr>
<tr>
<td>Family concerns</td>
<td>Split families</td>
<td>18%</td>
</tr>
<tr>
<td></td>
<td>Parenting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Divorce</td>
<td></td>
</tr>
<tr>
<td>Peer skills</td>
<td>Fitting in</td>
<td>13%</td>
</tr>
<tr>
<td></td>
<td>Making friends</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interpersonal skills</td>
<td></td>
</tr>
<tr>
<td>Resilience, SEDL, Stress</td>
<td>Difficulty expressing emotions</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>Stress management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Worrying</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coping Skills</td>
<td></td>
</tr>
</tbody>
</table>

**Conclusion**

This chapter summarized the results of the study on the state of school psychologists in support of children of military parents, with specific attention to children
who have or have had a parent deployed. Of the original 841 survey invitations distributed, 12.5% completed surveys of school psychologists practicing in New York State were analyzed. Participants were primarily White females under 40-years old who had fewer than 11 years of experience. The chapter also presented results of five research questions through a descriptive quantitative analysis of responses. Research questions six and seven were analyzed using and t-testing methodology to determine whether distance from military installation and personal, or immediate family military service impacted knowledge development, student identification, services, and resource utilization for children of deployed military parents. The final two questions, which were analyzed using a qualitative coding method, identified social and emotional concerns that school psychologists had for military children and children in the general population.

The following chapter discusses these results in relationship to current literature regarding the impact of deployment on children in the context of the theory of resilience. The chapter also presents implications for practice and policy for school psychologists, the New York Association of School Psychology, and educators in general. Finally limitations of the study are outlined and recommendations for future research are identified.
Chapter 5: Discussion

Introduction

This study investigated how school psychologists in New York State support children who have or have had a parent deployed in support of the Overseas Contingency Operation. Results of this study suggest that school psychologists in New York have limited awareness when children have a parent deployed even though 46.9% of the respondents work within 45 miles of an Active Duty military installation and 42.2% had a member of their immediate family with a history of military service. Forty-three percent reported having provided support to at least one child with a deployed parent. The three primary services that school psychologists provide to children of deployed parents were counseling (individual, group and family), consultation (school and family), and referral to external resources. The most common reasons for working with these children were anxiety, academic concerns, and disruptive behaviors. School psychologists with an immediate family member who was serving or had served in the military participated in more workshops, used more methods to identify student needs, and identified more diverse reasons for working with children than school psychologist that didn’t report a family connection to military service (p<.05).

The three primary concerns school psychologists had regarding military connected students in general were internalizing (withdrawn, shy, anxious), academic difficulties, and challenges with social and emotional development. The three primary
concerns expressed regardless of parental military status were internalizing, externalizing (aggressive, behavioral disruptions) and family concerns (poverty).

In this chapter, the findings are discussed along with implications for school psychology practitioners, trainers, and the associations that represent them. The limitations of the study are addressed, and the chapter concludes with directions for future research.

**Discussion of the Findings in Relation to the Literature**

**Identifying military children.** Fewer than 15% of the participating school psychologists in this study indicated that they were aware of a formal process for identifying military children and 60% reported that there is no formal process in place. The other 25% were not aware that the school had a formal process for identifying children. This is significant given the approximately 55,000 military personnel (Active Duty and Ready Reserves) in New York, and approximately 41,000 dependent children of whom 28,000 are school age (U.S. Census, 2011; DOD, 2011; State of New York National Guard and Federal Initiatives Report, 2012).

For school psychologists who worked at a school within 45 miles of a military installation (N=45), only 10 (22%) reported that there was a formal process. In the geographic area surrounding the largest installation in New York, Fort Drum, there are over 8,400 school-age children of military service members. During the 2009 fiscal year, the impact aid alone for schools serving students from Fort Drum exceeded $17.5 million. The aid is based on the number of military students enrolled; therefore, schools collect such information through their registration process.
School psychologists are typically not aware when a student has a parent deployed even where there was a formal process for identifying students of military parents. For example, of the 76 respondents, only 44 (58%) were aware of a student with a deployed parent. They became aware of them from parents (44.4%), students themselves (30.3%), and/or school staff (14.5%).

