

CRITICAL NEEDS AND LEVEL OF SUPPORT FOR THE MILITARY SPOUSE:
A COMPARATIVE STUDY OF THE NATIONAL GUARD AND
ACTIVE ARMY DURING THE IRAQ WAR

Except where reference is made to the works of others, the work described in this dissertation is my own and done in collaboration with my advisory committee.
This dissertation does not include proprietary or classified information

Cynthia Nikki Vasilas
Cynthia Nikki Vasilas

Certificate of Approval:

Suhyun P. Suh
Associate Professor
Special Education, Rehabilitation,
Counseling and School Psychology

Jamie S. Carney, Chair
Professor
Special Education, Rehabilitation,
Counseling and School Psychology

Chippewa M. Thomas
Assistant Professor
Special Education, Rehabilitation,
Counseling and School Psychology

George T. Flowers
Dean
Graduate School

CRITICAL NEEDS AND LEVEL OF SUPPORT FOR THE MILITARY SPOUSE: A
COMPARATIVE STUDY OF THE NATIONAL GUARD AND
ACTIVE ARMY DURING THE IRAQ WAR

Cynthia Nikki Vasilas

A Dissertation

Submitted to

the Graduate Faculty of

Auburn University

in Partial Fulfillment of the

Requirements for the

Degree of

Doctor of Philosophy

Auburn Alabama
August 10, 2009

CRITICAL NEEDS AND LEVEL OF SUPPORT FOR THE MILITARY SPOUSE:
A COMPARATIVE STUDY OF THE NATIONAL GUARD AND
ACTIVE ARMY DURING THE IRAQ WAR

Cynthia Nikki Vasilas

Permission is granted to Auburn University to make copies of this dissertation at its discretion, upon request of individuals or institutions and at their expense.
The author reserves all publication rights

Signature of Author

Date of Graduation

VITA

Cynthia Nikki Vasilas, daughter of Philip Andrew Vasilas and Sally Long Vasilas, was born January 20, 1979 in Anderson, South Carolina. She graduated from Oakwood Christian School in Anderson, South Carolina, in 1997. After graduating from Anderson College in 2002 with a Bachelor of Arts degree in Psychology, she earned a Master of Education degree in Community Agency Counseling from Clemson University in Clemson, South Carolina in 2004. She is a Licensed Professional Counselor (LPC), and National Certified Counselor (NCC). In 2006, Nikki enrolled in the Counselor Education and Supervision doctoral program at Auburn University and received her doctorate in Counselor Education and Supervision in 2009.

DISSERTATION ABSTRACT

CRITICAL NEEDS AND LEVEL OF SUPPORT FOR THE MILITARY SPOUSE:
A COMPARATIVE STUDY OF THE NATIONAL GUARD AND
ACTIVE ARMY DURING THE IRAQ WAR

Cynthia Nikki Vasilas

Doctor of Philosophy, August 10, 2009
(M.Ed., Clemson University, 2004)
(B.A., Anderson College, 2002)

124 Typed Pages

Directed by Jamie Carney

National Guard units have been asked to serve in ways never before experienced since the beginning of the Iraq War and throughout the continued war on terror. Multiple deployments, frequent long-term separations from families, communities, and jobs may have far reaching implications. Family Readiness Groups and a climate of support shown by military leadership can have a significant impact on family adjustment. The purpose of this study is to determine what critical needs, issues, and support the families of a National Guard Unit experienced during a deployment, and what their experiences have been with their local Family Readiness Group; as compared to the needs, issues, and support provided to the families of an Active Army Unit. Data was collected by means of participant survey completion. A total of 206 military spouses participated, 117 of the

participants were the spouse of an Active Army soldier and 89 were the spouse of a National Guard soldier.

The current study utilized the Family Index of Coherence (FIC; McCubbin & Patterson, 1982), Social Support Index (SSI; McCubbin, Patterson, & Glynn, 1982), and Center for Epidemiological Studies of Depression Scale (CES-D; Radloff, 1977) along with a researcher developed family deployment survey of demographic information, to explore the needs and level of support experienced by the military spouses. The results of this study found that the Active Army spouse scored higher than the National Guard spouses on all scales. The most noteworthy finding in the current study was that both Active Army and National Guard spouses, when asked to describe their experiences in their own words, experienced the same difficulties with lack of social support and adjustment during the deployment of a family member.

ACKNOWLEDGEMENTS

This dissertation is dedicated to my parents, Phillip and Sally Vasilas, whose guidance, love and support encouraged me to pursue my dreams and never give up. In addition to my parents, I would like to dedicate this dissertation and thank my husband and best friend, Chad Sorrow, whose support, encouragement and selfless sacrifices made all of this possible.

I would also like to thank Dr. Jamie Carney, my advisor, committee chair, mentor, colleague, and friend who has guided and supported me throughout this process. Additional appreciation is given to Dr. Chippewa Thomas, Dr. Suhyn Suh, and Dr. Margaret Ross whose mentorship, encouragement and guidance provided the insight and motivation I needed to succeed beyond my personal expectations. I will be forever grateful to you all!

Style manual or journal used: Publications Manual of the American Psychological Association, 5th edition

Computer software used: Microsoft Word 2007 and the Statistical Package for the Social Sciences (SPSS), 16.0 (2008)

TABLE OF CONTENTS

LIST OF TABLES	xi
I. INTRODUCTION	1
Rationale	1
Significance of the Study	4
Purpose of the Present Study	5
Research Questions	6
Operational Definitions	6
Summary	8
II. REVIEW OF THE LITERATURE	10
Introduction	10
United States Armed Forces	10
Emotional Cycle of Deployment and Coping	13
ABC-X and Family Stress Theory	19
Social Support	22
Theories of Social Support	35
Summary	40
III. METHODOLOGY	42
Introduction	42
Research Questions	42
Participants	42
Procedure	43
Measures	45
Data Analysis	47
Summary	48

IV.	RESULTS	49
	Introduction.....	49
	Demographics	51
	Reliabilities	53
	Research Question One.....	54
	Research Question Two	57
	Limited Support	58
	Unsupportive Climate of Military Community.....	60
	Unaware of Support	61
	Summary	61
V.	DISCUSSION.....	63
	Introduction.....	63
	Discussion of Findings.....	64
	Limitations of Study	67
	Implications for Counseling Professionals	68
	Implications for Military Support Service Providers.....	69
	Summary	70
	REFERENCES	72
	APPENDICES	89
	Appendix A: Family Deployment Survey	90
	Appendix B: Center for Epidemiological Studies Depression Scale (CES-D)	98
	Appendix C: Family Index of Coherence (FIC).....	99
	Appendix D: Social Support Index (SSI)	100
	Appendix E: Information Sheet	102
	Appendix F: Department of the Army Consent to Use Data	104

LIST OF TABLES

Table 1	Participant Demographic Information	51
Table 2	Reliability Analysis.....	54
Table 3	ANOVA: Family Index of Coherence (FIC)	55
Table 4	ANOVA: Social Support Index (SSI).....	56
Table 5	ANOVA: Center for Epidemiological Studies of Depression	57
Table 6	Group Means and Standard Deviations for the Dependent Variable: CES-D.....	57

I. INTRODUCTION

This study explored the effects of deployment and the perceptions of support services by the families of the National Guard and Active Army during Operation Iraqi Freedom and Operation Enduring Freedom also known as the Iraq War. The purpose was to investigate whether differences existed between the National Guard and Active Army in the needs and issues experienced during deployment, as well as their knowledge of and access to the supportive services available during and after a deployment was experienced.

Rationale

Military deployments almost always ask families to adjust to situations for which they are not prepared. As of October 15, 2008, the Department of Defense (DOD) indicated that there were 2,638,616 total combined armed forces serving our country; of this total, the number of casualties (i.e., injured or dead) from both Operation Iraqi Freedom and Operation Enduring Freedom was estimated to be 43,000 (DOD, 2008). Since the beginning of the Iraq War and throughout the continued war on terror, the decrease in total active forces has led to an increased commitment and reliance upon the reserve components. As a result, the Reserve Units have been asked to serve in ways

never before experienced. Of the 2 million military personnel, the National Guard Units represented nearly a half of the soldiers in combat (DOD, 2005).

When an individual commits to serving their country one may be aware that there is a possibility for separation from their families. The separations experienced may include short-term or long-term separations during times of peace or times of war. Deployments are often a complex and overwhelming process, however there is a series of stages that individuals go through with each deployment (Legan, 1987). The National Military Family Association (2006) stressed in its report of family experiences during the cycle(s) of deployment, that we should not view these experiences as cyclical but as an experience that has many twists and never returns back to the place it began. Nevertheless, the concept of the cycle provides a foundation for understanding the emotional impact experienced by deployments. Knowledge of this cycle is also critical for those individuals responsible for creating the programs and services to assist individuals and families during this time of separation; as the research suggests that meaningful supportive relationships can have a significant impact on coping during a time of adjustment (Armstrong, Birnie-Lefcovitch, Kaniasty, & Ungar, 2005; Kaniasty, & Norris, 1993; Langford, Bowsher, Maloney, & Lillis, 1997; Pearson, 1986). However, in their review of the literature, Rosen and Moghadam (1990) found that social support can only be effective in decreasing the effects of stress if the support matches the stress experienced. If the individual does not perceive that they are being supported, then the support, though it may be done with good intentions, can have a negative effect on the individual.

The active military has had an established community of support during times of separation, whereas the families of the National Guard are often separated from local units, bases, and each other. The impact of the latest deployments may have far reaching implications when considering multiple deployments, frequent long-term separations from their families, communities, jobs, and homes. When providing supportive services to National Guardsmen and their families, the providers of supportive services must be aware of the needs, their accessibility, knowledge, and involvement in social networks. It is also important for support providers to keep in mind that the research suggests that these individuals and families tend to be less integrated within the military community. These limitations could be due to the fact that National Guardsmen and their families tend to live greater distances from military bases and military service providers. Other factors could also include a lack of knowledge, an inability to identify or express a need, or fear that the request, need, or use of a supportive service could potentially impact their family member's career in the military in a negative way (Burrell et al., 2003).

Some studies have suggested that the accessibility of support systems for the National Guard give them an advantage that active military do not, in that family support is readily available and accessible when needed (Doyle & Peterson, 2005). The difference in the support systems is that the active military supports often consist of individuals that are not related, and they are often asked to move away from their homes and families of origin. To date, there has only been one study conducted by the National Military Family Association (2006) on the experiences of the military family as they encounter multiple deployments, longer work hours and the challenges experienced during the cycle of

deployment from mobilization to reunion. However the level of support and services the families of the National Guard may need and have access has not been explored in depth.

The effects of the continued war on terror can no longer be assigned only to those individuals who live on military bases. According to Hoshmand and Hoshmand (2007), it has long been assumed that the civilian community should not worry about or provide services to the families and soldiers of the military, because the military would care for their own. However, the military community cannot be left alone in their attempts to address the issues that many of our soldiers and families will face, as a greater number of soldiers and families impacted by the war are living in civilian communities and in our neighborhoods. The extension of supportive services needs to take into account the importance of military and family culture, and a clear definition and understanding of what is meant by the term “social support.”

Significance of the Study

There is a paucity of research conducted on the needs and issues the families of deployed soldiers deal with during a deployment, as well as the services available for support. Families and soldiers of the Active Army and National Guard will continue to be asked to adjust to situations for which they are not prepared as the war on terrorism continues. The families left behind are often asked to deal with the emotional, financial, social, and physical impacts of a deployment alone. The unique situation of these families will likely be compounded by the fact that many of the soldiers are asked to deploy on more than one occasion, and with little advance notice. The impact that these deployments will cause have yet to be determined. What is currently known about the

families of the National Guard is that they tend to live farther away from military units, bases, and each other. The families may not have access to a Family Support Group nor even have friends within the military community, thus making it difficult to establish networks of support. However, it is also likely that the Active Army families, though they live on or near a military base, still face the same significant challenges as the National Guard families with regards to social support networks.

Purpose of the Present Study

The purpose of this study was to determine the needs and level of support of the military families, particular the spouses of a National Guard Unit and an Active Army Unit, have related to the deployment of a family member. The potential value of this study includes providing information to guide the creation of a more supportive climate within the Army and National Guard Units as well as the communities in which the families live. The awareness of these issues can also lead to additional service delivery and implementation of support services by the Family Readiness Group, military or local community agencies. Local community mental health practitioners will more than likely encounter families or soldiers that have been impacted by the recent war. The amount of time the mental health practitioner will have to work with the individuals will be significantly affected by the terms of the insurance policy. The information obtained from this study will benefit these mental health practitioners by providing them with a basic understanding of the issues National Guard and Active Army soldiers and their family members face. In addition, the results of the study will provide information to Family Readiness Group leaders and unit commanders that could lead to the improvement of

services currently offered, as well as empirically supported ideas for adding any additional services to meet the unmet needs of the families. The results of this study will also provide the counseling community with information in regards to the gap in supportive services between the military and local community providers. Understanding family support needs will likely provide a foundation for the counseling community to increase awareness, which could lead to the development of better quality of family support services.

Research Questions

Due to the paucity of available research, this study hoped to answer the following questions.

1. What deployment adjustment differences exist between spouses of the National Guard and Active Army across measures: a) Family Index of Coherence; b.) Social Support Index; c.) Center for Epidemiological Studies of Depression Scale.
2. What are the perceptions and experiences with supportive services of the National Guard and Active Army spouse?

Operational Definitions

For the purposes of this study the following terms have been defined:

Active Army: considered to be those soldiers who have a full-time career dedicated to military service (DOD, 2005).

Center for Epidemiological Studies Depression Scale (CES-D): a 20-item self-report instrument designed as a primary screening device to measure the degree of depressive symptoms an individual experiences (Radloff, 1977).

Deployment during War: an armed conflict in which there is a potential for imminent danger due to large-scale prolonged conflict (United Nations, 2007)

Family Deployment Survey: a survey instrument created by the author to elicit demographic data such as age, gender, race, number of children in the home, number of deployments experienced, as well as services accessed.

Family Index of Coherence (FIC): a 17-item instrument developed to record the degree to which families feel committed to the military lifestyle and mission, as well as how much they feel they can count on the military in times of need. (McCubbin & Patterson, 1982).

Family Readiness Groups (FRG): groups set up by the unit commanders to assist the families and the soldiers with special issues and needs connected to military service. These groups provide information and referral services as needed.

National Guard: considered part-time civilian military personnel. They are not career military personnel. The National Guardsmen take time off during the year from their civilian employment to participate in training experiences at least one weekend a month and two weeks during the year. The National Guard is only one of the seven components of the Reserves, and is the focus of this study (DOD, 2005).

Peacekeeping Deployment: a deployment in which the soldier or peacekeeper is not engaged in combat. The purpose is to continue and further peace, once established, in

a worn torn area by providing aid to the community and government during times of reform (United Nations, 2007).

Reserves: consists of the Ready Reserves, Standby Reserves, and Retired Reserves. The Ready Reserves are those members that train throughout the year and participate annually in Active Duty training exercises. The seven components of the Selected Ready Reserve are as follows: Army National Guard, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard; Air Force Reserve, and Coast Guard Reserve (DOD, 2005).

Social Support Index (SSI): a 17 item survey developed to record the degree to which families are integrated into the community, view the community as a source of support and feel that the community can provide emotional, esteem, and network support (McCubbin, Patterson, & Glyn, 1982).

Supportive Services: refers to the resources provided to the families to meet a specific need by the military or Family Readiness Group. Supportive services may include but are not limited to financial assistance, legal, health, occupational, mental, emotional, and educational services.

Summary

This chapter provides an overview of the current study. The concepts of the deployment cycle and social support are introduced and briefly defined. Social Exchange Theory (Homans, 1958) and ABC-X theory of family stress (Hill, 1949) are presented and provide the foundation for this study. Social support, if perceived effective, can be vital in decreasing the stress experienced during a deployment. These concepts will be

discussed in depth and explored in relation to military families and deployments. The purpose of this study, the significance of the study, measures used and definitions of terms are also discussed.

II. REVIEW OF THE LITERATURE

Introduction

This chapter describes the differences between the National Guard and Active Army in terms of their role and services within the United States Armed Forces during times of deployment and peace; as well as the support services available to the soldiers and their families in efforts to decrease the impact of stress during times of separation. In addition, a review of the literature describes the relevant theories that may assist the counseling profession in expanding their awareness and understanding of the critical needs and issues faced by the military and their families.

United States Armed Forces

According to the Department of Defense (2008), the total number of United States military personnel is over 3.5 million. The Active Duty Military personnel comprises (38.5%) of the total force, followed by the National Guard at (31.2%). The Department of Defense (2008) reports that the National Guard is the oldest component of the United States Armed Forces, which is comprised of “citizen-soldiers” who serve their country on a part-time basis. A previous publication released by the National Guard Bureau (2007) indicated that the Army National Guard represented more than half of the troops sent to

Iraq in 2005. According to this report this was the National Guards largest combat mission since World War II.

