A Study of School Counseling Services Provision to Children of Deployed Military Parents

by

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Abstract

Considering the impact of deployment on the children of military parents as evidenced by a review of the literature, school counselors are in a unique position to assist these students during long-term or repeated deployments. The current study explores school identification procedures for the children of deployed military parents, the extent of school counselors' use of existing external resources, types of services provided by school counselors, and perceived outcomes of interventions in place. A stratified random sample method was used in soliciting participant school counselors in the state of North Carolina. The return rate was 23.4% resulting in 117 completed surveys useful for analysis for the study. Largely, the sample included two pools – one composed of schools within a county which hosts or adjoins a military installation and one pool of schools drawn from counties which do not adjoin a military installation. Elementary, middle, and high schools were selected by 40%, 30%, and 30% rates of the total number of samples respectively within each pool of host/adjoining and non-host/non-adjoining schools.

A 14-item survey instrument, the School Counseling Services Provision Questionnaire (SCSPQ), which was developed by the researcher, was used to investigate the research questions under study. A descriptive analysis, a chi-square statistical analysis, and a Holm's Bonferroni Method for follow-up were used to analyze the collected data. Results indicated that there were statistically significant differences for the variables of "distance from nearest Active Duty

military installation" and "population identification." Implications for school counselors,

counselor educators and researchers were discussed.

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I. INTRODUCTION

Since the events of September 11, 2001, there have been a number of parents of school-age children who, as members of the Armed Services, have been deployed in support of operations in both Afghanistan and Iraq. As cited in the U.S. Department of Defense 2005 Demographics Report, 1,373,534 service members were on Active Duty while Selected Reserve members numbered 829,005. Of the total number of Active Duty and Selected Reserve personnel, approximately 43% of each component had children. There were 1,177,190 children of Active Duty personnel, and approximately 56% (661,795) of these children were between the ages of 6 and 18 years. There were also 723,294 children of Selected Reserve personnel, with approximately 64% (338,069) between the ages of 6 and 18 years of age. Military installations have traditionally provided for the needs of the entire military community, to include soldiers and their families. Presently, though, many National Guard and Reserve soldiers are being called upon to perform the same duties as their Active Duty counterparts, to include lengthy and repeated deployments.

Research following Operations Desert Shield and Desert Storm during the Gulf War in 1991 examined the stresses that occurred within families during and after the deployment (Jensen & Shaw, 1996; Jensen, Martin, & Watanabe, 1996; Kelley, 1994; Norwood, Fullerton, & Hagen, 1996; Ursano & Norwood, 1996; Pierce, Vinokur, & Buck, 1998; Rosen & Teitelbaum, 1993). Likewise, studies of the effects of prolonged and repeated deployments associated with Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) in Afghanistan are

have been conducted (Cozza, Chun, & Polo, 2005), and strategies for helping children to cope with and gain resilience in response to these stresses are being developed (Armstrong, Best, & Domenici, 2006; Fenell, Fenell, & Williams, 2005).

Children of deployed military parents may be better understood as a vulnerable population during times of deployment. Most current school-based approaches to assisting children during periods of vulnerability (i.e., asset building, developmental guidance programs, and strengths-based school counseling) are based in the study of resilience and as such will be discussed later in the review of the professional literature. However, it is important to briefly note how schools have responded previously to vulnerable populations in terms of resilience research and promotion.

Emotional resilience in other student-age populations has been addressed regarding the impact of abuse or neglect (Flores, Cicchetti, & Rogosch, 2005; Iwaniec, Larkin, & Higgins, 2006; Sagy & Dotan, 2001); poverty (Borman & Overman, 2004; Shonk & Cicchetti, 2001); teenage pregnancy (McGaha-Garnett, 2008); parental divorce and single-parent households (Mulholland, Watt, Philpott, & Sarlin, 1991; Rodgers & Rose, 2002); suicide (Fergusson, Beautrais, & Horwood, 2003; Forman & Kalafat, 1998; O'Donnell, O'Donnell, Wardlaw, & Stueve, 2004); violence (Aisenberg & Herrenkohl, 2008; Gewirtz & Edleson, 2007; Hollister-Wagner, Foshee, & Jackson, 2001); and substance abuse (Fergusson, Beautrais, & Horwood, 2003; Forman & Kalafat, 1998; Masten & Coatsworth, 1998; O'Donnell, O'Donnell, Wardlaw, & Stueve, 2004) as well as academic risk, such as dropping out of school (Borman & Overman, 2004; Carnahan, 1994; Finn & Rock, 1997; Shonk & Cicchetti, 2001). Such research efforts have

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increased interest in understanding risks and protective factors, their operation, and which interventions increase positive outcomes for children facing risk.

According to Brooks and Goldstein (2001), theoretical models of resilience assume that human growth is at least partially determined by the need to cope and adapt. Among the early resilience researchers, Cowen (1973, 1980) called for the development of models of resilience as a means to reduce risk and thereby promote psychological wellness. Cowen (1991) further suggested that there should be a comprehensive approach to the promotion of wellness in children. School support networks have been consistently shown to improve outcomes for vulnerable child populations (Benard, 1993; Garmezy, 1993; Luthar, Cicchetti, & Becker, 2000; Masten & Coatsworth, 1998) and today, comprehensive developmental school counseling programs have been adopted nationwide to address the wellness needs of children and incorporated into the American School Counselor Association (ASCA) National Model (2003, 2005) for student development. These concepts of child development and wellness have also been promoted through strengths-based approaches to children in general (Ungar, 2005) and more specifically within the school counseling profession (Galassi & Akos, 2007).

As such, school counselors increasingly are compelled to develop and implement comprehensive school counseling programs that meet the needs of all students for their academic, social, psychological and career development. Development of such programs may be utilized by augmenting existing programs, identifying and utilizing external resources, and developing new responsive services to increase or maintain resilience in at-risk populations. However, an exhaustive review of the current literature reveals that schools often do not have a formal process to identify children of deployed military parents (Fenell, Fenell, & Williams,

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2005), indicating a lack of awareness of the needs of school-age children of deployed parents, which is estimated to be close to 1 million (DOD, 2005).

Today, several national organizations, such as the National Military Family Association (NMFA), 4-H, and the Boys and Girls Clubs of America offer programs and resources to meet the needs of this population of children. State departments of education and branches of the National Guard, as well as local community agencies and organizations, also provide information through websites to assist military families on issues related to deployment which can also be used by school professionals in support of children of deployed military parents. However, there has not been a systematic effort to assess if school counselors are aware of the existence of these resources, if these resources are actually being utilized, and in what ways have they been employed by school counselors to develop resilience in children of deployed military parents.

While most research involving children and the impact of deployment has been conducted within the field of psychology, school counselors are in a unique position for initial identification, service provision and support, and promotion of student academic and emotional growth and development (Mitchum, 1991). The promotion of student wellness is currently embodied in the American School Counselor Association (ASCA) National Model (Young & Lambie, 2007) and has gained further support through the 2009 Council for Accreditation of Counseling and Related Educational Programs (CACREP) Standards. Such commitment reflects the urgency of school counselors to design and implement prevention and intervention plans that demonstrate an understanding of the effects of "factors of resiliency on student learning and development" (CACREP, School Counseling Foundations – A. 6, p. 39) for all students, including the children of deployed military parents.

Although school counselors have been familiar with issues of developing resilience with at-risk populations (i.e., children of divorced or mentally ill parents, low socioeconomic status, single-parent households, or of dropping out of school) as it has been defined in the professional literature cited above, researchers have only recently begun to address the need for developing school-based programs and services for children of deployed military parents. Even though there are extensive research programs which have been dedicated to assisting this population such as the Military Child Initiative (MCI, 2008) of the Johns Hopkins Bloomberg School of Public Health, there remains a paucity of research integrating resilience-enhancing resources and wellness approaches into school counseling programs as it relates to prevention and intervention with children of deployed military parents.

Purpose of Study

As a result of the Global War on Terror (GWOT), military parents and their families have been directly impacted by an armed conflict that has endured longer than World War II. Most of the children of these deployed Select Reserve or Active Duty military parents attend public schools. As such, many school counselors have an immediate need to respond to the issue of deployment as it affects the children of military parents within their school communities.

Considering this, the purpose of this study is to investigate the extent of school counseling services developed to assist children of deployed military parents. More specifically, the following issues will be explored: (a) How school counselors are identifying children of deployed military parents within the public schools; (b) what school counselors are actually doing within the public schools to assess the needs of this student population; (c) what programs

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and resources external to the schools have been used to assist children of deployed military parents; (d) what programs and responsive services have been developed by school counselors to support these students; (e) what the outcomes of implementation of responsive services look like; and (f) what counselors have done to maintain their intervention efforts, if any, for students during prolonged periods of their parent's deployment. In addition, the researcher will explore preventive and responsive school counseling programs that might help promote resiliency and wellness among children of deployed military parents through the review of literature written on the topics of resiliency, asset building, and strengths-based approaches to promoting individual development and achievement with children of deployed military parents.

Significance of Study

With the paucity of studies exploring services to the children of deployed military parents, this study will be able to provide knowledge regarding the extent of service provision that will increase awareness (a) for the development of counseling services to the children of deployed military parents, (b) of areas for improvement in the development of counseling services (such as identification, resources, etc.), (c) of the need for increased support for the population during periods of deployment, (d) the extent of school counselors' in-service training needs, (e) of the needs for the development of in-service training materials for school counselors, and (f) a call for advocacy for school counseling programs that address the needs of children of deployed military parents.

Research Questions

1. What procedures are used to identify children of deployed military parents in the public schools?

2. How are the needs of children of deployed military parents assessed in the public schools?

3. What existing resources have been utilized by school counselors to assist children of deployed military parents in the public schools?

4. What school counseling services have been developed to support children of deployed military parents in the public schools?

5. What are the perceived outcomes of implementation of responsive services to children of deployed military parents?

6. Do years of experience as a school counselor, school level, and distance from nearest Active Duty military installation impact identification of the population and resource utilization for children of deployed military parents?

Definition of Terms

Active Duty: Members of the Department of Defense (DOD - Army, Navy, Air force, Marine Corps) and the Department of Homeland Security (DHS - Coast Guard) who have signed a contract of enlistment for a specified term of service or hold a commission as an officer on full-time duty.

American School Counselor Association (ASCA) National Model: A comprehensive national school counseling model developed by the ASCA which "supports the school's overall

mission by promoting academic achievement, career planning and personal/social development. It serves as a framework to guide states, districts and individual schools in designing, developing, implementing and evaluating a comprehensive, developmental and systematic school counseling program" (ASCA, 2008).

Asset/Resource/Compensatory factor: A measurable characteristic in a group of individuals or their situation that predicts general or specific positive outcomes (Wright & Masten, 2005).

Council for the Accreditation of Counseling and Related Educational Programs (CACREP): CACREP is an independent agency recognized by the Council for Higher Education Accreditation to accredit master's degree programs in career counseling, college counseling, community counseling, gerontological counseling, marital, couple, and family counseling/therapy, mental health counseling, school counseling, and student affairs. It also accredits doctoral degree programs in counselor education and supervision (CACREP, 2008). Cumulative protection: The presence of multiple protective factors in an individual's life (Wright & Masten, 2005).

Developmental tasks: Expectations of a given society in a historical context for the child's accomplishment of specific tasks at the appropriate stage of development (Wright & Masten, 2005).

Protective factor: Quality of a person or context or their interaction that predicts better outcomes, particularly in situation of risk or adversity (Wright & Masten, 2005).

Resilience: A pattern of positive adaptation in the context of past or present adversity (Wright & Masten, 2005). "Resilience researcher's central mission is to illuminate processes that

significantly mitigate the ill effects of various adverse life conditions as well as those that exacerbate these, and thus to derive specific directions for interventions and social policies" (Luthar & Brown, 2007, p. 931).

Ready Reserve: Comprised of the Selected Reserve (SR), Individual Ready Reserve (IRR), and the Inactive National Guard (ING). IRR and ING members typically have served as Active Duty or Selected Reserve members in the past, but do not regularly participate in organized training. Selected Reserve members train throughout the year and participate annually in Active Duty training exercises. The seven components of the Selected 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).

Risk factor: A measurable characteristic in a group of individuals or their situation that predicts negative outcome on a specific outcome criterion (Wright & Masten, 2005).

II. REVIEW OF THE LITERATURE

This chapter contains a review of literature identifying children of military parents as a unique student population, the impact of deployment on children of military parents, approaches to promoting resilience in children including asset building and strengths-based counseling, and student support services and interventions provided during periods of child vulnerability, such as deployment.

The Impact of Deployment on Children of Military Parents

Children of Military Personnel as a Unique Student Population

As of October 20, 2009, the total number of National Guard (in Federal Status) and Reserve forces mobilized stands at 137,841, including both individual augmentees and units, with 109,317 soldiers from the Army National Guard and Reserve; 6,427 from the Navy Reserve; 13,242 from the Air National Guard and Air Force Reserve; 8,188 from the Marine Corps Reserve; and 667 from the Coast Guard reserve (DOD, 2009). Also, there has been a net increase in the number of National Guard and Reserve forces deployed since the beginning of the Obama Administration, up from 120,257 in November of the previous year (DOD, 2008). Of the 1.5 million service personnel who have been deployed in support of the Global War on Terror (GWOT), approximately one-third have served two combat tours of duty, 70,000 have been deployed three times, and 20,000 have been deployed five times or more (APA, 2007).

From the beginning of the Iraq War and the continued Global War on Terror (GWOT), many soldiers are seeing an increase in the number of deployments and time spent overseas, as well as an increased demand for reserve units. Prior to September 11, 2001, Guardsmen were required to serve no more than six months of overseas duty in a three-year period. National Guard and reserve soldiers may now be placed on involuntary active duty for up to 24 months within a five-year period (Montgomery & Hall, 2006).

National Guard and reserve soldiers have traditionally not served on extended periods of deployment. This has created stresses not only for the soldiers but for their families as well. Studies suggest that for Regular Army (RA) personnel, the more often a soldier is deployed, the more resilient he or she becomes and therefore less stress occurs with each subsequent deployment (Bartone, 1999; Fals-Stewart & Kelley, 2005; Punamäki, 2006). However, studies have shown that this is not necessarily true for children; although they are able to handle low levels of stress, upon reaching a threshold - more than five traumatic experiences (Garbarino & Kostelny, 1996; Punamäki) - they become substantially more vulnerable to psychological distress and developmental difficulties (Breslau, 1998; Punamäki).

Currently a paucity of research exists concerning the effects of stress on children of deployed National Guard and Reserve soldiers, their identification as a population among the regular student population, and the type and nature of school counseling services provided to these children. However, children's resilience in periods of vulnerability has been researched extensively and an overview of this research will be presented later in this review of the literature.

Children and the Cycle of Deployment

Military deployment has been examined in recent years as being cyclical in nature. The cycle of deployment has been defined and clarified (Pincus, House, Christenson, & Adler, 2008) as consisting of five distinct phases: pre-deployment, deployment, sustainment, re-deployment (or reunion), and post-deployment. The pre-deployment phase begins with notification of orders to deploy and concludes with the departure of units or personnel. During this period, soldiers prepare for deployment by readying equipment for transport and increasing unit readiness through training. The term deployment is used to describe not only the process of sending service personnel either to another part of the United States or overseas but also the period of time they are away from their permanent duty station, whether port, post, or base and actively engaged in operations. Sustainment lasts until the month before the service member returns home. This is when the parent at home establishes new routines and builds a support network. Ongoing concern for the service member remains, especially when he or she is in a combat zone. During re-deployment, or "reunion," military personnel and their families prepare for the unit's return. The post-deployment "homecoming" is marked by the return of service members and their reunification with family, friends, and their communities. Traditionally, post-deployment has been considered the final phase of the deployment cycle but with the pace of current operations, units may be repeatedly returned to pre-deployment status and subsequently deployed to combat or support duties, raising the level of stress experienced by soldiers and their families (Pincus et al).

In 2005, the National Military Families Association (NMFA) conducted the Cycles of Deployment Survey, and of those military families that responded 15% found the pre-

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deployment phase to be the most stress-invoking period. The NMFA also found that spouses may lack community support, remaining separated from military culture, and as such may not receive information concerning social support services, finances, and health care. MacDermid (2006) found that National Guard and Reserve families may be especially vulnerable to stress during this time, as they receive relatively short notification for preparation.

During the deployment phase, spouses and children may report a number of emotional and physical symptoms, including difficulty sleeping, numbness, anxiety, loneliness, feeling overwhelmed, disorientation, sadness, depression, and anger (APA, 2007). Financial difficulties may also occur, especially among National Guard and Reserve families (APA). Over time, families begin to reassign duties and authority and establish new support systems (Pincus et al., 2008), which may include religious, community, or military organizations, such as Family Readiness Groups (FRG). Although usually successful in their mission of providing support for active Army families, MacDermid (2006) notes that due to insufficient command support, training, or resources for FRG leaders, these organizations may not provide the necessary support for Reserve and National Guard units.