In the current study, only one respondent mentioned classroom teachers as a source for learning about these students’ needs which was different than findings from either Keim (2009) or the Military Child Education Coalition study (MCEC, 2012). Self-disclosure, parental referral and classroom teachers were all sources of referral to school counselors in a study by Keim (2009). The Education of Military Children in the 21st Century (EMC-21), which incorporated interviews of educators (teachers and administrators), students and parents, found that military parents tended to communicate primarily with teachers, particularly at the elementary level (MCEC, 2012).

The current study, in congruence with these two studies (Keim, 2009; MCEC, 2012), identified parents as the primary source of information regarding deployment and the second most common source is the child him or herself. What is not clear is with whom the parent communicates, the mental health professional (school psychologist or school counselor) or classroom teacher. It is also unclear if there are differences based on the age of student at school level (elementary, middle or high school).

**Support to military students.** The professional literature has not currently addressed how school psychologists support military students; therefore, the findings in this study can only provide preliminary information on the state of practice of school psychologists in New York. When a need for support was identified, it was provided
through counseling (38%), often in addition to consultation with parents and teachers (34.2 %). These two strategies fall within the four domains for school psychology identified in Chapter one as relevant for working with military children: (a) Interventions and Mental Health services to Develop Social and Life Skills (direct service) and (b) Consultation and collaboration (strategy to help students achieve their best). What was somewhat surprising was the rate of referral of students (36%) to other resources such as external counseling, behavioral health agencies or Military Family Life Consultants (Managed Health Network, 2012). What is unclear from this study is how school psychologists support military-connected children through other strategies identified in the practice domains of school psychology: (a) Preventive and responses services to promote learning, and (b) Family–School Collaboration Services (NASP, 2010).

A 2010 professional practice study regarding school psychology practice stated that counseling represented 8.8% of practitioners’ time with consultation taking up 10.4% of time (Castillo, Curtis, & Gelley, 2012b). The time spent in counseling by school psychologists has declined considerably over the past two decades with 32.2% of them engaging in no counseling (Castillo, Curtis, & Gelley, 2012b), which would suggest that the rates of referral to external sources is not unexpected.

**Resource utilization.** The data in my study show that the respondents had access to a variety of resources when seeking information on how to serve children who have a parent deployed. They indicated reliance upon three primary resources for information: (a) professional (i.e., literature, NASP and NYASP); (b) military (e.g. Military OneSource, National Military Family Association, and Military Child Education Coalition); and (c) colleagues (e.g., counselors and school psychologists). These sets of
resources suggest a cross section from school psychology, content experts (military) and colleagues, and are similar to what school counselors relied on in North Carolina (Keim, 2009). Unique to Keim’s findings was a reliance on materials provided by their state and local education organizations. In a review of the New York State Education Department web site, there were no resources found related to materials to help educators in their work with military connected students (www.nysed.gov). It is not known if there are specific resources provided by local education agencies.

**Personal military connection.** The data indicate that a personal connection to the military is an important factor in how a school psychologist responds to the needs of children who had a parent deployed. Significantly, none of the respondents reported that they had served in the military, and the majority did not have a member of their immediate family serve in the military (57.8%). The remaining school psychologists reported a personal military connection through a member of their immediate family currently or previously serving (42.2%). The data show that those with a personal connection to the military attended significantly more workshops, used more diverse methods to determine the needs of students, and cited more reasons for working with children of deployed parents than those who did not have a personal connection (p<.05). No other studies found in the research literature accounted for this variable.

**Proximity to military installations.** Distance from the nearest Active Duty military installation was not significantly related to how participants identify and learn about the needs of military-connected students or the number of workshops attended. The majority of the schools (80.7%) represented in this study were within 90 miles of an Active Duty military installation (46.9% within 45 miles). Additional analysis indicated
that location also did not significantly impact how children’s needs were determined or what services were provided. These findings are inconsistent with those found by Keim (2009) who surveyed school counselors in North Carolina. In that study, a child of a deployed military parent was about 1.3 times more likely to be identified when the school counselor worked within 25 miles of an Active Duty military installation.