Today's active army has declined 32.3 % since 1990. With the decline of Active Army personnel, the reliance on the National Guard during times of war has increased. Since September 11, 2001 the total number of National Guardsmen and Active Army soldiers mobilized was 824,202, of this total National Guard represented 383,606 (46.5%). Of the 383,606 soldiers mobilized, 276,214 were deployed at least once, whereas 104,392 experienced multiple deployments (DOD, 2008).

The dynamics of the military have changed significantly from that of a predominately male force to include the largest number of women, dual military career families as well as single parents; which suggests that over half of the Active Army (60.0%) and National Guard (57.7%) have family responsibilities of a spouse and/or children (DOD, 2005). Consequently, the stress experienced from multiple deployments and frequent separations from their families and communities is greater than ever before.

When comparing the National Guard to the Active Army (i.e. Army, Navy, Marine Corps and the Air Force) one clear distinction is the location of the soldier and family residents. Unlike the Active Army who resides on a base or close to one, the National Guard and their families tend to live in civilian communities that are much farther away from the military base and community. The Active Army soldiers and their families also have access to a community and support services that are aware of deployment needs, and can provide the necessary resources to assist the families with adjustment during times of separation. National Guardsmen and their families tend to reside in civilian communities, hold full-time civilian jobs, are less integrated into the

military community, and may not have the same supportive resources available to them (Knox & Price, 1999). Though there are several significant factors that clearly distinguish the National Guard from the Active Army, one factor that crosses both divides is the culture of the military and the commitment to serving their country.

In a study of military culture conducted by Murray (1999), it was determined that a dominant culture does exist within the military community. This culture is often that of a hierarchical and authoritative nature. Though this dominant culture was present, it was evident that there is an existence of several diverse sub-cultures within the community. The culture within the military is often influenced strongly by the senior leader and traditions. Military families are directed by this influence, which may limit their use of supportive services that they perceive potentially harmful to their family members' military career. This culture of the military becomes compounded for National Guardsmen and their families when you consider the impact of their culture beyond the military and its social structure (Knox & Price, 1999).

The distinctions between the two components of the military may be vast, but the stresses each individual family experiences during a deployment have a common theme. These families are faced each day with the uncertainty of the health and well-being of their soldier. The daily fear of death or injury is constantly reinforced by the media. The support provided by the military community becomes increasingly important, but only if the families perceive their unit commanders and unit as supportive (Burrell, Durand, & Fortado, 2003). According to a study conducted by Lawrence (2006), the perception one has on the availability of social support is important in helping an individual cope with stress and the conflict one may have with ones choice of work and commitment to their

families. Burrell et al. (2003) noted that the National Guard, who were less integrated into the military community, were also less likely to seek help or support from their unit or Army if they needed assistance. This gap in supportive services was initially realized during the Gulf War. It was during this time that the Department of Defense implemented the National Guard Family Programs, which was to provide family support and assistance to all families not located near or on a military base (Knox & Price, 1999). However, Hoshmand and Hoshmand, (2007) found that the issue of stigma becomes a significant factor when families of both Active Army and National Guard consider seeking supportive services.

Emotional Cycle of Deployment and Coping

Studies conducted on the effects of military deployments frequently make reference to the emotional cycle of deployment (Cozza, Chun, & Polo, 2005; Doyle & Peterson, 2005; Figley, 1993; Newby et al., 2005; Peebles-Kleiger & Kleiger, 1994; Wexler, & McGrath, 1991). The pre-deployment, deployment and post-deployment stages of the emotional cycle of deployment provide a critical framework for understanding the needs families may face during separation.

In 1987, a navy spouse, Kathleen Vestal-Legan introduced the concept of the deployment cycle. When describing the emotional cycle of deployment (ECOD), she states that it is important to separate military families from civilian families, as the culture and traditions of each cannot be compared. The emotional cycle of deployment is a way to conceptualize the deployment experiences of each individual. The seven stages of navy-wife adjustment during a peacekeeping mission she identified include: (a) anticipation of loss, (b) detachment and withdrawal, (c) emotional disorganization, (d)

recovery and stabilization, (e) anticipation of homecoming, (f) renegotiation of the marriage contract, and (g) reintegration and stabilization (Legan, 1987, p. 45).

According to Legan and her emotional cycle of deployment (1987), the Anticipation and Loss of a pending deployment identifies stage one of the cycle. However, it was stressed that the anticipation and loss begins long before the soldier leaves for their mission. During this stage there is a sense of loss as the family begins making preparations for the impending deployment. The spouse may experience confusion, anger, and fear. As the actual date for the deployment approaches the individual will enter stage two, and begin to withdraw emotionally. Stage two is identified by Legan as detachment and withdrawal. During this time many of the wives had intense feelings of being overwhelmed, angry, empty, or lonely even though their spouse was still with them. These feelings often shift from anger to guilt when it is time to say goodbye. In stage three, emotional disorganization is brought on by the initial shock of the departure. Many of the wives will begin to worry or withdraw. Often, the routines these women had are disrupted and there is a sense of restlessness. However, as the separation continues, many of the wives will begin to adjust to the deployment and experience feelings of calmness. Stage four, recovery and stabilization, is often noted when the spouse begins to enjoy and find comforts in the new routines and sources of support they have established.

As the families prepare for the return of their soldier, the expectation and anticipation of this reunion bring about excitement, fear, and worry. Stage five of the emotional cycle of deployment, according to Legan (1987), is when the wives began to anticipate the homecoming of their soldier. When the soldier returns home there is initial

excitement; however, it is not long before each individual in the family must readjust again to the changing dynamics within the family, and renegotiation of the marriage contract begins. This time of renegotiation can be stressful and difficult for both, as both individuals have changed in different ways. Finally, in the seventh and final stage of the deployment cycle, reintegration and stabilization, and the new routines of the family have been established and individuals will once again experience calmness and comfort (Legan, 1987).

Since 1987, the emotional cycle of deployment has been adopted by other military service units and condensed to three stages (anticipation, separation, reunion), or more simply stated: pre-deployment, deployment, and post-deployment (Kelley, Herzag-Simmer, & Harris, 1994; Norwood, Fullerton, & Hagen, 1996; Rotter, & Boveja, 1999). When considering the emotional cycle of deployment one must consider the changes in the cycle experienced as a result of a combat related separation. The National Military Family Association (2006) states that this cycle should be thought of in terms of a spiral with many twists and turns never returning to the same place it began.

One important distinction to make in reviewing the emotional cycle of deployment is separation due to peacekeeping efforts as compared to separations of war. The United Nations (2007) report that peacekeeping efforts help countries torn by conflict monitor and enforce previously established peace agreements, whereas war suggests that there is potential for imminent danger due to large-scale prolonged conflict. The Emotional Cycle of Deployment does an excellent job providing a portrait of the distinct challenges faced by military personnel and their families. Though each family will progress through each stage in a unique way, there will be some differences between

families experiencing a separation of deployment for war as compared to peacekeeping missions.

Peacekeeping missions are to aid countries struggling with conflict in establishing the foundations for peaceful conditions, whereas war is a state of hostile conflict (UN, 2008). Deployments during times of war increase the likelihood that a soldier could experience physical harm or death. Families left behind remain in a constant state of fear for the well-being and safety of the soldier (Black, 1993; Hunter, 1982; Norwood & Ursano, 1996; Peebles-Kleiger & Kleiger, 1994). Peacekeeping and wartime deployments can differ in their duration and intensity. Deployments during war generally extend beyond the six month peacekeeping mission (Peebles-Kleiger & Kleiger, 1994). McCubbin and Patterson (1983a) note that the longer families are separated during times of war there becomes a greater risk of stress reactions and experiences due to the potential of misinformation, or lack of information. The spouses of military personnel deployed during times of war report greater levels of anxiety, depression, aggression, and worry than when deployed for peacekeeping missions (Boss, McCubbin, & Lester, 1979; Jensen, Lewis & Xenakis, 1986; Peebles-Kleiger & Kleiger, 1994; Stuart & Halverson, 1997). Families want to know the location and environment their loved one is in. When the information is not readily available, the media serves as a source of information. The access to twenty four hour news and information can expose the family to rumors and misinformation, leading many to be overwhelmed and traumatized (Figley, 1993, 2005; Hogancamp & Figley, 1983). In addition, a deployment into a hostile environment creates distress among the families left behind on multiple levels causing what Schumm et al. (1994) refer to as a family crisis.

It has been noted that the effects of a wartime separation could be considered a traumatic experience for the families that the soldier has left behind (Dow-Holloway, 2004; Drummet, Coleman & Cable, 2003; Peebles-Kleiger, & Kleiger, 1994). In their 2007 report, the Office of the Under Secretary of Defense for Acquisition, Technology, and Logistics state that the Walter Reed Institute had been following the reports and rates of post-traumatic stress disorder of soldiers returning from a combat deployment in Iraq, and found that between 15–30% of soldiers suffered some level of post-traumatic stress. Additionally, the Walter Reed Institute also noted that of the soldiers returning from deployments, the National Guardsmen tend to report higher rates of concern about their mental health than the Active Army. Though there is no evidence that the National Guard soldiers are less mentally sound than that of the Active Army the discrepancy in the reports is said to be due to several reasons which include the following:

- Active component soldiers continue to work full time with their units, whereas reserve soldiers demobilize and lose the day-to-day support from unit peers.
- Active component soldiers have steady access to the Army's health facilities, while reserve component personnel often live far from Veterans Administration facilities, and may face legal barriers to receiving care if they fail to report problems soon after return from active service.
- Reserve component soldiers face other stressors, such as sudden change after long deployment back to a full time civilian job. (p. 14)

The emotional cycle and the needs of the families change in significant ways when separations are due to war. Just as Legan (1987) had identified seven stages to the cycle of deployment, Peebles-Kleiger and Kleiger (1994) outlined a seven phase emotional

cycle of deployment (ECOD) as it pertained to the effects of a wartime separation. The phases are identified with similar terminology: Phase 1: Initial shock; Phase 2: Departure; Phase 3: Emotional disorganization; Phase 4: Recovery and stabilization; Phase 5: Anticipation of homecoming; Phase 6: Reunion; Phase 7: Reintegration and stabilization. However, the experiences of the individual are more intense, and often filled with the fear of a family member's safety and risk for death, constant misinformation and negative feedback from the media, uncertainty of the length of separation, the number of times a family member may be deployed and the interval of time between each deployment (Neubauer Lombard & Neubauer Lombard, 1997; Peebles-Kleiger & Kleiger, 1994).

During wartime separation, the rate of and time between recurring deployments and duration of the deployment has been suggested as having a significant impact on the families' ability to adjust. In a review of resilience theory literature conducted by Van Breda (2001), it was suggested that deployments under a month or over six months placed the most significant amount of stress on the family unit. The stress experienced during a deployment that was under one month was due to the inadequate amount of time to cope with the absence of the family member, whereas a deployment beyond six months left the individual too much time to cope with the absence of the family member. In a study conducted by Schumm, Knott, Bell, and Rice (1996) on the perceived effect of stressors on marital satisfaction among civilian wives of enlisted soldiers deployed to Somalia for Operation Restore Hope, it was suggested that deployments between two to four months provided families with an adequate amount of time to adjust to the situation and still feel a sense of family coherence. The authors suggested this timeline after reviewing the responses made by the wives on a pre and post-deployment survey in

regards to the impact the deployments had on their material satisfaction. Overall, it has been suggested that the personal stress and difficult family circumstances of those left behind during deployments are more intense during wartime than in peace (Kelly, 1994a; Kelly 1994b).

ABC-X and Family Stress Theory

The amount of time a family has to adjust to the separation is only one factor that contributes to the successful adaptation of the individual and family. Another important factor that may have an impact on the individual and families ability to cope successfully with the stress of a wartime deployment may be the social support the individual or family has access too. Family stress and the ability to adapt in situations of crisis have been studied extensively since the Great Depression. The initial theory of family stress and coping was introduced in 1949 when Reuben Hill devised his ABC-X theory. The Great Depression left many families in extreme states of poverty; however there were many families that were able to survive the horrific circumstances. Hill was interested in those factors that contributed to the survival of these families as compared to the families who did not. In his initial study he identified two distinct and multifaceted variables that provided a buffering effect during times of crisis. The variables (B & C) provided the foundation for his ABC-X theory of family stress (Hill, 1949; McCubbin, et al., 1980; Patterson & McCubbin, 1984).

In his ABC-X Theory, Hill (1949) identified the “A” as the stress inducing event or adversity experienced. The “A” interacts with the “B” variable, which is the social support and connectedness of the family as a unit and within its community, as well as the resources available. Individuals and families that are able to develop and maintain the

complex supportive connected relationships both within the family and their community increase their ability to minimize the effects of the stressors experienced. As “A” and “B” interact, “C” simultaneously intermingles with both. The “C” variable is how the family defines or perceives the stressor. The family that perceives their circumstance as unmanageable or catastrophic decreases their ability to adapt and make the necessary adjustments in order to successfully survive a crisis. Finally, the interaction of the “A”, “B”, and “C” produce what Hill identified as the outcome or crisis (X) (Hill, 1949; McCubbin, Joy, Cauble, Comeau, Patterson, & Needle, 1980; Patterson & McCubbin, 1984).

The theory behind the ABC-X model is that an individual will have a propensity to search for support from their identified networks of assistance if they perceive their situation to be taxing. The exchange of the resources, whether internal or external to the individual, will in turn reduce or assist the individual in coping with the negative effects of the stressor. However, the search for and use of the supportive resources will only occur if the individual is aware of and certain that they can access and benefit from the support (Gore, 1985; Lawrence, 2006; Moelker & Van Der Klot, 2006). In addition, the research has suggested that many individual seeking supportive services will do so only to the extent for which they perceive themselves as similar to the support provider (Cohen & McKay, 1984; Gore, 1985; Lawrence, 2006; Thotis, 1986).

The family stress theory of Hill (1949) has been extensively supplemented with the research of McCubbin and Patterson (1982). Their research has lead to the development of the double ABC-X model. This model adds to the basic and simplistic model of Hill (1949) by taking into account the multiple issues, resources and perceptions

that amass an individual during a stressful event. The logical quality the double ABC-X provides in understanding family stress and coping, has lead to its use within military research. During times of war there is a propensity to explore and understand the types of stressors families experience as a result of the frequent long-term deployments and separations. The stress related research among civilian females indicates that a period of separation from a loved one was considered significantly stressful. When placed on a ranking scale of other significant stressful events, this separation was the third most stressful event experienced by these females. Ahead of the separation was the death of a significant other or divorce (Homes & Rahe, 1967; Moelker, Andres, & Poot, 2006; Rosen & Moghadam, 2002; Rosenberg, 1989).

The research conducted on the experience of stress and the separation of military wives from their spouses, indicates that there are high levels of anxiety during the absence of the soldier. The anxiety increases when deployments extend beyond the time planned. Moelker et al. (2006) found that spouses of soldiers connected to the Implementation Force in Bosnia and Hercegovina (IFOR) reported that the length of deployment, which exceeded 12 months, was their primary source of anxiety; whereas the spouses of soldiers not deployed for extended periods of time were primarily concerned about the soldier's safety (Bartone & Bartone, 1997). Though the stress of separation is common in military families, Eastman, Archer and Ball (1990) found that military wives cope better than civilian wives. In addition to the research conducted by Eastman et al., Moelker, Andres, and Poot (2006) concluded that the spouses of military were clear in the types of support they expect and wanted from the military. The most important source of support was the need for accurate information and the ability to

communicate with their loved one. When asked about the emotional support, the spouses were more likely to respond by stating that they prefer the support of family or friends. However, when asked if the community should provide informal or formal supports, the spouses agreed that this should be done but with no expectations of receiving anything in return (McCubbin et al., 1973; Moelker et al., 2006). The finding of this and other studies indicate that leadership, social support and networks are important factors that contribute to the healthy coping and decreased stress among families of the military (Blount, Curry, & Lubin, 1992; Pittman, Kerpelman, & McFadyen, 2004; Rosen, Teitelbaum, & Westhuis, 1993).

Social Support

In times of stress and uncertainty, individuals are inclined to seek the encouragement and assistance of individuals they believe can provide them with physical or emotional comfort. Research has called attention to the potential moderating effects an individual may receive when they access social support resources. It is widely recognized that social relationships and connections have significant outcomes on the physical and mental health of an individual. When an individual decides to draw upon internal or external sources of support, their ability to handle the stress or cope is made stronger (Boss et al., 1979; Figley, 1993; Figley, 2005; Jensen, Martin & Watanabe, 1996; Langford, Bowsher, Maloney, & Lillis, 1997; McCubbin, 1979; McCubbin, Boss, Wilson & Lester, 1980; McCubbin, et al, 1980). However, there is a notable difference in the definition of social support as identified by those who have researched it.

In its most basic form, social support was defined in terms of an interaction, relationship or exchange among individuals (McCubbin, 1979; McCubbin, Boss, Wilson

& Lester, 1980; McCubbin, et al, 1980; Turner & Avison, 1985; Veiel & Baumann 1992). This interaction is said to be reciprocal, in that both the provider and recipient will receive benefits of the exchange (Cohen & Syme, 1985; House, 1981; Langford et al., 1997; Shumaker & Brownell, 1984; Tilden & Weinert, 1987).