As the redeployment period begins, plans for reunion of the family occur and anticipation of homecoming builds. After troops actually return during the post-deployment phase, family reorganization takes place, with roles being reassigned among the members (APA, 2007). As cited by the APA (2007), several studies (Blount, Curry, & Lubin, 1992; Drummet, Coleman, & Cable, 2003; Stafford & Grady, 2003) have found that insecurity concerning their positions in the reorganized family structure and a perceived loss of independence may lead to resentment among service members and spouses. A recent study (Rentz et al., 2007) published in the May

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2007 issue of the *American Journal of Epidemiology* reported that during the last six months of 2002, the rate of substantiated child maltreatment appeared to increase and then escalate significantly in January 2003; the rate remained consistently higher than pre-January 2003 levels and coincided with increased military operations and deployments to the Middle East.

Children and Deployment during Operations Desert Shield/Desert Storm

Until the current operations in Iraq and Afghanistan, wartime deployment research had focused on military personnel, families, and children affected by Operations Desert Shield and Desert Storm (ODS), the First Gulf War, conducted in 1990 and 1991. Researchers – (Jensen, Grogan, Xenakis, & Bain, 1989; Kelley, 1994; and Rosen, Teitelbaum, & Westhuis, 1993) found that for children whose parents were deployed in combat operations, internalizing and externalizing symptoms increased; however, Rosen and colleagues also found these children's symptoms usually did not reach clinically significant levels. The vast majority of children do adjust without experiencing long-term psychological effects (D'Andrea & Daniels, 1992). In studies following the Gulf War in 1991, elevated levels of anxiety and depression were found among military children of deployed parents, with younger children and boys at higher risk for psychological stresses but these symptoms were not considered to be clinically significant and most students did not require long-term treatment (Jensen, Martin, &Watanabe, 1996). Punamäki (2006) notes that although children are able to handle low levels of risk factors, after reaching a certain contact threshold they become substantially more vulnerable to psychological distress and developmental difficulties (Sameroff, 1999). Additional research suggests that psychological disorders were more likely when the threshold of vulnerability exceeds five

traumatic experiences, such as death or destruction of the family home (Garbarino & Kostelny, 1996).

A number of studies were conducted within specific branches of the military during the post-Gulf War period. Applewhite and Mays (1996), in the first study of maternally versus paternally separated children in Army families, concluded that children who experienced maternal separation were not more adversely affected than children who experienced paternal separation. Using a retrospective survey of Air Force mothers who were deployed to the Middle East during the Gulf War, Pierce, Vinokur, and Buck (1998) found that the main predictors of children's adjustment problems at the time of the war were the mother's difficulties in providing for the care of the children, the mother's deployment in the theater of the war (as opposed to deployment to other locations), and the degree of change in the children's lives. War-related adjustment problems were not found to be related to children's adjustment two years after the war, suggesting that the effects of maternal separation during the conflict were transient.

A more recent study conducted with Navy families (Kelley et al., 2001) found that Navy children with deployed mothers exhibited higher levels of internalizing behavior than children with non-deployed Navy mothers and were more likely to exhibit clinical levels of internalizing behavior than Navy children with non-deployed mothers or civilian children. However, findings do not suggest greater pathology in children of Navy mothers.

Kelley, Finkel, and Ashby (2003) also examined maternal and family factors and family mobility as related to mother's and children's reports of psychological adjustment of children in military families. While children's reports of family cohesiveness, their relationships with their mothers, and the length of time they had lived in their current residence predicted children's

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reports of loneliness, peer relationships, fear of negative evaluations, and self-esteem, their rate

of mobility did not. In contrast, children's depressive and anxious behaviors were predicted by

maternal depressive symptoms, and both maternal symptoms and children's perception of their

relationship with their mothers predicted children's aggression and noncompliance. Results

suggest that moving may not be as important as other aspects of maternal functioning and family

relationships for psychological adjustment of children and families.

In the wake of operations in the Persian Gulf, D'Andrea and Daniels (1992) provided a

framework for understanding key responses children undergo when coping with the loss of a

deployed parent. Although all children do not react the same way to loss, grieving children pass

through a series of often overlapping phases, each with its own distinct set of characteristics.

During the initial phase of deployment, the child may find it difficult to believe that the parent

has left; an emotional numbness may overcome the child. Parkes and Weiss (1983) observe that

this is a natural part of grieving, and that during this period the child may appear to be in a daze.

This may act as a defense mechanism protecting the child from the full recognition of the painful

feelings of loss or the possible danger the parent may be facing while deployed.

As the child begins to recognize the reality of the separation and loss, he or she becomes

more aware of the sadness and loneliness of the situation and yearns for the parent's return. At

this time, children may become disruptive at home or school (D'Andrea & Daniels, 1992) as

they struggle to cope with the pain associated with the realization of loss. Symptoms related to

separation anxiety may include sleeplessness, stomach pains, and weight gain or loss due to

constant eating or loss of appetite, respectively (N.C. National Guard, 2007). Other behaviors

include restlessness, nightmares, spontaneous crying, and panic (Sigelman, 1999).

As the child becomes increasingly aware that the parent will not return soon, he or she may appear disoriented and demonstrate an inability to cope with daily routines (D'Andrea & Daniels, 1992). A diminished interest in family, peer, and school interaction may occur, marked by a sense of apathy and depression not previously apparent. Punishment or other attempts to "fix things" for students in this phase are unlikely to be successful; students should be supported with patience, given the time to heal, and the opportunity to discuss their unique experience.

The Virginia Joint Military Family Services Board (VJFSB), as cited in Fenell, Fenell, and Williams (2005), states that as a result of deployment, some children may grow developmentally, exploring new talents and interests, taking on additional family responsibilities, strengthening family cohesiveness, gaining self-confidence and personal autonomy, and developing resilience under adverse conditions.

Children and Deployment during Operations Enduring Freedom/Iraqi Freedom

Impact of deployment on military parents and their children during Operations Enduring Freedom/Iraqi Freedom. Permanent change of station (PCS) moves and deployments to areas of conflict have a direct impact on the emotional state of children of military personnel. On average, children of military families move three times as often as their civilian peers (Viadero, 2005). Lamberg (2004) estimates that there are about 1.5 million school-age children who have military parents on active duty, and about 49,000 of those families include both parents on active duty. The Military Family Research Institute, as cited by the APA Task Force on Military Deployment Services (APA, 2007), estimates that there are almost 900,000 soldiers in the Reserve and National Guard with more than 700,000 dependent children. The APA Task Force

on Military Deployment Services also estimates that presently 700,000 children of active duty, National Guard, and reserve soldiers combined have at least one parent deployed (APA).

The Pentagon maintains a school system that serves 100,000 of those children on military bases around the world, but a larger proportion of military children, approximately 500,000, attend regular public schools. These schools can provide a sense of safety, security, and stability that otherwise may be lacking during these times of transition (DOD, n.d.). Children on military bases have a community of support that acknowledges and recognizes these stresses, however, it has not been determined to what extent the public schools and local communities are aware of the unique needs of the children of deployed National Guard and reserve soldiers (Hardy, 2006).

The impact of operations in Afghanistan and Iraq has required both military and civilian communities to address the needs of families and children directly affected by deployment. According to the National Guard Family Program,

> Deployment is stressful for military families even under the best of circumstances. As families prepare for deployment, anxiety can escalate with concerns over separation, job absence, financial stability, and general well-being. Additionally, in the Guard and Reserve, distance and isolation from military installations make it more difficult for family members to access available resources to support them during the separation. (N.C. National Guard, 2007, p. 1)

Families are now confronted with the emotional stress of deployment as well as a growing concern for financial and job loss. The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA 38 U.S.C. 4301-4333) extended "the cumulative length of time that an individual may be absent from work for military duty and retain

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reemployment rights to five years" with the following exceptions: initial enlistments lasting more than five years, periodic National Guard and Reserve training duty, and involuntary active duty extensions and recalls, especially during a time of national emergency (U.S. Department of Labor, n.d.). Thus, the ongoing conflicts leave many service members unprotected from job loss.

In February 2007, the American Psychological Association (APA) Presidential Task Force on Military Deployment Services for Youth, Families, and Service Members published *The Psychological Needs of U.S. Military Service Members and Their Families: A Preliminary Report*. A primary Task Force goal focused on the identification of mental health needs of military personnel and their families during military operations. In discussing the limitations to their study, the authors indicated that although research efforts have been made to explore the impact of current military operations in the Middle East, "comprehensive, system-wide research efforts to address questions of importance to the clinical needs and care of military personnel and their families" (p. 5) has not been made and that a paucity of research exists specifically related to the mental health of service members, spouses, and children during periods of deployment, including an "absence of research" involving National Guard and Reserve personnel.

Emotional cycle of deployment. According to current research, varying emotional symptoms and student behavior may be evident during the different phases of the deployment cycle (Murray, 2002; Pincus et al., 2008; Stafford & Grady, 2003). Armstrong, Best, and Domenici (2006) state that children between the ages of 5 and 12 are aware of current events due to what they see and hear on television news and class discussions and therefore know about the dangers of war. As a result, they may have serious worries about the safety of the parent or loved one who is to be deployed. However, children in this age group are more likely to

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experience emotions physically, and may complain about stomachaches or headaches, have difficulty sleeping, or have a loss of appetite.

During the pre-deployment phase, elementary school age children (5-12 years) may increasingly whine, complain or become aggressive when they experience the stress of impending separation and concern for the safety of a loved one. Also, they may revert to earlier behaviors (i.e., thumb-sucking, "baby talk," clinginess, refusal to go to school) "because they fear being separated from their parent or caregiver" (Armstrong, Best, & Domenici, 2006, p. 105). Observed depressive symptomology may include loss of interest in academic or peer-group activities, often accompanied by sleep disturbances. These school age children may also appear sad, angry or anxious (Pincus et al., 2008).

After interviewing the wife of a soldier who had been deployed to Iraq, Walsh (2004) noted that their ten-year-old son cried for two weeks after his father left. The parent said

> He cried in the morning, at night, and at school. He called his mom daily from the school nurse's office. 'I have a stomache-ache, I want to come home,' he'd tell her. For two weeks he couldn't sleep. He couldn't eat. He didn't want to leave his home. He was incredibly sad. (p. 72)

In discussing the issue of deployment with a grief counselor, Walsh was told

> when a young child's mother or father is away for 18 months, this time can seem like forever to a kid. The temporary loss may also stir the same emotions that a death in the family brings—grief, anger, sadness, confusion and fear. These children suffered everyday losses. Their dads weren't there to tuck them into bed at night. Their mothers weren't there to hug them when they got off the school bus. Their fathers missed Boy

Scout ceremonies and their father-daughter dances. They missed birthdays, holidays,

graduations. (pp. 72-73)

Vicki Jay, the executive director of Fort Hood's grief camp, summarized the situation in saying,

"The children have often been the forgotten mourners" (Brant, 2006, p. 33).

Middle and high school age adolescents (13-18 years) may present with increased

somatic complaints or mood changes such as irritability, anger, aloofness, or apathy once the

parent or parents are deployed. As with their elementary school counterparts, they may also

demonstrate a lack of interest in school, peers, and extra-curricular activities. Students, who had

not done so previously, may complain about teachers and situations in the classroom (Fenell,

Fenell, & Williams, 2005). These individuals may become rebellious or may be involved in

physical conflicts with peers. They may also become involved in more risk-taking behaviors,

becoming sexually promiscuous or initiating alcohol or other drug use (Pincus et al., 2008). They

may also skip school, quit jobs, or refuse to do chores (Armstrong, Best, & Domenici, 2006).

Armstrong, Best, and Domenici (2006) further state

when a parent or loved one is away for an extended period of time, a sensitive teenager

can feel lost and confused, not knowing whom to trust or turn to. It's not uncommon for

teenage children of deployed parents to have difficulty both at school and in

relationships. They may have problems concentrating and may lack motivation they once

had to do well in school. A teenager may have significant concerns about your safety

while at war, and these concerns may spread to worries about violence or death in

general. They may become fascinated with death and the gruesome details of the war, or

they may become distrustful of people who are "different," particularly those whom they

see as the "enemy." (p. 196)

Adolescents may withdraw or deny their feelings concerning the approaching separation due to

deployment. Distressed teenagers may become depressed, spending much of their time sleeping

or engaged in excessive video game playing or television viewing, while others may have

suicidal ideation (Armstrong, Best, & Domenici, 2006).

Upon reunion and the post-deployment period, school aged children may be happy that

the parent has returned but may also be angry that the parent has been away for so long or missed

important events in these children's lives. Adolescents may become defiant of the returning

parent as roles may have changed in the family during parental absence, or he/she may be

disappointed if that child's contributions to the family have not been acknowledged.

A recent study by Huebner and Mancini (2005) explored adolescent adaptation to

parental deployment. Adolescents self-reported depressive symptoms, decline in school

performance, and increased awareness of parental exposure to danger during deployment. It was

also found that adolescents sought to shield other family members from stress, often to their own

detriment, as these stressors may "overtax the adolescents' limited coping resources beyond their

capacity" (p. 11).

Understanding Interventions with Children through a Resilience Perspective

Inclusion of Resilience Research in Current Study

As a result of the ongoing process of review of the current, relevant literature, especially

studies like those of Huebner and Mancini (2005) noted previously, it became apparent to the

author that a discussion of possible interventions and programmatic efforts to assist the

population under study could not be conducted without first briefly outlining the theoretical basis

for these approaches – the study and application of resiliency research. Major approaches used

with this population incorporating principles of resiliency include asset building, comprehensive

developmental guidance programs, strengths-based school counseling programs, and the

American School Counselor Association (ASCA) National Model (2003, 2005), and these

programs will be discussed later in the study. Additionally, the inclusion of counselor

understanding of the role of resilience in child development within the 2009 CACREP Standards

as noted previously provide support for the discussion of the development and influence of

studies of resilience on current programmatic approaches to assisting the population under study.

Historical Development of Resilience Research

     Resilience and the first wave. Resilience has increasingly been a focus of study since the

1970s. As society has changed, more children are facing an ever greater number of adversities.

Such apparent adversities include child abuse, poverty and homelessness, teenage pregnancy and

single-parent births, increasing divorce rates, and rising incidences of suicide, violence, and

substance abuse (Masten & Coatsworth, 1998). Awareness of these societal challenges has

hastened interest in understanding risk and protective factors, their operation, and which

interventions increase positive outcomes for children facing risk, especially in an academic

context.

     Wright and Masten (2005) outlined the historical development of research into the nature

of resiliency. They referred to this process as consisting of three generations, or "waves," of

research. In the "First Wave," researchers attempted to define the concept of resilience and to

explore traits that contributed to some children's apparent "invulnerability" to stressful or traumatic experiences. That is, certain children seemed to overcome these obstacles with relative ease while others encountered great difficulty in similar circumstances. By discovering which traits, or factors, these "resilient" children had, it may be possible to understand why these children succeed when others do not.

A number of competing definitions for resilience were developed during this stage of research. Resiliency was said to be "the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances" (Wright & Masten, 2005, p. 426). Today, resilience typically refers to a pattern of positive adaptation in the context of past or present adversity while vulnerability is defined as an individual's susceptibility to adverse outcomes (Wright & Masten).

The study of resilience began as a search "for the developmental and situational mechanisms involved in protective processes" (Rutter, 1987, p. 2). Interest focused on what factors protected and buffered, and how these factors influenced resilience. These studies targeted high-risk populations with a specific focus on children displaying the ability to overcome emotional, developmental, socioeconomic, or environmental challenges.

As researchers have attempted to define the concept of risk, Wright and Masten (2005) state that there is agreement that

> risk most basically signifies an elevated probability for a negative outcome. It is a group or population term, in that a risk factor does not identify which individual or individuals in a group considered at risk will eventually display adaptational difficulties, but rather

that the group of people with this risk factor is less likely overall to do well in some

regard. (p. 20)

Additionally, research has also shown that risk factors tend to be complex and cumulative in

nature, and that they rarely occur in isolation. Generally, children who are truly at high risk are

so because of their exposure to multiple adversities extending over time, sometimes for very long

periods of their lives and as risk factors accumulate, children's outcomes generally worsen

(Masten & Wright, 1998). As such, it is essential that the cumulative effects of risk factors be

considered in order to more accurately predict and understand developmental outcome

(Sameroff, Gutman, & Peck, 2003).

A developmental perspective in the second wave. As a result, researchers have identified

two discrete categories of risk factors that children confront. The first category reflects at-risk

characteristics which can be found in the general population (e. g., a child raised in a family with

a depressed mother or absent father) while the second includes those factors that lead to positive

outcomes among groups with specific risks (Masten & Coatsworth, 1998). This research may

also have applications to developing protective factors in all children by cultivating a resilient

mindset (Brooks & Goldstein, 2001). As with the common belief that all children can learn,

Brooks and Goldstein claimed that the same can be said of the research concerning resiliency:

that all children are capable of developing a resilient mind-set; coping more effectively with

stress and pressure; demonstrating increased resistance to adversity, distress, and trauma;

developing achievable goals through more effective problem-solving skills; enhanced

interpersonal relationships; and improved self-esteem and self-efficacy. Within a clinical

framework then, a resilient mind-set can be defined as the product of providing children with opportunities to develop the skills necessary to fare well in the face of adversity.

This "Second Wave" of resilience research accompanied the emergence of developmental psychopathology, focusing on developmental systems in causal relationships (Wright & Masten, 2005). This in turn led to a greater emphasis on the role of systems and extrafamilial relationships, integrating multiple biological, social, and cultural processes into resilience models. According to Wright and Masten, the second Wave research and theory "often encompass the language of developmental systems theory (DST), with concepts such as equifinality and multifinality, developmental pathways, and trajectories that capture the dynamic, interactional, reciprocal, multicausal, and multiple level models typical of DST" (p. 26).