**Social and emotional concerns regarding students.** The primary concerns regarding military students were internalization (46%) (withdrawal, anxiety, sadness), academics (10%), and social and emotional learning and development (10%) (expressing feelings, age appropriate development). These findings are consistent with studies by Chandra (2009; 2010). Overall teachers, counselors and administrators reported that students expressed uncertainty regarding deployment, increased stress at home, and that these issues contributed to difficulties with school functioning (Chandra et al., 2009; Chandra, et al., 2010). The findings of my study parallel Chandra, et al.’s (2009) claim regarding the children of Ready Reserves personnel, who experienced an increased sense of isolation from peers. Such isolation may be a result in withdrawal from peers as reported by participants in my study.

School psychologists also listed concerns regarding academic issues (academic regression, delay, slipping and decline in academics) for military students in this study. The academic challenges reported by the respondents may ultimately result in a decline in standardized test scores, an outcome found for students with deployed parents in studies of Active Duty parents in Texas, Washington and North Carolina (Lyle, 2006; Richardson et al. 2011).
Resilience Theory

Defined as a “dynamic process encompassing positive adaptation within the context of significant adversity” (Luthar, Cicchetti & Becker, 2000), resilience theory assumes that two conditions must be met for the phenomenon to occur: a stressful event and a positive adaptation. Mediating factors that facilitate a child’s adaptation to a stressful event come from the broader community, the family, and the individual. As part of the broader community, schools can be a source for support, in part because they are a place for the development of supportive relationships and provide opportunities for participation (Doll & Lyon, 1998). Not all children who experience a parent’s deployment due to war will be negatively impacted similar to what has been found regarding children who have experienced parental divorce (Amato & Keith, 1991; Amato, 2001). Similar to findings regarding divorce there is considerable variability in children’s responses (Wolchik et al., 2009). Perhaps the most significant way to promote resilience in children is through supportive relationships with adults, whether with parents or with other adults outside the home (MacDermid, Samper, Schwarz, Nishida, & Nyaronga, 2008). The relationships school psychologists develop with children including counseling, and psychoeducational groups can serve to protect the child in the midst of stress. Positive and caring relationships with adults facilitate one’s ability to regulate emotions and self-esteem (MacDermid et al., 2008).

Some argued that the most significant way to promote resilience in children with military connections is through supportive relationships with adults, whether with parents or with other adults outside the home (MacDermid et al., 2008).
The school psychologists in this study indicated that they provided counseling, consultation, and referral to other services as means of connecting with children and families to help develop necessary coping skills which have been identified as mediators to resilience. Resilience theory suggests that a “one size fits all” formula does not exist; rather it is a complicated maze of interrelationships between gender, age, stressful events and protective factors (Werner & Smith, 1992; Rutter, 1999). Protective factors typically fall in three categories: Individual, family and the broader community including schools (Thomas & Chess, 1986; Doll & Lyon, 1998; Wyman, 2002; Tedeschi & Kilmer, 2005; Luther, 2006; Benzies & Mychasiuk, 2009). Some argue that the most significant way to promote resilience in children is through supportive relationships with adults, whether with parents or with other adults outside the home (MacDermid, Samper, Schwarz, Nishida, & Nyaronga, 2008). The relationships school psychologists develop with children including counseling, and psychoeducational groups can serve to protect the child in the midst of stress. Positive and caring relationships with adults facilitate one’s ability to regulate emotions and self-esteem (MacDermid et al., 2008).

The findings of this study in the context of understanding how children develop resilience lead to implications for school psychology practitioners, trainers and the associations that represent them. The follow section outlines some implications for consideration.

**Implications**

One of the goals of this study was to understand how the work of school psychologists intersects with children of military parents with particular attention to those children experiencing the absence of a parent due to deployment. Military children face
unique challenges in that they typically attend between seven to nine schools before they graduate, moving approximately every two years (American Association of School Administrators, 2012). Each relocation brings with it the numerous problems associated with moving between education systems. These issues interact with the emotional distress children face when a parent is deployed to a dangerous destination.

This study suggests that many school psychologists in New York have limited involvement in supporting the social and emotional health of children who have a parent who has or is currently deployed as part of the Overseas Contingency Operation. This is particularly evident for school psychologists who work at schools more than 90 miles from military installations. Only one respondent who worked at a school more than 90 miles indicated that he/she provided support to a student with a deployed parent. For those who were at schools close to military installations, some are not aware of the system of providing information at school registration of family status. They depend on students and parents to make them aware of parental deployment.

