

AN INVESTIGATION OF PARENTAL SATISFACTION WITH SCHOOL
COUNSELING SERVICES PROVIDED FOR CHILDREN OF
DEPLOYED MILITARY PERSONNEL

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VITA

Cassandra “Cassie” Ryland Fairley, daughter of Cecil Ryland and Cheryl Hendrick, was born in Deerfield, Illinois, on December 23, 1965, the older of two children. Cassie graduated from Pemberton Township High School in Pemberton, New Jersey, in 1984. She attended Auburn University, majored in Psychology, and graduated with a Bachelor of Arts degree in March of 1995. After graduation, she worked as a substance abuse counselor while pursuing her Masters degree in Counseling and Counseling Psychology at Auburn University. Cassie graduated with her Master of Education degree in June of 1997. Upon graduation she continued to work for substance abuse treatment facilities as a community agency counselor. During the time she was working on her Masters degree, she met and married Jeffrey Scott Fairley of Birmingham, Alabama. In December of 1997, their first child was born, Keegan Scott Fairley. Cassie began the Doctoral program in Counselor Education in December of 1998 and had a second child, Kyra Kathryn Fairley, in December of 1999. Cassie began completing coursework for school counseling certification while in the Doctoral program. Cassie is a Nationally Certified Counselor and has been working as a high school counselor at Auburn High School in Auburn, Alabama since July of 2003.

DISSERTATION ABSTRACT
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School-age students who are dealing with major life stressors at home may suffer academically due to preoccupation with their personal crises. Studies have shown that students' performance in school often plummets because of some personal crisis within the home environment. School counselors who are implementing a comprehensive and developmental counseling program have a duty to offer responsive services to students who are in need of personal and social counseling interventions.

Because of the state of our nation during the course of the past few years, there have been many children of deployed military personnel attending public schools. These children often suffer emotionally and psychologically because of this intense period of

separation from their parent or parents. School counselors who work with children of deployed military personnel will be able to provide them with appropriate counseling interventions that they need to overcome the likely barriers to academic success. The primary purpose of this study was to explore the level of parental satisfaction with school counseling services offered to children of deployed military personnel. Additionally, this study was concerned with describing the various reactions to parental deployment among school-aged children based on the nature of the parental deployment. By gaining insight and understanding regarding parental satisfaction, school counselors may adjust their programs in order to better meet the needs of these children and their parents.

Forty-five parents completed a 17-item Military Parent Questionnaire (MPQ) developed by the researcher. This survey captured the nature of the parent's deployment, certain demographic information (gender of deployed parent, age and gender of children), and nature and satisfaction level of counseling services provided for the children. Descriptive statistics and Chi Square were used to address the research questions.

The results of this exploratory study provided a description of the nature and type of public school counseling services that were provided for children of deployed military personnel. The results also showed that while many of the participants in this study indicated that their child might have benefited from some form of counseling within the public school, their child did not received any counseling from their School Counseling program. These results are important to consider when designing and implementing a Comprehensive Counseling and Guidance program within the public school system that serves children of military dependents.

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I. INTRODUCTION

The terrorist attacks of September 11th, 2001 (911), and the ensuing military actions that preceded the war between the United States and Iraq, have left this country in a psychological and emotional position unlike any we have seen in most of our lifetimes. Since that tragic day, an increasing number of military personnel have been deployed both stateside and abroad. Of particular concern are the effects that the War with Iraq has had and continues to have on these military personnel and their families, especially their children.

Children experience job-related separation from their parents in many families. Much of our knowledge of work-related separation comes from the literature on military-induced separation (Kelley, Herzog-Simmer, & Harris, 1994). By examining military families and their experiences during this past year, we have a unique opportunity to examine the school-related impact of parental separation on the children of deployed military personnel.

During the past few years, military families have faced many changes that may have had a strong impact on their children. For example, many military personnel have been deployed both stateside and abroad, leaving their families in a particularly vulnerable position of fear, uncertainty, and vulnerability. The children of these deployed military personnel are of particular concern because of their young age, developmental

levels of emotional maturity, and heightened susceptibility to experience separation anxiety (Costello, Phelps, & Wilczenski, 1994; Medway, Davis, Cafferty, Chappel, & O'Hearn, 1995). The fact that these children have experienced their parent leaving at a time of war, versus parental separation at peacetime, may have taken an even greater psychological and emotional toll on them (Kaslow, 1993). These children may be dealing with both the anxiety that comes from being separated from a parent, and the fear and uncertainty of what may happen to that parent while he or she is deployed.

Children react to separation from a parent in a variety of ways. According to the American School Counselors Association (ASCA) website (www.schoolcounselor.org), fear, loss of control, anger, and loss of stability are just a few of the more common feelings that children have in response to the threat of terrorism and war. Children of deployed military personnel have been shown to demonstrate unique behavioral and emotional symptoms based on their developmental stage (Pincus, House, Christenson, & Adler, 2003). For example, preschoolers (ages 3–6 years) may regress in their previously mastered skills (difficulty with potty training, thumb sucking, or refusal to sleep alone); older children (ages 6–12 years) may whine, complain, or become aggressive; and teenagers (ages 13–18 years) may participate in attention seeking behaviors such as fighting.

Children of deployed military personnel who attend public school may be at an even greater risk of developing academic and psychosocial difficulties due to the fact that their unique family status may go unnoticed or unrecognized within the school setting (Eastman, Archer, & Ball, 1990). Students may not be aware of other children their age whose parents are also deployed unless some type of intervention has been made by

school staff. However, while some school systems make it policy to identify these students and provide them with counseling interventions specifically tailored to their unique circumstances, many other schools may not be addressing the special needs of these students. It is of utmost importance that school counselors be educated with regard to the unique circumstances that may affect children of deployed military personnel.