Within the developmental literature, positive developmental outcomes have been defined on the basis of the child's observed reported competence in meeting the expectations for children of a given age and gender in their particular sociocultural and historical contexts (Wright & Masten, 2005). Competence is determined by the degree to which the child has met, and continues to meet, the expectations of society for children as they grow up, specifically, developmental tasks such as age-related physical, emotional, cognitive, moral, and behavioral standards. Children judged to show resilience have typically negotiated these developmental tasks with reasonable success, despite the significant risks and adversities they have endured (Wright & Masten, 2005).

In addition to involving a greater consideration of multiple levels of context interacting to produce resilience, Wright and Masten (2005) state that Wave Two research models also provided an opportunity to study significant points in individual's lives, and to consider the

complex, holistic interactions of a changing person and context. The organizational model, for example, conceptualizes development in terms of a hierarchically integrative process in which earlier patterns of adaptation provide a framework for, and are transformed by, later experiences. Through this series of qualitative reorganizations, prior experience is not lost, but instead is incorporated into new patterns of adaptation, yielding greater complexity, flexibility, and organization. Interpreted within this framework, adaptation refers to qualitative features of the individual's negotiation of developmentally salient issues, and competence is the adaptive use of both internal and external resources to enable the successful negotiation of such issues.

Prevention and intervention in the third wave. Over time came growing recognition and acceptance that the ability to remain competent under adversity is not a random occurrence but one that can be investigated, understood, and instilled in others (Garmezy & Rutter, 1983). However, not all children facing significant risk and adversity develop serious adolescent and adult psychiatric, lifestyle, and academic problems. Several longitudinal studies in recent decades have sought to explain these processes, including the landmark studies by Werner and Smith (1982, 1992), that followed a group of Hawaiian children from their early school years to adulthood. The goal of this research has been to utilize the knowledge gained from long-term studies to develop models for appropriate application of therapeutic interventions (Rutter & Quinton, 1984). The process of resilience incorporates the influences of biological, psychological, and social factors which ultimately play a role in satisfactory functioning (Sroufe, 1997).

Following efforts to identify observable correlates of resilience, "Third Wave" research consisted of theory-driven intervention designs and experimental studies to test resilience theory

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(Wright & Masten, 2005). This stage of research has focused on intervening to promote resilience, competence, and wellness as well as promoting prevention or reduction of risky behaviors, delinquency, and other difficulties children encounter.

According to Brooks and Goldstein (2001), such theoretical models should be incorporated within a broader wellness model, as it is assumed that human growth is at least partially determined by the need to cope and adapt. Among the early resilience researchers, Cowen (1973, 1980) called for combining such models to reduce risk as a means of promoting psychological well-being.

In expanding his notion of wellness, Cowen (1994) again called for resilience to be explored within the broader concept of wellness. Cowen's wellness framework presupposes the development of the individual's environmental system, reducing dysfunction and improving psychological health. This suggests a person-environmental interaction in which children actively organize their experiences. Additionally, this framework emphasizes interfamilial and extrafamilial interactions, especially with peers and adults in academic settings. Schorr (1988) suggests that effective programs for youth at risk should be child-centered and predicated upon relationships with adults who are caring, respectful, and trustworthy. Similar findings were reported within the school setting, that having a trusting relationship with a non-parental adult (Masten & Coatsworth, 1998), a supportive pro-social peer network (Hetherington, 1989), and generally positive school experiences (Masten, Best, & Garmezy, 1990) promote child well being. Cowen (1994) also called for an increased focus on ways of developing and understanding protective factors that insulate and prevent emotional and behavioral disorders.

Following a transactional view of development, which suggests that a combination of factors within the child and the environment are mutually interactive over time, a single potential traumatic experience would not be expected to lead to a chronically poor outcome. Instead, it would be the cumulative, persistent, and pervasive appearance of stressors that promote risk (Sameroff, 2000). Stressors can lead to a disruption in functioning if not balanced by external protective processes or resiliency factors within the individual. As a result, normal developmental processes begin to break down if challenges become too serious (Baldwin et al., 1993).

Flach (as cited in Goldstein & Brooks, 2005) suggests that individuals can recover from such disruptions and function better as risks decrease and protective factors are initiated. Although originally suggesting that resilience was a characteristic unique to the individual child that leads to the development of "invulnerability" (Garmezy & Nuechterlein, 1972), more recent studies suggest that resilience reflects normal developmental adaptive processes (Masten, 2001; Masten & Coatsworth, 1998).

According to Greenbaum and Auerbach (as cited in Goldstein & Brooks, 2005), individual factors (e.g., self-efficacy, self-esteem) within the child will interact and augment factors within the environment. This is likely true for risk factors as well, as vulnerability can be reduced and resilience increased by the introduction of additional protective factors; risk and protective factors can interact with a number of variables such as length of exposure and time of exposure, thus contributing to outcome; and limited exposure to risk can increase but not guarantee stress hardiness (Goldstein & Brooks).

Rutter (1990) conceptualized resilience forming a continuum from vulnerability to resiliency. A protective factor, then, is described as a "quality of a person or context or their interaction that predicts better outcomes, particularly in situations of risk or adversity" (Wright & Masten, 2005, p. 19). Werner and Johnson (1999) identify three types of protective factors within the resilience literature. They are (a) dispositional attributes of the individual that elicit predominantly positive responses from the environment; (b) socialization practices within the family that encourage trust, autonomy, initiative, and connections to others; and (c) external support systems (e.g., community and school) that bolster self-efficacy and self-esteem.

Cicchetti and Garmezy (1993) point out that it is difficult at times to distinguish between factors that place an individual at risk and factors that happen to distinguish between good or poor outcome but have no clear causal significance. Children with apparently similar risks and histories can have different outcomes. Outcome is determined in part by the relative balance and interaction of risk and protective factors (Rutter, 1994). The more risk factors present, the more likely the outcome will be adverse (Greenberg, Lengua, Coie, & Pinderhughes, 1999).

Analyzing the dynamics of change in the fourth wave. Wright and Masten (2005) state that a resilience framework for practice and policy is evident in the prevention science field where intervention models are regularly identified as a resilience-promoting protective process. The authors postulated that "Intervening to alter the life course of a child potentially at risk for psychopathology or other problems, whether by reducing risk or adversity exposure, boosting resources, or mobilizing protective systems, is itself a protective process" (p. 31).

Masten (2007) stated that currently the study of resilience has entered a "Fourth Wave" of research, characterized by a focus on multilevel analysis and the dynamics of change, with

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special attention to the neurobiological aspects of human adaptation and brain functioning. She also identifies specific future areas for research -- to study and integrate multiple levels of analysis delineated on the basis of evidence from the first waves of resilience research. Although this wave of research holds great promise in understanding the biological basis for resilience, it is only in its initial stages. A focus on attempting to successfully apply what has already been learned about resilience to preventing and intervening with vulnerable populations, such as military children throughout the deployment cycle, remains the goal of ongoing third wave research (Wright & Masten, 2005).

Although research thus far has been encouraging in regard to the application of resilience to prevention and intervention strategies, Weissberg and Kumpfer (as cited in Wright & Masten, 2005) warn that "there is much work that remains to be done to understand processes (mediating, moderating, promoting, and compensating) well enough to manipulate them most effectively and efficiently to benefit children and society" (p. 32). Successful prevention approaches to date acknowledge the multiplicity of risks and the cumulative trauma that many children face and emphasize the importance of promoting competence and building protection across multiple domains in order to achieve positive outcomes.

Resilience and Protective Factors in the Schools

Definition of resilience. Both human and animal studies demonstrate that stress leads to adaptive physiological changes (Rutter, 1999). Self-confidence and self-efficacy also may be influenced by previous coping responses to past stressors. As a result, overcoming adversity may strengthen an individual's resistance to future environmental stressors, a process known as "stealing effects" (Rutter, 1981; 1987). Confronting and adapting to trauma and adversity is

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considered a normal aspect of human development (Rutter, 2005). According to Rutter (2005),

"research with the developmental perspective has brought…evidence indicating that the

influences on resilience include pre-stress qualities (in the individual and the environment);

factors operating during the adverse experience; and experiences that occur subsequent to the

stress or adversity" (p. 243). That is, resilience should be considered a process that incorporates

both risk and protective factors that impact experiential perception, the individual's coping skills,

and future adaptations to the adverse experience (Rutter, 1996).

    Protective factors contributing to the development of resilience in children. Werner and

Smith's (1982, 1992) seminal work - a longitudinal study of 700 children conducted on the

Hawaiian island of Kauai - provides a comprehensive view of adaptation to risk factors. Of those

children who were exposed to high-risk factors (e.g., poverty, family instability) before age 2,

approximately two thirds developed behavior or learning disorders before age 18. Similarly,

studies by Rutter (1987) and Rutter, Quinton, and Yule (1977) demonstrated that a child's risk

for psychiatric disorder increased with greater exposure to major risk factors. However, many of

the high-risk children in Werner and Smith's study developed into "competent, confident, and

caring young adults" (Werner, 1989, p. 73). A common element among these resilient children

was the presence of nurturing support figures inside or outside the home.

    Garmezy (1991) believed protective factors may enable individuals to adapt to

environmental stressors. He classified protective factors into three major categories: individual

traits (i.e., good temperament, an optimistic view of self); family assets and support (i.e.,

warmth, unity, and the presence of a caring adult); and community supports (i.e., schools or

religious institutions).

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The presence of protective factors such as a good family and school support networks has been consistently shown to improve outcomes for vulnerable child populations (Benard, 1993; Garmezy, 1993; Luthar, Cicchetti, & Becker, 2000; Masten & Coatsworth, 1998). Barter (2005) states that "for vulnerable children, resilience is not so much the absence of risk factors or the presence of protective factors but the ability to cope with adversity, stress, and deprivation as risk and protective factors interact across multiple system levels" (p. 348). Furthermore, Barter suggests that "promoting the health and well-being of children with an emphasis on the key determinants of health…requires extending interventions beyond the family or individual levels to include interventions at the professional, organizational, and community levels" (p. 348). Barter places emphasis on primary prevention, early intervention, and collaboration in promoting resilience in children.

Barter (2005) further suggests that innovation in program design and delivery is needed to promote child and family well-being by stating "Innovation suggests introducing new practices, designing new methods of service delivery…and developing models of best practice" (p. 350). In addition, Barter commented that "Being innovative emphasizes opportunities rather than problems; uses collective intelligence; builds on diversity and strengths; acts upon knowledge, experiences, and research; and supports the emergence of new systems that promote resilience among those at risk" (p. 350). According to Barter, wellness is an ecological concept that suggests the importance of social and economic supports and ensures that interventions are required at the child and family level, the professional and organizational levels, and the community level.

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In addition, extrafamilial factors (e.g., a school environment that promoted self-esteem and social and scholastic success) have also been shown to encourage resilient outcomes under stressful conditions (Rutter, 1985, 1987). Therefore, developing resiliency in schools and students by creating secure, trusting environments can be a beneficial approach for promoting learning (Henderson & Milstein, 1996). Results of the Rochester Child Resilience Project (RCRP) suggest that progress toward developing resilience in children can be made incrementally over time to increase their ability to adapt in stressful environments (Cowen, Hightower, Pedro-Carroll, Work, & Haffey, 1996)

Cowen (1991) proposed that research should focus on the life circumstances and family context of child development, social interaction, empowerment, hope, and the child's educational experience (including school, home, and community supports) that are indicative of psychological wellness. Educational experiences prepare children with life skills, advance competence, and promote self-efficacy, which in turn provide a sense of control. As such, educators must plan experiences that not only impart knowledge and skills but do so intentionally to promote wellness. Four areas in particular appear to have an impact on the level of wellness of the individual include: competence, resilience, social system modification, and empowerment.

Competence, as a function of age and changing life roles, is defined by the ability to accomplish the tasks that would be expected for the individual in a given setting and time. According to Cowen (1991),

Indeed, the rooting of relevant life competencies may be the single most important

precondition for the young child's development of an early phenomenological sense of

empowerment and having control over one's fate. The two key steps needed to advance a

competence-enhancement strategy are developing a fuller understanding of in vivo

pathways to competence and harnessing such information to build effective competence-

enhancement programs. (p. 406)

Following Cowen (1994), definitions of primary prevention include the components of

averting dysfunction (including known risk factors) and promotion of psychological well-being.

Cowen proposes effective early wellness promotion benefits all individuals. This concept also

presupposes a systemic view of wellness enhancement.

A key point to highlight in considering these complex wellness strands is that *they are*

mutually enhancing elements in an elaborate system, not elements in competition with

each other. Thus, competence without empowerment may restrict wellness just as much

as empowerment without competence. By contrast, the synergistic presence of both

constitutes a powerful proactive force toward wellness. Thus a comprehensive solution

challenge requires that contributions reflecting diverse input strands be identified and

harnessed. An exclusive emphasis on any one pathway would work against such a

solution. (p. 454)

In addition to the wellness-enhancing attributes of competence, resilience, social system

modification, and empowerment, Cowen identifies the need for attachments to caring adults as a

necessary aspect of social system support for the growth of the individual.

Overall, resiliency research predominantly focuses on children and adolescents who

encounter major stress, adversity, and risk in one or more environmental systems (Benard, 1991).

The authors continue to stress their points by stating "Therefore, if a child's major risks lie in the

family system, such a growing up in an alcoholic, abusive, of schizophrenic home, many of the factors identified as protective will derive from the school or community environments" (Benard, p. 6). As such, the quality of the caregiving environment serves as a strong predictor of positive outcomes for children. Schools can serve to protect children who are exposed to high-risk environments either in the home or the community (Garmezy, 1991). Characteristics of resilience-promoting environments include caring and support, high expectations (typified by structure, discipline, clear rules and regulations, and faith), and opportunities for meaningful participation.

Additionally, both resiliency research and research on effective schools identify similar protective factors of resilient children and adolescents (Benard, 1991). The positive outcomes of alcohol and drug prevention programs as well as peer helping programs demonstrate that a caregiving environment in the school serves to protect vulnerable populations. Increased self-efficacy and self-esteem occurred regardless of the type of positive school program experienced. Furthermore, youth that encounter positive school experiences often have been found to plan for future career or family goals (Quinton & Rutter, 1988). Children operating along similar resilient trajectories demonstrated characteristics of social competence, problem-solving skills, autonomy, and a sense of purpose (Benard).

Protective factors and general programmatic approaches used in schools. According to Benard (1995), social competence is defined by attributes of interpersonal functioning such as strong communication skills, humor, flexibility, responsiveness to others, cultural awareness, and empathy. Individuals who demonstrate problem-solving skills are able to acquire needed resources (including help-seeking behaviors), think critically, and practice reflection. Autonomy

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is typified by an understanding of self-identity, independent action, self-control, and self-efficacy. A child from a high risk background may protect his or her autonomy by detaching from negative experiences, such as a dysfunctional family system, and seek social support from peers or other adults (Rutter, 1999; Werner & Smith, 1982). Finally, hopefulness (often related to spiritual faith), goal-orientation, perseverance, and academic motivation and achievement are characteristic of individuals with a sense of purpose (Benard).

In review of the resilience literature, Benard (1997) developed the following suggestions for promoting resilience across the school environment:

> A key finding from resilience research is that successful development and transformative power exist not in programmatic approaches per se but at the deeper level of relationships, beliefs, and expectations, and willingness to share power. Schools need to develop caring relationships not only between educator-student but also between student-student, educator-educator, and educator-parent. Certain programmatic approaches, however, can provide opportunities for active student involvement: small group process, cooperative learning, peer helping, cross-age mentoring, and community service. (p. 4)

Such school-level approaches should support the development of teacher resilience, staff development, and school-community collaborations. By teaching students about resilience, by developing student self-assessment skills, and by providing opportunities for student growth, children become aware of and begin to practice positive behaviors within the school. Classroom approaches to fostering resilience would assist in identifying and teaching to students' strengths. Strengths-based approaches inspire motivation, positive attitudes, and hope (Benard).

Resilience education is a means to empower the individual (Brown, D'Emidio-Caton, & Benard, 2001). Affect - social, emotional, and ethical development - is essential to learning (Goleman, 1995, 1996; Sylwester, 1995). Until recently, "little attention has been paid to the links between students' strengths and abilities, their academic success, and the role teachers or other educators play in strengthening those links" (Brown et al., p. xii). Furthermore, "Through fostering personal awareness, responsibility, and decision-making capabilities and through focusing on each person's healthy overall development, we help young people to see possibilities and potentials in their lives and to reduce each young person's risk for poor development" (Brown et al., p. xiii). Therefore, by emphasizing strengths-based methods resilience education can provide a wellness approach to children of deployed military parents' personal and academic challenges as well as promote the development of all students within the school setting.

Durlak and Wells (1997) conducted a meta-analysis of primary prevention studies with children and adolescents and concluded that most prevention programs produce significant positive effects and that wellness enhancement programs are at least as effective as those intended to prevent dysfunction. Brown et al. (2001) stated that the "promotion of resilience does not lie in an avoidance of stress, but rather in encountering stress at a time and in a way that allows self-confidence and social competence to increase through mastery and appropriate responsibility" (p. 14).