Throughout the years there have been multiple definitions of social support and what constitutes an effective positive exchange. Though the definitions appear to be different, there remain common themes among them all. In the early 1970s social support was looked at in terms of a resilience factor among families. Resilience, according to Walsh (2003), “is the ability to withstand and rebound from disruptive life challenges” (p.2). Much of the early research on resilience focused on the individual, however the resilience of the family is not only impacted by each individual’s personal resilience factors, but how the individuals in the family function as a unit to create the resilience of the family (Walsh, 2003). Part of being a resilient family means that each individual and the unit as a whole must be able to access and use resources for support (Lee, et.al, 2004).

In an attempt to provide an all encompassing definition of social support, Cohen, Mermelstein, Karmarck, and Hoberman (1985) concluded that “social support is when another person provides another individual with resources” (p.15). In 1988 Cooke, Rossmann, McCubbin, and Patterson examined the meaning of social support further as they attempted to redefine and clarify its meaning. From the interviews they conducted, they were able to identify five categories and definitions that emerged from the research.

Emotional Support: Information which leads you to believe that you are cared for and loved as a person; Esteem Support: Information which leads you to believe that you are valued and respected for who and what you are and what you do;

Network Support: Information which leads you to believe that you receive a sense of trust and security for belonging to a group to whom you are also obligated;

Appraisal Support: Information which provides you with feedback about how you are doing and ideas for resolving difficulties; Altruistic Support: Information which leads you to believe that you are worthwhile because of what you have done with and for others. (p. 213)

Years later, in a thorough review of the social support literature provided by Hupcey (1998) the findings of Cooke et al. (1988) were echoed by stating that the definition of social support cannot easily be established without considering the definition in terms of the five categories of social support classification. In efforts to expand the original thoughts of Cooke et al. (1988), the five categories took into account (a) the type of social support provided, (b) the recipients' perception of the support received, (c) the intentions or behavior of the person providing the support, (d) reciprocal support, and (e) social networks. It is important to note that social support and social networks differ in that social networks is the foundation for which the social support (i.e., purpose or task) that is provided during the reciprocal process (Berkman, 1984; Gottlieb, 1983; Hogue, 1985; Kahn, 1979; Kahn & Antonucci, 1980; Langford et al., 1997). The social networks may operate through at least five primary pathways: (a) provision of social support, (b) social influence, (c) social engagement, (d) person-to-person contact, and (e) access to resources and material goods. These social networks are joined by one or more specific kinds of mutually dependent factors such as values, ideas, financial exchange, or friendship. Research in a number of academic fields has shown that social networks function on many levels, from families up to the interactions and daily operations of nations. The

social networks that are operating at these various levels play a vital role in determining the way problems are approached and answered, the ways in which organizations are operated, and the extent to which individuals accomplish their goals successfully (Albrecht & Adelman, 1987; Barnes, 1954; Bernard, Killworth, McCarty, Shelley, & Robinson, 1990; Burt, 1987; Cobb, 1976; Cronenwett, 1985a, 1985b; Cross, Parker, Prusak, & Borgatti, 2001; House, 1981; Kim & Stiff, 1991; Krause, 1986; Milardo, Johnson, & Huston, 1983; Uehara, 1990; Wellman, & Wortley, 1990). Despite the various definitions and conceptualizations of social support, one thing that many researchers do agree upon is that social support and the supportive relationships provided by the interactions offer a valuable alternative resource for coping and adjustment (Cohen et al., 1985; Hupcey, 1998; Pearson, 1986; Pilisuk, & Froland, 1978).

During times of separation, social support is vital to the adjustment of individuals. During the Gulf War when commanders became aware that many of their soldiers and the soldier's families did not have the basic knowledge of resources available to them, the Unit Family Readiness Group (formally known as the Family Support Group) became a mandatory requirement to address the needs of families (Mancini, 2006; Nola, 2008). During the Gulf War the families of soldiers deployed faced many significant stressors including rumors circulated by the increased media coverage. The commanding officer of the military unit and the FRG had the responsibility and duty to provide assistance to establish and preserve the readiness of the individual and families within the unit as well as clarify the rumors. However, in a study conducted by Schumm, Bell and Knott (2001) though the leaders of the military were significant factors in decreasing rumors, the family support groups had a tendency to continue the spread of rumors.

According to the Merriam-Webster online dictionary (2008), readiness is defined as being “prepared mentally or physically for some experience or action.” The Family Readiness Group (FRG) helps to create a climate of mutual support within the unit and community. Basic FRG goals include supporting the military mission through provision of support, outreach, and information to family members. Though the FRG’s play an integral part in the Family and Soldier Readiness and consists of families and volunteers, it does not follow the same procedures and organization of the military (Nola, 2008).

These groups provide a network of communication between the families, the unit Commanders, and their community. Individual Family Readiness supports vary; however, all FRG have a main goal of building a strong bond of support (Mancini, 2006). This support is critical for the families of Active Army and National Guard units as the psychological impact and the ramifications of multiple deployments to combat zones by a member of a family are yet to be seen.

Wexler and McGrath (1991) conducted an exploratory study of stress reactions experienced by military wives who were separated from their husband during the Persian Gulf War. The research suggested that certain subgroups of individuals were at greater risk for developing significant stress symptoms, and even though a few individuals had adequate support, a majority of the participants still felt there was a greater need for additional support services and support groups. Black (1993) concluded that many wives will not seek formal services due to stigma, and would prefer self-help or support groups as these allow spouses a means to express feelings, and discuss problems while receiving support. In addition, Rosen, Durand, and Martin (2000) identified three categories of

stressors individuals experienced during Operation Desert Storm. The three categories included:

- (1) Emotional, which includes the apprehension and worry over the safety of a soldier as well as grieving the absence of a loved one.
- (2) Deployment Related, which includes the pressures of finances and other legal formalities such as Power of Attorney.
- (3) General Life Events, which include the care and discipline of children or the adjustment after a move to a new military installation or home. (p. 148)

The community of support and services offered to aid in family adjustment became an important factor after September 11, 2001. During this time, Burrell, Durand, and Fortado (2003) conducted a study that looked at the differences between the Active Army and Reserve components of the military in regards to the psychosocial issues and the contribution of support services. When the surveys were completed, the results concluded that the Reserve families were less integrated in the military community than those of the Active Army. However, it was noted that there was not a significant difference in community integration, which could have been a result of surveys completed by families of non-deployed soldiers. The authors commented that families of deployed soldiers will often seek information on the well-being of the soldier that could only be obtained from the Unit, thus integrating them into the community. This study also revealed that only one-half of the National Guard units have a Family Support Group, and of the Active Army families that have access to a FSG only one-third utilized the supportive services provided. When asked about other support networks, it was noted that

nearly half of the Reserve families reported having no friends within their soldiers' unit. In contrast, families of the Active Army report having the support of friends within their community. Similarly, a survey conducted by Pittman et al. (2004) asked individuals to rate their level of personal and family adaptation as well as their use of and satisfaction with unit and community based services. The study concluded that a supportive unit culture and leadership were considered important links in family adaptation.

Additionally, Moelker, Andres, and Poot (2006) found that 64% of family members perceived the support of family, friends or neighbors more useful than the family support the army made available. Furthermore, 39% of the individuals surveyed felt that the family support group meetings would be useful; however, 63% of them admitted to never attending leading the researchers to believe that the individuals consider the family support groups to be more beneficial to others.

The military is aware of the significance of families. If the soldier is not fully confident that his family is protected and well cared for, then the impact on the soldiers' performance and the safety of the other soldiers within the unit could have significant implications when deployed (Amen et al., 1988; Pittman, Kerpelman, & McFadyen, 2004; Van Vranken et al., 1984). The deployment of a family member places the loved ones left behind under large amounts of stress (Miles, 2004). Since the beginning of the War on Terror in 2001, active army, reserve and National Guard soldiers have been deployed on multiple occasions, thus cause greater stress within the families. According to Lamberg (2008), child maltreatment was 42% greater in families during deployment. Another significant factor that has been said to contribute to the levels of stress within families of the military is the circulation of rumors. Rumors are the misinformation

family members receive about the deployment or the safety of the soldier. The rumors become more of a contributing factor of stress, when the families left behind have had difficulty communicating and receiving information from their soldier. During Desert Storm the spread of rumors and the subsequent control of the misinformation was a continuous challenge for the military and unit leaders. The more time a soldier spent away from the family on deployment, the more rumor control was needed (Black, 1993; Figley, 1993; Schumm, Bell & Knot, 2001). Families that found the military and its leaders to be supportive were less likely to rely on rumors to fulfill their need for more information about the well-being of their soldier; indicating that the unit leaders play an important role in rumor control. The more a unit's leadership is perceived positively and supportive, the more likely it is that families and military community adjust positively in difficult situations (Bliese & Britt, 2001; Bliese & Halverson, 1998).

In addition to the support of the unit leaders, Rosen and Moghadam (1988) found that the perceptions held by the wives of soldiers of the availability and support of other wives in the unit was significant in reducing stress reactions to the separation of deployment (Darwin, 2006; Lawrence, 2006; Lazarus & Folkman, 1984; Pisarski, Bohle, & Callan, 2002; Pisarski, Lawrence, Bohle, Gallois, & Watson, 2005; Wortman & Dunkel-Schetter, 1987). The more the wives were connected with other spouses, the more likely they were to participate in the family support groups (Rosen & Moghadam, 1990). Though the military has offered the families of career military personnel basic informal and formal supports, the Army Personnel Survey Office (2001) reported that most military families would not seek the supportive assistance from the unit or other formal programs even when available. However, after many years had passed and

multiple deployments experienced, the National Military Family Association (2006) found that individuals were aware of and more likely to seek the supportive services even though the stigma of receiving mental health services existed.

The informal supports most often used by families of deployed soldiers were chaplains, family support groups, and rear detachment personnel (soldiers' not deployed with the unit for the purpose of assisting family members with issues or concerns related to the deployment of their soldier). The services that are provided by these supports include pre-deployment briefings, newsletters, telephone communication trees and scheduled family social events (USASMA, 2003). The more formal military agencies such as Military Police, Inspector General's Office, Judge Advocate's Office, the post finance office, post school system, post community services and the American Red Cross are less likely to be used by the family members (Van Vranken et al., 1984). The implications from these studies suggest that a greater alliance between family support services and leadership is critical to soldier and family coping during deployments.

In a study conducted by Apellaniz (1998) related to the coping of Puerto Rican National Guard spouses during wartime, the wives felt the military did not provide the support or information they expected. In addition to the lack of support, the wives reported that the rumors circulated within the support groups in combination with the information they were receiving from the media and the military only contributed to the intensity of the stress experienced.

Many of the studies conducted on deployment and the National Guard indicate that there is a gap in providing services to the soldiers and their families when they return home from war. Doyle et al. (2005) note that many communities and families will often

end up with the responsibility of providing care to the Reserve soldiers once they return home. The communities often carry this burden because military healthcare is not available in their communities, and once a Reservist is no longer on active military duty, their military care is suspended (APA, 2007; Hoshmond & Hoshmond, 2007; Lamberg, 2008). The results of many of the studies conducted on family separation and military deployments indicate that family support services and a climate of support shown by military leadership is critical for the successful adjustment of families during the deployment process, and more needs to be done to strengthen supportive services offered to the families and soldiers of the Reserve units (Knox & Price, 1999).

Meaningful supportive relationships can have a significant impact on coping during a time of adjustment (Armstrong, Birnie-Lefcovitch, Kaniasty, & Ungar, 2005; Kaniasty, & Norris, 1993; Langford et al. 1997; Pearson, 1986). However, in their review of the literature, Rosen and Moghadam (1990) found that social support can only be effective in decreasing the effects of stress if the support matches the stress experienced. In addition that act of providing support can increase coping skills for the individual providing the supports, while the perceptions of the support can actually enhance (i.e., making more productive) or inhibit (i.e., decrease) the use of a positive coping skill (Lakey & Cohen, 2000; Pearson, 1986). In sum, if the individual does not perceive that they are being supported then the support, though it may be done with good intentions, can have a negative effect on the individual (Armstrong et al., 2005; Langford et al., 1997; Pearson, 1986).

In an effort to synthesize the multiple definitions and numerous impressions of social support, Hupcey (1998) identified five themes that emerged throughout the

literature. The first theme that emerged was described as the type of support provided. She noted that Cobb's 1976 definition of social support was the most concrete and applicable to this theme in that it explained social support in terms of communication that leads an individual to feel as if they are valued and a part of a social network or community. Decker (1978) surveyed 108 navy wives who experienced periods of separation from their spouse as a result of a deployment to sea. In the investigation it was determined that the wives would first attempt to cope with the stress of the separation by utilizing internal resources. If the internal resource was not sufficient to decrease the stress of the separation, then the individual would communicate and seek the assistance of her family, friends or neighbors.

The second theme that emerged addressed the perceptions of those who received the support. In the study conducted by Rosen and Moghadam (1990) the perceptions of support, if positive, were effective in decreasing the stress of military wives who were separated from their husbands due to a military deployment. This study found that the perception of availability of social support was an important factor. The perception found to be most beneficial to these wives was the availability of social support from other military wives in the unit. Other sources of support were not found to be as effective. In similar studies, perceptions of the military community and unit commander were found to be effective in decreasing stress if they were seen as caring and supportive (Lawrence, 2006; Pittman, Kerpelman, & McFadyen, 2004). This study specifically noted that this perception had a significant impact on the soldier's ability to perform their job confidently and effectively. A positive perception of social support has been found to decrease emotional distress, and other mental and emotional disorders, especially if the

perceived support matches the stressor (Lakey & Cohen, 2000; Lakey & Scoboria, 2005). Other components that will have an impact on the perception of the support provided includes the timing of the support provided, awareness of the actual need, the ability to match the support to that need, the providers experience and knowledge of the stressor and need of the individual, as well as the expectations of the recipient (Hupcey, 1998; Kaniasty & Norris, 1993).

The third theme that emerged in Hupcey's (1998) literature review of social support was the intentions and/or behaviors of the individual providing support. This theme has been identified as an interaction between two individuals for which the exchange of supportive resources is intended to enhance well-being (Armstrong et al., 2005; Connell & D'Augelli, 1988). This interaction can become negative if the individual is not ready or able to receive the support. However, if an individual is ready and the provider's intention was not to provide support or there is an imbalance in this relationship where one individual gives or takes more than they are giving, this reciprocal relationship can become negative if not harmful. Though the interaction is not the focus of the third theme, it was identified as a fourth theme: the mutual give and take of support is reciprocal between the provider and receiver (Armstrong et al., 2005; Connell & D'Augelli, 1988; Hupcey, 1998). The specific action of give and take in this sense was seen as the social support.

The final theme found in the literature on social support defines social support as the actual connection one has to their community and other individuals within that community (Armstrong et al., 2005; Hupcey, 1998; Pearson, 1986). In a review of the literature, McCubbin, and colleagues (1980) stress that social networks and communities,

though effective, can be inaccessible to individuals based on money, transportation, and other social factors. Likewise, Langford et al. (1997) caution individuals in assuming that a vast amount of support will be provided simply because there is a presence of a large network. When considering an individual's social network one must include their neighborhood, families, friends, churches, support groups, etc. (McCubbin et al., 1980).

When providing supportive services to National Guardsmen and their families, the providers of supportive services must also be aware of the needs, their accessibility, knowledge, and involvement in social networks. It is also important for support providers to keep in mind that the research suggests that these individuals and families tend to be less integrated within the military community. These limitations could be due to the fact that National Guardsmen and their families tend to live greater distances from military bases and military service providers. Other factors could also include a lack of knowledge, an inability to identify or express a need, or fear that the request, need, or use of a supportive service could potentially impact their family member's career in the military in a negative way (Burrell et al., 2003).

Each of the multiple and diverse terms used to define social support provides a unique perspective. The ways in which one could define social support continues to be an issue today. Though this diversity exists, it would be beneficial to consider social support from a multidimensional perspective. However, the one concept that should always be included no matter how one chooses to define this concept would be the intentions of contributing to the well-being of others. The intentions to contribute to the well-being of others will inevitably mean that one must take the culture of the individual into account.

Defining social support is a complex process that must be viewed from a multidimensional perspective. Social support has been defined in multiple ways and each provides a unique perspective. Though social support may be described as verbal or nonverbal information, tangible aid, action or presence that enhances the well-being of another individual; it would be beneficial to take into account that this term we all define differently has and continues to be a fundamental, reciprocal component of our development.

The effects of the continued war on terror can no longer be assigned to those individuals who live on military bases. According to Hoshmand and Hoshmand (2007), it has long been assumed that the civilian community should not worry about or provide services to this population because the military would care for their own. However, the military community cannot be left alone in their attempts to address the issues that many of our soldiers and families will face, as a greater number of soldiers and families impacted by the war are living in civilian communities and in our neighborhoods.

There are multiple counseling and therapeutic theories that may us understand what support services are most useful to the military and its families and why. It is important to consider these theories when discussing the impact of deployment and the mediating effects of support services.