For the purpose of this research, the focus was to examine the status of counseling services provided for children and adolescents of deployed military parents in public schools. Furthermore, this study explored the level of parental satisfaction with school counseling services provided for these children and adolescents. This research may provide a context for understanding the school counseling services provided for these students and the level of parental satisfaction with these services. Additionally, the outcomes may lead to informed program planning to more effectively assist the affected students.

School Counselor's Role

As a member of the educational team, the school counselor has special responsibilities for helping all students with their academic, career, and personal/social needs so that each student has the opportunity to achieve academic success at his or her optimal level. When students' attitudes and behaviors are conducive to learning, teachers can be more effective, and schools are then able to be successful in fulfilling their mission (Greenberg, 2003).

One of the components of a comprehensive counseling and guidance program (see The State Plan, 2003) is termed "Responsive Services". Responsive Services include

counseling activities that meet the immediate needs and concerns of students. These services include crisis counseling, personal counseling, and consultation with parents and other support groups. Personal counseling is provided on a small group or individual basis for students who are dealing with concerns such as family situations and coping with crises. Due to the fact that the majority of children whose parent is deployed are enrolled in public schools (Mitchum, 1991), it seems intuitive that counseling services within the schools might be of great benefit to these children, especially during a time of threat of terrorism or war.

While the school counselor has of primary concern the academic success of students, the counselor also has a duty to parents when working under these types of emergency situations. Because of this duty, it is important that parents are knowledgeable about and satisfied with the school counseling interventions provided for their children. Therefore, it is important to investigate the parent's level of satisfaction with the counseling services provided for their children so that school counselors may be better equipped in the future to determine what types of interventions are needed for this especially vulnerable population.

Purpose of Study

A review of the literature showed that children of deployed military personnel may experience a time of intense emotional and psychological turmoil while being separated from their parent. It is also evident that school counselors are in a prime position to access these students and to provide them with appropriate intervention strategies that may help them through a very difficult time. Because of the state of our

nation during the past few years (post-911), there have been many children whose parent or parents have been deployed either stateside or abroad. The purpose of this study was to explore and describe the parent's level of satisfaction with the school counseling interventions provided for their children. This research was conducted in the hopes of gaining insight and understanding as to whether or not school counseling services were provided to these students and (if they were provided) the parent's perspectives of these services. This study may also provide some perspective on the nature and type of services provided, parental satisfaction, and if there were services the parents believed that their children should have been provided with but were not during this time.

Significance of the Study

There has not been a large body of research related to the needs of school age children of deployed military personnel, especially during a time of intense threat of terrorism as well as during an actual war. Much of the literature on separation issues within the military family focuses on that of the parent (Kelley, Herzog-Simmer, & Harris, 1994; Kleigher & Kennedy, 1993). Also, there have been no studies exploring parental satisfaction with school counseling practices in a time of national terrorism and war. Consequently, this study examined these issues in order to help school counselors intervene with students who are experiencing this specific type of family disruption and crises. Additionally, this research has the potential to contribute to the literature regarding the congruence between what parents need from public schools and what educators and counselors are presently offering. This study may also help school counselors become

more educated regarding the special concerns of the military family so that they may be better able to serve them, should the need arise in the future.

School counselors, historically, have not been highly active in conducting research due to the lack of time, interest, and lack of research skills on their part (Deck, Cecil, & Cobia, 1990; Lee & Workman, 1992). Regardless of this trend, school counselors have a responsibility to determine the special needs of their students such as those discussed in this study. If this study provided evidence that parents were generally dissatisfied with the counseling services provided for their children, school counselors might then alter their practices to include interventions designed specifically for this population. If, on the other hand, parents were found to be generally satisfied with the counseling services being provided for their children, then school counselors would have an evaluative tool for the explanation and rationale of their programs and interventions.

Research Questions

1. What are the nature and type of school counseling services provided for children of deployed military personnel?
2. What is the level of parental satisfaction with the counseling services provided for them by the public school system?
3. What type of services did parents want the school system to provide for their children?

Limitations of the Study

The limitations of this study include the use of participants from only one military installation in the country. Therefore, these results should not be generalized outside of this area of study. However, due to the nature of constant change of location by military personnel, it seems likely that the population surveyed in this study could easily reflect many military populations around the country. Another limitation is the number of surveys completed. Out of the 150 surveys distributed to the targeted population, 45 were completed and used for analysis resulting in a 30 percent response rate.

Definition of Terms

Adolescents: children ages 13 to 18.

Deployed Military Personnel: The Department of Defense (DOD) defines deployment as “any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command, or duty that is aside from the military member’s normal duty assignment”. Military members meet deployment criteria if they leave the physical locale of the home command and enter an environment for operational deployment or are stationed in hostile territory. Deployment may be within the United States, “stateside”, or outside of the United States, “abroad”.

School-age children: children attending kindergarten through twelfth grade (K–12).

II. REVIEW OF LITERATURE

This chapter contains a review of literature regarding the unique experiences that children of deployed military personnel may have during the course of their parent's deployment. This chapter also addressed the need for prevention programs for military children as well as the many benefits of group counseling within the public school setting. The outline for this chapter is as follows: overview of military personnel in the US, stages of deployment, overview of military family and child literature, influencing factors, need for prevention programs, and benefits of group counseling.