My study finds that school psychologists in New York identify similar concerns regarding children’s adjustment as other research has shown: Internalizing (anxiety, fear, withdrawal), academic challenges, and social and emotional development. Services fall into three primary areas: Counseling, consultation and referral to alternative support. Those with personal connections to the military through family members tend to participate in more workshops, work with children for more varied reasons, and utilize more strategies for identifying needs. Overall, there are opportunities for school psychologists to become increasingly involved in the support of children with deployed parents.
Deployment may best be understood in terms of its emotional impact across each of the five stages: **pre-deployment** (from notification to departure), **deployment** (from departure through the first month), **sustainment** (first month through next to last month), **redeployment** (last month), and **post-deployment** (homecoming then rough six months) (Pincus et al., 2010). Each stage presents different challenges for the service member, spouse, and children. Even as the Overseas Contingency Operation winds down, there are many children who are experiencing post-deployment and the reintegration of parent into the family. The reintegration is further complicated when there have been physical wounds (20% of which are serious brain and spinal injuries). The numbers of veterans who suffer from Post-Traumatic Stress Disorder (PTSD) vary from 5% to 20% with some studies suggesting rates as high as 60% (Ramchand et al., 2010).

**Implications for practice by school psychologists.** While this is true for all children experiencing the transition related to military deployment, this is particularly true for children of the Ready Reserves. School psychologists can foster relationships with these children and families and provide opportunities for students to come together and learn from one another (Lazarus, Jimerson, & Brock, 2003). They are in a position to develop a supportive and caring relationship with children and through preventive efforts such as psycho-educational groups which can facilitative effective problem solving, self-regulation and coping skills as well as counseling services. Finally, specific variables within the family can further be mediated with the support of school psychologists including supportive parent-child interactions and social support.

There are several opportunities for school psychologists to help children, families, and school personnel ease the transitions related to military deployment, such as: (a)
becoming aware of needs of the children and of the military culture through participation in workshops, review professional literature, and take advantage of online workshops; (b) building awareness of the issue among school staff with particular attention to classroom teachers; (c) communicating with families about the opportunity to provide support for children going through transition to decrease their sense of isolation; and (d) connecting with other school mental health staff in order to build on each other’s expertise and knowledge (Harrison & Vannest, 2008; Chandra et al., 2009; MCEC, 2012).

The work begins first with the awareness that there may be children at a school with one or more deployed parents. Except in communities that regularly collect this information, school personnel are dependent upon families or their children to share this information. School psychologists may want to become aware of National Guard and Reserve Units in the community so they can keep track of when units are deployed. According to Fennel and Fennel (2008), counselors should be aware of and respond to the military as a unique “culture.” Their work identifies that when one works with military children that strategies respectful of the military culture are utilized. To help in doing that one must also be aware of one’s preconceptions regarding the military and develop an understanding of the military culture. These competencies, while identified for school counselors, fit well within the practice of and ethical guidelines for school psychologists (NASP, 2010).

School-wide support for teachers and others can include training or consultation on phases of deployment and provide strategies regarding how to talk with all children about the military, war, and what to expect during deployment and a soldier’s return.
This is particularly important in communities at greater distance from military installations.

When a spouse is deployed, the stay-at-home parent is focused on day-to-day activities and maintaining a sense of “normal” for their children. Parents depend on schools to support the sense of normalcy for their children. School psychologists can serve as that link for the family and depending on the number of children at a school, may offer psychoeducational groups, such deployment groups as suggested by Rush and Akos (2007) and the New York Association of School Psychologists (NYASP, 2008), what is available through the American School Counselor Association or Same Sky Sharing, that have been developed for this population (Johnson and Peabody, 2010).