Theories of Social Support

The social exchange theory explains how we feel about a relationship with another person. The beliefs, values, and relationship orientations an individual associates with types of relationships in which an exchange occurs determines the level of trust and

commitment one has with the other individuals in that relationship (Homans, 1958; Haar, 2006). The more trust and commitment one feels towards what they have with others in a relationship of exchange, the more likely they are to seek this supportive relationship and work to equally maintain balance in exchange. In a study conducted by Edwards, Hershberger, Russell, and Market (2001) it was determined that social support can be perceived negative even if the intention of the individual providing the support was positive, if there is an unhelpful or disappointing interaction and exchange of the support. Thus a positive social climate of support and assistance is needed in order for a positive exchange to occur (Langford, Bowsher, Maloney, & Lillis, 1997). To further expand on the need for a positive social climate, the provider of the support must be aware that a need exists (Hupcey, 1998). Once a need is identified, Langford et al. (1997) state that social support can be assigned to one of four categories which include emotional, instrumental, informational and appraisal. Each allows for a balanced exchange to occur among the provider and recipient of the support.

In efforts to describe the categories for which social support can be assigned, Langford et al. (1997) suggested that the emotional aspect of support is the expressions of caring, love, trust, and belonging. It is the emotional aspects of support that are often considered the most influential and beneficial in a relationship, as it suggests that a person is valued and respected. For many, the giving of aid is their attempt at conveying love or support for another individual. However, according to Langford et al. (1997), the instrumental and emotional support can be distinguished by the fact that instrumental support is the tangible aid provided to an individual that suggests they are cared for. In continuing with their description of the categories of support, Langford et al. (1997)

attempted to describe informational support as the problem-solving communication of information and the appraisal support as simply affirmation that leads another towards further self-evaluation and problem solving. From a theoretical perspective, it would seem that the most beneficial explanation and use of the social support theory would be to reduce the effects of stressful events in one's life through the belief that support is available or through the actual actions and receiving of the support. In order for the exchange of social support to be effective, the individuals involved in the exchange must know what the other means when the term "support" is used.

All relationships have a give and take, but sometimes this relationship is not always balanced and equal. The beliefs, values, and relationship orientations an individual associates with types of relationships in which an exchange occurs determines the level of trust and commitment one has with the other individuals in that relationship (Homans, 1958; Haar, 2006). The more trust and commitment one feels they have with others in a relationship of exchange, the more likely they are to seek this supportive relationship and work to equally maintain balance in exchange. In a study conducted by Edwards, Hershberger, Russell, and Market (2001) it was determined that social support can be negative, even if the intention was positive, if there is a negative exchange. Thus a positive social climate of support and assistance is needed in order for a positive exchange to occur (Langford, Bowsher, Maloney, & Lillis, 1997). To further expand on the need for a positive social climate, the provider of the support must be aware that a need exists (Hupcey, 1998). Once a need is identified, Langford et al. (1997) state that social support can be assigned to one of four categories which include emotional,

instrumental, informational and appraisal. Each allows for a balanced exchange to occur among the provider and recipient of the support.

During times of separation, social support is vital to the adjustment of individuals. During the Gulf War when commanders became aware that many of their soldiers and the soldier's families did not have the basic knowledge of resources available to them, the Unit Family Readiness Group (formally known as the Family Support Group) became a mandatory requirement to address the needs of families (Mancini, 2006). The Family Readiness Group (FRG) helps create a climate of mutual support within the unit and community. Basic FRG goals include supporting the military mission through provision of support, outreach, and information to family members. FRG play an integral part in the Family and Soldier Readiness and consists of families and volunteers. These groups provide a network of communication between the families, the unit Commanders, and their community. Individual Family Readiness supports vary; however, all FRGs have a main goal of building a strong bond of support (Mancini, 2006). This support is critical for the families of the National Guard as the psychological impact and the ramifications of multiple deployments to combat zones by a member of a family are yet to be seen.

As social beings, individuals face many challenges on a day to day basis that require them to work with others. The socio-cultural learning theory of Vygotsky and the social learning theory of Bandura both make the distinction between the individual working alone to effect change, and the collective community, where people work together in making changes or progress. In 2001, Bandura, who was the keynote speaker at the American Psychological Society, was quoted as stating, "Social support is not a

self-forming entity waiting around to buffer us. We have to go out and find supportive relationships, maintain them. It requires social efficacy to do so” (Kester, 2001).

Bandura believed that the environment, the individual, and their behavior are simultaneously influencing the other. This concept was termed reciprocal determinism (Gredler, 2005). What was important about this theory was his belief that a person’s cognitive abilities, personality, beliefs, and values all influence behavior and environment. However, he also believed that a person’s behavior can affect their feelings about themselves and attitude towards others and their environment. Likewise, much of what a person is aware of cognitively comes from environmental factors such as television, internet, newspapers, and peers. What a person observes can have a powerful influence on their behavior. A study conducted by Bliese and Britt (2001) on the social context of stress and social support determined that an individual’s reactions to stress was influenced by their social environment. The positive social environments that lead to decreased stress all provided a sense of social identity and various forms of support. There was a strong interaction of personal beliefs, environment, and behavior. This study can be applied to the social-cognitive learning theory of Bandura in that his theory emphasized the importance of observing and modeling the behaviors, attitudes, and emotional reactions of others.

The work of Bandura is complementary to the work of Vygotsky on socio-cultural learning. In his work, Vygotsky emphasized community, culture, common experiences, and networks of mutual support. It is not uncommon for individuals to seek community in times of distress. This theory describes learning as an interconnected process of communication, history, and culture. It was Vygotsky who suggested that it was the

culture that teaches an individual what to think and how to think. In order to for an individual to reach their full cognitive development, social interaction must occur (Renshaw, 2003).

The social-cognitive and socio-cultural learning theories can be tied to a social constructivist perspective when thinking of social support. Individuals who perceive and believe that their social supports are positive will be more likely to think about and interpret the behaviors of others and their environments as being supportive. The individual's perceptions, behaviors and their environment all have a reciprocal effect in social support and well-being (Lakey & Cohen, 2000).

Vygotsky's theory of socio-cultural learning asserts that culture is a prime determinant of individual development. Understanding the culture of an individual becomes important when attempting to provide any type of supportive service. This factor becomes even more significant when attempting to define a need and provide support to the families of National Guardsmen or other military personnel.

Summary

The theories of social support provide a better understanding of what factors need to be considered in the development of support services for families of deployed individuals. The implications from the military and deployment related studies suggest that a greater alliance between family support services and leadership is critical to soldier and family coping during deployments. Providers support should be aware that separations experienced by the National Guard have a tendency to have a greater impact among these families, as these branches of the military do not see themselves as part of

the military community (Dunning, 1996). In addition, the families of the National Guard and Reserve do not live near military bases nor do they have immediate access to supportive services. Many of the studies conducted on deployment and the National Guard indicate that there is a gap in providing services to the soldiers and their families when they return home from war. Doyle et al. (2005) note that many communities and families will often end up with the responsibility of providing care to the Reserve soldiers once they return home. The communities often carry this burden because military healthcare is not available in their communities, and once a National Guard soldier is no longer on active military duty, their military care is suspended. However, what is clear from the research previously reviewed is that most services being provided are focused on the individual and not the families. This greatly underestimates two important considerations: the importance of the family in helping the deployed individual transition and deal with their deployment and the significant social, psychological and emotional impact of deployment on families. Moreover, there have been suggestions that support services differ significantly for the Active Army and the military bases to the National Guard and the diverse communities in which they reside. Therefore, it is critical to examine whether these differences exist and the perception of these differences.

III. METHOD AND PROCEDURES

Introduction

This study was interested in identifying if differences exist in deployment adjustment between the spouses of the National Guard and Active Army when evaluated on family coping, emotional health and social support. In addition, the study was interested in identifying the perceptions and experiences with supportive services of the National Guard and Active Army spouse.

Research Questions

1. What deployment adjustment differences exist between spouses of the National Guard and Active Army across measures a) Family Index of Coherence? b) Social Support Index? and c) Center for Epidemiological Studies of Depression Scale?
2. What are the perceptions and experiences with supportive services of the National Guard and Active Army spouses?

Participants

The participants of this study consisted of spouses of military personnel who were full-time Active Army or part-time National Guard. The spouses of the National Guard were from an Army Air Defense Artillery located in South Carolina, and the Active

Army families were from a military base in Georgia. The sample consisted of 200 spouses who had been separated due to combat missions and/or non-combat missions (peacekeeping) at the time of this study or in the past. While participants of this study were selected as a convenience sample, they have been considered to be representative of other units across the country in regards to number and types of deployments experienced since September 11, 2001, as they have either been sent directly into combat or on deployments in support of the combat missions.

Procedure

This study was performed in combination with the work responsibilities of a Research Fellowship with the Army Research Institute, and the volunteer tasks for both the Family Readiness Groups of the National Guard and Active Army. Information about the research project was provided to thirty members of the National Guard and Active Army Family Readiness Group during a regularly scheduled monthly meeting. A brief presentation on the research topic was presented to the individuals present during this meeting. Handouts (Appendix C) with the same information from the presentation along with the online web address for the survey was provided for distribution. In efforts to encourage the 46,000 soldiers and family members of the Active Army military base in Georgia and 1,500 families and soldiers of the National Guard unit in South Carolina (Office of the Deputy Under Secretary of Defense, 2005) to participate in the survey, announcements were posted at the local command posts and the Family Readiness Leaders and other individuals affiliated with the military sent mass emails to all

individuals served by their unit or other individuals they knew personally had experienced a deployment.

This study was set up so that participation was voluntary and anonymous such that neither the researcher nor military personnel will know if an individual opts not to participate. The participants were also informed that all the responses were kept confidential and could not be linked to them or their family member.

The online survey was developed and posted on a secure site. The site chosen to develop this survey was surveymonkey.com. Survey monkey was chosen because of the security and confidentiality it offers participants. The website employs multiple layers of security to make sure that data remains private and secure. When family members accessed the web-based survey, they were initially provided with a consent document (Appendix B). The online survey provided families with an informed consent describing the purpose of the study, the demographic questionnaire, Family Index of Coherence (FIC), Social Support Index (SSI), and the Center for Epidemiological Studies Depression Scale (CES-D). Spouses were asked to participate in order to assess family coping, social support, individual and family needs, as well as overall satisfaction and awareness of support services offered by the military and Family Readiness Group. Having read the informed consent document, the participants providing assent continued the survey by continuing to the next page. There was no official deadline to have surveys completed. The survey and data collection remained active from beginning to end for one year. This was decided so that communication could be circulated throughout the units and by email to encourage as many individuals to participate. After receipt of approval of

the Auburn University Institutional Review Board (Appendix A) data analysis was conducted.

Measures

Data collection measures include a Family Deployment Survey, Family Index of Coherence (FIC), Social Support Index (SSI), and the Center for Epidemiological Studies Depression Scale (CES-D). The Family Deployment Survey (Appendix D), created by the author, consists of 40 items that intends to elicit demographic data such as age, gender, race, number of children in the home, number of deployments experienced, as well as services accessed. This survey also provides open-ended questions to address additional information or concerns the respondent may have with regards to services and/or stressors experienced during deployments.

The Family Index of Coherence (FIC Appendix E) is a 17-item self-report measure developed by McCubbin and Patterson (1982) as a valid and reliable instrument with a Cronbach's alpha at .85 establishing internal consistency, and a test-retest Pearson's correlation coefficient of .86. In addition to the reliability measures, the Index was found to have both content and construct validity (McCubbin, Thompson, Pirner, & McCubbin, 1988; McCubbin, Patterson, & Lavee, 1983; McCubbin, Patterson, Cooke, & Rossman, 1983). The measure attempts to examine the degree to which families feel committed to the military lifestyle and mission, as well as how much they feel they can count on the military in times of need. Participants can respond to items by using a Likert-type scale with potential responses (0 = Strongly Disagree, 1 = Disagree, 2 = Agree, 3 = Strongly Agree). To score the FIC, items are summed (0 = Strongly Disagree,

1 = Disagree, 2 = Agree, 3 = Strongly Agree). However, reversal of items 1, 2, 6, 7, 8, 9, 10, 16 are needed to ensure all items are scored in the same positive direction (3 = Strongly Disagree, 2 = Disagree, 1 = Agree, 0 = Strongly Agree).

The Social Support Index (SSI Appendix F) developed by McCubbin, Patterson, and Glynn (1982), is a measure that consists of 17 items selected to record the degree to which families are integrated into the community. Additionally, the scale measures the degree to which the families view the community as a source of support and feel that the community can provide emotional, esteem, and network support. In further studies that utilized the Social Support Index with families, a Pearson's correlation coefficient of .82 established test-retest reliability; a Cronbach's alpha at .82 established internal consistency as well as construct and content validity (McCubbin, & Thompson, 1992; McCubbin et al., 1994; Patterson, Jernell, Leonard, & Titus, 1994; Thompson, McCubbin, Thompson, & Elver, 1995).

To score the SSI, items are summed (1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree). However, reversal of items 7, 9, 10, 13, 14, 17 are needed to ensure all items are scored in the same positive direction (5 = Strongly Disagree, 4 = Disagree, 3 = Neutral, 2 = Agree, 1 = Strongly Agree).

The Center for Epidemiological Studies Depression Scale (CES-D; Appendix G), developed by Radloff (1977), is a 20-item ordinal scale self-report instrument designed as a primary screening for clinical purposes and research on individuals in the general population who are considered to be at-risk for depression. The 20 items do not serve as a diagnostic instrument, but as a screening device to measure the degree of depressive symptoms individuals' experience. Reliability and validity scores from the scale have

been tested in general and clinical populations, yielding very good internal consistency with a Cronbach's alpha of 0.85 for the general population and 0.90 for the psychiatric population. Clinical and self-report measures helped establish concurrent and construct validity of the measure (Radloff, 1977; Roberts, Vernon, & Rhoades, 1989).

The survey consists of items measured on a 4-point ordinal scale addressing four factors (depressive affect, somatic symptoms, positive affect, and interpersonal relations). The items selected for this survey were chosen based on their past use and validation in previous depression scales (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961; Gardner, 1968; Radloff, 1977; Raskin, Schulterbrandt, Reatig, & McKeon, 1969; Zung, 1965). Scores are obtained from the sum of the 20 items: 0 = Rarely or none of the time (less than 1 day), 1 = Some or little of the time (1–2 days), 2 = Occasionally or a moderate amount of time (3–4 days), and 3 = Most or all of the time (5–7 days). Scores range from 0–60 and are not valid if answers to more than four items are missing. If the score is valid and higher than the cut-off of 16, the individual has indicated a high level of depressive symptoms (Radloff, 1977).

Data Analysis

Data was analyzed using the Statistical Package for Social Services (SPSS) computer software. A descriptive analysis among samples was used to determine the significance of the research questions. The quantitative analysis used was an ANOVA to compare the two group's differences, as well as the report of means and standard deviations. The qualitative information was obtained from open-ended questions. Utilizing grounded theory, a method of open and selective coding was utilized. Each line

of the participant responses to the open-ended questions were read in search of the answer that emerged to the repeated question “what is this about?” Once this question was answered, a code or label was provided. This process was done informally through the use of selective coding in which one category was chosen to be the core category. All other categories that emerged as similar were placed under this one main category relating all other categories to that category. This was done in order to develop a single storyline or theme. In addition, the frequencies of the responses were categorized in rank order of what the participants reported to be most to least critical. The open-ended questions provided an opportunity for the participants to elaborate on how the military enforced separations impacted them, their children, and family.

Summary

The research design and methodology chapter provided an overview of the direction and intent of this research study. Procedure methods were discussed as were the collection of data using the Family Index of Coherence (FIC), Social Support Index (SSI), and the Center for Epidemiological Studies Depression Scale (CES-D) and demographic questionnaire. The protocol of this study is situational in nature and is not intended to be comprehensive. However, its intent is to explore the needs, issues and level of social support experienced by a few National Guard and Active Army spouses.

IV. RESULTS

Introduction

The purpose of this study was to compare and contrast the critical needs and issues the spouses of a National Guard unit and an Active Army unit have related to the deployment of a family member. In addition, the purpose of the present study was to examine the experiences of each spouse with the Family Support Services provided by their unit. The research questions examined were:

1. What deployment adjustment differences exist between families of the National Guard and Active Army across measures: a) Family Index of Coherence? b) Social Support Index? and c) Center for Epidemiological Studies of Depression Scale?
2. What are the spouses' perceptions and experiences with supportive services of the National Guard and Active Army families?

To collect the research data, the Family Index of Coherence (FIC; McCubbin & Patterson, 1982), Social Support Index (SSI; McCubbin, Patterson, & Glynn, 1982), and Center for Epidemiological Studies of Depression Scale (CES-D; Radloff, 1977) were used along with a researcher-developed family deployment survey of demographic information. The demographic Family Deployment Survey was based on the research of Jumper et al. (2005), Johnson et al. (2007), Burrell et al., (2003), and Hoshmand and Hoshmand (2007) which identified the challenges faced by families during a military

deployment (Appendix E). The demographic survey also included questions related to support services.