Overview of Military Personnel in the US

According to the 2003 Demographics Report (www.militaryhomefront.dod.mil), which was prepared for the U.S. Department of Defense (DoD), the total number of military personnel is over 3.2 million with just over half (52.3%) of Active Duty military members being married and about 6.7 percent of Active Duty members being in dual-military marriages (meaning a military member in one service being married to a military member in the same or a different service).

Most important to this study, family members of military personnel account for a much larger number than actual Active and Reserve Duty personnel. Almost half (44.1%) of Active Duty military members have children, with about 38% being married with

children and about 6.4% who are single parents. Similarly, about 35% of the Selected Reserve members have children, with about 28% being married with children and about 6.3% who are single parents. These figures illustrate how families are a critical element of the military and that deployment has the potential to affect more than just the individual being deployed.

Stages of Deployment

Amen et al. (1988) discussed factors which influence a child's adjustment to parental separation during deployment; examined the pre-deployment, deployment, and post-deployment stages of interaction between family members affecting a child's adjustment; provided preventive measures for parents; and explored what the military is and could be doing to address the concerns of this population. For children, it is important to promote understanding of these stages of deployment in order to avert crises. The school counselor is in the unique position to work with these children and provide them with this information and support in order to minimize the need for future mental health counseling.

Pre-Deployment

According to Pincus et al. (2003), the onset of the pre-deployment stage begins with the warning order for deployment. This stage ends when the soldier actually departs from the home station. The pre-deployment time frame may vary from several weeks to more than a year. Pre-deployment can be a very stressful and difficult time for the military family. During this time, family members may experience the conflicting feelings of wanting to be close to the departing spouse or parent but also needing to

distance themselves as a defense to the impending separation. These emotions often lead to anger and frustration among family members. A common occurrence, just prior to deployment, is for soldiers and their spouses to have a significant argument (Amen et al., 1988; Pincus et al., 2003). For children, simply becoming aware that the parent's pending deployment may be the cause of some family unrest may be helpful for them to cope with this part of the pre-deployment cycle.

During this pre-deployment stage, the deploying spouse/parent often works long hours preparing for the separation, leaving less time for the family at home. This stage is often a time of increased conflicts because of the anger and resentment that has built between family members. Unfortunately, this may mean that important familial issues are left unresolved. Adolescent reactions may include open expressions of anger and feelings of abandonment or sadness at one end of the spectrum, or the denial of any emotional reaction and aloofness at the other end (Amen et al., 1988).

Deployment

The deployment stage is the period from the soldier's departure from home to the soldier's return to the home station. The time frame for this stage varies greatly depending upon the timeframe of the soldier's active tour of duty. Once the deployment begins, spouses and children may actually feel a sense of relief after the preceding months of dreading the departure of the spouse/parent. During this time, family members may also experience some depressive symptoms such as sleep and appetite disturbances (Amen et al., 1988).

School age children may experience a myriad of feelings and display varied behavioral problems during this stage of deployment. Yeatman (1981) states, "It is not

unusual for the military pediatrician to see children with various somatic complaints or disciplinary problems, which started abruptly with the departure of the father”. If the child has been very close with the deployed parent, now might be a very lonely time for them and they may struggle with feelings of abandonment. Adolescents may alternate between having feelings of sadness, anger, and independence during the parent’s deployment. In general, this time can be very confusing for school age children and adolescents. The conflicting feelings related to this parental separation might result in behavioral problems such as problems in schoolwork, trouble with school attendance, hanging out with the wrong crowd, and even problems with substance abuse and promiscuity (Pincus et al., 2003). School extracurricular activities, such as involvement in sports, become important emotional outlets during this time and children seem to appreciate the distraction that these activities provide for them.

Another important issue for families during the deployment stage is limited communication. It is often difficult to maintain consistent communication with the deployed spouse/parent (especially during times of combat) and this becomes very frustrating for both the spouse and the children (Bell & Schumm, 2000). During times where direct communication (telephone calls) with the deployed person is not possible, “The HELP Guide to Guard & Reserve Family Readiness” (www.defenselink.mil/ra/) recommends that it can be helpful for children to continue their connection with the deployed parent by alternative means such as: sending letters or emails; taking and sending photographs; taping and sending audiotapes; making videos, especially of important missed events such as birthdays, award ceremonies, etc. The school counselor can be very helpful in implementing some of these alternative ways of communicating

with the deployed parent. It can also be helpful for children to organize care packages for their parent's unit in order to remain active and to have a sense of participation and helpfulness.

Post-Deployment

The post-deployment stage begins with the soldier's arrival to home station. Typically, this stage lasts from three to six months. Many people assume the post-deployment period would end any family problems as they are back together. In reality, however, this stage can be as difficult as the preceding stages. This stage is often described as the "honeymoon period" of deployment. It can be a very joyous time of reunion with children excited to see their returning parent and spouses fantasizing for weeks about their reunited family.

For children and adolescents, this stage might also be very confusing as they struggle between alternating feelings of joy and happiness about the father's return, as well as jealousy and anger around the father's interaction with the mother (Applewhite & Mays, 1996). Yeatman (1981) reported that about 38 percent of the families in his study experienced readjustment problems when the father returned, such as shyness, fear, resentment, separation anxiety, and severe difficulty with interaction. Pincus et al. (2003) says that post-deployment is probably the most important stage for the military family. Communication and taking time to get to know each other again are crucial elements for the successful reintegration of the soldier back into the family.