Same Sky Sharing (Johnson and Peabody, 2010) is a school-based group program, built on the assumption that timely preventively oriented intervention for children who have a parent deployed offers important short- and long-term benefits for children in school. The primary goal of Same Sky Sharing is to minimize emotional and behavioral problems that may result when students experience military separations in their families. Same Sky Sharing works to enhance competence, capacity to cope, self-confidence, and social development, in order to support students’ academic progress. Increased competence will be achieved through a supportive group environment where children can share experiences freely, establish common bonds, and teach skills that enhance their capacity to cope with the stressful impact of having a parent deployed. While this program is modeled after the Children of Divorce Intervention Program (CODIP), an evidence-based program included in the National Registry of Evidence-
based Programs and Practices (Pedro-Carroll & Cowen, 1985), further research is needed on its effectiveness.

**Implications for training programs for school psychology.** Training programs in school psychology should attend to the need for and support of future school psychologists who may work with children of deployed parents. In this study, only one practitioner indicated learning about working with military children through a university training program. The majority of the respondents (58.67%) have been practicing fewer than ten years so they would have received training since the beginning of the Global War on Terror. As such, the data indicate that university programs are not addressing the reality that their graduates may serve students who have a deployed member in the family.

There is the opportunity for programs to enhance their curriculum to include a module regarding the impact of family stress on children. Such a module would teach about issues in deployment, incarceration, divorce, war, homelessness, and poverty. Each of these issues impacts children’s ability to attend to the task of learning, and while they have some areas of intersection, the uniqueness of each stressor warrants attention.

Dr. Mary Kelley, President and CEO of the Military Child Education Coalition stated that “it is critically important that adults be trained to understand the unique circumstances of military kids,” in a statement before the subcommittee on military construction and veterans affairs and related agencies (Kelley, 2010, p.4). University training programs are one such venue for professional development.

A second opportunity for University training programs it to partner with National Guard and Reserve units in local communities to conduct research and develop
relationships with Family Readiness Groups. One such example was the partnership developed between James Madison University Department of Graduate Psychology and the local Guard unit. Through this effort students have become aware of the needs of military youth and have conducted research (Budash, 2009). Another example is that of Illinois State University school psychology program’s collaborative relationship with the Illinois National Guard since 2006. Their research has focused on a program evaluation of their Yellow Ribbon Reintegration program, preferences of returning war veterans for community mental health providers, assessment of family needs and sources of resilience across the deployment cycle and investigating the impact of parental deployment on child social-emotional, behavioral, and academic functioning in school (M. Swerdlik, personal communication, 2012).

A third opportunity would be for University programs to offer in-service programs for school psychology practitioners in the community. These can be incorporated in a series of workshops focused on working with students in transition (e.g. deployment, incarceration, death, divorce). To provide content expertise it would be beneficial to draw upon experts and individual with personal experiences. In a recent survey conducted by the author, one mother simply stated “Military understands military” (Johnson & Story, 2011). A second resource to build knowledge and expertise for school psychologists, are their professional associations.

Implications for school psychology associations. Professional associations that promote school psychology are in a position to help school psychologists and their colleagues know more to maximize their support of students from military families. School psychology associations need to work to build awareness around the importance
of the issue and how it links with their professional practice. They should also reach out to other organizations that have military children and family as their primary focus.

It is clear from this study that school psychologists who are members of NYASP utilize relevant resources developed and made available through professional websites and conferences. Associations can continue to disseminate material that is succinct and readily usable for practitioners. Over time, as research on the impact of military deployment becomes increasingly available, best practices and new resources for supporting military students in schools can follow.

NYASP and NASP have each developed resources to support school psychologists who may be aware of military-connected students in their schools. Yet the results of my study suggest that school psychologists may not be aware of the students in their schools who have a deployed parent and when they are aware of such students, they may be unsure of how to meet the students’ unique needs.

There is an opportunity for each association to promote the materials that have been developed; however, they must first create an awareness of the opportunity to support these students. This could be done through a campaign to build awareness of the issue among members. The data from this survey and that of the NASP Demographic survey (Castillo, Curtis, & Gelley, 2012b) provide insight into current practices of school psychologists. A simple message can then be crafted to emphasize the importance of the work, how they can help and what action to take.

A second effort could be to reach out to other organizations, such as the Military Child Education Coalition and the American Association of School Administrators, making them aware that school psychologists and other specialized instructional support
personnel (e.g., school counselors, school social workers) are able to support military children. One potential project would be the publication of a jointly developed white paper. Currently, school counselors are seen as the primary support and are frequently cited in research (Mmari et al, Huebner, 2009; MCEC, 2012), yet only one study cited school psychologists in particular (Bradshaw et al., 2010).