The FIC evaluated the degree to which families feel committed to the military lifestyle and mission, as well as how much they feel they can count on the military in times of need. This assessment instrument was selected based on the construct it was designed to measure and the strength of its reliability and validity. The current study expected to find differences in the level of family coherence reported between the National Guard spouses and Active Army. It was assumed that the National Guard spouses would have a lower level of family coherence as compared to the Active Army spouses. Similarly, the SSI was selected for the study based on the construct it was designed to measure as well as its strength of reliability and validity. The SSI evaluated the degree to which families are integrated into the community, view the community as a source of support and feel that the community can provide emotional, esteem, and network support. The study also expected to find differences in level of social support reported between the National Guard spouses and Active Army. It was assumed that the National Guard spouses would have a lower level of social support as compared to the Active Army spouses. Finally, the CES-D was selected based on its construct and its ability to screen for and measure the degree of depressive symptoms an individual experiences. As with the other constructs, it was assumed that the National Guard would score higher on levels of depression than the Active Army spouses. Information related to the demographics, the methodologies used, and the results of the statistical analysis are presented in this chapter.

Demographics

There were 206 spouses of National Guard and Active Army soldiers that participated in this study. Descriptive statistics were utilized to examine the demographic information of all 206 participants. These data are reported in Table 1.

Table 1

Demographic Information of All Participants

Demographic Category	N	%
Branch of Service		
Active Army	117	56.8
National Guard	89	43.2
Age		
19-25	23	11.2
26-35	120	58.3
36-45	54	26.2
46-55	6	3.0
56-65	3	2.0
Gender		
Female	156	75.7
Male	50	24.3

(table continues)

Table 1 (continued)

Demographic Category	N	%
Ethnicity		
Caucasian	140	68.0
African American	50	24.3
Hispanic	7	3.4
Asian/Pacific Islander	1	0.5
Multi-Racial	8	4.0

The sample consisted of 206 participants who currently or had previously experienced a separation due to a military deployment. Participation in this study was restricted to individuals who self-identified as a spouse of a National Guard or Active Army soldier. The participants of this study were predominately female spouses (19 years or older) of National Guard and Active Army soldiers. Of the 206 participants, 117 (56.8%) indicated that they were the spouse of an Active Army soldier, 89 (43.2%) were the spouse of a National Guard soldier. The participants were asked to indicate their gender, age and ethnicity. Of the 206 participants 156 (75.7%) were female, and 50 (24.3%) were male. The ages of the participants spanned from 19 years old to 65; 23 (11.2%) were between the ages of 19 and 25; 120 (58.3%) between the ages of 26 and 35; 54 (26.2%) between the ages of 36 and 45; 6 (3.0%) between the ages of 46 and 55; and 4 (2.0%) were between 56 and 65. Regarding ethnicity, 140 (68.0%) were Caucasian; 50

(24.3%) were African American; 7 (3.4%) were Hispanic; 1 (0.5%) was Asian or Pacific Islander; and 8(4.0%) were Multi-racial.

Reliabilities

Using a test-retest reliability measure McCubbin and Patterson (1982) reported a correlation coefficient at .85 ($p < .0001$) for the Family Index of Coherence indicating a high degree of reliability. The results of the current study support McCubbin and Patterson's study. The results indicated a full scale internal consistency reliability estimate of .86 ($p < .0001$), supporting a high degree of internal consistency reliability (Table 2).

The test-retest reliability measure McCubbin, Patterson and Glynn (1982) reported for the social support index was a Pearson's correlation coefficient at .82. The results of the current study established an internal consistency reliability estimate with a Cronbach's alpha of .87.

Finally, the test-test reliability measure Radloff (1977) reported for the Center for Epidemiological Studies of Depression Scale was a correlation coefficient at .85, indicating a high degree reliability. The results of this study support the Radloff study. Results indicate a full scale internal consistency reliability estimate of .96, supporting a high degree of internal consistency (Table 2).

Table 2 provides the reliability estimates of the measures used for this study. The sample specific (National Guard and Active Army) were combined to obtain a full scale total reliability estimate for the measures used.

Table 2

Reliability Analysis

	# Items	Mean (SD)	Reliability
Family Index of Coherence (FIC)			
Full Scale	17	25.49 (5.97)	.86
Social Support Index (SSI)			
Full Scale	17	42.54 (7.76)	.87
Center for Epidemiological Studies of Depression (CES-D)			
Full Scale	20	17.39 (11.04)	.96

Research Question One

Research question one examined whether there were differences between the spouses of National Guard and Active Army across measures: a) Family Index of Coherence, b) Social Support Index, and c) Center for Epidemiological Studies of Depression Scale.

A one-way analysis of variance (ANOVA) was conducted on the total survey score (the sum of all 17 items) of the Family Index of Coherence (FIC) to determine whether differences existed between groups (National Guard and Active Army) on this variable. The Family Index of Coherence acted as the independent variable in the analysis and the branch of service (National Guard and Active Army) as the dependent variable. Using an alpha level of .05, Levene's test indicated that the assumption of homogeneity

of variances was not violated, $F(1,204) = .22, p = .64$. The ANOVA was statistically significant, $F(1,204) = 21.54, p < .001$, with the mean for the Army Spouses being higher than the mean for the National Guard. See Table 3 for group means and standard deviations on the dependent variable. Additionally the effect size was medium to large, $\eta^2 = .09$. The ANOVA results as well as the effect size suggest that differences do exist in scores on the Family Index of Coherence between branches of service.

Table 3

ANOVA: Family Index of Coherence (FIC)

Source	SS	DF	MS	F
Branch of Service	724.089	1	724.089	21.537
Error	6858.712	204	33.621	

A one-way analysis of variance (ANOVA) was conducted on the total survey score (the sum of all 17 items) of the Social Support Index (SSI) to determine whether differences existed between groups (National Guard and Active Army) on this variable. The Social Support Index acted as the independent variable in the analysis and the branch of service (National Guard and Active Army) as the dependent variable. Using an alpha level of .05, Levene's test indicated that the assumption of homogeneity of variances was not violated, $F(1,204) = .27, p = .60$. The ANOVA was statistically significant, $F(1,204) = 11.48, p = .001$, with the mean for the Army spouses being higher than the mean for the National Guard (Table 4). Additionally the effect size was moderate, $\eta^2 = .05$. The

ANOVA results as well as the effect size suggest that differences do exist in scores on the social support index between branches of service.

Table 4

ANOVA: Social Support Index (SSI)

Source	SS	DF	MS	F
Branch of Service	626.735	1	626.735	11.474
Error	11141.867	204	54.617	

A one-way analysis of variance (ANOVA) was conducted on the total survey score (the sum of all 20 items) of the Center for Epidemiological Studies of Depression Scale (CES-D) to determine if differences existed between groups (National Guard and Active Army) on this variable. The Center for Epidemiological Studies of Depression Scale acted as the independent variable in the analysis and the branch of service (National Guard and Active Army) as the dependent variable. Using an alpha level of .05, Levene's test indicated that the assumption of homogeneity of variances was not violated, $F(1,204) = 2.22, p = .14$. Furthermore, the ANOVA was not statistically significant, $F(1,204) = 1.10, p = .30$ (Table 5). However, the mean for the Army Spouses was lower than the mean for the National Guard. See Table 6 for group means and standard deviations on the dependent variable. Additionally the effect size was small, $\eta^2 = .005$. The ANOVA results as well as the effect size suggest that differences did not exist in scores on the Center for Epidemiological Studies of Depression Scale between branches of service.

Table 5

ANOVA: Center for Epidemiological Studies of Depression (CES-D)

Source	SS	DF	MS	F
Branch of Service	136.428	1	136.428	1.107
Error	25138.761	204	123.229	

Table 6

Group Means and Standard Deviations for the Dependent Variable: CES-D

Branch of Service	M	SD
Army	16.83	11.4
National Guard	18.47	10.7

Question 2

Research question two examined the perceptions and experiences the spouses of the Active Army and National Guard had with supportive services during or after a deployment. To examine these experiences a grounded theory approach with a method of open and selective coding was utilized. According to Borgatti (1997), open coding requires the researcher to read each line of participant responses and determine its meaning. Therefore, each line of the participant responses to the open-ended questions were read in search of the answer that emerged to the repeated question “what is this about?” Once this question was answered a code or label was provided. This process was done informally through the use of selective coding in which one category was chosen to

be the core category. All other categories that emerged as similar were placed under this one main category relating all other categories to that category. This was done in order to develop a single storyline or theme. In addition, the frequencies of the responses were categorized in rank order of what the participants reported to be most to least critical. The open-ended questions provided an opportunity for the participants to elaborate on how the military enforced separations impacted them, their children, and family.

As part of the survey the participants accessed via the web, 2 open-ended questions were asked to examine the experience with and perception of military and civilian support services. The questions were divided into a military support service category and civilian support service category. The questions included:

- If you utilized military support services during the deployment of your spouse, were you satisfied with the support and service you received? If not satisfied with the support and service you received, please explain why?
- If you utilized civilian support services during the deployment of your spouse, were you satisfied with the support and service you received? If not satisfied with the support and service you received, please explain why?

The results of both the military and civilian support service open-ended questions were reviewed and analyzed. The analyses lead to emergence of three major themes based on the significant statements: a) limited support, b) unsupportive climate of military community, and c) unaware of support.

Limited Support

The responses provided by the spouses described the expectation that they would receive adequate support during a deployment, regardless of satisfaction. The statements

such as *“I thought the military would be more prepared and would be far more supportive.”* and *“I was not sure what to expect before my husband was deployed, but I had hoped to receive some preparation and support throughout the deployment and when he returned home. The support that was available was often not what we needed.”*

Additionally, comments such as *“Based on the limited resources that the military seems to have available to the National Guard and its families, we didn’t expect much”* seem to suggest that the expectations of support services provided by the military during and after a deployment were not fully met.

To further expand upon the main theme of limited support the subcategories of no support available; low quality and not practical, were included as the respondents focused on the lack of support available to the family both in community and on the military bases. Statements such as *“My family and I do not live near a military base and we live too far from the unit, so we do not have any support available.”* and *“When I tried to find out what services were available to me and my family while my husband was deployed, no one knew what they were or where we could get the answer.”* seem to suggest that the support and service sought were not available or easily accessed. Statements such as, *“The last deployment my husband experienced he was injured. It was a nightmare getting him the medical assistance he needed, plus getting any information from the military. Because of the lack of communication and information, my husband was made responsible for many of the medical bills he should not have been. There was also a lack of follow up on the behalf of the military to clear up any financial problems. Because of this, many bills were late and the harassment we received from medical bill collectors was consistent. There was no support made available to us during this time. We felt we*

were left alone to deal with all of the issues related to the deployment and injury.” seem to suggest that the respondents feel that the support provided is not helpful and has not met their expectations of what they feel should have been provided.

Unsupportive Climate of Military Community

Following the main theme of limited support, the responses described a feeling that the services and support received were not helpful. Two participants stated, *“The assistance was terrible and often late. Many of the people we had to deal with were unfriendly and made my husband and I feel like we were not important”* and *“Many of the services we received were too little too late. It was almost as if the people assisting in the offices were always too busy and unconcerned with your problems.”* Similar themes emerged in other responses as they described seeking support and not receiving the type of support expected, nor the treatment and respect they felt that they and their soldier deserved for the sacrifices that were made.

In addition to not being beneficial, the respondents reported a feeling of uncertainty and fear of seeking services, as demonstrated by such responses as, *“My husband is currently deployed but when he returns I am worried how or if he will be the same. I am also not sure who we will turn to for help. If we go to the military I am afraid he will lose his benefits or career, and if we go somewhere that is not a part of the military how will we afford it. I am also not sure that many people will understand what we have been through.”* The unsupportive experiences and the perception that a military career will be jeopardized indicates that families feel both military and civilian support services are not accommodating and may result in a negative and unnecessary encounter.

Unaware of Support

In this cluster, respondents focused on the lack of military leadership, civilian community and personal awareness of support services available to assist the family with a deployment. The respondents indicate that there is an expectation that military leadership should be prepared and knowledgeable of what services are available and how to access them. There is a feeling that the lack of preparation and personal unawareness of supportive services had to do with the lack of training and preparation soldiers and families were given before deployments. Examples of statements that the theme emerged from include, *“The FRG I thought was supposed to help support families with concerns of deployment, but this has not been my experience. I have trouble getting someone to call me back and when I do get someone on the phone they cannot find the answer.”* and *“Not sure I would be able to identify the support services that are available without further research and I do not think there is anyone that could assist me with this. This would be a good suggestion for improvement within the FRG. There needs to be a better awareness of supportive services available.”* The participant explanations of being unaware of support services during and after deployment indicate that the families feel unsupported and unprepared to deal with the challenges experienced as a result of a deployment.

Summary

This research focused on the needs, issues and level of support experienced by the spouses of a National Guard Unit and an Active Army Unit during the Iraq War. The

participants in this consisted of 117 Active Army military spouses and 89 National Guard spouses.

The current study utilized the Family Index of Coherence (FIC; McCubbin & Patterson, 1982), Social Support Index (SSI; McCubbin, Patterson, & Glynn, 1982), and Center for Epidemiological Studies of Depression Scale (CES-D; Radloff, 1977) along with a researcher developed family deployment survey of demographic information, to explore the needs and level of support experienced by the military spouses. The results of this study found that the Active Army spouse scored higher than the National Guard spouses on all scales, indicating that they were more committed to the military lifestyle and mission, felt that they could count on the military in times of and found their communities to be more supportive. The Active Army spouses also indicated that they experienced less depression symptoms when scored on the Center for Epidemiological Studies of Depression Scale (CES-D). However, the most noteworthy finding in the current study was that both Active Army and National Guard spouses, when asked to describe their experiences in their own words, experienced the same difficulties with lack of social support and adjustment during the deployment of a family member. It was clear that there was a consensus of perceived lack of social support assessed by this research, which presents significant implications for the ways in which the civilian community as well as the military community respond to and provide supportive services to families and spouses of a deployed soldier.

V. DISCUSSION

Introduction

Research related to the military family and its experiences and adjustment to a deployment has gained much recognition over the last eight years. The purpose of this study was to explore the needs and support families of Active Army and National Guard soldiers experience during and after a deployment. More specifically, the purpose of the present study was to examine the adjustment of the spouses and families left behind during a deployment based on their responses to the Family Index of Coherence (FIC), Social Support Index (SSI), and the Center for Epidemiological Studies of Depression Scale (CES-D). It was hypothesized that there would be differences between the National Guard spouses and Active Army spouses across scales and in their self-reported experiences and perceptions of the support received during a deployment.

Data was collected by means of participant survey completion. A total of 206 military spouses participated, 117 of the participants were the spouse of an Active Army soldier and 89 were the spouse of a National Guard soldier. In this final chapter the findings will be explored, the limitations of the study will be examined, recommendations for future research will be presented, and implications for the counseling and military community will be examined.

Discussion

The responses of participants to the research questions indicate that there are differences among the National Guard and Active Army spouses with regards to their adjustment and experiences with support services during a deployment. The participant responses to the Family Index of Coherence (FIC), which was developed to assess the degree to which a family can count on the military in times of need as well as their degree of commitment to the military lifestyle (McCubbin & Patterson, 1982), indicated that the Active Army spouses were more committed to the military lifestyle and felt that they could count on the military during times of need, such as deployment, than the spouses of the National Guard. Additionally, the Active Army scores on the Social Support Index (SSI) indicated that the spouses found their community to be a greater source of support during a deployment and experienced less symptoms of depression (CES-D) whereas the spouses of the National Guard found their community to be less of support and reported higher symptoms of depression (CES-D).

The distinctions between the two components of the military may be substantial; however the pressures each individual experiences during a deployment have a common theme. The findings of previous research indicate that individuals, when faced with the deployment of a family member, are all concerned for the health and well-being of their soldier. The daily fear of death or injury is constantly reinforced by the media. Therefore, the support provided by the military community becomes increasingly important, but only if the families perceive their unit commanders and unit as supportive (Burrell, Durand, & Fortado, 2003). Furthermore, the study conducted by Sandra Lawrence (2006) suggested that the perception one has on the availability of social support is important in

helping an individual cope with stress and the conflict one may have with one's choice of work and commitment to their families. Burrell et al. (2003) noted that the National Guard, who were less integrated into the military community, were also less likely to seek help or support from their unit or Army if they needed assistance. Hoshmand and Hoshmand (2007) found that the issue of stigma becomes a significant factor when families of both Active Army and National Guard consider seeking supportive services.

The first research question of this study examined whether any deployment adjustment differences existed between spouses of the National Guard and Active Army across measures a) Family Index of Coherence, b) Social Support Index, and c) Center for Epidemiological Studies of Depression Scale. The findings for all three measures were significant and suggested that there were differences. However, when the second research question was reviewed and the themes of the open-ended responses emerged, it would suggest that the differences may not be that significant, and that the Active Army experiences the same difficulties with lack of social support and adjustment as do the National Guard. A number of possibilities exist for the decrease in significance when the participant responses were reviewed.