All three of these stages of deployment bring about issues relating to changes in family roles and relationships. During every period of deployment, familial roles are changed, adapted to, and then changed again. It is important for school counselors to be

aware of these changes and to educate children about these different stages of deployment in order to provide them with skills and awareness that will help them to cope during this potentially problematic time.

Deployment and the Military Family

Many of the current studies on military families were shaped by the earlier literature in this field. There are a number of studies viewed as critical to establishing a foundation for understanding military families; many were conducted during World War II and the Vietnam Conflict (Thompson, 1998). One such study was conducted by Reubin Hill (1949). In his work, *Families Under Stress*, Hill published the results of a longitudinal study of family adjustment to the crises of separation and reunion during World War II. Hill found that no individual, couple, or family level background variable predicted adjustment to the separation and reunion cycle as well as what he termed the compound family organization variable which combined family integration, family adaptability, and marital adjustment. Positive family adjustment was characterized by: (a) successfully shifting family roles and responsibilities upon the father's departure, (b) maintaining consistent family routines in the father's absence, (c) maintaining both the husband-wife bond and the father-child bonds through frequent correspondence and as many furloughs as possible, (d) high utilization rates for familial and community support systems, and (e) following through with reunion plans.

McCubbin, Dahl, Lester, and Ross (1975) conducted a longitudinal study on 48 families of returned prisoners of war (during the Vietnam Conflict) in order to identify the best combination of factors that could explain the degree of reintegration of the

returnee into the family system. The first year of follow-up data was reported and four sets of data were considered: (1) background characteristics of husband and wife; (2) family preparedness for separation and reunion; (3) the returnee's psychiatric status at time of return; (4) measures of family adjustment during separation. Results of their study showed a combination of two family background characteristics (length of marriage before casualty, and wife's retrospective assessment of the quality of marriage before casualty) and one adjustment to separation variable (wife's emotional dysfunction during the separation period) were found to give the best prediction of the 12–16 month follow-up criterion of family integration. In the context of the present study, it is important to note that successful adjustment to the separation and reunion cycle of military deployment depends greatly on the preparedness and stability of the family members prior to and during the deployment.

More recently the military family has been portrayed by such characteristics as strong group identification, mobility of the family unit, heightened emotional interactions in the family, parental work-related separation, and reunion adjustment (Mitchum 1999). Military families are in a state of constant change, especially during this time of national crisis. The periods of anticipation, separation, and reunion dictate the types of emotional interactions that play out among the military family members.

Research continues to demonstrate that military families experience considerable stress due to the unique challenges associated with parental separation and reunion (Dickerson & Arthur, 1965). Children, in particular, may be adversely affected by a military parent's deployment, especially during a wartime deployment. For some children, the absence of the father produces behavioral and emotional disturbances

(Amen, Jellen, Merves, & Lee, 1988; Hillenbrand, 1976; Pederson, 1966). While some families are adept in coping with deployment issues (Amen, et al., 1988), other families may experience a much greater difficulty in handling these same issues (Jensen, Lewis, & Xenakis, 1986).

Lagrone (1978) reviewed the case records of 792 children and adolescents in military families. These records spanned a two-year period and were obtained from a military mental health clinic. Results of Lagrone's case review revealed a higher incidence of behavioral disorders among children and adolescents in military families than there were in civilian families. Lagrone attributed the higher rates of behavioral disorders in military families to their "acting out" against the rigid military system. Additionally, seven problem areas common to military families were identified. These areas were: (a) the relationship the family had with the military, (b) father absence, (c) transiency, (d) child-rearing methods, (e) scapegoating, (f) the marital relationship, and (g) resistance to treatment. Lagrone referred to this seemingly increased level of psychopathology among military dependents as the "military family syndrome" which was highly controversial and resulted in further research regarding the military family.

Research by Morrison (1981) challenged the conclusions of Lagrone. Morrison summarized data taken from six years in private practice near numerous military installations. He examined 374 children ranging in age from 1 to 19 years old. Morrison compared information from intake interviews of military children with intake interviews of civilian children and did not find any significant differences in diagnosis between these two groups.

Similar to these studies, Jensen et al. (1986) conducted a comprehensive review of the research literature concerning the prevalence of psychosocial dysfunction in military families and concluded that while the majority of military families experience potential risk factors (including father absence, war and combat stress, geographic mobility, retirement, cross-cultural family constellations, and authoritarian military structure), relatively few families appeared to be overtly dysfunctional. The authors suggest that the supportive military network may be the reason for this resilience as well as the fact that severely dysfunctional individuals and their families tend to be screened from the service.

Although the concept of a military family syndrome has been contested by many researchers, most agree that the military lifestyle does come with some unique stressors, especially when the country is in a state of high alert or is at war as has been the case within the past few years. For example, Black (1993) has identified some of the stressors that impact military families including: (a) frequent moves, (b) the potential for combat deployments, (c) frequent periods of family separation, (d) potential for serious injury, captivity, or death of family members, (e) geographic isolation from the extended family, (f) low pay, (g) the average young age of military members, and (h) a high incidence of young children living in the home. Black concluded that military families are at a greater risk for experiencing crisis due to the cumulative effect of these stressors. Further, Black reports that children of deployed parents are likely to experience higher levels of anxiety, anger, sadness, resentment, and fear. In general, military children have a harder time adjusting to the separation of deployment if the mother handles the separation poorly. According to Black, if the mother does not manage daily activities, is not involved in social activities of her own, and has a low sense of personal independence, the children

might mirror her inability to cope with the separation. In other words, children are better able to adjust to deployment when the mother is handling the separation well. Black concludes that even for the family adjusting well to the deployment, a period of about 4–8 weeks should be expected for the family to completely readjust to the service member's return.