NYASP has the opportunity to join forces with others in New York to provide leadership for school mental health providers across the state beginning with those around military bases. The data show that some resources are currently underutilized. The Children of Warriors Toolkit (NYASP, 2009) available on the NYASP website was cited on only 12 surveys or 15% of the respondents. Additionally, they can draw upon podcasts and articles published in the NASP Communiqué to strengthen their activities.

Unfortunately there is only one study published in School Psychology Review, the peer-reviewed journal published by NASP (Bradshaw et al., 2010). A significant addition to the body of knowledge would come from a special issue of School Psychology Review on the needs of children exposed to family transition, including military deployment.

Limitations of Study

Limitations of this study include the small sample of school psychologists in New York who participated. Only 25% of the school psychologists in New York are regular members of NYASP and only a small number of those participated in the study; therefore, only 2% of all school psychology practitioners in New York are represented in the study. While statistically significant findings were identified within the study, care should be taken in generalizing the findings.
This research study integrated the School Counseling Services Provision Questionnaire and the National Association of School Psychologists Demographic Characteristics, Employment Conditions and Professional Practices Survey to determine the current state of practice. While the integrated version was field tested, an alternative would be a shortened version that may result in a higher return rate.

**Implications for Future Research**

Due to the limitations of my study (number of participants and geographic scope), it is difficult to generalize the findings. This was the first study that focused exclusively on how school psychologists support children who have a military parent deployed. A first step would be to modify the survey, then broaden the reach to capture the national perspective.

The professional literature lacks research to guide practice. One option for future research would be to conduct a qualitative or mixed method study to better understand how school psychologists who work in schools more than 45 miles from a military installation support military children. This would provide better understanding on the experiences of school psychologists regarding the needs of military connected students, particularly those whose parent is a member of the Ready Reserves and the supports that can be applied. This approach may also uncover some factors regarding school psychologists’ practice for children exposed to adverse experiences.

This author also concurs with the Military Child Education Coalition that “the lack of quantifiable data to determine where the needs are greatest impedes a school district’s (and to a certain extent, the supported installation’s) ability to maximize the available resources and support currently available for Military-connected students”
More broad based studies need to be conducted nationally to captures needs and practices for all military-connected students including those of our National Guard and Reservists.

One way to understand the extent that school psychologists support military children may be to integrate issues of deployment in subsequent research centered on children in transition (such as divorce, death, incarceration, and exposure to violence). While there are overlaps, each presents opportunities for school psychologists to address potential barriers to learning. This information could encourage researchers who focus on how particular school psychologists address the social, emotional and academic needs of children in transition. Other studies have found that schools can be protective environments for students exposed to adverse experiences such as community violence, stress, war, and national disasters (Astor, Benbenishty & Estrad, 2009) suggesting that schools may serve a similar role for children of deployed services members.

The reintegration process results in another major transition for students, which in turn may impact their adjustment to school. Even as the Overseas Contingency Operation winds down, this can be a time for school psychologists to engage with and support families as they manage the challenges of family reintegration. School personnel need to understand the impact of reintegration on children, particularly when the returning service member is impacted by Post Traumatic Stress Disorder.

Finally, resilience theory suggests that the development of resilience is a complicated maze of interrelationships between gender, age, stressful events, and time. The impact of the stressful event (in this study, deployment) may not be fully realized until well after the deployment; therefore, longitudinal research is warranted.
Conclusion

This study makes an important contribution to the field of school psychology because, until now, no other studies have focused primarily on how school psychologists support military children. The literature to date has focused primarily on the impact of deployment on military children and has found that as deployments continue and children are separated from parents for longer periods of time, there is a greater likelihood of adverse consequences for children. Even though less than 1% of our nation’s population serve in the military, they have children who attend our schools. School psychologists can support Active Duty children as they move from one community to another, and they can support the thousands of children who have a parent in the National Guard or Reserves. These children report feeling isolated from their peers and that the adults don’t understand their experiences. This study begins to address the specific question regarding how school psychologists address the social and emotional as well as academic concerns of military children.