By providing a safe, supportive environment within the schools, school counselors can assist in developing resilience. Henderson and Milstein (1996) apply resiliency theory to both individuals and to the school environment as a whole, including educators themselves. They incorporate the resiliency concept into a model for the school setting known as the Resiliency

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Wheel. Composed of six elements, the Wheel is divided evenly between those factors that build

resiliency in the environment and those that mitigate risk factors in the environment. These

elements, or protective factors, that increase resilience include providing caring and support,

setting and communicating high expectations, and providing opportunities for meaningful

participation. Those elements that decrease risk factors include increasing prosocial bonding,

setting clear, consistent boundaries, and teaching life skills. By developing strategies based on all

six elements, Henderson and Milstein believe the environments can be created that mitigate risk

factors and promote resiliency. Using the wheel as a model, they provide examples of how

students who need resiliency improvement might look and behave.

Major Programmatic Approaches Used in Schools

    Asset development in youth. Aside from fostering affective awareness and critical

thinking skills, the development and availability of assets have been shown to decrease the

likelihood of risk-taking behaviors in youth (Benson, 1998). A Search Institute survey of more

than 200,000 students in grades 6-12 found that developmental assets can have a positive impact

on adolescent behavior (Varenhorst, 2003). The study revealed that the more assets students

report having, the more likely they are to also report positive patterns of behavior such as

exhibiting leadership, maintaining good health, valuing diversity, and academic success. The

author also found that regardless of ethnicity, gender, geographic location, or socioeconomic

background, assets helped to protect adolescents from at-risk behaviors, such as violence,

problem alcohol use, illicit drug use, or sexual activity (Varenhorst).

    The Search Institute cites and describes a total of 40 assets that contribute to the

wellbeing of children (Varenhorst, 2003). External assets to the individual include those of

support (family, positive communication, adult relationships outside the family, caring

community and school environment, and active parent involvement in student success),

empowerment (community support for youth including resources, community service, and safe

homes, schools, and communities), boundaries and expectations (family, school and community

monitoring of behavior, positive adult role models and peer influence, and high expectations

from both home and schools), and constructive use of time (through youth programs, religious or

spiritual organizations, and quality time with family). Internal, personal assets comprise a

commitment to learning (a focus on achievement, active engagement in learning, completion of

homework assignments, school attachment, and reading for pleasure), positive values (placing

high value on honesty, integrity, responsibility, personal restraint, caring, equality, and social

justice), social competence (demonstrates conflict resolution and sound decision-making skills,,

cultural and interpersonal competence, and is able to resist negative peer pressure), and has

developed a positive identity (through self-efficacy, self-esteem, purpose, and future orientation).

According to Varenhorst, "These assets, spread across eight broad areas of human development,

have the power to promote positive behaviors as well as counteract deficit behaviors during

critical adolescent years, helping youth to become caring, responsible adults" (p. xiii).

The ASCA National Model. The promotion of student wellness is currently embodied in

the American School Counselor Association (ASCA, 2003, 2005) National Model (Young &

Lambie, 2007). The ASCA National Model promotes the tenets of comprehensive developmental

school counseling programs (e.g., student academic achievement, career planning and

personal/social development) and provides a framework for school counseling program design,

development, implementation and evaluation. Comprised of four elements (foundation, delivery

system, management systems and accountability), a school counseling program following the National Model attempts to effect systemic change within the school through the collaborative efforts of key stakeholders: students, parents, administrators, faculty, and school counselors and other student services/support staff.

The foundation component embodies the goals for the school to achieve student success. It is based on a clear consensus among stakeholders guiding program design, development, implementation and evaluation, embodied in a mission statement and predicated on the ASCA National Standards (ASCA, 2000). The National Standards define the expected competencies to be gained by students in terms of attitudes, knowledge, and skills to be successful in their academic, career, and personal/social development. Based on these foundational beliefs, a delivery system is created incorporating the guidance curriculum (K-12 classroom lessons designed to achieve student competence in areas of academic, career, and personal/social development), individual student planning (by establishing personal goals and plans), responsive services (that attend to the immediate needs of students), and systems support (through adequate program administration and management).

Additionally, the comprehensive school counseling program is managed through a series of agreements with the school administration defining how the program is to be organized and guided by the recommendations of stakeholders (e.g., students, parents, teachers, counselors, administrators, and other community members) through an advisory council. Data-driven action plans are then developed and implemented in order to meet the academic, personal/social and career needs of all students. These action plans identify which competency is to be met, describe the activity to be conducted, provide a timetable for completion of the activity, determine

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responsible participants for delivery of services, prescribe evaluation processes, and convey expected outcomes. Finally, in order to properly use time and resources effectively, a master and weekly calendars are developed to inform stakeholders and facilitate planning (ASCA, 2003, 2005).

Given the level of resources and time committed to developing a successful school counseling program, accountability to stakeholders is a necessity. As such, determination of the effectiveness of school counseling programs is inextricably tied to student achievement. Reported outcomes are made available to stakeholders and serve not only as a means to evaluate the school counselor and program, but also inform decision making for future improvement in service provision (ASCA, 2003, 2005).

After a critical consideration of the development of programs to more effectively deliver student services and raise academic achievement, however, some questions remain. Ideally, result reports would identify stakeholder satisfaction with services received but at present no research has identified if the tools specified in the ASCA National Model (i.e., foundation, delivery system, management systems and accountability) impact program outcomes (ASCA, 2003, 2005). Although comprehensive school counseling programs have been in existence for nearly two decades and comprise the backbone of the ASCA National Model, Brown and Trusty (2005) state that there is only an assumption that these programs will increase academic achievement. When evaluating the National Model overall, "Five years after publication of the ASCA National Model, little direct and compelling evidence exists for its effectiveness" (Carey & Martin, 2008, p. 61). The authors point out that from a research stand point, although it may be difficult to link causality between increased achievement and counselor effort (Brown &

Trusty), "School counselors should describe, implement, and evaluate promising interventions that can be, once validated, used for accountability studies" (p. 14).

Nevertheless, there is some evidence which demonstrates that comprehensive developmental school guidance programs help organize the delivery of services (Lapan, Gysbers, & Petroski, 2003), improve academic achievement (Brigman & Campbell, 2003; Brigman, Webb, & Campbell, 2007; Sink & Stroh, 2003; Webb, Brigman, & Campbell, 2005), and promote career development (Jarvis & Keeley, 2003).

Strengths-based counseling. Strengths-based practitioners work from the belief that children and their families have strengths, resources, and the ability to be resilient when confronted by adversity. The strengths-based model offers a positivist approach in describing the adversities that children encounter and frames the discussion of prevention and intervention in terms of opportunities, empowerment, and solutions. Lack of assets, resources, or skills is not viewed as a deficit or failing on the part of the individual, as these are often the results of environmental factors. Practitioners act as partners in the therapeutic process within a strengths-based approach which allows for the development of authentic relationships with children and their families (Wolin, 1999).

Strengths-based practitioners embrace empowerment as both a process and a goal. In applying this approach to therapeutic process, Laursen (2000) states that one of the key goals of the strengths-based approach is "to reclaim troubled children by developing in them a sense of power over their choices and options and instilling a sense of control over their lives" (p. 74). Furthermore, Laursen notes that "Strength-based practitioners assist children and families in

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discovering the resources and tools within and around them and in helping them understand what limits them from becoming empowered" (p. 74).

Laursen (2000) adds that one way to develop strengths in children and families is to facilitate children's service to others and to their communities. Social environment plays a major role in the development of individual strengths (Smith, 2006) which varies according to location and social class (Vera & Shin, 2006). In their review of the literature, Vera and Shin found that middle-class families may have access to community-building opportunities (e.g., sports or clubs) while many families in low-income communities may lack these strength-building prospects or may avoid community activities entirely if the environment is perceived to be unsafe. However, as similarly noted in the resilience literature, strengths-based practitioners believe that all people and all communities have resources.

In developing a model for strengths-based school counseling (SBSC), Galassi and Akos (2007) utilized many of the previously discussed approaches in developing a conceptual foundation for practice. While employing the ASCA National Model, the SBSC model is also based on aspects of asset development and resiliency. Contributions from developmental contextualism, social development theory, and positive psychology also formed the foundation for their approach and briefly will be discussed here.

Developmental contextualism is a meta-theory and as such provides a framework for examining earlier developmental theories and a guide for practice and research. Galassi and Akos (2007) focus on four principles of developmental contextualism that impact school counselor practice: development in context, a holistic view of development, human development across the lifespan, and an incorporation of both strengths and deficits. Context refers to the

social influence on individual development - family, school, neighborhood, community, and culture. Since these aspects vary as the environment varies, Galassi and Akos posit that opportunities for change are not fixed either, and therefore traditional interventions used by practitioners when coupled with systemic resources may more effectively promote positive outcomes for children.

From a holistic perspective, social, cultural, biological, psychological and social influences impact human development. As such, these influences interact and interventions targeting only one of these aspects may not be effective in bringing about change for the individual (Galassi & Akos, 2007). Therefore, interventions developed by school counselors must take into account all of these aspects of human development. Furthermore, the study of human development should not be focused only on the early years of life, but encompass a lifespan approach in order to understand the overall outcomes of interventions and promote overall individual growth. Such interventions should also focus on both observed deficits and strengths in academic, personal/social, and career functioning.

The social development model/strategy (Catalano & Hawkins, 1996; Wong et al. 1997) includes three protective factors (healthy beliefs and clear standards, bonding to prosocial groups, and individual characteristics) and three protective processes (opportunities, skills, and recognition) that impact youth development toward positive life choices. According to Galassi and Akos (2007), the child's individual characteristics (e.g., intelligence, gender, and social skills) affect his or her ability to interact with others as described below:

In order to take advantage of these opportunities, a child needs to learn and use the necessary emotional (identifying, managing, and expressing feelings; controlling

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impulses; delaying gratification; and reducing stress), cognitive (self-talk; reading and

interpreting social cues; problem solving and decision making; self-awareness; taking the

perspective of others; and having a positive attitude), and social skills (nonverbal

communications, verbal communications such as assertiveness, and taking action. The

child also needs to be recognized for his or her efforts to learn and use these skills and to

take advantage of opportunities to contribute in prosocial ways. (p. 41)

These processes in turn help the individual to bond with significant social influences (i.e., family,

school, and community) therefore increasing the likelihood of positive outcomes for the child.

Additionally, Galassi and Akos (2007) include aspects of positive psychology which

attempts to understand human development through designing and employing interventions that

build strengths in children, adolescents, and adults in order to promote life satisfaction and

fulfillment in all people. Positive psychology also moves away from pathology models in which

predominantly adult behavior and outcomes were considered, and instead focuses on human

development across the lifespan to include the health and well-being of the child in order to

promote future positive adult functioning. Thus, positive psychology focuses on strengths

promotion and interventions that facilitate strength development – a key function of SBSC.

Intervention efforts provided by military communities and schools. Numerous community

organizations have developed programs to address the needs of military children and their

families. Purdue University's Military Family Research Institute provides information

specifically for military families through its website (http://www.mfri.purdue.edu/). The Military

Child Initiative (MCI) of Johns Hopkins University and the Military Child Education Coalition

(MCEC) have focused efforts on school adjustment and academic success by providing resource

materials to educators and families working with these children. Additionally, Operation Military

Kids (OMK), is a collaborative effort involving community agencies (i.e., 4-H, American

Legion, U. S. Army Child and youth Services, Boys and Girls Club of America, MCEC, and the

National Association of Child Care Resource and Referral Agencies) which provide outreach

services to reservists, National Guard members, and their families. Since its establishment in

2005, OMK has reached 88,000 military youth and provided resources to 21,009 community

members (OMK, 2009).

The Wahsega 4-H Center, a summer camp in Georgia designed for the 11-to-15-year-old

children of deployed military parents, is a weeklong camp mainly funded by Operation Military

Kids, a national collaboration among the military, state and county cooperative extension offices,

the 4-H Club and Boys and Girls Clubs of America. Sharon Gibson, the camp coordinator from

the University of Georgia's College of Family and Consumer Sciences, calls them "suddenly

military" kids, (Gross, 2005, 4D) since most are the sons and daughters of National Guard

members and reservists serving in Iraq. Gibson states, "They don't have a peer group to really

bounce things off of, and they're not like active-duty military kids, who are more used to their

parents coming and going" (Gross, 4D). In 2005, it was estimated that nearly 2,500 campers

participated in the 23 Operation Purple camps organized by the National Military Family

Association, which also runs summer camps near military installations in Germany, Italy, Japan

and Guam (Gross).

Daily rituals such as taking down a picture of the deployed parent and kissing it each

night, making drawings and crafts to send, or listening to a tape recording each night of songs a

mother had made for her children before she left for Iraq can be reassuring acts that provide

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security and stability to a child's life during parental absence (Walsh, 2004). The Maine National Guard introduced a novel concept to aid families of deployed Guard members by providing life-size from-the-waist-up pictures of soldiers to loved ones left behind (Zezima, 2006). The cutouts, known as Flat Daddies or Flat Soldiers and modeled on the children's book "Flat Stanley," where the character is flattened and can travel by envelope, help connect families and soldiers during deployment. Flat Daddies are taken with family members throughout their daily activities, from soccer practice to coffee shops to weddings. The Flat Daddies creator, Cindy Sorenson, said it helped her daughter Sarah recognize her father when he came home on leave. "She saw him on the jetway and said, 'Daddy, Daddy,'" Ms. Sorenson said. "There was no anxiety" (Zezima, p. 8).

Fenell, Fenell, and Williams (2005) provide guidance to school counselors in working with military children during each phase of deployment. As military families begin to prepare for deployment, some children may deny the reality of the impending separation. Unsure of what may happen as the parent deploys, children may become anxious and worry that the other parent will leave also. At this time, school counselors should begin to identify each child in the school which will be directly affected by the deployment and provide in-service workshops to school staff as to the effects the deployment may have on these children. Maintaining normal routines at school can assist these children by providing a sense of normalcy and security during times of parental deployment (Pincus et al., 2008). School counselors and other care-giving figures in the students' lives should maintain contact and remain available for these students. Although academic performance may decline during these periods (especially at the outset of deployment),

support for normal school routines including sports and social activities should be provided and encouraged (Pincus et al.).

As children and adolescents worry about the safety of the deployed parent, they may also have difficulty adjusting to life at home in their absence. They may have difficulty sleeping, appearing tired and irritable at school. Academic performance may suffer and acting out behaviors may occur. Tutoring programs may be used to assist children whose grades begin to suffer as a result of this increased stress of deployment. Journaling and discussion and support groups may be beneficial for students by helping them to explore feelings and decreasing the sense of isolation that may occur, especially for adolescents (Costello & Phelps, 1994; Fenell, Fenell, & Williams, 2005; Mitchum, 1991; Waldron, Whittington, & Jensen, 1985). There is also some evidence that the use of children's literature focusing on how to deal with worry, loss, or grief may improve emotional and behavioral coping in children and adolescents (Nicholson & Pearson, 2003).

As reunion with the deployed parent approaches, students may become excited and anxious and academic performance may decline during this period (Fenell, Fenell, & Williams, 2005). Fenell and colleagues suggest that school counselors remind faculty and staff that this behavior is normal and consideration should be given as they attempt to improve the academic performance of their students.

McNair Elementary School on Fort Bragg, North Carolina, one of the many Department of Defense Education Activity (DODEA) schools throughout the United States, teachers, school counselors, and administrators have worked together to meet the needs of children of deployed military children on an ongoing basis (Freedman, 2006). Teachers there have encouraged

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students to post snapshots of deployed parents in their children's classroom cubbies, invited deploying parents to the classroom, and maintain email correspondence with parents during their absence. Administrators have established a "Wall of Heroes" composed of photos of parents in uniform outside the office while the school counselor takes about a dozen children there each morning to say hello to the parents.

As students begin to reorganize their lives after experiencing stress related to deployment, assistance may be needed in dealing with this time of transition. School counselors are in an advantageous position to provide this necessary support to students of deployed military personnel (Armstrong, Best, & Domenici, 2006; Fenell, Fenell, & Williams, 2005; Mitchum, 1991). Fenell and colleagues suggested that school counselors could best meet the needs of children of deployed military parents by completing each of the following tasks. All students of deployed military personnel should be identified within the school. School counselors, faculty, and staff must be familiar with the deployment cycle and be aware of the behaviors that military students are most likely to demonstrate. Faculty and staff should also develop a means of expeditiously and confidentially communicating information that may be helpful in supporting military students.

From her work with Navy children in a group counseling setting, Mitchum (1991) states that

> The public school counselor is in an excellent position to identify these children and provide experiences both to meet their current needs to reduce loneliness and provide them with coping mechanisms to meet the challenges of future deployment cycles. Also, providing an intervention for these children in the school setting achieves several

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purposes: No extra effort or expense is required of the family; the child's daily routine is

interrupted as little as possible; and the child learns that people at school are aware of the

stress imposed by the deployment cycle and that they care enough to become involved.

(p. 374)

Armstrong, Best, and Domenici (2006) suggest that supportive adults such as school

counselors can help teenagers by suggesting they limit their exposure to unnecessary violence as

in video games or the media's detailed coverage of the war, by maintaining a balanced diet and

getting adequate sleep, and spending extra time with supportive friends. Armstrong and

colleagues also suggest that parents seek outside counseling assistance for their children if the

child's functioning at school or at home has not improved after three to four months, if he or she

is having suicidal thoughts, using drugs or alcohol significantly, or engaging in other dangerous

activities.