First, some studies have suggested that the National Guard have an advantage that active military do not, in that family support is readily available and accessible when needed (Doyle & Peterson, 2005). The difference in the support systems is that the active military supports often consist of individuals that are not related, and they are often asked to move away from their homes and families of origin.

Many studies have been conducted on the military spouse and the adjustment during times of separation (Cozza, Chun, & Polo, 2005; Doyle & Peterson, 2005; Figley,

1993; Legan, 1987; Newby et al., 2005; Peebles-Kleiger & Kleiger, 1994; Wexler, & McGrath, 1991). In addition to the adjustment of an individual during a deployment, previous research on social support suggests that an individual will only search for support from their identified networks of assistance if the individual is aware of and certain that they can access and benefit from the support (Gore, 1985; Lawrence, 2006; Moelker & Van Der Klot, 2006). Moreover, the research has suggested that many individuals seeking supportive services will do so only to the extent for which they perceive the support provider as trusting and similar to themselves (Cohen & McKay, 1984; Gore, 1985; Lawrence, 2006; Thotis, 1986). The individual responses of both the Active Army and National Guard suggested that the social support from the military and community providers was not what they expected, nor did it meet their needs. Additionally, many of the respondents made reference to the uninviting and unsupportive climate of the military community, stating that any weakness or problem faced by the individuals could result in the loss of military benefits or career. The military however was not the only provider of support that was described as ineffective and unsupportive. The second research question asked the respondents to describe their experiences with both the community and military support services. The local communities of both the National Guard and Active Army spouses were said to be indifferent and unaware of the challenges and needs of military families, suggesting that there is a greater need for continued research and education on the needs of the military family.

Limitations of the Study

One of the primary limitations of this study was the potentially reduced reliability of the results based on the relatively small number of participants. While the reliability of the present results meet the requirements for statistical significance, an increased number of both Active Army and National Guard participants would have helped to confirm the results. Potential participants were selected from two primary locations which included a large Active Army base, and a large National Guard unit; it was thought that a large number of participants would be available, and of those a significant number would volunteer to participate. It was also thought that the unit commanders and leaders of the Family Support Groups would follow through and provide the families with the information to participate since they had agreed to do so. This did not occur at the level expected.

Another limitation of the study involved the data, which was based on self-reports of the spouses. The survey allows the spouse to provide a response based on their personal experiences and opinions of the support services experienced and their level of personal adjustment to the deployment of a spouse. However, the participants' individual perceptions of coping and experiences are subject to reporting bias. The individuals may present themselves more favorably and say that their experiences had been better than they actually were, or they may underestimate themselves and see a bad experience more negatively. Also, the measures chosen and the use of the computer for this study may not have adequately assessed the adjustment of the military spouse and their perceptions and experiences with the supportive services during a deployment. The use of the computer presents both positive and negative aspects. The computer generated survey assumes that

the participants has access to a computer and knows how to navigate and use the device. Additionally, the measures and length of the survey required the participant to be able to contribute at least 30 minutes of their time to complete the survey. This assumed that they had the time to give and were able to maintain the attention span to complete the instruments. Many of these factors may have contributed to the low number of participants.

Implications for Counseling Professionals

A number of studies have been conducted on the experiences of the Active Military family and their adjustment during a deployment. Before the Gulf War, the experiences of the National Guard family and soldiers were not examined. Since September 11, 2001, all components of the military, including the Active Army and National Guard have experienced multiple and long-term separations from their families, communities and jobs as a result of a deployment. The effects of the separations as well as the effects of combat exposure on the individual and soldier can no longer be ignored by the professional counseling community. The greater reliance on the National Guard during combat missions suggests that many families and communities will be impacted in some way by the deployment of a soldier. Additionally, the Active Army families are no longer tied to the bases they are assigned too. Many of these families are choosing to stay in their home towns or move from the bases when their soldier deploys, thus placing them in the communities for which the counseling professional serves. Therefore, it becomes important that the professional counselor is aware of the individual culture and military culture of the consumers they may provide supportive services to both during

and after an experience with a deployment. The results also suggest that there is a need for counselors to become more informed advocates on behalf of this population.

Implications for Military Support Service Providers

The military has done extensive research and continues to expand upon the research to better understand its soldiers and families. The previous research conducted by the military on the influences of family members and retention of soldiers indicates that the families are the most significant factor for the soldier deciding to continue their career with the military (United States General Accounting Office, 2001). In addition to continuing the career with the military, the soldier's reliance on the military to provide support for and care for their family in times of separation is another extremely important factor to the successful safe completion of a military operation (Moncrief, 2008).

The results of this study indicate that Family Support Groups of both the Active Army and National Guard and its leadership should be provided with the most current research and information on the needs families of deployed soldier's experiences. In addition to the provision of current information, the leaders should be briefed on the expectations and resources available through the military and the community. Both the Active Army and National Guard reported limited knowledge of support networks and services, suggesting that more comprehensive efforts need to be made to disseminate this information. In addition to increasing the information provided to the families, it seems that there is a greater need for more affordable and accessible services for the individual and family. Though the military has resources available to meet these needs, there still remains a stigma attached to accessing the services or seeking additional support. Many

of the family members fear that their soldier's career or benefits would be jeopardized if they access services, especially military services. To help decrease the stigma, it is suggested that the military consider allowing civilian community service providers, such as professional counselors an office space or way to be more visible and accessible to the family members.

Summary

On September 11, 2001 the United States was forever changed. The impact and ramifications of the continued war reaches beyond the military and the soldiers that serve to defend our country. Of the 2 million military personnel serving in combat since the beginning of the war, the National Guard Units represented nearly a half of the soldiers in combat (DOD, 2005). The greater reliance on the National Guard to serve combat-related missions has asked the families left behind to adjust to situations never before experienced. In addition, the communities in which the families live have been challenged to meet the growing needs of the families and soldiers of the military.

The multiple combat deployments and frequent long-term separations ask that the families left behind face the challenges of dealing with the emotional, financial, social, and physical impacts of a deployment alone. The support networks available can greatly diminish the negative experiences and effects of such deployments as the research suggests that meaningful supportive relationships can have a significant impact on coping during a time of adjustment. This study has attempted to examine the needs and level of support the families of the National Guard and Active Army have when experiencing a deployment. Though there was a small sample in this study, the conclusions attained are

important to understanding the needs and expectations the families of deployed soldiers have as a result of multiple combat-related deployments. The study also provides a foundation for continued exploration on how the military and local community service providers can assist the families and soldiers affected by combat through the provision of supportive services.

REFERENCES

- Albrecht, M. B., & Adelman, T. L. (1987). Communication networks as structure of social support. In T. L. Adelman & M. B. Albrecht (Eds.), *Communicating social support* (pp. 40–64). London: SAGE Publications.
- Amen, D., Jellen, L., Merves, E., & Lee, R. (1988). Minimizing the impact of deployment separation on military children: Stages, current preventive efforts, and system recommendations. *Military Medicine*, *153*(9), 441–446.
- American Psychological Association Presidential Task Force on Military Deployment Services for Youth, Families and Service Members (2007). *The psychological needs of the U.S. military service members and their families: A preliminary report*. Retrieved October 12, 2007 from <http://www.apa.org/releases/MilitaryDeploymentTaskForceReport.pdf>
- Apellaniz, I. (1998). *Coping with war enforced separation: A pilot study on the account by wives of Puerto Rican civilian soldiers*. *Dissertation Abstracts International* 59(10-B), (UMI number 9909145).
- Armstrong, M. I., Birnie-Lefcovitch, S., & Ungar, M.T. (2005). Pathways between social support, family well being, quality of parenting, and child resilience: What we know. *Journal of Child and Family Studies*, *14*(2), 269–281.

- Army Personnel Survey Office, U.S. Army Institute for Behavioral and Social Sciences. (2001). *Survey of army families IV*. Alexandria, VA: Author.
- Bartone , P., Adler, A., & Vaitkus, M. (1998). Dimensions of psychological stress in peacekeeping operations. *Military Medicine*, *163*, 587–593.
- Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry*, *4*, 561–571.
- Benson, D., & Van Vranken, E. (1977). *Family responses to a study of available support services during separation* (Report No. 77-30). San Diego: Family Studies Branch, Naval Health Research Center.
- Berkman, L. (1984). Assessing the physical health effects of social networks and social support. In L. Breslow, J. Fielding, & L. Lave (Eds.), *Annual review of public health* (pp. 413–422). Annual Reviews Incorporated, Palo Alto, CA.
- Bernard, H. R., Johnson, E., Killworth, P. D., McCarty, C., Shelley, G. A., & Robinson, S. (1990). Comparing four different methods for measuring personal social networks. *Social Networks*, *12*, 179–215.
- Black, W. G. (1993). Military-induced family separation: A stress reduction intervention. *Social Work*, *38*(3), 273–280.
- Bliese, P. D., & Britt, T. W. (2001). Social support, group consensus and stressor-strain relationships: Social context matters. *Journal of Organizational Behavior*, *22*(4), 425–436.
- Bliese, P. D., & Halverson, R. R. (1998). Group consensus and psychological wellbeing: A large field study. *Journal of Applied Social Psychology*, *28*, 563–580.

- Blount, B. W., Curry, A., & Lubin, G. (1992). Family separation in the military. *Military Medicine*, *157*, 76–80.
- Boss, P., McCubbin, H., & Lester, G. (1979). The corporate executive wife's coping patterns in response to routine husband-father absence. *Family Process*, *18*, 79–86.
- Boyd, J. H., Weissman, M. M., Thompson, W. D., & Myers, J. K. (1982). Screening for depression in a community sample. *Archives of General Psychiatry*, *39*, 1195–1200.
- Burrell, L., Durand, D. B., & Fortado, J. (2003). Military community integration and its effect on the well-being and retention. *Armed Forces and Society*, *30*(1), 7–24.
- Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine*, *38*, 300–314.
- Cohen, S., & McKay G. (1984). Social support, stress, and the buffering hypothesis: A theoretical analysis. In A. Baum, S.E. Taylor, & J.E. Singer (Eds.), *Handbook of psychology and health* (pp. 253–267). Hillsdale, NJ: Lawrence Erlbaum.
- Cohen, S., Mermelstein, R., Karmarck, T., & Hoberman, H. M. (1985). Measuring the functional components of social support. In I. G. Sarason & B. R. Sarason (Eds.), *Social support: Theory, research and application* (pp. 73–94). Boston: Nijhoff.
- Cohen S., & Syme S. L. (1985). Issues in the application and study of social support. In S. Cohen & S. L. Syme (Eds), *Social support and health* (pp. 3–22). Orlando, FL: Academic Press.

- Commander's Family Readiness Toolkit. (n.d.). Retrieved October 21, 2007 from <http://www.defenselink.mil/ra/documents/toolkit/Commanders%20Toolkit%200328.pdf>
- Connell, C. M., & D'Augelli, A. R. (1988). Social support and human development: Issues in theory, research, and practice. *Journal of Community Health, 13*(2), 104–114.
- Cooke, B., Rossman, M., McCubbin, H. I., & Patterson, J. (1988). Examining the definition and assessment of social support: A resource for individuals and families. *Family Relations, 37*, 211–216.
- Cozza, S. J., Chun, R. S., & Polo, J.A. (2005). Military families and children during Operation Iraqi Freedom. *Psychiatric Quarterly, 76*, 371–378.
- Cronenwett, L. (1985a). Network structure, social support, and psychological outcomes of pregnancy. *Nursing Research, 34*(2), 93–999.
- Cronenwett, L. (1985b). Parental network structure and perceived support after birth of first child. *Nursing Research, 34*(6), 347–352.
- Cross, R., Parker, A., Prusak, L., & Borgatti, S. (2001). Knowing what we know: Supporting knowledge creation and transfer in social networks. *Organizational Dynamics, 30*, 100–120.
- Darwin, J. (2006). Reaching out to the families of those who serve: The SOFAR Project. *Professional Psychology: Research and Practice, 37*, 481–484.
- Decker, K. (1978). Coping with sea duty: Problems encountered and resources utilized during periods of family separation. In E. J. Hunter & D. S. Nice (Eds.), *Military families* (pp. 113–129). New York: Praeger.

Department of Defense. (2005). Armed forces strengths figures for October 31, 2005.

Retrieved November 1, 2007 from

<http://siadapp.dmdc.osd.mil/personnel/mmidhome.htm>

Department of Defense. (2008). Armed forces strengths figures for October 15, 2008.

Retrieved October 15, 2008 from

<http://siadapp.dmdc.osd.mil/personnel/mmidhome.htm>

DiNola, G. (2008). Stressors afflicting families during military deployment. *Military Medicine*, 173(5), 5–7.

Dow-Holloway, J. (2004). Army uncovers mental health-service gap. *APA Monitor on Psychology*, 35(7), 36–37.

Doyle, M. E., & Peterson, K. A. (2005). Re-entry and reintegration: Returning home after combat. *Psychiatric Quarterly*, 76, 361–370.

Drummet, A. R., Coleman, M. & Cable, S. (2003). Military families under stress: Implications for family life education. *Family Relations*, 52, 279–287.

Dunning, C. M. (1996). From citizen to soldier: Mobilization of reservists. In R. J. Ursano & A. E. Norwood (Eds.), *Emotional aftermath of the Persian Gulf War: Veterans, families, communities, and nations* (pp. 197–225). Washington, DC: American Psychiatric Press.

Eastman, E., Archer, R., & Ball, J. (1990). Psychosocial and life stress characteristics of Navy families: Family Environment Scale and Life Experiences Scale findings. *Military Psychology*, 2, 113–127.

- Edwards, K. J., Hershberger, P. J., Russell, R. K., & Markert, R. J. (2001). Stress, negative social exchange, and health symptoms in university students. *Journal of American College Health, 50*(2), 75–79.
- Figley, C. R. (1993). Coping with stressors on the home front. *Journal of Social Issues, 49*(4), 51–71.
- Figley, C.R. (2005). Strangers at home: Comment on Dirkzwager, Bramsen, Ader, and Van der Ploeg. *Journal of Family Psychology, 19*(2), 227–229.
- Gore, S. (1985). Social support and styles of coping with stress. In S. Cohen & S. Syme (Eds.), *Social support and health*. New York: Academic Press.
- Gottlieb, B. (1983). *Social support strategies: Guidelines for mental health practice*. Beverly Hills, CA: Sage.
- Gredler, M. E. (2005). Albert Bandura's Social-Cognitive Learning Theory. In *Learning and Instruction: Theory into practice* (pp. 342–379). New Jersey: Pearson Education Inc.
- Haar, J. M. (2006). Challenge and hindrance stressors in New Zealand: Exploring social exchange theory outcomes. *International Journal of Human Resource Management, 17*(11), 1942–1950.
- Hill, R. (1949). *Families under stress*. Connecticut: Greenwood Press.
- Hogancamp, V. E., & Figley, C. R. (1983). War: Bringing the battle home. In C. R. Figley & H. I. McCubbin (Eds.), *Stress and the family: Coping with catastrophe* (pp. 148–165). New York: Brunner/Mazel.