Esqueda, Astor, and DePedro (2012) wrote that, “Military students appear to be invisible in many public school districts across the United States” (p. 607). Consistent with Esqueda, et al., the findings of this study suggest that school psychologists in New York have limited awareness of and direct involvement with children who have a parent deployed on behalf of the U.S. military. When they have a personal connection with the military, such as an immediate family history of military service, they participate in more workshops, use more methods used to identify student needs and identify diverse reasons for working with children than those who do not have family connection to military service. While school psychologists are able to identify the key social and emotional
concerns of military children, there are opportunities to more fully understand how they
can help build a child’s resilience to military deployment. The work begins by becoming
aware of and knowing about military children with particular attention to those who have
a parent deployed, then working with them directly as well as with teachers and by
partnering with parents. By doing so, the school psychologist can make an “invisible”
child, visible.
References


Department of Defense Education Activity (2011)


Interagency Policy Committee on Military Families (2011). Strengthening our military families: Meeting America’s commitment. [Final report in response to


MacDermid, S. M. (2006). Multiple transitions of deployment and reunion for military families. West Lafayette, IN: Purdue University


Military Children Face Greater Academic Challenges Due To Relocation And Emotional Stress


APPENDIX A

School Psychologists Supporting Military Children: State of the Field

Demographics

Gender _____ Female _____ Male

Age _____

Ethnicity (optional)
_____ American Indian/Alaska Native _____ Asian American/Pacific Islander
_____ Black/African American _____ Caucasian _____ Hispanic _____
Other _____

Years of experience in school psychology _____

Primary position
_____ School Psychologist practitioner
_____ University faculty
_____ Administrator
_____ State department

Zip code of your primary employment _____

Type of setting
_____ Large urban (>150,000)
_____ Small urban (<150,000),
_____ Suburban
_____ Rural

For your primary employment, please estimate the average number of hours per week of employment in each of the following settings.
_____ Public Schools
_____ Private Schools
_____ DOD Schools
_____ Faith-Based Schools
_____ College/University

Please estimate average number of hours per week in each setting:
_____ Preschool
_____ Elementary School
_____ Middle/Jr. High School
_____ High School
_____ Other, specify: _______________

Percent of students in your district who have a parent in the military _____ %
Percent of students you serve who have a parent in the military _____ %

Approximately how far away is the nearest Active Duty military installation from your primary school?
_____ miles

Have you ever served in the military? _____ Yes _____ No
Active Duty: _____ Army _____ Navy _____ Air Force _____ Marine _____ Coast Guard
National Guard: _____ Army _____ Air
Reserves: _____ Army _____ Navy _____ Air Force _____ Marine _____ Coast Guard

Has a member of your immediate family served in the military?
_____ Yes _____ No

If yes, check all that apply:
_____ Husband
_____ Wife
_____ Father
_____ Mother
_____ Brother
_____ Sister
_____ Other __________________________
Identifying Military Students

Are children of military parents systematically identified? _____Yes _____No

If yes, how are children of military parents identified? (Check all that apply)
_____ School registration procedures
_____ Parents
_____ Other family members
_____ Student self-disclosure
_____ Other (Please specify) _____________________________________

Have you been aware of children in your school(s) who experienced a parent deployment within the last three years? _____Yes _____No

If yes, approximate number of children with
deployed fathers only; deployed mother only; both parents

How do you find out when a parent is deployed?
_____ Parents
_____ Other family members
_____ Other students
_____ Student self-disclosure
_____ Other (Please specify) _____________________________________

Thinking about these children, please estimate how many military family members are typically
_____ Guard
_____ Reserves
_____ Active Duty

Thinking of your primary school assignment, approximately how many total children are there in this school?

Of these children, approximately how many of these children have or have had a parent deployed in military operations in the last three years?

_____
Developing Knowledge

What resources do you use to guide you in assisting children of deployed military parents? (Check all that apply)

- Professional literature (journal articles, books)
- Newspapers
- Internet
- Other professionals/school psychologists
- Materials provided by school system
- National Military Families Association
- Military Child Education Coalition
- Sesame Street
- DODEA (Department of Defense Educational Activity)
- Military OneSource
- NASP website
- Military websites
- Other _____________

Have you attended one or more workshops or training sessions on working with children and families in the military? (check all that apply).