For many families, this may have been their first experience with overseas deployment,

especially members of the National Guard or Reserves. Issues particular to the ongoing

operations have differed from previous deployments and could have long-term implications for

children of military families. The issues include but not limited to: (a) the first widespread

deployment and redeployment of National Guard and Reserve forces into a combat zone since

World War II, (b) the extended terms of military deployment (McMichael, 2007), (c) the large

number of service members returning with major physical injuries (HCVA, 2008), including

traumatic brain injuries (TBI; National Academies, 2008) or other mental health issues, such as

post-traumatic stress disorder (PTSD; DOVA, 2007), and (d) the growing number of fatalities as

a result of the conflict (DOD, 2008).

With the active components of the Armed Services, military bases and posts provide a community of support, thereby supplying information as well as financial and physical resources. However, school counselors who are not in close proximity to a military installation may not be aware of students with deployed parents within their school. They may lack a formal process to identify these individuals (Fenell, Fenell, & Williams, 2005), and the ability to relate to the unique experience of children of deployed military parents (Fenell, 2005). Furthermore, in the Guard and Reserve, resources are more difficult for family members to access during periods of separation due to relative distance from military installations (N.C. National Guard, 2007), increasing vulnerability of children of deployed military parents.

Although an agreement was reached by the Bush Administration with the Iraqi government for a phased withdrawal of troops from that country by 2011 (Associated Press, 2008), operations will continue in Afghanistan under the Obama Administration (DeYoung, 2009). Therefore, it can be assumed that these issues which impact military children will remain persistent in the long-term, even beyond current military operations in the region. In turn, this will impact functioning of families as they cope with the stress of prolonged or repeated deployments to combat zones, or attend to the needs of recovering veterans that have been released from service due to combat-related issues.

Summary of the Literature

Due to the short duration of the Gulf War in 1991, little impact on the wellbeing of children of deployed military parents was identified. However, current operations in Afghanistan and Iraq have had a greater impact on military children as these deployments have been longer in

duration than previous conflicts. Soldiers and their families have undergone repeated

deployments, and service members have encountered hazards unique to these operations, such as

improvised explosive devices (IEDs) and a resulting increase in traumatic brain injuries (TBIs)

and the increased prevalence of post traumatic stress disorder (PTSD).

School counselors are in an advantageous position to identify children of deployed

military parents within the schools and address students' emotional issues that occur as a result

of these deployments. Approaches to assisting children of military parents during the deployment

cycle have often been based in resilience research. A variety of evidence-based interventions and

programs, such as asset building, comprehensive developmental school counseling programs, the

American School Counseling Association (ASCA) National Model, and/or strengths-based

school counseling (SBSC) all incorporate resilience concepts. These approaches may be

especially useful with the population under study.

III. METHODOLOGY

Introduction

The purpose of this study was to explore the extent of service provision to children of deployed military parents, and to identify implementation outcomes of these services. This study also attempted to identify the level of impact of such variables as years of experience as a school counselor, school level, and distance from nearest Active Duty military installation on the of identification of the population and resource utilization for children of deployed military parents. In order to achieve the purpose, six research questions were developed.

This chapter outlines those research questions and describes the methodology used in the current study including participants, research instruments, and data collection procedures. Finally, data analysis procedures are described.

Research Questions

School counselors are in a unique position for identification and support of students who are in need during periods of parental deployment. Accordingly, the following research questions are posed:

1. What procedures are used to identify children of deployed military parents in the public schools?

2. How are the needs of children of deployed military parents assessed in the public schools?

3. What existing resources have been utilized to by school counselors to assist children of deployed military parents in the public schools?

4. What school counseling services have been developed to support children of deployed military parents in the public schools?

5. What are the outcomes of implementation of responsive services to children of deployed military parents?

6. Do years of experience as a school counselor, school level, and distance from nearest Active Duty military installation impact identification of the population and resource utilization for children of deployed military parents?

Participants

The participants in this study were selected among school counselors within the 2,537 public schools of North Carolina (NC Public Schools, 2008) as identified through the Education Directory School Systems Listings of the North Carolina Department of Public Instruction (NCDPI) website. Approximately 20% (500) of the schools were chosen for this study through a combined method of purposeful and stratified random sampling. A purposeful sampling was made from the 500 schools chosen, with 50% (250) selected from counties which host or adjoin a county which hosts a major active duty military installation (of which there are six in the state: Cherry Point Marine Corps Air Station, Camp Lejune Marine Corps Base, Fort Bragg, Pope Air Force Base, Seymor Johnson Air Force Base, and Elizabeth City Coast Guard Air Station) and

the remaining 50% were drawn from non-host or non-adjoining counties within North Carolina. The number and location of each active duty military installation in North Carolina was identified through the use of an atlas (Rand McNally, 2009). The county/counties in which the installation is located was identified as a "host" county. As active duty military personnel may reside not only in the host county but also within surrounding (adjoining) counties, the schools within those adjoining counties were also grouped into a single pool of "host/adjoining" counties. The remaining counties which did not host a military installation or adjoin one were grouped into a second "non-host/non-adjoining" pool.

A stratified random sampling of schools from within each pool occurred from elementary, middle, and high school levels. Forty percent (200) of these schools were selected from the elementary level, and thirty percent (150 schools) were chosen from each of the middle and high school levels, respectively. For this study, school counselors from middle and junior high schools were classified as "middle school" participants, while pre-kindergarten and kindergarten respondents were classified as "elementary school" participants. Schools that include more than one grade level (e.g. combined elementary and middle schools, junior high and high schools, etc.) were not used for this study. These procedures provided a more representative sample of participants from across the state, taking into account all regions and all levels in which school counselors may have worked with children of deployed military parents.

Within each selected school, one school counselor was requested to participate in the study (to be determined by the school counseling program members) by receipt of a mailed survey. The minimum number of participants for data analysis will require 20% of the total number of respondents (100) from each pool of host/adjoining and non-host/non-adjoining

schools requested to complete the survey (with a minimum of 50 from each pool of school

counselor responses).

An additional list of schools (75 for each pool of host/adjacent and non-adjacent schools -

150 total) was developed prior to the study to be utilized in the event that a minimum number of

respondents from either pool had not participated in the study. This would ensure that a sufficient

number of participants take part in the study and that data analysis could be conducted.

Instrumentation

School Counseling Services Provision Questionnaire (SCSPQ)

Based on a review of the literature, the author developed a 14-item *School Counseling*

Services Provision Questionnaire (SCSPQ) (see Appendix A). The questionnaire elicited

demographic information from the participant, to include the following: gender; age; ethnicity;

number of years served as a school counselor; school level; approximate number of children of

deployed military parents served since September 11, 2001; approximate distance of nearest

Active Duty military installation from the school; and whether the participant has been contacted

by military representatives concerning deployment issues. The instrument was divided into five

sections, each relating in order to one of the first five research questions: Section I: Identification

of Student Population (three questions regarding procedures and extent of school counselor

contact with the population under study); Section II: Needs Assessment (one question addressing

the method used to conduct the assessment); Section III: Resource Identification (five questions

identifying state and national resources used to aid the population under study); Section IV:

Service Provision and Program Development (four questions detailing school counseling

services developed and interventions utilized); Section V: Implementation Outcomes of

Responsive Services (one question requesting perceived school counseling service outcomes).

A pilot study of the instrument was performed by five certified/licensed school

counselors (one from Missouri, two from Georgia, and two from Alabama) to clarify questions

and to identify areas for improvement. The following recommended changes were made to the

survey as a result of the review process: One question was removed due to lack of clarity and

partial redundancy; stylistic formatting and clarity was improved for "yes-no" questions; and the

title was changed from "School Counselor Questionnaire (SCQ)" to "School Counseling

Services Provision Questionnaire (SCSPQ)" in order to be more descriptive as to the purpose of

the instrument.

Data Collection Procedures

Data collection for the current study was conducted through survey study. Prior to

engaging in this study, the research proposal was reviewed and approved by the University's

Institutional Review Board (IRB). The researcher also included a list of the 500 prospective

schools as identified through the Education Directory Schools Systems Listings of the North

Carolina Department of Public Instruction (NCDPI) website as an addendum to the IRB

proposal.

Following IRB approval, the researcher mailed out a packet to the 500 selected schools to

include the following items: (a) a copy of the SCSPQ instrument (see Appendix A); (b) an

information letter (see Appendix B); (c) a copy of the Institutional Review Board consent for

research (see Appendix C); and (d) a pre-paid, self-addressed stamped envelope for the return of

the survey. Each survey was identified through a code to determine which school had

participated in the study. Schools within the "host/adjoining" pool were coded with an "H"

followed by a number from 1 to 250. Schools within the "non-host/non-adjoining" pool were

coded with an "N" followed by a number from 1 to 250. Those schools in the secondary pool of

"host/adjoining" schools were coded with the letters "HX" followed by a number from 1 to 75.

Those schools in the secondary pool of "non-host/non-adjoining" schools were coded with the

letters "NX" followed by a number from 1 to 75. A school counselor from each program was

asked to participate in the study by returning the returning the completed enclosed survey (see

Appendix B) to the researcher within 15 days.

Once mailed surveys were received by the researcher, the data were maintained within a

locked safe when not in use, with the principal investigator maintaining control of the key

throughout the period of study. An electronic (flash) drive dedicated to the collection of data for

this study only, was also kept in the locked safe when not in use. The code list was kept on a

separate dedicated flash drive and was stored in a key-locked cabinet with the key remaining in

the possession of the primary researcher. All codes were removed once data had been collected

and the study had been completed.

After 15 days a 20% response rate had not been reached for both of the sampled pools

(host/adjoining or non-host/non-adjoining), and a follow-up invitation was mailed to those

schools within each pool that had not responded, again inviting the selected participant to

complete the survey in the manner described above. The non-responding schools were

determined by checking the alpha-numeric code identified above on each received survey against

a master list for each school within the total school sample. Subsequently, the required number of participants was reached and the analysis of the data was conducted.

Data Analysis

Data analysis was completed using the Statistical Product for the Social Sciences (SPSS) data analysis system. In order to address the research questions 1-5 (regarding needs assessment, specific resource identification and utilization, and implementation outcomes), descriptive statistics were calculated. In order to determine if statistically significant differences in service provision exist by school levels, the number of years of experience of the participants, and distance from the nearest Active Duty military installation impact student identification and resource utilization for children of deployed military parents, a chi-square statistical procedure was used. To determine the amount of interaction of variables, follow up analyses were also conducted.

IV. RESULTS

This chapter focuses on reporting the results of this descriptive study on school counseling service provision to children of deployed military parents. The chapter reports results related to the demographics and the primary research questions (1-5) through a descriptive analysis of participant responses. Additionally, a chi-square statistical procedure was used for Research Question 6 in order to determine if school levels, the number of years of experience of the participants, and distance from the nearest Active Duty military installation impact student identification and resource utilization for children of deployed military parents. Follow-up procedures were used to determine if statistically significant differences exist between variables.

Participants

Among a total of 500 surveys originally disseminated, 117 completed surveys were returned resulting in a 23.4% return rate, with 63 out of 117 for the host/adjoining sample and 54 out of 117 for the non-host/non-adjoining sample. The overall reported numbers of those who responded to the survey are displayed in Table 1. Of those who participated in the study, 89.6% were female and 10.4% male. The ages of the responding school counselors overall ranged from 23 to 66 with a mean age of 44.7 years. Ethnically, respondents self-reported as follows: 80.2 % White, Non-Hispanic, 15.7% African American, 0.9% Asian/Pacific Islander, 0.9%, and 0.9% Multiracial. None of the respondents reported as Native American/American Indian/Alaskan

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Native/First Nations or as being from another ethnic group not previously identified. In regard to the level of experience of the school counselors who responded to the survey, 50.4% had been school counselors for 0-10 years, 27.8% had worked 11-20 years, and 21.7% had been a school counselor for more than 20 years.

Table 1

Demographic Information Overall

Demographic Category		N	%
Gender			
	Female	103	88.0
	Male	12	10.3
	No Response	2	1.7
Age			
	21 – 30 yrs	16	13.7
	31 – 40 yrs	26	22.2
	41 – 50 yrs	33	28.2
	51 – 60 yrs	31	26.5
	61+ yrs	7	6.0
	No Response	4	3.4

(table continues)

Table 1

Demographic Information Overall (Continued)

Demographic Category		N	%
Ethnicity			
	African American	18	15.4
	Asian/Pacific Islander	1	0.9
	Hispanic	1	0.9
	Native American/ American Indian/ Alaska Native/ First Nations	0	0.0
	White, Non-Hispanic	93	79.4
	Multiracial	1	0.9
	No Response	3	2.5
Years of Experience			
	0 – 10 yrs	58	49.5
	11 – 20 yrs	32	27.4
	21+ yrs	25	21.4
	No Response	2	1.7

Table 1

Demographic Information Overall (Continued)

Demographic Category		N	%
School Level			
	Kindergarten/ Elementary	55	47.0
	Middle/ Junior High	25	21.4
	High	35	29.9
	No Response	2	1.7
Distance to Nearest Active Duty Military Installation	Within 25 miles	43	36.8
	26-50 miles	32	27.4
	51+ miles	39	33.3
	No Response	3	2.5
Contacted by Military Representative			
	Yes	39	33.3
	No	76	65.0
	No Response	2	1.7

Of the total number of participants responding, 47.8% had most recently worked in

kindergarten or elementary schools, 21.7% in middle or junior high schools, and 30.4% at the

high school level. Overall, 37.4% of the respondents lived within 25 miles of the nearest Active

Duty military installation, 27.8% lived between 26 and 50 miles, and 33.9% lived more than 50 miles from the nearest military installation. One-third (33.3%) of the school counselors surveyed had been contacted by a Public Affairs Officer (PAO) or Family Readiness Group (FRG) representative from an Active Duty, Reserve, or National Guard unit concerning deployment issues.

The county/counties in which the installation is located was identified as a "host" county. As active duty military personnel may reside not only in the host county but also within surrounding (adjoining) counties, the schools within those adjoining counties were also grouped into a single pool of "host/adjoining" counties. Within the host/adjoining group, 92.1% of the respondents were female and 7.9% were male as displayed in Table 2. Ages of the participants within the host/adjoining group ranged from 23 to 66, with a mean age of 45.6 years. In self

Table 2

Demographic Information for Host/Adjoining Sample

Demographic Category		N	%
Gender			
	Female	58	92.1
	Male	5	7.9

(table continues)

Table 2

Demographic Information for Host/Adjoining Sample (Continued)

Demographic Category	N	%
Age		
21 – 30 yrs	6	9.5
31 – 40 yrs	15	23.8
41 – 50 yrs	19	30.2
51 – 60 yrs	19	30.2
61+ yrs	3	4.8
No Response	1	1.6
Ethnicity		
African American	10	15.9
Asian/Pacific Islander	1	1.6
Hispanic	1	1.6
Native American/ American Indian/ Alaska Native/ First Nations	0	0.0
White, Non-Hispanic	50	79.4
Multiracial	1	1.6
Years of Experience		
0 – 10 yrs	32	52.4
11 – 20 yrs	18	28.6
21+ yrs	12	19.0

Table 2

Demographic Information for Host/Adjoining Sample (Continued)

Demographic Category		N	%
School Level			
	Kindergarten/ Elementary	26	41.3
	Middle/ Junior High	19	30.2
	High	18	28.6
Distance to Nearest Active Duty Military Installation			
	Within 25 miles	36	57.1
	26-50 miles	21	33.3
	51+ miles	6	9.5
Contacted by Military Representative			
	Yes	32	50.8
	No	31	49.2

reports of ethnicity, 15.9% of school counselors responded as African American, 1.6%

Asian/Pacific Islander, 1.6% Hispanic, 79.4% White, Non-Hispanic, and 1.6% Multiracial.

Additionally, 52.4% had been school counselors for 0-10 years, while 8.6% had worked 11-20

years, and 19.0% had been a school counselor for more than 20 years. Furthermore, 41.3%

worked in kindergartens/elementary schools, 30.2% in middle or junior high schools, and 28.6% in high schools, and a majority (57.1%) worked within 25 miles of an Active Duty military installation. One-third (33.3%) lived between 26 and 50 miles, and only 9.5% lived more than 50 miles from the nearest military installation. In regard to issues of deployment, approximately half (50.8%) acknowledged contact by a military representative.

Those counties which did not host a military installation or adjoin one were grouped into a second "non-host/non-adjoining" pool. Table 3 reports demographic information for the non-host/non-adjoining group. While 83.3% of females and 13.0% of males responded, 3.7% did not report gender for this group. The ages of these school counselors ranged from 27 to 63, with a mean age of 43.6 years. Additionally, 14.8% school counselors reported as African American and 79.6% as White, Non-Hispanic with 5.6% not responding. Finally, 46.3% participants within the non-host/non-adjoining group had been school counselors for 0-10 years, 25.9% had worked 11-20 years, and 24.1% had been a school counselor for more than 20 years. Also, a majority of the non-host/non-adjoining group (53.7%) worked in kindergartens or elementary schools, 11.1% in middle or junior high schools, and 31.5% in high schools, with 3.7% participants not responding to school level. Finally, within the non-host/non-adjoining group, 13.0% worked within 25 miles of an Active Duty military installation and 20.4% lived between 26 and 50 miles, while the majority (61.1%) lived more than 50 miles from the nearest military installation. However, within the non-host/non-adjoining group, 83.3% had not been contacted by a representative of a military unit regarding deployment.