- Hogue, C. (1985). Social support. In J. Hall & B. Weaver (Eds.), *Distributive nursing practice: A systems approach to community health* (pp. 58–84). Philadelphia PA: J.B. Lippincott.
- Holmes & Rahe (1967). Holmes-Rahe life changes scale. *Journal of Psychosomatic Research, 11*, 213–218.
- Homans, G. (1958). Social behavior as exchange. *American Journal of Sociology, 63*, 597–606.
- Hoshmand, L. T., & Hoshmand, A. L. (2007). Support for military families and communities. *Journal of Community Psychology, 35*(2), 171–180.
- House, J. (1981). *Work stress and social support*. Reading, MA: Addison-Wesley.
- Hunter, E. J. (1982). Families under the flat: A review of military family literature. New York: Praeger.
- Hupcey, J. E. (1998). Clarifying the social support theory-research linkage. *Journal of Advanced Nursing, 27*, 1232–1241.
- Jensen, P. S., Xenakis, S. N., Wolf, P., & Bain, M.W. (1991). The military family syndrome revisited: By the numbers. *Journal of Nervous & Mental Disease, 179*(2), 102–107.
- Jensen, P. S., Martin, D., & Watanabe, H. K. (1996). Children's response to parental separation during Operation Desert Storm. *Journal of American Academy of Child & Adolescent Psychiatry, 35*, 433–441.
- Johnson, S., Sherman, M., Hoffman, J., James, L., Johnson, P., Lochman, J. et al. (2007). *The psychological needs of the U.S. military service members and their families: A preliminary report* (Presidential Task Force on Military Deployment Services

- for Youth, Families and Service Members). Washington, DC: American Psychological Association.
- Jumper, C., Evers, S. Cole, D., Raezer, J. W., Edger, K., Joyner, M., & Pike, H. (2006). *Cycles of deployment: An analysis of survey responses from April through September 2005*. Alexandria, VA: National Military Family Association. Retrieved October 21, 2007 from <http://www.nmfa.org/site/DocServer/NMFACyclesofDeployment9.pdf?docID=5401>
- Kahn, R. (1979). Aging and social support. In M. Riley (Ed.). *Aging from birth to death: Interdisciplinary perspectives*. Boulder, CO: Westview.
- Kahn, R. L., & Antonucci, T. C. (1980). Convoys over the life course: Attachment, roles and social support. In P. B. Baltes & O. Brim (Eds.), *Life-span development and behavior* (pp. 253–286). New York: Oxford University Press.
- Kaniasty, K., & Norris, F.H. (1993). Social support dynamics in adjustment to disasters. In S. R. Sarason & S. Duck (Eds.), *Personal relationships: Implications for clinical and community psychology* (pp. 201–224). New York: John Wiley & Sons.
- Kelley, M. L., Herzag-Simmer, P. A., & Harris, M. A. (1994). Effects of military-induced separation on the parenting stress and family functioning of deploying mothers. *Military Psychology*, 6, 125–138.
- Kester, J. D. (2001). Bandura: Beliefs, bobo, and behavior. *American Psychological Society Observer*, 14(6). Retrieved November 1, 2007 from <http://www.psychologicalscience.org/observer/0701/keynote.html>

- Kim, H., & Stiff, J. (1991). Social networks and the development of close relationships. *Human Communication Research, 18*, 70–90.
- Knight, R. G., Williams, S., McGee, R., & Olaman, S. (1997). Psychometric properties of the Center for Epidemiologic Studies Depression Scale (CES-D) in a sample of women in middle life. *Behavior Research & Therapy, 35*(4), 373–380.
- Knox, J., & Price, D. H. (1999). Total force and the new American Military Family: Implications for social work practice. *Families in Society, 80*(2), 128–136.
- Krause, N. (1986). Social support, stress, and well-being. *Journal of Gerontology, 41*(4), 512–519.
- Lakey, B., & Cohen, S. (2000). Social support theory and measurement. In S. Cohen, L. Underwood, & B. H. Gottlieb (Eds.), *Social support measurement and intervention: A guide for health and social scientists* (pp. 29–52). New York: Oxford University Press.
- Lakey, B., & Scoboria, A. (2005). The relative contribution of trait and social influences to the links among perceived social support, affect, and self-esteem. *Journal of Personality, 73*(2), 361–388.
- Lamberg, L. (2006). When military parents are sent to war, children left behind need ample support. *Journal of the American Medical Association, 292*(13), 1541–1542.
- Langford, C. P., Bowsher, J., Maloney, J. P., & Lillis, P. P. (1997). Social support: A conceptual analysis. *Journal of Advanced Nursing, 25*, 95–100.

- Lawrence, S. A. (2006). An integrative model of perceived available support, work-family conflict, and support mobilization. *Journal of Management and Organization, 12*(2), 160–178.
- Lazarus, R., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.
- Lee, I., Lee, E., Kim, H. S., Park, Y. S., Song, M., & Park, Y. H. (2004). Concept development of family resilience: A study of Korean families with a chronically ill child. *Journal of Clinical Nursing, 13*, 636–645.
- Legan, K. V. (1987). The emotional cycle of deployment. *U.S. Naval Proceedings, 113*, 43–47.
- Mancini, D. (2006). U.S. Army FRG leader's handbook. Retrieved March 10, 2007, from <http://www.armyfrg.org/skins/frg/display.aspx?moduleid=8cde2e88-3052-448c-893d-d0b4b14b31c4&CategoryID=1e9b3feb-985e-4dd2-b5b2-db37a8aa0d63&ObjectID=9f160323-3fb2-4097-9a64-da80876bedd5>
- Merriam-Webster Online Dictionary (2008). *Readiness*. Retrieved January 15, 2008 from <http://www.merriam-webster.com/dictionary/readiness>
- McCubbin, H. I., Joy, C. B., Cauble, A. E., Comeau, J. K., Patterson, J. M., & Needle, R. H. (1980). Family stress and coping: A decade review. *Journal of Marriage and Family Counseling, 42*(4), 855–871.
- McCubbin, H. I., & Patterson, J. (1982a). Self Reliance Index (SRI). In H. I. McCubbin, A. I. Thompson & M. A. McCubbin, *Family assessment: Resiliency coping and Adaptation-Inventories for research and practice* (pp. 625–637). Madison: University of Wisconsin System.

- McCubbin, H. I., & Patterson, J. (1982b). Family Index of Coherence (FIC). In H. I. McCubbin, A. I. Thompson & M. A. McCubbin, *Family assessment: Resiliency coping and Adaptation-Inventories for research and practice* (pp. 625–637). Madison: University of Wisconsin System.
- McCubbin, H. I., Patterson, J., & Glynn T. (1982). Social Support Index (SSI). In H. I. McCubbin, A. I. Thompson & M. A. McCubbin, *Family assessment: Resiliency coping and Adaptation-Inventories for research and practice* (357–389). Madison: University of Wisconsin System.
- McCubbin, H., Patterson, J., Cooke, B., & Rossman, M. (1983). *Social Support Inventory (SSI)*. St. Paul, MN: University of Minnesota.
- McCubbin, H., Patterson, J., & Lavee, Y. (1983). *One thousand army families: Strengths, coping and supports*. St. Paul, MN: University of Minnesota, Family Social Science.
- McCubbin, H. I., & McCubbin, M. A. (1992). Research utilization in social work practice of family treatment. In A. J. Grasso & I. Epstein (Eds.), *Research utilization in the social sciences: Innovations for practice and administration* (pp. 149–192). New York City, NY: Haworth.
- McCubbin, H., & Thompson, A. (1992). Resiliency in families: An east-west perspective. In J. Fisher (Ed.), *East-west directions: Social work practice, tradition, and change* (pp. 103–130). Honolulu HI: School of Social Work, University of Hawaii.

- McCubbin, H., Thompson, A., Thompson, E., Elver, K., & McCubbin, M. (1994). Ethnicity, schema, and coherence: Appraisal processes for families in crisis. In H. I. McCubbin, E. A. Thompson, A. I. Thompson, & J. Fromer (Eds.), *Sense of coherence and resiliency: Stress, coping and health* (pp. 41–67). Madison, WI: University of Wisconsin System.
- McCubbin, H., Thompson, A., Pirner, P., & McCubbin, M. (1988). *Family types and strengths: A life cycle and ecological perspective*. Edina, MN: Burgess International.
- Miles, D. (2004). *Stress levels high among service members, some red flags raised*. American Forces Press Service. Retrieved October 2, 2007 from http://www.defenselink.mil/news/Mar2004/n03092004_200403092.html
- Milardo, R., Johnson, M. P., & Huston, T. L. (1983). Developing close relationships: Changing patterns of interaction between pair members and social networks. *Journal of Personality and Social Psychology*, *44*, 964–976.
- Moelker, R., Andres, M., & Poot, G. J. A. (2006). Supporting Military Families – A Comparative Study in Social Support Arrangements for Military Families (Theoretical Dimensions & Empirical Comparison between Countries). Retrieved October 7, 2007 from <http://stinet.dtic.mil/cgibin/GetTRDoc?AD=A472686&Location=U2&doc=GetTRDoc.p>
- Moncrief, A. (2008). Solider and family assistance centers: Taking care of those who are taking care of us. *The Exceptional Parent*, 69–72.
- Murray, W. (1999). Does military culture matter? *Orbis*, *43*(1), 27–43.

- National Guard Bureau. (2007). History fact sheet. Retrieved October 1, 2007 from http://www.ngb.army.mil/media/factsheets/12_ARNG_History_Fact_Sheet.pdf
- National Military Family Association (2006). National Military Family Association report on the cycles of deployment survey: An analysis of survey responses from April-September 2005. Retrieved October 1, 2007 from <http://www.nmfa.org/site/PageServer?pagename=Publications>
- Neubauer Lombard, D., & Neubauer Lombard, T. (1997). Taking care of our military families. *Families, Systems and Health*, 15(1), 79–83.
- Norwood, A. E., Fullerton, C. S., & Hagen, K. P. (1996). Those left behind: Military families. In R. J. Ursano, & A. E. Norwood (Ed.), *Emotional aftermath of the Persian Gulf War: Veterans, families, communities, and nations* (pp. 163–196). Washington, DC: American Psychiatric Press, Inc.
- Newby, J. H., McCarroll, J.E., Ursano, R.J., Zizhong, F., Shigemura, J., & Tucker-Harris, Y. (2005). Positive and negative consequences of a military deployment. *Military Medicine*, 170, 815–819.
- Norwood, A. E., & Ursano R. J. (1996). The Gulf War. In: Ursano R.J, Norwood A.E, (Eds.). *Emotional aftermath of the Persian Gulf War: Veterans, families, communities, and nations* (pp. 3–21). Washington, DC: American Psychiatric Press.
- Office of the Deputy Under Secretary of Defense (2005). Military Community and Family Policy. *2005 Demographics Report*. Retrieved October 21, 2007 from <http://www.defenselink.mil/prhome/mcftp.html>

- Office of the Under Secretary of Defense for Acquisition, Technology, and Logistics.
(2007). Defense Science Task Force on Deployment of Members of the National Guard and Reserve in the Global War on Terrorism (DSB Publication No. 20301-3140). Washington, DC: Author.
- Patterson, J., Jernell, J., Leonard, B., & Titus, J. (1994). Caring for medically fragile children at home: The parent-professional relationship. *Journal of Pediatric Nursing, 9*(2), 98–106.
- Patterson, J. M., & McCubbin, H. I. (1984). Gender roles and coping. *Journal of Marriage and the Family, 46*(1), 95–104.
- Pearson, J. E. (1986). The definition and measurement of social support. *Journal of Counseling and Development, 64*, 390–395.
- Peebles-Kleiger, M. J., & Kleiger, J. H. (1994). Reintegration stress for Desert Storm families: Wartime deployments and family trauma. *Journal of Traumatic Stress, 7*, 173–194.
- Pilisuk, M., & Froland, C. (1978). Kinship, social networks, social support, and health. *Social Science and Medicine, 12*, 273–280.
- Pisarski, A., Bohle, P., & Callan, V. (2002). Short communication: Extended shifts in ambulance work: Influences on health. *Stress and Health, 18*, 119–126.
- Pittman, J. F., Kerpelman, J. L., & McFadyen, J. M. (2004). Internal and external adaptation in Army Families: Lessons from Operations Desert Shield and Desert Storm. *Family Relations, 53*, 249–260.
- Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*, 385–401.

- Raskin, A., Schulterbrandt, J., Reatig, N., & McKeon, J. (1969). Replication of factors of psychopathology in interview, ward behavior, and self report ratings of hospitalized depressives. *Journal of Nervous and Mental Disease, 148*, 87–96.
- Renshaw, P. D. (2003). Community and learning: Contradictions, dilemmas ad prospects. *Discourse Studies in the Cultural Politics of Education, 24*(3), 355–370.
- Roberts, R., Vernon, S. W., & Rhoades, H. M. (1989). Effects of language and ethnic status on reliability and validity of the CES-D with psychiatric patients. *Journal of Nervous and Mental Disease, 177*, 581–592.
- Rosen, L. N., & Moghadam, L. Z. (1990). Matching the support to the stressor: Implications for the buffering hypothesis. *Military Psychology, 2*(4), 193–204.
- Rosen, L. N., Teitelbaum, J. M., & Westhous, D. (1993). Stressors, stress mediators, and emotional well-being among spouses of soldiers deployed to the Persian Gulf during Operation Desert Shield/Storm. *Journal of Applied Social Psychology, 23*, 1587–1593.
- Rotter, J. C., & Boveja, M.E. (1999). Counseling military families. *Family Journal of Counseling & Therapy for Couples & Families, 7*, 379–382.
- Schumm, W. R., Knott, B., Bell, D. B., & Rice, R. E. (1996). The perceived effect of stressors on marital satisfaction among civilian wives of enlisted soldiers deployed to Somalia for Operation Restore Hope. *Military Medicine, 161*, 601–606.
- Shumaker, S., & Brownell, A. (1984). Toward a theory of social support: Closing conceptual gaps. *Journal of Social Issues, 40*(4), 11–33.

- Stuart, J., & Halverson, R. (1997). The psychological status of U.S. Army soldiers during recent military operations. *Military Medicine*, 162, 737–743.
- Thompson, E., McCubbin, H., Thompson, A., & Elver, K. (1995). Vulnerability and resiliency in Native Hawaiian families under stress. In H. I. McCubbin, E. A. Thompson, A. I. Thompson, & J. Fromer (Eds.), *Resiliency in ethnic minority families: Native and immigrant American families, Volume 1* (pp. 115–131). Madison, WI: University of Wisconsin System.
- Tilden, V., & Weinert, S. (1987). Social support and the chronically ill individual. *Nursing Clinics of North America*, 22(3), 613–620.
- Turner, R., & Avison, W. (1985). Assessing risk factors for problem parenting: The significance of social support. *Journal of Marriage and the Family*, 47(4), 881–892.
- United Nations (2007). *Peacekeeping*. Retrieved October 7, 2007 from <http://www.un.org/Depts/dpko/dpko/index.asp>
- United States General Accounting Office (2001). Military personnel: Longer time between moves related to higher satisfaction and retention (GAO-01-841). Washington, DC: US Government Printing Office.
- Uehara, E. (1990). Dual exchange theory, social network analysis and informal social support. *American Journal of Sociology*, 96(3), 521–557.
- Van Breda, A. D. (2001). Resilience theory: A literature review (MPI/R/104/12/1/4, dd October 2001). Pretoria, South Africa: South African Military Health Service, Military Psychological Institute, Social Work Research, & Development. Available: <http://www.vanbreda.org/adrian/resilience.htm>

- Van Vranken, E., Jellen, L., Knudson, K., Marlowe, D., Segal, M. (1984). *The impact of deployment separation on Army families* (Report WRAIR NP-84-6). Washington, DC: Walter Reed Army Institute of Research.
- Veiel, H., & Baumann, U. (1992). The many meanings of social support. In Veiel, H., & Baumann, U. (Eds.), *The meaning and measurement of social support* (pp.1–9). Hemisphere, New York.
- Walsh, F. (2003) Family resilience: A framework for clinical practice. *Family Process*, 42(1), 1–18.
- Wellman, B., & Wortley, S. (1990). Different strokes from different folks: Community ties and social support. *American Journal of Sociology*, 96, 558–588.
- Wexler, H. K., & McGrath, E. (1991). Family member stress reactions to military involvement separation. *Psychotherapy*, 28, 515–519.
- Winemiller, D. R., Mitchell, M. E., Sutliff, J., & Cline, D.J. (1993). Measurement strategies in social support: A descriptive review of the literature. *Journal of Clinical Psychology*, 49(5), 638–648.
- Wortman, C., & Dunkel-Schetter, C. (1987). Conceptual and methodological issues in the study of social support. In Baum, A, & Singer, J. (Eds.). *Handbook of psychology and health* (pp. 63–108). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Zich, J. M., Attkisson, C. C., & Greenfield, T. K. (1990). Screening for depression in primary clinics: The CES-D and the BDI. *International Journal of Psychiatry in Medicine*, 20, 259–277.
- Zung, W. W. K. (1965). A self-rating depression scale. *Archives of General Psychiatry*, 12, 63–70.

APPENDICES

Appendix A

Family Deployment Survey

Demographics: Please respond to the following

1. Please indicate the branch of service your family member or loved one serves.

- Army
- Army Reserve
- National Guard

2. AGE:

3. GENDER:

- Male
- Female

4. ETHNIC BACKGROUND:

- | | |
|---|---|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> African American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Multi Racial |
| <input type="checkbox"/> Other: | |

5. RELATIONSHIP TO SOLDIER:

- | | |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Fiancé |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Father | |
| <input type="checkbox"/> Other: | |

6. NUMBER OF CHILDREN CURRENTLY LIVING IN THE HOME:

- No Children
- Other:

7. ARE YOU CURRENTLY EMPLOYED?

- Yes
- No

8. ARE YOU CURRENTLY WORKING FULL-TIME OR PART-TIME?

- Full-time
- Part-time

9. IS YOUR SPOUSE, FAMILY MEMBER, OR LOVED ONE CURRENTLY DEPLOYED? IF YOUR ANSWER IS NO PLEASE SKIP TO QUESTION 11.

- Yes
- No

10. IF DEPLOYED, HOW LONG HAVE THEY BEEN GONE?

- Less than one month
- 1-6 months
- 6-12 months
- 12-18 months
- More than 18 months
- Other:

11. IF YOUR SPOUSE, FAMILY MEMBER, OR LOVED ONE IS NOT CURRENTLY DEPLOYED, HOW LONG HAS IT BEEN SINCE THEIR LAST DEPLOYMENT?