- Military Child Education Coalition (MCEC)
- NASP Sponsored / Convention Workshops
- Zero to Three Workshops
- Other(s) (Please specify)___________________________

Supporting Military Students

How do you determine the needs of children of deployed parents within your school? (Check all that apply)

- Formal needs assessment survey
- Observation
- Student assessment
- Student self-disclosure/request
- Other student’s request
- Parent request
- Teacher request
- Administrator request
- Other request
- Other (Please specify)

What are three social and emotional concerns you have for military students?
How do you deliver services to children of deployed military parents?

**Preventive Services (Check all that apply)**
- _____ School-wide efforts (i.e. material home to all students, assemblies)
- _____ Psycho-educational groups (i.e. Same Sky Sharing)
- _____ Universal Programs (i.e. PATHS) Please name____________
- _____ Other

What are the most common reasons for working directly with identified children of deployed military parents? (Check all that apply)
- _____ Depression
- _____ Anxiety
- _____ Academic performance
- _____ Prevention
- _____ Sleeping
- _____ Crying
- _____ Disruptive behavior
- _____ Fighting
- _____ Family difficulties
- _____ Concern about personal safety
- _____ Confusion,
- _____ Stress
- _____ Peer relationships
- _____ Other

**Responsive Services (Check all that apply)**
- _____ Individual counseling
- _____ Group counseling
- _____ Family counseling
- _____ Parent/psychologist/teacher consultation
- _____ Referral for outside counseling services
- _____ Referral to Military Family Life Consultant
- _____ Other(s) (Please specify)_____________________________________

What are three social and emotional concerns you have for your students in your school regardless of military status?

If you could propose two things for enhancing children's social and emotional well-being, what would they be?

What social and emotional concerns do you have for educators in your building, including yourself?

Is there anything else you would like to share regarding your role as a school psychologist working with children of deployed parents?
Appendix B

[Email]

From: "djohnson@childrens institute.net via surveymonkey.com"
<member@surveymonkey.com>

Subject: School Psychologists Awareness and Practice for Supporting Children of Military Parents - Survey

Body: Dear NYASP Member,

You are being contacted as a member of the New York Association of School Psychologists. Our mission is "to serve children, their families, and the school community by promoting psychological well-being, excellence in education, and sensitivity to diversity through best practices in school psychology". Many of the students in our schools experience transitions, such as parental divorce, relocation, or military deployment. NYASP supports Deborah Johnson a doctoral student St. John Fisher College in this effort. You are invited to participate in an online survey regarding support for children who have a parent in the military. This information from this survey will help school psychologists to better meet the needs of these children. The link below will connect you to the survey which should take between 10 and 15 minutes of your time.

Thanks for your continued support of children in New York.

Deborah B. Johnson
Director of National Services
Children's Institute
274 N. Goodman, Suite D103
Rochester, NY 14610

585-295-1000 x 224
877-888-7647 x 224
Appendix C

On Line Consent
The purpose of this research is to examine how school psychologists in New York identify military children in their schools. It further seeks to understand what school psychologists know about the needs of military students, and how they support children who have a parent in the military. Information gathered from the unique perspective of school psychologists may be used to assist schools with efforts to support children in schools.

This is a research project being conducted by Deborah Johnson, a doctoral student at St. John Fisher College. You are invited to participate in this research project because you are a member of NYASP.

Your participation in this research study is voluntary. You may choose not to participate. If you decide to participate in this research survey, you may withdraw at any time. If you decide not to participate in this study or if you withdraw from participating at any time, you will not be penalized.

The procedure involves filling out an online survey that will take approximately 15 minutes. Your responses will be confidential and we do not collect identifying information such as your name, email address or IP address. The survey questions will be about how you identify and support children who have a parent in the military.

We will do our best to keep your information confidential. All data is stored in a password protected electronic format. To help protect your confidentiality, the surveys will not contain information that will personally identify you. The results of this study will be used for scholarly purposes only and to support NYASP in developing resources for your work in schools.

If you have any questions about the research study, please contact Deborah Johnson (585-230-6147).