Table 3

Demographic Information for Non-Host/Non-Adjoining Sample

Demographic Category		N	%
Gender			
	Female	45	83.3
	Male	7	13.0
	No Response	2	3.7
Age			
	21 – 30 yrs	10	18.5
	31 – 40 yrs	11	20.4
	41 – 50 yrs	14	25.9
	51 – 60 yrs	12	22.2
	61+ yrs	4	7.4
	No Response	3	5.6

(table continues)

Table 3

Demographic Information for Non-Host/Non-Adjoining Sample (Continued)

Demographic Category	N	%
Ethnicity		
African American	8	14.8
Asian/Pacific Islander	0	0.0
Hispanic	0	0.0
Native American/ American Indian/ Alaska Native/ First Nations	0	0.0
White, Non-Hispanic	43	79.6
Multiracial	0	0.0
No Response	3	5.6
Years of Experience		
0 – 10 yrs	25	46.3
11 – 20 yrs	14	25.9
21+ yrs	13	24.1
No response	2	3.7

(table continues)

Table 3

Demographic Information for Non-Host/Non-Adjoining Sample (Continued)

Demographic Category		N	%
School Level			
	Kindergarten/ Elementary	29	53.7
	Middle/ Junior High	6	11.1
	High	17	31.5
	No Response	2	3.7
Distance to Nearest Active Duty Military Installation			
	Within 25 miles	7	13.0
	26-50 miles	11	20.4
	51+ miles	33	61.1
	No Response	3	5.5
School Counselor Contacted by Military Representative			
	Yes	45	83.3
	No	7	13.0
	No Response	2	3.7

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Further distinctions may be drawn between the two respondent pools in considering socioeconomic status of the reporting counties. Schools in 23 of 25 counties in the host/adjoining pool responded to the study invitation while only 34 of 75 counties in the non-host/non-adjoining pool returned surveys. Using the North Carolina Department of Public Instruction (2009) report on federal planning allotment, it was determined that a total of 300,155 children between the ages of 5 and 17 attended schools within counties in the respondent host/adjoining pool. Within these participating counties, 119, 208 students (39.72%) received free lunches and 71,290 (23.75%) were classified as living at or below poverty level. In comparison, respondent schools within the non-host/non-adjoining pool served 232,602 students (33.19%) received free lunches and 112,804 students (16.09%) were at or below poverty level. Although schools from only 57% of the counties of North Carolina responded to the survey, this accounted for 1,018,135 total students served, or 67.81% of the student population of the state.

Results

Research Question 1: Identification of Student Population

Research Question 1 focused on the procedures used to identify children of deployed military parents in the public schools. Based on the participants' responses overall, 70.9% of the school counselors reported having worked with children whose parents had been deployed in military operations since September 11, 2001. 81.0% of the participants within the host/adjoining group responded as having worked with the population under study, while 59.3% of the school counselors within the non-host/non-adjoining group reported having worked with children of deployed military parents.

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Table 4 reports how these children of deployed military parents were identified in the school population. Participants were asked to mark all that applied to their identification procedures. Accordingly, of these responding school counselors, 53% identified the children of deployed military parents through student self-disclosure, 52.1% from parents, 39.3% by teachers, 22.2% through registration procedures, 12.8% from administrators, 9.4% from other sources (such as the previous school counselor, social worker, military school liaison, and school counseling program questionnaires/surveys), 6.8% from other students, 6.8% by other relatives (such as aunts, grandmothers, cousins, etc.), and 5.1% from siblings. Additionally, 42.7% of school counselors who responded stated that they had served between 1 and 25 children of deployed military parents, 10.3% who had served 26 to 50 students, and 17.9% reported having served more than 50 students through their school counseling program.

Research Question 2: Needs Assessment

Research Question 2 explored how the needs of children of deployed military parents are assessed in the public schools by asking the participants to mark all items that applied to them. Of the 83 school counselors reporting to have worked with children whose parents had been deployed, 75.9% determined the needs of these children within their schools by parental request; 75.0% by student self-disclosure or request; 65.1% due to teacher request; 42.2% through direct observation; 26.5% as a result of administrator request; 12.1% through another student's request; 8.4% through a formal needs assessment survey; and 6.0% by other means (i.e., sibling request, military student support group, social worker, school counselor collaboration).

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Research Question 3: Resource Utilization

Research Question 3 sought to determine which existing resources have been utilized by school counselors who had assisted children of deployed military parents in the public schools by asking the participants to mark as many as items that applied to them. Of those resources used to guide school counselors in assisting children of deployed military parents, 59.0% relied on other school counselors or other professionals, such as school psychologists, social workers, teachers, and administrators. Also, 54.2% of school counselors relied on professional literature (i.e., journal articles, books, etc.), 51.8% turned to the internet, and 39.8% purchased or used activity books. Additionally, 34.9% of the participants reported using other existing sources including a county military school liaison, U.S. Marine Corps representatives, Family Readiness Group, military counselors, Military One Source, school counselor's personal experience with the military, and workshops. Finally, 32.5% of respondents were provided materials by their school system, 22.9% by the North Carolina State Department of Public Instruction, and 18.1% relied on newspapers.

Of those participants who had worked with children of deployed military parents, 32.5% stated that they had visited the "NC Supports Military Children" webpage on the North Carolina Public Schools website, and 70.4% of those participants were from the host/adjoining group. Of those who had visited the "NC Supports Military Children" webpage, 77.8% of the respondents had also used the "Helpful Web Resources" found on the NC Public Schools website (http://www.ncpublicschools.org/militarysupport/resources/) and its links.

Those resources or internet links from the site used by respondents included the following (in descending order of use): Military OneSource (61.9%); Military Child Education

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Coalition (57.1%); Educator's Guide to the Military Child during Deployment (47.6%); Army (Family readiness; 38.0%); Working with Military Children: A Primer for School Personnel (38.0%); National Military Families Association (33.3%); North Carolina National Guard Family Programs Resource Guide -"North Carolina Supporting Military Children" (23.8%); Channing Bete (Publications) (19.0%); Department of Defense Education Activity (Crisis Management Tool Kit; 19.0%); Air Force (Family separation - 19.0%); Marine Corps (Deployment information - 14.3%); National Child Traumatic Stress Network (14.3%); Navy (Deployment readiness - 9.5%); www.teachersguides.com (9.5%); Zero to Three (4.8%); National Children, Youth and Families at Risk Initiative (4.8%); Educators for Social Responsibility (4.8%); Department of Defense Educational Opportunities (4.8%); the North Carolina National Guard Family Readiness (4.8%); National Guard Family Programs (4.8%); Reserves (Family readiness; 4.8%); and National Guard Youth (0.0%).

Additionally, 25.3% of school counselors surveyed who had worked with children of deployed military parents stated they had attended one or more of the seminars called Supporting Families and Children of the Guard and Reserve Institutes. These training institutes are sponsored by the North Carolina Department of Public Instruction, the State Board of Education, the Governor's Office and the North Carolina National Guard Family Readiness Program and are conducted by the Military Child Education Coalition (MCEC).

Research Question 4: Service Provision

Research Question 4 addressed what school counseling services had been developed to support children of deployed military parents in the public schools. School counseling services provided for the children of deployed military parents were implemented under such counseling

models as American School Counseling Association (ASCA) National Model (58.1%), developmental school guidance (41.9%), strengths-based school counseling (23.9%), asset building (9.4%), other approaches not previously listed (7.7%) or no particular specified approach (0.9%).

Specifically, respondents reported that school counseling services were delivered to children of deployed military parents through a variety of methods. Responsive services were reported to have been used most often, including individual counseling (91.6%), small group counseling (44.6%), large group counseling (12.0%), and family counseling (16.9%). Parent/counselor/teacher consultation was utilized by 65.1% of respondents, followed by referral for outside counseling services (44.6%), use of peer programs (8.4%) and other responsive service means not previously addressed (1.2%). Individual student planning was also utilized by school counselors, focusing on the development of personal goals (65.1%), career advice (32.5%), or other means of individual student planning (9.6%) not addressed in the survey. The use of the state guidance curriculum was also identified by the respondents, 33.7% relying on classroom guidance lessons or other guidance means (61.4%) which included scrapbooking groups, special presentations, and school-wide activities recognizing military families. Lastly, systems support in the form of a Student Support Team (SST)/Student Assistance Team (AST) (43.3%), Child and Family Support Teams (13.3%), or other means of systems support (2.4%) were utilized to assist children of deployed military parents.

Additionally, participants identified counseling techniques used to directly assist children of deployed military parents. These techniques included active listening (98.8%), journaling (53.0%), art (36.1%), activity work sheet (34.9%), relaxation methods (34.9%), bibliotherapy

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(27.7%), family counseling (27.7%), collaboration with community programs (i.e., 4-H, Family Readiness Groups, etc. - 27.7%), game play (26.5%), music (7.2%), puppetry (6.0%), and sand tray (2.4%). Other intervention methods not previously identified (15.7%) included the following: (a) creating audio or video recordings, photos, or crafts that the parent could take on repeated deployments; (b) assistance with emails or setting up Skype® accounts to improve communication between students and parents overseas; (c) using previously developed videos such as those by Sesame Street to assist young children in understanding deployment; and (d) developing support groups or school-wide programs to allow children of deployed military parents to share their stories with others.

In addition, the 83 school counselors surveyed provided the most common reasons for requiring intervention with children of deployed military parents. They included the following psychological and behavioral symptoms in order of higher to lower frequencies: anxiety (61.4%), academic performance (60.2%), depression (51.8%), family difficulties (47.0%), disruptive behavior (32.5%), crying (21.7%), peer relationships (18.1%), fighting (8.4%), sleeping (4.8%), or eating problems (Overeating/weight gain or loss of appetite/weight loss - 3.6%). Other reasons not specified above (15.7%) included behavior changes, cutting and other self harm, drugs, death or injury of a parent in a combat zone, destruction of school property, and obsessive/compulsive behaviors.

Research Question 5: Implementation Outcomes of School Counseling Services

Research Question 5 addressed the possible outcomes of implementation of school counseling services to children of deployed military parents. Respondents were asked to complete a Likert-type scale of 1 to 5 (1 = Ineffective; 2 = Somewhat ineffective; 3 = Uncertain;

4 = Somewhat effective; 5 = Effective; NA = Not applicable) as to their perception of successful

outcomes of the school counseling services provided to the children of deployed military parents.

It is typical of research in this field to use a 5-point Likert-type scale. Table 4 presents the results

of school counselor perception of responsive service outcomes for children of deployed military

parents. Of the areas evaluated, active listening appeared to have been rated to have the most

successful outcomes (mean = 4.53), followed by responsive services (4.28), and systems support

(4.19). Other responsive services used with children of deployed military children included (in

descending order of perceived effectiveness) included the following: individual student planning

(4.18); community programs (4.17); family counseling (4.14); art (4.10); journaling (4.08);

others (4.06); game play (4.06); guidance curriculum (4.00); bibliotherapy (3.91); relaxation

methods (3.91); activity work sheet (3.75); music (3.72). The least effective responsive services

were puppetry (3.21) and sand tray (3.27).

Research Question 6: Factors Impacting Identification of Student Population and Resource

Utilization

Research Question 6 sought to determine if years of experience as a school counselor,

school level, and distance from the nearest Active Duty military installation impact identification

of the population or resource utilization for children of deployed military parents. As such, a chi

square statistical procedure for multiple samples was used for the total respondent pool, as well

as the constituent host/adjoining and non-host/non-adjoining pools.

A two-way contingency table analysis was conducted to evaluate whether years of

experience as a school counselor impacts identification of the population of children of deployed

military parents for the total respondent pool. The two variables were years of experience with

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Table 4

Implementation Outcomes of School Counseling Services

Descriptor	N	Mean	SD
Active listening	78	4.53	.801
Responsive Services	71	4.28	.897
Systems Support	57	4.19	.953
Individual Student Planning	66	4.18	.840
Community programs	36	4.17	1.000
Family Counseling	35	4.14	.879
Art	42	4.10	.850
Journaling	49	4.08	.932
Other(s)	17	4.06	.899
Game play	33	4.06	.998
Guidance Curriculum	50	4.00	.969
Bibliotherapy	33	3.91	.947
Relaxation methods	43	3.91	.921
Activity work sheet	36	3.75	1.079
Music	18	3.72	.826
Sand tray	11	3.27	1.618
Puppetry	14	3.21	1.477

three levels (0-10, 11-20, and 21+) and population identification with two levels (yes and no).

Years of experience and population identification were not found to be significantly related,

Pearson χ^2 (2, N = 115) = 2.44, p = .294, Cramér's V = .15.

A two-way contingency table analysis was conducted to evaluate whether school level

impacts identification of the population of children of deployed military parents for the total

respondent pool. The two variables were school level with three levels (kindergarten/elementary,

middle/junior high, and high) and population identification with two levels (yes and no). School

level and population identification were not found to be significantly related, Pearson χ^2 (2, N =

115) = 1.21, p = .547, Cramér's V = .10.

A two-way contingency table analysis was conducted to evaluate whether distance from

nearest Active Duty military installation impact identification of the population of children of

deployed military parents for the total respondent pool. The two variables were distance from the

nearest Active Duty military installation with three levels (within 25 miles, 26-50 miles, and 51+

miles) and population identification with two levels (yes and no). Distance from the nearest

Active Duty military installation and population identification were found to be significantly

related, Pearson χ^2 (2, N = 114) = 9.30, p = .010, Cramér's V = .29.

Follow-up pairwise comparisons were conducted to evaluate the difference among these

proportions. Table 5 shows the results of these analyses. The Holm's Bonferroni method was

used to control for Type I error at the .05 level across all three comparisons. Pairwise differences

that were significant were between the variables "Within 25 miles" and "26-50 miles" from an

Active Duty military installation as well as the variables "Within 25 miles" and "51+ miles"

from an Active Duty military installation.

Table 5

Results for the Pairwise Comparisons Using the Holm's Bonferroni Method

Comparison	Pearson chi square	*p*-value	Cramér's *V*
Within 25 miles vs. 26-50 miles	4.41	.036	.24
Within 25 miles vs. 51+ miles	9.28	.002	.37
26-50 miles vs. 51+ miles	.724	.395	.10

The probability of a child of deployed military parents being identified in the school-age

population was about 1.3 times (.34/.26) more likely when the school counselor worked within

25 miles of an Active Duty military installation as opposed to working between 26 to 50 miles

from an Active Duty military installation. Likewise, the probability of a child of deployed

military parents being identified in the school-age population was about 1.1 times (.32/.29) more

likely when the school counselor worked within 25 miles of an Active Duty military installation

as opposed to working 51 miles or more from an Active Duty military installation.

A two-way contingency table analysis was conducted to evaluate whether years of

experience as a school counselor impacts resource utilization for the population of children of

deployed military parents for the total respondent pool. The two variables were years of

experience with three levels (0-10, 11-20, and 21+) and resource utilization with two levels (yes

and no). Years of experience and resource utilization were not found to be significantly related,

Pearson χ^2 (2, N = 10) = 3.20, p = .202, Cramér's V = .56.

A two-way contingency table analysis was conducted to evaluate whether school level

impacts resource utilization for the population of children of deployed military parents for the

total respondent pool. The two variables were school level with three levels (kindergarten/

elementary, middle/junior high, and high) and resource utilization with two levels (yes and no).

School level and resource utilization were not found to be significantly related, Pearson χ^2 (2, N

= 10) = 2.06, p = .356, Cramér's V = .45.

A two-way contingency table analysis was conducted to evaluate whether distance from

the nearest Active Duty military installation impacts resource utilization for children of deployed

military parents for the total respondent pool. The two variables were distance from the nearest

Active Duty military installation with three levels (within 25 miles, 26-50 miles, and 51+ miles)

and resource utilization with two levels (yes and no). Distance from the nearest Active Duty

military installation and resource utilization were not found to be significantly related,

Pearson χ^2 (1, N = 10) = 0.02, p = .880, Cramér's V = .05. None of the respondents reported data

for the variable "Within 25 miles."

Summary

This chapter focused on reporting the results of this descriptive study on school

counseling service provision to children of deployed military parents. Among a total of 500

surveys originally disseminated, 117 completed surveys were returned resulting in a 23.4%

return rate. Participants were predominately White, Non-Hispanic females with 0-10 years of

experience who currently worked in kindergarten or elementary schools. The chapter also

reported results related to the primary research questions (1-5) through a descriptive analysis of

participant responses. Additionally, a chi-square statistical procedure was used for Research

Question 6 in order to determine if school levels, the number of years of experience of the

participants, and distance from the nearest Active Duty military installation impact student

identification and resource utilization for children of deployed military parents. Follow-up

procedures were used which determined statistically significant differences exist between the

variables "distance from nearest Active Duty military installation" and "population

identification."