Mitchum (1999) reviewed the literature of depressive symptoms of Navy wives with deployed husbands and found that a high rate of depressive symptomatology has been documented in the non-deployed spouse. As previously indicated, when the mother experiences depression at the result of the deployment cycle, she may become less responsive to and even withdrawn from her children, adversely affecting the children's ability to cope. Unfortunately, she may also be unable to recognize that her child is in need of treatment. Black (1993) reports that military dependents of deployed personnel complain of loneliness, lack of companionship, decrease in problem-solving skills, lack of social outlets, discipline problems with the children, financial problems, and a sense that the military is unconcerned with their well being. Furthermore, spouses whose husbands are deployed may have an increased tendency for depression and psychosomatic complaints, thus being subject to a higher number of mental health referrals.

The Effects of Deployment on the Deployed Parent

It is also worth mentioning the difficult emotions that the deployed parent often experiences. Kleigher and Kennedy (1993) discussed findings from an intervention project conducted during Operation Desert Shield and Desert Storm. This research

showed that deployed parents experienced high levels of rage and grief, which they were afraid to express due to the risk of being viewed as both weak and lacking dedication to the military mission. These parents also expressed concern regarding the following: (a) how their children were functioning at home, school, and in peer relationships; (b) concern about how the spouse was functioning as a single parent; (c) envy over the relationship between the home-based spouse and the child and concern about not being able to fit back into the family unit upon their return; (d) fear that they would not recognize their child or vice-versa; and (e) confusion and frustration about how much of their anxiety and grief to express to their family. Times of special holidays and birthdays are especially difficult for both the deployed parent and their spouses and children, making consistent communication, whenever possible, extremely important.

Similarly, in a study on the effects of family separation on deploying mothers, Kelley, Herzog-Simmer and Harris (1994b) examined parental stress and family functioning as reported by 118 Navy women. The researchers discovered that mothers who were preparing for a deployment experienced increased stress associated with the parenting role and perceived their children as being more difficult.

The Effects of Parental Deployment on School Age Children

During Operation Desert Storm, it was estimated that almost 37,000 children were separated from their parents due to the deployment of either a sole-parent or a dual-military career couple (Department of Defense, 1992). Many researchers have looked at the effects of this and other military deployments on the children of military personnel. Pederson (1966) assessed the histories of 27 White boys ranging from 11-15 years of age.

Pederson's sample was derived from children referred to a military health clinic operating within a military hospital on a United States Army post. All boys had received treatment for emotional or behavioral problems. He compared their histories with the histories of 30 boys who met the criteria for normal adjustment. While Pederson's research failed to show significant differences between the groups, the extent of father-absence was found to be predictive of emotional disturbance for the group of boys who had received treatment. Consistent with other findings, although no differences were found between fathers, mothers of the boys who received treatment presented with more emotional problems than did the mothers of the normal children.

Similar to Pederson, Hillenbrand (1976) measured the effects of paternal absence on various cognitive outcomes of 126 sixth graders. This was a Vietnam era study in which some of the parents were involved in combat, but this variable was not controlled for. The goal of this study was to examine the damaging effects that prolonged paternal absence seems to have on the cognitive outcomes in boys. Students were assessed on the following variables: (a) intelligence, (b) classroom behavior, (c) parental dominance, (d) parental identification, and (e) birth order. Results focused on three groups of children: (a) first-born sons, (b) latter-born sons, and (c) girls. While first-born sons adjusted well to their father's absence, the latter-born sons did not. First-born sons tended to have an increase in quantitative functioning and a decrease in aggression. Latter-born sons tended to present as more aggressive and more dependent. Also, the author indicates that paternal absence did not lead to as many negative symptoms for girls as for boys. In the context of the present study, it may benefit school counselors to become aware of the

possible gender differences, and birth order differences, in order to be sensitive to these differences should they arise in counseling.

Many of the families in Hillenbrand's study (1976) believed the paternal absence, termed a "family crisis", had been stressful for their children, especially when combat was involved. The author mentions that several parents heard their children crying themselves to sleep during such tours of duty: "While they often felt such stress lowered their children's schoolwork, many also mentioned that their children appeared to gain in responsibility and 'grow up' during the father's time away" (Hillenbrand, 1976, p. 453).

To determine the effects of Operation Desert Storm on military children and their parents, Jensen et al. (1996) compared children and families with and without a deployed soldier-parent prior to and during Operation Desert Storm. Results of this study indicated that children of deployed military personnel experienced elevated levels of depression.

While there have been very few studies exploring the effects of father absence on very young children (one year old and younger), there have been many demonstrating that father absence influences the development of school age children. According to Amen et al. (1988), preschool children may be bothered by feelings of guilt, magically thinking that they are responsible for their fathers' absence. Pre-adolescent boys often experience emotional conflicts about their father's departure, alternately wanting and not wanting them to go away. Adolescents dealing with independence issues may reach out even more to their peer group for support when their father is away. Interestingly, differences in families in which fathers were present versus families in which fathers were absent have been found in academic achievement (Blanchard & Biller, 1971).

Contributing Factors Related to Children's Adjustment to Deployment

According to Amen, et al. (1988), there are a number of factors that contribute to the child's adjustment to the deployed parent's absence. These authors state that the emotional development of the child is perhaps the greatest single factor in determining adjustment outcome. They found that the children who were referred for psychiatric services during a parent's absence typically had underlying problems that were aggravated by the additional stress of the parent's deployment.