- Less than one month
- 1-6 month
- 6-12 months
- 12-18 months
- More than 18 months
- Other

12. HOW MANY TIMES HAS YOUR SPOUSE, FAMILY MEMBER, OR LOVED ONE BEEN DEPLOYED IN THE LAST 6 YEARS?

- | | |
|----------------------------|--------------------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> More than 6 |

13. HOW MUCH NOTIFICATION WAS THERE PRIOR TO THE MOST RECENT DEPLOYMENT EXPERIENCED?

- 1-3 weeks
- 1-3 months
- 4-8 months
- 9-12 months
- Other:

14. Please identify the personal stressors or concerns you are currently experiencing as a result of deployment. If you are not currently experiencing a deployment, what were some of the concerns you experienced during a previous deployment? (PLEASE CHECK ALL THAT APPLY)

- | | | |
|---|--|---|
| <input type="checkbox"/> Financial concerns | <input type="checkbox"/> Dealing with concerns of children | <input type="checkbox"/> Lack of information about deployment and spouse's well-being |
| <input type="checkbox"/> Emotional concerns | <input type="checkbox"/> Communication with spouse during deployment | <input type="checkbox"/> Limited information or support from the military |
| <input type="checkbox"/> Anxiety about deployment | <input type="checkbox"/> Lack of social support | <input type="checkbox"/> No Concerns or Stressors |

Other concerns experienced during deployment:

15. Please identify any concerns you experienced after your loved one returned from a deployment, or the concerns you experienced during the time between multiple deployments.

- | | | |
|--|---|---|
| <input type="checkbox"/> Financial Concerns | <input type="checkbox"/> Helping your loved one with medical or health issues related to the deployment. | <input type="checkbox"/> Lack of social support |
| <input type="checkbox"/> Emotional Concerns | <input type="checkbox"/> Helping your loved one with emotional or psychological issues related to the deployment. | <input type="checkbox"/> Limited information or support from the military |
| <input type="checkbox"/> Anxiety about the deployment | <input type="checkbox"/> Marital relationship stress | <input type="checkbox"/> No concerns |
| <input type="checkbox"/> Dealing with the concerns of the children | | |
| <input type="checkbox"/> Helping your loved one with adjustment | | |

Other concerns

16. Are you familiar with your local Family Readiness Group and what they do?

- Yes No

17. Do you know where and when the Family Readiness Group meets?

- Yes No

18. How did you hear about the Family Readiness Group?

- | | | |
|--|---|--|
| <input type="checkbox"/> Solider | <input type="checkbox"/> Internet | <input type="checkbox"/> Family Readiness Group member |
| <input type="checkbox"/> Family member | <input type="checkbox"/> Newsletter | |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Unit Commander | |
| <input type="checkbox"/> Other: | | |

19. Do you participate in Family Readiness meetings?

- Yes
 No

20. Do you and your family participate in any events sponsored by the Family Readiness Group? (examples include: Holiday potlucks, bake sales etc.)

- Yes
- No

21. Do you receive a Family Readiness newsletter or information about the group by internet?

- Yes
- No

22. Do you think the Family Readiness Group is effective in supporting and communicating with families?

- Yes
- No

23. If you answered NO to question 22, please explain why you feel the Family Readiness Group has not been effective in supporting or communicating with families.

24. Please provide any comments or suggestions on how you would improve the Family Readiness Group.

25. During deployment, did you; your family or loved one utilize any military family support services?

- Yes
- No

26. If you utilized any military support services during deployment, how did you locate the service you needed?

- Soldier
- Family Member
- Friend
- Other:
- Internet
- Newsletter
- Unit Commander
- Family Readiness Member or Leader

27. If you utilized military support services, what types of services did you receive?

- | | |
|---|--|
| <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Assistance with Childcare |
| <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Counseling (Family or Individual) |
| <input type="checkbox"/> Medical Assistance | <input type="checkbox"/> Assistance from a Chaplain |
| <input type="checkbox"/> Other | |

28. If you utilized support services, were you satisfied with the support and service you received?

- Yes
 No

29. If you answered NO to question 28, and you were not satisfied with the services you received, please explain why?

30. If you did not utilize supportive services during deployment, would you; your family or loved one have benefited from any services?

- Yes
 No

31. If you answered YES to question 30, what support or services would you have liked to receive?

32. If you did not utilize any support services during deployment, what were some of the reasons you did not seek support if it was needed?

- | | |
|--|---|
| <input type="checkbox"/> No support was needed | <input type="checkbox"/> Was concerned how it may affect my soldier's career |
| <input type="checkbox"/> Was not aware of any support services | <input type="checkbox"/> Felt as if the unit commander, other leaders and military community would not be supportive. |
| <input type="checkbox"/> Was afraid of what others may think | |
| <input type="checkbox"/> Was afraid of what my soldier may think | |
| <input type="checkbox"/> Other | |

33. During deployment, did you; your family or loved one utilize any Civilian support services?

- Yes
- No

34. If you utilized civilian support services during deployment, how did you locate the support you needed?

- Solider
- Family Member
- Friend
- Internet
- Other:
- Newsletter
- Unit Commander
- Family Readiness Member or Leader

35. If civilian support services were utilized, what types of services were accessed?

- Financial Assistance
- Employment Services
- Other:
- Social Services
- Counseling (Family or Individual)

36. If civilian support services were utilized during deployment, were you satisfied with the support and service you received?

- Yes
- No

37. If you answered NO to question 36, and you were not satisfied with the support you received please explain why.

38. If you did not utilize services during deployment, would you, your family or loved one have benefited from any Civilian support services?

- Yes
- No

39. If you answered YES to question 38, what services would you have needed, please explain.



40. If you did not utilize any supportive services during deployment, what were some of the reasons you did not seek support if it was needed?

- | | |
|---|---|
| <input type="checkbox"/> Did not know how to locate the services I needed | <input type="checkbox"/> Was afraid of what my soldier may think |
| <input type="checkbox"/> Was worried about the cost | <input type="checkbox"/> Was concerned how it would affect my soldier's career |
| <input type="checkbox"/> Was afraid of what others may think | <input type="checkbox"/> Felt as if the unit commander, other leaders and military community would not be supportive. |

Appendix B

CENTER FOR EPIDEMIOLOGICAL STUDIES DEPRESSION SCALE (CES-D)

PURPOSE: The following scale was developed by the Center for Epidemiologic Studies (Lenore S. Radloff, 1977). This is a short, self-reporting scale intended for the general population.

DIRECTIONS: Please read the following statements and rate how often you have felt this way during the past year:

0 = Rarely or none of the time

1 = Some or a little of the time

2 = Occasionally or a moderate amount of time

3 = Most or all of the time

During the past year:	Rarely or none of the time	Some or a little of the time	Occasionally or a Moderate amount of time	Most or all of the time
1. You were bothered by things that usually don't bother you.	0	1	2	3
2. You did not feel like eating: your appetite was poor.	0	1	2	3
3. You felt that you could not shake the blues even with help from your family or friends.	0	1	2	3
4. You felt that you were just as good as other people.	3	2	1	0
5. You had trouble keeping your mind on what you were doing.	0	1	2	3
6. You felt depressed.	0	1	2	3
7. You felt that everything you did was an effort.	0	1	2	3
8. You felt hopeful about the future	3	2	1	0
9. You thought your life had been a failure.	0	1	2	3
10. You felt fearful.	0	1	2	3
11. Your sleep was restless	0	1	2	3
12. You were happy.	3	2	1	0
13. You talked less than usual.	0	1	2	3
14. You felt lonely.	0	1	2	3
15. People were unfriendly.	0	1	2	3
16. You enjoyed life.	3	2	1	0
17. You had crying spells.	0	1	2	3
18. You felt sad.	0	1	2	3
19. You felt that people disliked you.	0	1	2	3
20. You could not get "going"	0	1	2	3

Appendix C

Family Index of Coherence (FIC)



Family Stress, Coping and Health Project
 School of Human Ecology
 1300 Linden Drive
 University of Wisconsin-Madison
 Madison, WI 53706

FIC

FAMILY INDEX OF COHERENCE[®]

Hamilton I. McCubbin Joan M. Patterson

<i>Please rate the following statements as they apply to your family.</i>	Strongly Disagree	Disagree	Agree	Strongly Agree	
1. If there is a conflict between the family's needs and the military's needs, there is no question that the military comes first.	0	1	2	3	Ⓢ
2. The military seems to dictate to spouses of military members what they should not do.	0	1	2	3	Ⓢ
3. Our family can pretty well plan in advance for military assignments in the military.	0	1	2	3	
4. If we have problems or special needs in our family, we feel confident we can get the help we need.	0	1	2	3	
5. Our family feels we have some say about future military assignments (when and where).	0	1	2	3	
6. My family and I are unsure whether we will stay in or leave the military.	0	1	2	3	Ⓢ
7. Military life makes planning for family member's education and work almost impossible.	0	1	2	3	Ⓢ
8. The military member's career will be hurt if our family voices any special needs or frustrations.	0	1	2	3	Ⓢ
9. Our family is unsure when our military member will be home or gone.	0	1	2	3	Ⓢ
10. Our work and family schedules are always up in the air because of frequent TDYs, long work hours, etc.	0	1	2	3	Ⓢ
11. The military treats its members and their families justly and fairly.	0	1	2	3	
12. Our family shares a commitment to the life-style and mission of the military.	0	1	2	3	
13. When we face problems in our family, we have the ability to look on the brighter side of things.	0	1	2	3	
14. The military really does take care of its families and wants us to be all that we can be.	0	1	2	3	
15. Even though being in the military creates hardships for us, the military makes every effort to help us understand why.	0	1	2	3	
16. There is no way that being in the military can ever be good for our family.	0	1	2	3	Ⓢ
17. Within our family we have fair and just rules that keep things running smoothly.	0	1	2	3	

The Ⓢ symbol is for computer use only.

© 1982 H. McCubbin and J. Patterson, Family Stress, Coping and Health Project

Total

Appendix D

Social Support Index (SSI)



Family Stress, Coping and Health Project
 School of Human Ecology
 1300 Linden Drive
 University of Wisconsin-Madison
 Madison, WI 53706

SSI
SOCIAL SUPPORT INDEX[®]
 Hamilton I. McCubbin Joan Patterson Thomas Glynn

Directions:

Read the statements below and decide for your family whether you: (1) **Strongly Disagree**; (2) **Disagree**; (3) **Neutral**; (4) **Agree**; or (5) **Strongly Agree** and circle that number.

<i>Please indicate how much you agree or disagree with each of the following statements about your community and family:</i>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Family Score
1. If I had an emergency, even people I do not know in this community would be willing to help.	0	1	2	3	4	<input type="checkbox"/>
2. I feel good about myself when I sacrifice and give time and energy to members of my family.	0	1	2	3	4	<input type="checkbox"/>
3. The things I do for members of my family and they do for me make me feel part of this very important group.	0	1	2	3	4	<input type="checkbox"/>
4. People here know they can get help from the community if they are in trouble.	0	1	2	3	4	<input type="checkbox"/>
5. I have friends who let me know they value who I am and what I can do.	0	1	2	3	4	<input type="checkbox"/>
6. People can depend on each other in this community.	0	1	2	3	4	<input type="checkbox"/>

Social Support Score 1

<i>Please indicate how much you agree or disagree with each of the following statements about your community and family:</i>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Family Score	
7. Members of my family seldom listen to my problems or concerns; I usually feel criticized.	0	1	2	3	4	<input type="checkbox"/>	Ⓢ
8. My friends in this community are a part of my everyday activities.	0	1	2	3	4	<input type="checkbox"/>	
9. There are times when family members do things that make other members unhappy.	0	1	2	3	4	<input type="checkbox"/>	Ⓢ
10. I need to be very careful how much I do for my friends because they take advantage of me.	0	1	2	3	4	<input type="checkbox"/>	Ⓢ
11. Living in this community gives me a secure feeling.	0	1	2	3	4	<input type="checkbox"/>	
12. The members of my family make an effort to show their love and affection for me.	0	1	2	3	4	<input type="checkbox"/>	
13. There is a feeling in this community that people should not get too friendly with each other.	0	1	2	3	4	<input type="checkbox"/>	Ⓢ
14. This is not a very good community to bring children up in.	0	1	2	3	4	<input type="checkbox"/>	Ⓢ
15. I feel secure that I am as important to my friends as they are to me.	0	1	2	3	4	<input type="checkbox"/>	
16. I have some very close friends outside the family who I know really care for me and love me.	0	1	2	3	4	<input type="checkbox"/>	
17. Member(s) of my family do not seem to understand me; I feel taken for granted.	0	1	2	3	4	<input type="checkbox"/>	Ⓢ

The Ⓢ symbol is for computer use only.

Social Support Score 2

Social Support Score 1

Social Support Score Total

Appendix E

Information Sheet



DEPARTMENT OF THE ARMY
ARI – FT BENNING INSTITUTIONAL TRAINING RESEARCH UNIT
POST OFFICE BOX 52086
FORT BENNING, GA 31995-2086

INFORMATION SHEET for a Research Study entitled

Active Army and National Guard Families: Deployment Needs and Support.

You are invited to participate in a research study to develop a better understanding of the issues and challenges family members and significant others of Active Army and National Guardsmen experience during deployments, and the adjustment time after deployments. In addition, we are interested in your experiences with the Family Readiness Group and those services and resources that are used for referrals.

The study is being conducted by Cynthia N. Vasilas of the U.S. Army Research Institute Infantry Forces Research Unit. You were selected as a possible participant because you are a family member or significant other of an Active Army or National Guard soldier and are age 19 or older.

Procedure and Duration: If you decide to participate in this research study, you will be asked to complete the attached surveys. Your total time commitment will be approximately 25-30 minutes.

Risks: The risks associated with participating in this study are minimal, however participating in this study may cause you to focus more attention on the needs and concerns you experienced as a result of a deployment. Some of this information is about the emotional and personal experiences of being the spouse, a family member or loved one of someone who is deployed. If as a result of completing the survey you experience psychological discomfort, please refer to your local mental health facility. You are responsible for any costs associated with medical treatment. However, it is not expected that participation in this study will cause any harm or stress

Benefits: The information obtained in the study will serve to help us improve support services and identify the needs of family members of deployed National Guardsmen and Active Fort Benning Soldiers. The overall goal is to help better prepare, deliver services and referrals that will help you and your family through a deployment, however we cannot promise you that you will receive any or all of the benefits described

Withdrawal: Your participation is completely voluntary and you may stop answering the surveys at any time. Only returned and completed surveys will be included in the data analysis. Your decision about whether or not to participate will not jeopardize your future relations with U.S. Army Research Institute Infantry Forces Research Unit, Fort Benning Family Readiness Group, or Fort Benning.

Confidentiality: Your confidentiality will be assured, as your name will never be attached or shown on any of the responses. Information obtained through your participation may be used to

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE WHETHER OR NOT YOU WISH TO PARTICIPATE IN THIS RESEARCH STUDY.

"The Auburn University Institutional Review Board has approved this document for use from May 14, 2009 to May 13, 2010. Protocol #09-145 EX 0905."

Cynthia Vasilas, Med, NCC, LPC
U.S. Army Research Institute
Infantry Forces Research Unit
P.O. Box 52086
(706) 545-2450
Ft. Benning, GA 31995-2086
Cynthia.vasilas@us.army.mil

SURVEY LINK:

http://www.surveymonkey.com/s.aspx?sm=ZacxV_2bUfGW4g50INV85Fbg_3d_3d

Appendix F

Department of the Army: Consent to Use Data



DEPARTMENT OF THE ARMY
ARI - FT BENNING INSTITUTIONAL TRAINING RESEARCH UNIT
POST OFFICE BOX 52086
FORT BENNING, GA 31995-2086

May 21, 2009

Auburn University IRB Office:

As a Consortium Research Fellow with the Consortium of Universities of the Washington Metropolitan Area and the Fort Benning Army Research Institute of the Behavioral Sciences, during July 2007-08, Cynthia Vasilas was encouraged to participate as a member of a research team to learn about the research process. Cynthia was assigned a research mentor, Dr. Gregory Goodwin that provided technical support and research oversight as she was learning to become a competent researcher.

The Fort Benning Army Research Institute conducts research that addresses myriad training, leader development, and Soldier support issues, particularly those pertaining to the needs of the Infantry force.

As a student research fellow, Cynthia conducted an individual study entitled: Active Army and National Guard Families: Deployment Needs and Support. This study was separate from the studies conducted at the Fort Benning U.S. Army Research Institute. She was given permission to disseminate surveys to the local command units by the local FRG units.

As Cynthia's Research mentor, I spoke with Cynthia Vasilas and understood the scope of her research and how she would be using the data. All information was gathered in a confidential and appropriate manner. Cynthia was given permission to collect, review and use the archival data she previously collected as a student with the Consortium Research Fellows program at Fort Benning. Since this was an individual study conducted by Cynthia Vasilas; ARI of Fort Benning was not connected to the development of the research nor is it responsible for the data and has no ownership of the data collected.

Should you have any further questions please feel free to contact Dr. Gregory A. Goodwin at 706-545-5589 or by email at gregory.goodwin1@us.army.mil

Regards:

A handwritten signature in black ink that reads "Gregory A. Goodwin".

Gregory A. Goodwin, Research Psychologist
U.S. Army Research Institute Infantry Forces Unit
P.O. Box 52086
Ft. Benning, GA 31995-2086
(706) 545-5589
gregory.goodwin1@us.army.mil