V. DISCUSSION

This study encompassed 117 school counselors (one representing each school counseling program) within the 2,537 public schools of North Carolina (NCDPI, 2008). Each participant completed a 14-item survey (School Counselor Service Provision Questionnaire) which was developed to gather information on a number of topics related to school counselor service provision to children of deployed military parents. These topics include how children of deployed military parents were identified within the general student population, how the needs of these students were assessed within the school, what resources, either externally available to the school or internally developed for the school counseling program, were used to these children, and what counseling services were provided to this population. Furthermore, the survey was designed to determine the school counselors' perceived outcome of interventions used to assist children of deployed military parents. Finally, the study sought to determine if years of experience as a school counselor, school level, and distance from nearest Active Duty military installation impact identification of the population and resource utilization for children of deployed military parents.

Identification of Student Population

Research Question 1 sought to determine whether school counselors had identified children of deployed military parents in the public schools. Eighty-three of 115 respondents to

the study (72.2%) disclosed that they had provided school counseling services to children of deployed military parents since September 11, 2001. Eighty-one percent of the participants within the host/adjoining group responded as having worked with the population under study, while nearly sixty percent (59.3%) of school counselors within the non-host/adjoining group reported having worked with children of deployed military parents.

Research Question 1 also focused on the procedures used to identify children of deployed military parents in the public schools. This study revealed that nearly one-third (31.3%) of those responding school counselors who had worked with children of deployed military parents were informed of the presence of children of deployed military parents within their schools through registration procedures. However a higher percentage of school counselors were able to identify these children through either student self-disclosure (74.7%), parents' report (73.4%), or teacher contacts (55.4%). Additionally, a majority (60.2%) of school counselors who had worked with children of deployed military parents stated that they had served between 1 and 25 students within this population since September 11, 2001. Another 14.5% served 26 to 50 students during the same time, while 25.3% having served more than 50 students.

Although experts in the field suggest that children of military parents be identified within the general student population (Fenell, Fenell, & Williams, 2005), the professional literature has not currently ascertained the extent of student identification during times of deployment. As such, the findings could provide preliminary data regarding how the child population of concern has been identified since September 11, 2001. It is clear that a student's self report is the most common way to identify these students, followed by parental and teacher report. It seems students themselves and parents are more likely to disclose their status and seek help.

Needs Assessment

Research Question 2 sought to determine how the needs of children of deployed military parents are assessed in the public schools. The needs of this population of children will be briefly noted here as a more thorough listing of student needs was previously discussed in the review of the literature. Student needs may include specific symptomology such as depression, anxiety, difficulty sleeping, or crying, or they may be behavioral in nature, such as a decline in academic performance, disruptive classroom behavior, family difficulties, or peer relationships. According to survey results, 75.9% of school counselors disclosed that the needs of individual students were determined through parental request. Additionally, 75.0%, 65.1%, and 42.2% of participated school counselors reported that student needs were identified by student self-disclosure, teacher request, and through direct observation, respectively.

These findings seem to indicate that students and parents take a key role in helping school counselors identify their needs. This in turn may suggest that students and parents would be responsive to the school counselor's administration of a formal needs assessment specific to children of deployed military parents. Additionally, information regarding specific symptomology and behaviors that have been identified with children of military parents during deployment could be disseminated at the beginning of the school year or before announced deployments to assist the remaining parents to identify child needs and to request assistance from school counselors.

Resource Utilization

Research Question 3 explored which existing resources have been utilized by school counselors to assist children of deployed military parents in the public schools. Study results

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show that the majority (59.0%) of school counselors who worked with children of deployed military parents relied on other school counselors or other professionals within the educational setting (school psychologists, social workers, administrators) for guidance, 54.2% used professional literature, and 51.8% turned to the internet. This approach implies that school counselors tend to use resources that are readily identifiable and available within the educational setting. Increasing awareness of other existing resources may help school counselors to assist these students during periods of deployment. These findings may also imply that school counselors' ways of using resources are diversified. There does not appear to be a single one way predominantly being used by school counselors with this population. It may indicate the need for the provision of diverse resources to school counselors.

In addition, one-third (32.5%) of the participants who had worked with children of deployed military parents stated that they had visited the "NC Supports Military Children" webpage on the North Carolina Public Schools website, and 70.4% of those participants were from the host/adjoining group – more than double that the non-host/non-adjoining group. Of those who had visited the "NC Supports Military Children" webpage, 77.8% of the respondents had also used the "Helpful Web Resources" found on the North Carolina Public Schools website and its links to assist children of deployed military parents.

Although comparably more school counselors from the host/adjoining group have used the resources provided by the state than the non-host/non-adjoining, it should be noted that both groups of school counselors who work with children of deployed military parents are utilizing these resources. Prior to this study no other studies were identified which focused on the utilization of these resources for children of deployed military parents within North Carolina. As

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such, this study can be used to provide feedback to the Department of Public Instruction as to the extent of use of the resources found on the website and to promote greater awareness and utilization of these resources by school counselors within the state.

Additionally, school counselors also were provided with the opportunity to attend the Supporting Families and Children of the Guard and Reserve Institutes sponsored by the North Carolina Department of Public Instruction, the State Board of Education, the Governor's Office, and the North Carolina National Guard Family Readiness Program which were conducted by the Military Child Education Coalition (MCEC). Results of the study indicate that approximately one-fourth of school counselors who had worked with children of deployed military parents attended one or more of these workshops. Such a response may indicate that school counselors may not be adequately informed as to the availability of such workshops or the presence of the state webpage, including the resources that can be found there to assist children of deployed military parents.

<div align="center">Service Provision</div>

Research Question 4 sought to determine what school counseling services have been developed to support children of deployed military parents in the public schools. In order to explore various aspects of this question, survey queries further sought to determine what types of school counseling framework were used to assist this population, what were the most common reasons for requiring intervention, how were the school counseling services delivered, and what intervention techniques were used with children of deployed military parents.

School Counseling Framework

Results suggest that although the ASCA National Model was only developed in its present form within the past five years, more than half (58.1%) of the schools within the North Carolina that have worked with children of deployed military parents support and utilize this approach. Additionally, comprehensive developmental school guidance programs which are promoted by the Department of Public Instruction through the Standard Course of Study (NCDPI, 2001) were reported to be widely used by schools (41.9%) across the state. Also, strengths-based approaches were in use by nearly one-fourth (23.9%) of schools that have assisted children of deployed military parents.

These findings also seem to indicate that school counselors in North Carolina may tend to develop a diversified framework for operating counseling services to children of deployed military parents. School counselors in the state are encouraged to develop and implement comprehensive school counseling programs that meet the academic, social, psychological and career development needs of students. Development of such programs may be utilized by augmenting existing programs, identifying and utilizing external resources, or developing new responsive services to increase or maintain resilience in at-risk or vulnerable populations. Developing diversified frameworks for counseling services may allow for flexibility of programming to meet these ongoing and emerging needs of children of military parents during periods of deployment.

Reasons for Intervention

Research Question 4 also sought to outline the presenting issues requiring intervention with children of deployed military parents and how those services were delivered. The most common reasons for intervention were student anxiety (61.4%), academic performance (60.2%), depression (51.8%), and family difficulties (47.0%). Such student behaviors during deployment were found to be consistent with the professional literature (APA, 2007; Pincus et al., 2008) which noted that during the deployment phase, spouses and children may report a number of emotional and physical symptoms, including difficulty sleeping, numbness, anxiety, loneliness, feeling overwhelmed, disorientation, sadness, depression, and anger. As the service member enters the redeployment phase of the cycle of deployment, families begin to reassign duties and authority and establish new support systems (Pincus et al., 2008), which may include school counseling programs. As such, this period in deployment may represent the optimum time to provide school counseling services and interventions to children of deployed military parents.

Counseling Service Delivery and Intervention Methods

School counseling services that were most commonly delivered to children of deployed military parents were as follows: (a) responsive services (91.6%) such as individual, small group, large group, or family counseling; (b) individual student planning, especially concerning personal goals (65.1%); (c) parent/counselor/teacher consultation (65.1%); (d) guidance curriculum by means other than guidance lessons (61.4%); (e) referral for outside counseling services (44.6%); and (f) systems support, such as Student Support Teams (SST)/Student Assistance Teams (AST) (43.3%). The data seems to tell us that school counselors adopt a comprehensive approach in providing their services to children. A high percentage of responsive

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services seems to be very logical and expected while additional services are provided to a great extent.

Additionally, participants identified intervention methods used to assist children of deployed military parents. Nearly all respondents (98.8%) reported the use of active listening as an intervention used with these students. Journaling and art therapies were also identified as interventions used by 53.0% and 36.1% of the respondents, respectively, with this population. Relaxation methods, activity work sheets, and bibliotherapy were used by 34.9%, 34.9%, and 36.1% of participating school counselors, respectively. Finally, 27.7 % of the respondents reportedly collaborated with community programs (4-H, Family Readiness Groups, etc.) %) as a form of intervention, as well as providing family counseling (27.7%) and game play (26.5%).

As noted in the literature review, although it may be difficult to link causality between increased achievement and counselor effort, "School counselors should describe, implement, and evaluate promising interventions that can be, once validated, used for accountability studies" (Brown & Trusty, 2005, p. 14). As such, there is some evidence which demonstrates that comprehensive developmental school guidance programs help organize the delivery of services (Lapan, Gysbers, & Petroski, 2003), improve academic achievement (Brigman & Campbell, 2003; Brigman, Webb, & Campbell, 2007; Sink & Stroh, 2003; Webb, Brigman, & Campbell, 2005), and promote career development (Jarvis & Keeley, 2003).

Outcomes Evaluation

Research Question 5 sought to determine school counselor perceptions of success of outcomes of implementation of school counseling services to children of deployed military

parents. Results indicated that school counselors perceived active listening (mean = 4.53) to be the most effective way of providing counseling services to these children. Additionally, responsive services (4.28) provided through school the counseling program and systems support (4.19) within the school and community were also seen as effective in assisting this population. Finally, individual student planning (4.18), community programs (4.17), and family counseling (4.14) were also seen as providing successful outcomes when working with children of deployed military parents.

Although strategies for helping children to cope with and gain resilience in response to the stresses accompanying deployment are being developed (Armstrong, Best, & Domenici, 2006; Fenell, Fenell, & Williams), there remains a paucity of research as to the effectiveness of the programs currently in use. The findings of this study may be useful in assisting school counselors in developing more successful interventions when working with children of deployed military parents and in designing programs which address the unique needs of this population.

Factors Impacting Identification of Student Population and Resource Utilization

Research Question 6 sought to determine if years of experience as a school counselor, school level, and distance from nearest Active Duty military installation impact identification of the population or resource utilization for children of deployed military parents. In considering the impact of years of school counseling experience, school level, and distance from the nearest Active Duty military base on identification of the population under study, only distance from the nearest Active Duty military installation and population identification was found to be significantly related.

The probability of a child of deployed military parents being identified in the school-age population was about 1.3 times more likely when the school counselor worked within 25 miles of an Active Duty military installation as opposed to working between 26 to 50 miles from an Active Duty military installation. Likewise, the probability of a child of deployed military parents being identified in the school-age population was about 1.1 times more likely when the school counselor worked within 25 miles of an Active Duty military installation as opposed to working 51 miles or more from an Active Duty military installation.

Results of school counselor responses seem to indicate that if the school counselor works near an Active Duty military installation (within 25 miles), the school counselor is more likely to identify the population as existing within their school than a school counselor who works 26-50 miles from an Active Duty military installation. Also, results of school counselor responses seem to indicate that if the school counselor works near an Active Duty military installation (within 25 miles), the school counselor is more likely to identify the population as existing within their school than a school counselor who works more than 50 miles from an Active Duty military installation. Additionally, in considering the impact of experience, school level, and distance from the nearest Active Duty military base on resource utilization for the population under study, none of the variables were found to be significantly related. This may be due in part to the small number of respondents (N = 10) who actually used the resources located at the North Carolina Department of Public Instruction website (http://www.ncpublicschools.org/militarysupport/resources/).

Implications

Counselor Education

Counselor education programs may need to expand the scope of multicultural education and incorporate concerns and issues that are faced by military families whose members are deployed. David Fenell, a retired colonel from the U.S Army Medical Service and former chair of the American Counseling Association (ACA) Special Committee on Military and Veterans Affairs suggests,

> To be most helpful to military clients, counselors should apply the multicultural counseling competencies developed by the Association for Multicultural Counseling and Development and endorsed by the American Counseling Association. By viewing the military as a distinct culture and developing interventions based on the recommendations contained in the multicultural standards, counselors can increase their ability to help their military clients. (2008, p. 8)

Although dependents of service personnel are not officially members of the military, Fenell (2005) notes, "the military is a culture in its own right (p. 8)" and children of military parents are an acknowledged part of the military community. In light of the increasing number of veterans returning from combat and the stresses that accompany family reintegration, it is essential that counselors use their multicultural skills when working with this population (Fenell, 2005) and that counselor educators redefine their conceptualization of multiculturalism in more dynamic terms beyond traditional views of gender and ethnicity to include previously underserved populations such as military personnel and their families.

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Military family members are more likely to approach problems independently, relying on the family to resolve issues of concern (Kennedy, 2007). Often this is due to the belief that "civilians" (non-military community members) do not understand military culture as they have not shared the military experience. According to Fenell (2008),

> Military clients do not assume that counselor's attitudes, beliefs and values will be similar to their own. In fact, many warriors stereotype civilian counselors as holding liberal personal and political values and being opposed to military efforts in the war on terrorism. (p. 35)

As such,

> Some counselors may not be effective in working with military personnel and their families because of the stereotypical views they may hold about military organizations and military personnel and because of the attitudes they may hold about the participation of the U.S. in the war on terrorism. (Fenell, 2005, p. 124)

As school-age children cannot give their consent to counseling services, it is important to remember ultimately the parent is the client. Being understanding of the parents' views and experience may assist in developing a counseling relationship with the military family which in turn may lead to more successful counseling interventions with children of military parents.

Kennedy (2007) posited that "Family members of mobilized military personnel experience a gamut of emotions" (p. 16). In order to be effective during periods of parental deployment, school counselors should have an understanding of the cycle of deployment and have an awareness of student behaviors during this period of vulnerability (Fenell, Fenell, & Williams, 2005). According to Kennedy, "By being aware of this cycle and the emotional

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ramifications of each stage, school counselors and educators can lessen the impact of separation on these students and identify issues before they reach a crisis point (p. 16)." The cycle of deployment has been defined and clarified (Pincus et al., 2008) and its understanding and use by school counselors can assist children of deployed military parents during such periods of vulnerability. As such, school counselors-in-training should be informed of their own knowledge and biases concerning the military community in working with children of deployed military parents and expand their knowledge base in order to provide competent, ethical service to all students within the schools.

School Counseling Practice

Identification. One of the goals of this study was to gain some insight into the impact of distance from the nearest Active Duty military installation on the identification of children of deployed military parents within the general school population. Results of the study implied that these students were more likely to be identified within a school that is located within 25 miles of an Active Duty military installation. However, it should also be noted that after an online review of National Guard and Reserve units in North Carolina (Coast Guard Reserve, 2005; MARRFORRES, n.d.; Navy Reserve, 2008; NCANG, 2007; NCNG, 2008) and the use of a commercial atlas (Rand McNally, 2009), it was determined that 92% of all North Carolina counties either host or adjoin a county that hosts a National Guard or Reserve unit. Although not all units of the National Guard or Reserves in the state have been deployed to combat areas since September 11, 2001, it is likely that children of deployed military parents do reside in a majority of the counties of North Carolina. Therefore, the use of registration procedures to identify this

population within all of the public schools of the state prior to or during periods of deployment is recommended.

School counselors can also be more proactive through increased use of registration procedures to identify children of military parents prior to or during deployment at the beginning of the school year or as students transfer into a school during the academic year. As suggested by Fenell, Fenell, and Williams (2005), "School counselors are the key to designing school-wide programs to support these students" (p. 129) and by identifying these students early the school counselor is then able to coordinate services and design interventions for students by involving parents and other school professionals to assess and meet student needs as they arise. Identifying the population early through formal needs assessments or registration procedures, even before issues relating to deployment occur, can help increase trust between school counselors and military families and promote the building of pre-therapeutic relationship with children of deployed military parents. This might also help provide prevention sessions for the population in which potential issues that are frequently faced by the concerned population are discussed. Such efforts would help children of deployed military parents develop counseling seeking behaviors at an early stage before symptoms rise to a level of concern.

Incorporating identification procedures into the registration process can also allow the school counselor to become more aware of the number of students from military families within the school, to be cognizant of the need for increased training of school personnel concerning issues of deployment utilizing the emotional cycle of deployment, and assisting in the development of programmatic responses before, during, and after deployment occurs. Such programs may be able to raise resilience among students and help them cope with challenges

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when they are planned and implemented within a school counseling program format such as comprehensive developmental guidance, strengths-based school counseling, the ASCA National Model, or asset development. In other words, such intervention may be helpful in lessening the emotional effects associated with deployment by preparing students over time according to their developmental level for periods of stress and vulnerability by teaching strategies to handle situations both as they occur and for future incidents.