The emotional well being of each parent, as well as the stability of their marriage, can contribute to the child's emotional development and ability to adapt and change in relation to the deployment. The literature has shown that mothers of children who exhibit emotional disturbances during deployments exhibit consistently more psychopathology than the mothers of non-disturbed children (Pedersen, 1966). It seems that the mother's ability to handle the stress of the father's deployment plays a significant role on the effects that the deployment will have on the child.

While gender has also been shown to be a factor related to children's adjustment to deployment, those reports are not consistent. According to Kelley (1994a, 1994b), for the families experiencing a peacetime deployment, gender interacted with family adaptability such that mothers of boys reported higher levels of family adaptability than did mothers of girls. This result seems to contradict the results suggesting boys adjust more poorly during deployments (Hillenbrand, 1976; Jensen et al. 1996; Pederson, 1966).

It is also interesting to note that discipline practices differed during a deployment according to the gender of the child. According to Mitchum (1991), mothers were more

likely to reason with girls and yell at boys. Mitchum also suggests that deployment puts children at increased risk for physical abuse.

Consideration of Wartime Deployment

Within the past decade, Kelley (1994a, 1994b) conducted a study assessing the comparisons made between wives of servicemen during a peacetime deployment and wives of servicemen experiencing a wartime deployment. Kelley looked at the wives of servicemen before, during, and after the Persian Gulf War and found some important differences between these two groups. The wives whose husbands were on wartime deployment reported less family cohesiveness and more internalizing and externalizing behaviors in their children than did the wives of servicemen experiencing a peacetime deployment. More relevant to this study, the age of the children was found to be a function of these differences. The families with school-aged children were found to have less organization during the deployment than did the families with older children. These results may indicate that mothers of younger children have a more difficult time coping with the deployment cycle than do the mothers with older children.

Kelley (1994a) also found that the type of deployment, whether it is during peacetime or wartime, has an effect on the duration of depressive symptoms for the remaining spouses. The level of depression that the wives/mothers of servicemen deployed during peacetime decreased over time. Conversely, depression did not decrease with time during the wartime deployment.

The Effects of Maternal Deployment

According to the 2003 Demographics Report (www.militaryhomefront.dod/mil), women comprise 14.9 percent of the DoD Active Duty force and about 17 percent of the Selected Reserve force. The percent of women in both the Active Duty population as well as the Selected Reserve force has continued to increase over the past couple of decades. During Operation Desert Storm in the early 1990s, many mothers of young children as well as both parents in dual-military member families were deployed, making it the first time where children were separated from their primary caretaker due to a combat deployment situation (Norwood & Ursano, 1996). Although maternal separation is becoming more common for military families, there is a paucity of research of the affect of this type of deployment, as compared to paternal deployment, in the literature.

In response to the need for research of this type, Applewhite and Mays (1996) conducted a seminal study comparing the psychosocial functioning of military children who had experienced maternal separation during a deployment with the functioning of children who were separated from their fathers. This study was the first time the mother-child separation in military families was researched. The researchers hypothesized that children who experienced maternal separation would demonstrate decreased psychosocial functioning when compared to children who were separated from their fathers. Interestingly, the results did not support the research hypothesis but instead showed no significant difference between the two groups of children. The authors discuss possible explanations for the results such as limitations in the study methodology. Nonetheless, the authors offer reassurance to military mothers that empirical data suggests that

children do not appear to be more adversely affected by maternal separation than by paternal separation.

In contrast to this research, Kelley et al. (2001), in comparing the behavior of children of enlisted Navy mothers with the behavior of children in civilian families, found that Navy children with deployed mothers exhibited higher levels of both internalizing and externalizing behavior than children of non-deployed Navy mothers. The authors concluded that while the group differences were modest, they do indicate we should be particularly attentive of deployed mothers and their children.

According to the DoD's 2003 Demographics Report, the percent of women in the active duty and selected reserve populations has continued to climb over the past two decades (www.militaryhomefront.dod/mil), resulting in an increased number of children being separated from their active duty mother. While the face of the military family is changing, the current study is limited to exploring the effects of the traditional military family where the father is the deploying spouse and the wife/mother is the non-deploying spouse. As previously indicated, further research is needed to determine specific issues related to the father who stays at home with the children while the military wife/mother is deployed.

Interventions for Children of Deployed Parents

The literature describing parent-child separation in military families suggests that children typically display negative psychosocial reactions and are at risk to develop long-term consequences to parental separation. Therefore, the need for preventive approaches

for children of military families becomes paramount, especially during times of military conflict.

Jensen et al. (1986), after reviewing the military family literature, suggests that preventive approaches are most likely to be useful when specific segments (such as children) of the military population who may be at risk are approached, utilizing “outreach” strategies. Persons in the helping professions, such as child psychiatrists, child psychologists, and school counselors must become active advocates and knowledgeable resources for this potentially vulnerable population. Providing information early about what to expect during the different stages of deployment, especially for families who have not endured a lengthy separation before, can help “normalize” the experience for children and encourage them to cope positively with the deployment experience. School counselors have the benefit of being able to work with these children in both large and small group contexts, as well as individually.

Rotter and Boveja (1999) looked at the issues unique to military families and provided a depiction of how school counselors can help to alleviate some of the strain on family functioning, including (a) creating formal support groups, (b) helping parents keep children informed, and (c) assisting the family in planning for the reunion phase of deployment.

In a study by Waldron, et al. (1985), group work was provided for military children with a series of single-session briefings. These briefings involved talking with parents and children in a large group, talking with children in a small group while their parents observed and then large group discussion with parents. The children were encouraged to express feelings related to deployment and separation and parents were

assisted in developing strategies for coping with the family changes resulting from the deployment. It was found that cohesion within these groups developed quickly due to the fact that all of the families already belonged to a larger group, the military. The children in these groups were found to have strong negative and ambivalent feelings about the absence of the deployed parent. The obvious benefit of group counseling for these children was that they were able to express these negative feelings in an environment that felt safe and accepting.

Mitchum (1991) also provides support for the positive effects of group counseling for school age children who have a parent away on deployment. While prevention programs have often been provided for Military children who have a deployed parent, there is not enough research regarding the effectiveness of these interventions (Figley, 1993). However, Mitchum (1999) attempted to evaluate the effectiveness of a group counseling intervention for children who have a deployed parent. In Mitchum's study, children's externalizing behavior was predicted by mother's current participation in counseling, the father's level of education, the number of years the parents have been married, father's pay grade, and the number of years the father had been in the military. Also, child's level of internalizing behaviors was predicted by mother's current participation in counseling, maternal depression, state anxiety, and trait anxiety.

Support Systems within the Military

Support systems within the military play a critical role in the successful coping of families during deployment. The military has responded to the needs of family members on many different levels. At the unit level, the unit chaplain and family support groups

provide activities ranging from pre-deployment family briefings to family member newsletters, as well as use of a wives' telephone tree, or scheduled family social functions. At the post level, organizations such as the Army Community Service (ACS) offer classes on coping with deployments, communication skills, child rearing, and stress management (Amen et al., 1988). In 1984, increased concerns for military families prompted the development of the United States Army Community and Family Support Center (ACFSC), which assists commanders on improving the quality of life for Army families. The Department of the Army also declared 1984 as "The Year of the Military Child" and 1985 as "The Year of the Military Family".

In spite of these military support systems, the public schools that serve military children remain an area of concern. School counselors and teachers often observe changes in academic achievement and school behaviors in students whose fathers have been deployed (Amen et al., 1988). This study is an effort to provide school personnel with better preparation in the event of future deployments.

III. METHODOLOGY

Purpose

The purpose of this study was to explore and describe the level of parental satisfaction with school counseling services provided to children of deployed military personnel. By gaining insight and understanding regarding parental satisfaction, school counselors may adjust their programs in order to better meet the needs of these children and their parents. This chapter outlines the methodology and research design used in this study.

Research Questions

1. What are the nature and type of school counseling services provided for children of deployed military personnel?
2. What is the level of parental satisfaction with the counseling services provided for them by the public school system?
3. What type of services did parents want the school system to provide for their children?

Research Design

The research design for this study was descriptive using a survey method of investigation. Using quantitative modes of exploration, the purpose of this non-experimental research was to identify and describe unknown variables, rather than to manipulate known variables. In this study, a sample of parents (who either had been deployed themselves or whose spouses had been deployed) were surveyed in order to identify school counseling services provided for their children, their level of satisfaction with these services, and whether there were any services not provided that they wished had been provided.

Participants

The subjects in this study were military parents stationed at Fort Benning, Georgia, who had at least one child enrolled in a public school system, grades K–12, at any point after the terrorists' attacks of September 11, 2001. The child must have had at least one parent actively deployed within this time frame. Data were collected from these participants through a liaison currently affiliated with the military parents at Fort Benning, Georgia. This liaison had access to military dependents and their families through working with the Family Readiness Program with the 3rd Brigade at Fort Benning.

Fort Benning is the Army's largest training installation and one of the premier deployment platforms capable of deploying soldiers, civilians, and units anywhere in the world at any one time (www.benning.army.military). There is a total daily average

population of 107,998. Fort Benning trains members of all the armed forces and numerous federal agencies. They are as follows:

Military

- Active Duty 32,270
- Supported Reserve Components 6,639
- Retired 12,276

Dependents

- On-Post (Active Duty) 8,236
- Off-Post (Active Duty) 13,523
- Off-Post (Retired) 30,050

The children of military personnel who are stationed at Fort Benning, Georgia, may go to the surrounding area public schools. These school districts include Phenix City, Russell County, and Lee County, AL.; Chattahoochee County, Harris County, Muscogee County, Marion County, and Talbot County, GA.

Prior to engaging in this study, the researcher's proposed study was reviewed and approved by the University's Institutional Review Board (IRB). After the IRB gave the approval for the research, the researcher requested that the parents selected for participation in the study sign an informed consent form (see Appendix A).

Instrumentation

Military Parent Questionnaire (MPQ)

The author developed an anonymous 17-item parent questionnaire (see Appendix A) used to gather information regarding number of children, gender, age and grade of

children, nature of parental deployment, and the parent's level of satisfaction with school counseling services provided for their children. The literature suggests that preventive efforts may help to minimize the impact of deployment separation on military children (Amen & Jellen, 1988).

Data Collection Procedures

The following procedures were used to secure a representative sample needed for the survey administration and data collection. A contact person, who worked closely with military personnel at Fort Benning, Georgia, was used to assist in accessing participating parents. This contact person then distributed the MPQ survey packet to these parents. Military parents were targeted using a formal letter inviting them to participate in this study. This letter stated the purpose, goals, and procedures of this study (see Appendix C). Survey packets were then sent to the family member employed at Fort Benning, Georgia. Each packet contained (1) information letter which describes the details of the study including confidentiality, right to participate, a detailed description of the study and instructions for completing the form, (2) a copy of the anonymous MPQ instrument and (3) a large pre-paid addressed/stamped envelope for the return of the surveys. This envelope was then mailed directly to the primary investigator. These completed surveys were kept in a locked box, for which there was one key, held by the primary investigator.