Resiliency. As stated previously, the 2009 Council for Accreditation of Counseling and Related Educational Programs (CACREP) Standards suggest that school counselors should be taught to design and implement prevention and intervention plans that demonstrate an understanding of the effects of "factors of resiliency on student learning and development" (CACREP, School Counseling Foundations – A. 6, p. 39). LaVerne Jordan, a counselor educator at Denver Seminary and a member of the American Counseling Association Task Force on Promoting Resiliency of Children in Military Families states,

> In this unstable and transient era that we are living in, we have to, as school counselors, be much more intentional about teaching and facilitating resiliency issues, especially to the children of military members. We have to be preparing kids to be resilient."
> (Kennedy, 2007)

School counselors surveyed in this study provided the most common reasons for requiring intervention with children of deployed military parents. They included diverse psychological and behavioral symptoms with anxiety, academic performance, depression, family difficulties, and disruptive behavior as top five reasons. In order to help the students to combat those symptoms either before they appear or they become on-set, school counselors may be in a

position to develop preventative and/or intervention approaches meeting students' needs. Classroom approaches to fostering resilience would assist in identifying and teaching to students' strengths. Strengths-based approaches inspire motivation, positive attitudes, and hope (Benard, 1995). By providing a safe, supportive environment within the schools, school counselors can assist in developing resilience through the use of existing approaches to service provision – comprehensive developmental guidance programs, the ASCA National Model, strengths-based school counseling, and asset building.

In-service training for school counselors. The results of this study may also assist in the development of in-service training materials for school counselors who work with children of deployed military parents. Materials that describe the cycle of deployment, which symptomatic behaviors may be observed during the various stages of deployment, and what interventions and approaches which have been used successfully in other schools could be developed. Also, lists of local, state, and national resources including internet and email addresses could help other educators, parents, and students during these periods of vulnerability. Also, specific group or individual counseling approaches could be documented and distributed to directly assist other school counselors in working with this population within the schools. The results of this study also seem to imply that although materials and resources do exist at the local, state, and national levels to assist children of deployed military children, but there appears to be a need for informing school counselors of the availability of those resources through in-service training or other mediums.

Research. Although this study has focused on the services provided by school counselors to children of deployed military parents, it was not designed to take into account the individual

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experiences of those under study, namely school counselors and students. One or more

qualitative studies using an interview approach focusing on the school counselor, military child,

and even military family experiences would better inform not only the counseling profession but

also assist academic and other professionals working with the military community.

Fenell (2005) had also suggested the use of a multicultural approach when working with

members of the military community, including multicultural competencies and skills as a basis

for creating understanding between the counselor and client. Studies focusing on the

effectiveness of the application of multicultural competencies with populations such as children

of deployed military parents are recommended.

As discussed previously, although comprehensive developmental guidance programs

have received attention and have been under research over the past two decades, there remains a

paucity of research concerning the effectiveness of programs based on the ASCA National

Model and strengths-based school counseling approaches. Future research should also focus

attention not only on the effectiveness of these approaches with the general student population

but also with vulnerable populations as well, like children of deployed military parents.

Additionally, research should focus on areas for improvement in the development of preventative

counseling services (such as identification of underserved populations and resources to assist

these populations) and the need for increased support and advocacy for those and other

multicultural populations during periods of vulnerability like deployment. Specifically, action

research, focused on improving standards of practice and student academic and personal/social

outcomes with children of deployed military parents, should be undertaken with this population.

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Limitations

Although collecting data in survey research through mailed self-report questionnaires is common, one notable limitation of this approach concerns the rate of response and return of completed surveys. After an initial mailing and a follow-up letter two weeks later, a 23.4% return rate was acquired. As noted in Heppner, Wampold, and Kivlighan (2008), "Although some published survey research is based on less than a 40% return rate, some researchers recommend at least a 50% return rate as an 'adequate' basis for findings [Baddie, 2001]; others recommend at least 80% to 90% [Kerlinger, 1986]" (p. 230). As such, the response rate may impact the "adequacy" of the study results. Also as stated previously, the survey was a self-report instrument. As such, the responses of individual counselors representing the programs at each school may be subjective in nature and therefore impact the findings of this study. Likewise, school counselors may also attempt to present responses in a positive light either consciously or subconsciously due to the need for social desirability – to appear to colleagues as doing what is expected within the profession rather than what actually occurs. This too may impact the findings of this study.

Additionally, this survey was developed by the author for the purpose of gathering information as to the current status of school counselor service provision to children of deployed military parents. Sufficient, reliable measures for this construct do not presently exist and as such the School Counseling Services Provision Questionnaire (SCSPQ) had to be created. Although the instrument was submitted to five professional school counselors for review of consistency and clarity prior to its use, issues of reliability and validity have not been externally confirmed.

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Finally, another limitation for consideration is that only one state was surveyed through this study. Although the state does contain six military installations (including Fort Bragg – the largest in the U.S.) because the study was conducted in only one state the results may not be generalizable to other states or regions.

Summary

The Pentagon maintains a school system that serves 100,000 of those children on military bases around the world, but a larger proportion of military children, approximately 500,000, attend regular public schools. Children on military bases have a community of support that acknowledges and recognizes these stresses, however, it has not been determined to what extent the public schools and local communities are aware of the unique needs of the children of deployed National Guard and reserve soldiers (Hardy, 2006). As such, this study sought to describe how children of deployed military parents were being identified within the public schools of a single state, how the needs of the population were assessed, what resources were utilized to assist the population, what services were provided, and report school counselor perceptions of the outcome of service implementation.

As noted previously, school counselors are in a unique position to identify children of deployed military parents within the schools and address students' emotional issues that occur as a result of these deployments (Armstrong, Best, & Domenici, 2006; Fenell, Fenell, & Williams, 2005; Mitchum, 1991). A variety of evidence-based approaches, such as asset building, comprehensive developmental school counseling programs, the American School Counseling Association (ASCA) National Model, and/or strengths-based school counseling (SBSC) all

incorporate resilience concepts. These approaches have been utilized by military communities, parents, and school faculty and staff in working with children of deployed military parents to improve their emotional, personal/social, and/or academic functioning.

An overall goal of this survey was to provide additional information for school counselors to better serve school-aged children of deployed military parents. This study was designed to provide an overview of the provision of school counseling services to children of deployed National Guard, Reserve, and Active Duty parents within the public schools, as well as to provide information that may help school counselors improve their counseling programs to better assist these families. Findings of this research may serve to support programmatic efforts already in use (i.e., asset development, comprehensive developmental school guidance programs, the American School Counselor Association [ASCA] National Model, strengths-based school counseling [SBSC]) to promote student growth and wellbeing. Finally, the results of this study may enhance research efforts in working with children of deployed military parents.

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APPENDICES

Appendix A

School Counseling Services Provision Questionnaire (SCSPQ)

School Counseling Services Provision Questionnaire (SCSPQ)

Demographic Information

Unless otherwise directed, please respond to each of the following questions (1-7) by placing a check in the blank next to the most appropriate response.

1. Gender: _____Female   _____ Male

2. Age: _____ (Please write out)

3. Ethnicity:

_____African American   _____Asian/Pacific Islander

_____ Hispanic   _____Native American/American Indian/
                        Alaska Native/First Nations
_____White, Non-Hispanic   _____Multiracial

_____Other (Please specify) _____

4. Number of years as a school counselor:

_____0-10   _____11-20   _____21+

5. Most recent school level at which you worked with children of deployed military parents:

_____Kindergarten/Elementary   _____Middle/Junior High   _____High

6. How far away is the nearest Active Duty military installation from your school?

____within 25 miles   ____26-50 miles   ____51+

7. Has a Public Affairs Officer (PAO) or Family Readiness Group (FRG) representative from an Active Duty, Reserve, or National Guard unit contacted you concerning deployment issues?

_____Yes   _____No

Please continue on next page

Unless otherwise directed, please respond to each of the following questions (1-14) by placing a check in the blank next to the most appropriate response.

Section I: Identification of Student Population

1. Have you worked with children whose parents have been deployed in military operations since September 11, 2001?

   ____ Yes
   ____ No

 ⇨ If your answer is "**No,**" please **DO NOT COMPLETE** the rest of the questionnaire. Please place the questionnaire in the self-addressed stamped envelope provided and return it to the researcher.

 ⇨ If your answer is "**Yes**," please **continue** with the questionnaire.

2. How were children of deployed military parents identified in the school population? **(Check all that apply)**

   School counselor was informed by:
   ____Registration procedures
   ____Student self-disclosure
   ____Other student
   ____Parent
   ____Sibling
   ____Other relative
   ____Teacher
   ____Administrator
   ____Other (Please specify) _____

3. Approximately how many children of deployed military parents have been served by your school counseling program since September 11, 2001?

   _____0-25   _____26-50 _____51+

Please continue on next page

Section II: Needs Assessment

4. How did you determine the needs of children of deployed military parents within your school? **(Check all that apply)**

        ____Formal needs assessment survey
        ____Observation
        ____Student self- disclosure/request
        ____Other student's request
        ____Parent request
        ____Teacher request
        ____Administrator request
        ____Other (Please specify) _____

Section III: Resource Utilization

5. What resources have you used to guide you in assisting children of deployed military parents? **(Check all that apply)**

        ____Professional literature (journal articles, books)
        ____Newspapers
        ____Internet
        ____Activity books
        ____Other professionals/school counselors
        ____Materials provided by school system
        ____Materials provided by the State Department of Public Instruction
        ____Other (Please specify)_____

6. Have you visited the "NC Supports Military Children" webpage on the NC Public Schools website (http://www.ncpublicschools.org/militarysupport/)?

        ____Yes
        ____No

⇨   If "**No**," go to Question 9.

7. If "**Yes**" to Question 6, have you used any of the "Helpful Web Resources" found on the NC Public Schools website (http://www.ncpublicschools.org/militarysupport/resources/) and its links to assist children of deployed military parents?

        ____Yes
        ____No

⇨   If "**No**," go to Question 9.

Please continue on next page

8. If "**Yes**" to Question 7, what resources did you use? **(Check all that apply)**

   ____NC National Guard Family Programs Resource Guide - "North Carolina
     Supporting Military Children"
   ____North Carolina National Guard Family Readiness
   ____National Guard Family Programs
   ____National Guard Youth
   ____National Military Families Association
   ____Military Child Education Coalition
   ____Military OneSource
   ____Channing Bete (Publications)
   ____www.teachersguides.com
   ____Educator's Guide to the Military Child during Deployment
   ____Working with Military Children: A Primer for School Personnel
   ____Zero to Three
   ____National Children, Youth and Families at Risk Initiative
   ____National Child Traumatic Stress Network
   ____Educators for Social Responsibility
   ____Department of Defense Education Activity (Crisis Management Tool Kit)
   ____Department of Defense Educational Opportunities
   ____Air Force (Family separation)
   ____Army (Family readiness)
   ____Marine Corps (Deployment information)
   ____Navy (Deployment readiness)
   ____Reserves (Family readiness)

9. Have you attended one or more of the Supporting Families and Children of the Guard and Reserve Institutes provided by the North Carolina Department of Public Instruction, the State Board of Education, the Governor's Office and the N.C. National Guard Family Readiness Program and conducted by the Military Child Education Coalition (MCEC)?
   ___Yes
   ___No

Section IV: Service Provision

10. What approach to school counseling service provision does your program use with children in your school? **(Check all that apply)**

   ____Comprehensive school guidance
   ____Asset building
   ____American School Counseling Association (ASCA) National Model
   ____Strengths-based school counseling
   ____Other (Please specify) _____
   ____None of the above

  Please continue on next page

11. What were the most common reasons for requiring intervention with children of deployed military parents? **(Check all that apply)**

    ____Depression
    ____Anxiety
    ____Academic performance
    ____Sleeping
    ____Crying
    ____Disruptive behavior
    ____Fighting
    ____Family difficulties
    ____Peer relationships
    ____Eating problems (Overeating/weight gain or loss of appetite/weight loss)
    ____Other(s) (Please specify)_____

12. How were school counseling services delivered to children of deployed military parents?
(Check all that apply)

Guidance Curriculum
    _____Classroom guidance lessons
    _____Other(s) (Please specify)_____

Individual Student Planning
    _____Personal goals
    _____Career advice
    _____Other(s) (Please specify)_____

Responsive Services
    _____Individual counseling
    _____Small group counseling
    _____Large group counseling
    _____Family counseling
    _____Parent/counselor/teacher consultation
    _____Referral for outside counseling services
    _____Peer programs
    _____Other(s) (Please specify)_____

Systems Support
    _____Student Support Team (SST)/Student Assistance Team (AST)
    _____Child and Family Support Teams
    _____Other(s) (Please specify)_____

Please continue on next page

13. What intervention methods have you used to directly assist children of deployed military parents? **(Check all that apply)**

        ____Active listening
        ____Bibliotherapy
        ____Journaling
        ____Game play
        ____Activity work sheet
        ____Art
        ____Music
        ____Sand tray
        ____Puppetry
        ____Relaxation methods
        ____Family Counseling
        ____Collaboration with community programs (4-H, Family Readiness Groups, etc.)
        ____Other(s) (Please describe)_____

Section V: Implementation Outcomes of School Counseling Services

14. On a scale of 1 to 5 (1=Ineffective; 2=Somewhat ineffective; 3=Uncertain; 4=Somewhat effective; 5=Effective; NA=Not applicable), how successful were the outcomes of the school counseling services provided to the children of deployed military parents? **(Please circle only one response per approach/intervention)**

Guidance Curriculum	1	2	3	4	5	NA
Individual Student Planning	1	2	3	4	5	NA
Responsive Services	1	2	3	4	5	NA
Systems Support	1	2	3	4	5	NA
Active listening	1	2	3	4	5	NA
Bibliotherapy	1	2	3	4	5	NA
Journaling	1	2	3	4	5	NA
Game play	1	2	3	4	5	NA
Activity work sheet	1	2	3	4	5	NA
Art	1	2	3	4	5	NA
Music	1	2	3	4	5	NA
Sand tray	1	2	3	4	5	NA
Puppetry	1	2	3	4	5	NA
Relaxation methods	1	2	3	4	5	NA
Family Counseling	1	2	3	4	5	NA
Community programs	1	2	3	4	5	NA
Other(s)	1	2	3	4	5	NA

Thank you for your time and your continued support for the students of North Carolina!

Michael A. Keim, Doctoral Candidate
Department of Special Education, Rehabilitation, Counseling/School Psychology
Auburn University

Appendix B

Information Letter

INFORMATION LETTER FOR PARTICIPATION IN A STUDY OF SCHOOL

COUNSELING SERVICES PROVISION TO CHILDREN OF DEPLOYED MILITARY

PARENTS

Dear School Counselor:

I, Michael A. Keim, am a doctoral student in the Department of Special Education, Rehabilitation, School/Counseling Psychology at Auburn University, under the guidance of Dr. Suhyun Suh. I am inviting you to participate in a study that investigates the provision of school counseling services to children of deployed military parents since September 11, 2001. Your school counseling program is one of 500 chosen from across the state to help inform the profession as to the nature of school counseling services provided to children of deployed military parents.

I served in the regular army while stationed at Fort Bragg during the First Gulf War and later served in the Army Reserve. At the end of my service, I began and completed my certification in secondary social studies education and later earned my master's degree in school counseling, working as an elementary and middle school counselor here in North Carolina. After nearly ten years as a public school educator and counselor, my interest in conducting this study is to assist school counselors in identifying this unique student population, to provide guidance to school counselors in order to improve their counseling programs, and ultimately better assist these students. As such, this study is designed to provide an overview of the provision of school counseling services to children of deployed National Guard, Reserve, and Active Duty parents within the public schools.

I am requesting for you to complete a brief, 14-item questionnaire, which includes information regarding school counselor identification of children of deployed military parents, the use of resources to aid in service provision, and perceived outcomes of these interventions for students. The questionnaire will include a three-digit code which will be used to determine which invited schools have participated in the study and to provide for a follow-up request for participation.

Your participation in this study is strictly voluntary. The information obtained by this questionnaire will not be used to individually evaluate you or your school counseling program. None of the individual information that you provide will be made available to anyone other than the researchers above. Only aggregate data will be reported. Reports generated as a result of this study will not contain information identifiable to you. If presentations or publications result from this study, all data will be reported as group data, and no person will be identified by name or situation.

There are no direct benefits for your participation. However, I will donate one dollar for each returned survey (with a maximum of $500.00) to the North Carolina National Guard Soldiers and Airmen Assistance Fund (http://www.nc.ngb.army.mil/NCSAAF.aspx) to assist the families of

these service members. This donation will be verified by my academic advisor, Dr. Suhyun Suh, at the conclusion of the study.

If you have any questions, I invite you to ask them. If you have questions later, please feel free to contact me, Michael Keim, at (334) 224-7460 or by e-mail keimmic@auburn.com or my faculty advisor, Dr. Suhyun Suh, at (334) 844-2837 or by e-mail suhsuhy@auburn.edu. We will be happy to answer them.

Your decision about participation in this study will in no way influence your relationship with the researcher, the Department of Special Education, Rehabilitation, Counseling/School Psychology, or Auburn University. For more information regarding you rights as a research participant, you may contact Auburn University's Office of Human Subjects Research or the Institutional Review Board by phone (334) 844-5966 or e-mail hsubjec@auburn.edu or IRBChair@auburn.edu.

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

YOUR RETURN OF THE ATTACHED SURVEY INDICATES YOUR WILLINGNESS TO PARTICIPATE IN THIS PROJECT.

Researcher's signature_____Date_____

Faculty Advisor's signature_____Date_____

Appendix C

IRB Approval Form