Data Analysis

This study used descriptive statistics to assess the nature of deployment, types of school counseling services provided and parental level of satisfaction. In addition,

descriptive analysis was used to determine what school counseling services parents would have desired but the services were not provided. Data collection from the survey was then analyzed using the Statistical Package for the Social Sciences (SPSS).

A frequency summary was performed on each of the independent variables. In addition, correlations were examined between nature of deployment and the symptoms of the children as well as the gender of the responding parent and the perceived need for counseling services.

IV. RESULTS

This chapter focuses on reporting the results of this exploratory study on parental satisfaction with school counseling services. The chapter reports results related to demographics, the primary research questions and relationships between deployment factors and children's symptoms. Additionally, the gender of the deployed parent and of the responding parent was explored to determine whether there was a correlation between the gender of the parent and the perceived need for counseling services. These additional research questions provided a broader exploration of the variables considered in this study. Descriptive analysis, independent sample T-tests, and chi square analysis were used to describe the data and to determine correlations between variables.

Research Questions

1. What are the nature and type of school counseling services provided for children of deployed military personnel?
2. What is the level of parental satisfaction with the counseling services provided for them by the public school system?
3. What type of services did parents want the school system to provide for their children?

The primary purpose of this pilot study was to explore and describe the level of parental satisfaction with school counseling services offered to children of deployed military personnel. This exploratory study was conducted among parents who either had been deployed themselves or had a spouse deployed at some point during the time from September 11th, 2001 until December 2005. All participants were stationed at an Army military base in the Southern United States. A total of 150 surveys were distributed, 3 were returned uncompleted, and 45 completed surveys were returned completed for a 30% return rate.

Demographics

In Table 1 the overall reported numbers for length of time the spouse was deployed is reported as well as the number of children that were in public schools during the time of deployment. The number of months that the spouse was deployed ranged from three months to twenty-four months with the average number of months being approximately nine months. The number of children that the respondents reported having enrolled in the public school system was either one or two.

Table 1

Months of Deployment and Number of Children

| | Mean | Standard deviation | Range |
|-------------------------------------|------|--------------------|--------|
| Length of deployment | 9.60 | 4.79 | 3-24 |
| Number of children in public school | 1.62 | .78 | 1 or 2 |

Table 2 reports the overall demographics for the study. The results indicated that the majority of participants had a male spouse deployed (84%). While the majority of the responding parents were female (67%), there were about a third of the respondents who were male (33%). (Note that in some instances, the male who responded to the survey was also the spouse who had been deployed.) In addition, the majority (96%) of participants indicated that their spouses were deployed in the Middle East, which would be considered an area of combat for the purposes of this study.

Table 2

Descriptive Demographics

| Frequency Table | N | % |
|---------------------------------|----|------|
| Gender of Deployed parent | | |
| Male | 38 | 84.4 |
| Female | 7 | 15.6 |
| Gender of the responding parent | | |
| Male | 15 | 33.3 |
| Female | 30 | 66.7 |
| Location of deployment | | |
| Middle East | 43 | 95.6 |
| U.S.A. | 2 | 4.4 |

Note. In some instances, parents who were deployed also completed surveys.

Nature and Type of School Counseling Services

Research Question #1 focused on describing the nature and type of school counseling services provided for children of deployed military personnel. Table 3 reports the number of participants indicating that their children had received school counseling services. The results indicated that about half of the participants had children who had received school counseling services (49%). Table 3 also indicates that of the 22 people whose children had received school counseling services, the majority of those children

received Individual Counseling (29%) and/or Small Group Counseling (29%). *Note that some of the participants' children received multiple services.*

Table 3

Descriptive Report on Counseling Services

| | n | % |
|---|----|------|
| Received Counseling Service | | |
| Yes | 22 | 48.9 |
| No | 23 | 51.1 |
| Type of Counseling Services Received | | |
| Individual counseling | 13 | 28.9 |
| Small group | 13 | 28.9 |
| Large group | 4 | 8.9 |
| Consultation | 4 | 8.9 |
| Referral | 1 | 2.2 |

Parental Satisfaction with School Counseling Services

Research Question #2 explored the level of parental satisfaction with the counseling services provided for their children by the public school system. The parents whose children had received counseling services (n = 22) were asked to report their level of satisfaction with those services. These results are shown in Table 4. Note that some of the participants who responded received more than one type of service.

Table 4

Satisfaction Level with School Counseling Services Received

| Type of Services | 1 (Very Dissatisfied) | 2 | 3 | 4 | 5 (Very Satisfied) |
|------------------|--------------------------|---|---|---|-----------------------|
| Individual | 2 | | 1 | 5 | 5 |
| Small group | | | | 6 | 7 |
| Large group | | | | 2 | 2 |
| Consultation | 2 | | | 1 | 1 |
| Referral | | | | 1 | |

According to Table 4, 76.9% of those parents whose children received Individual Counseling services were either satisfied or very satisfied with those services, while only 15.4% were either dissatisfied or very dissatisfied with those services. One hundred percent (100%) of parents whose children received Small Group Counseling were either satisfied or very satisfied with those services.

In addition to the previous descriptive report (Table 3) on nature and type of counseling services that were received by the participants' children, it was important to consider if there was a relationship between the total number of children's symptoms reported by the parent, and the parent's perceived need for counseling services for their children. The following table (Table 5) is a description of the number and types of symptoms reported by the parents who completed this survey.

Table 5

Descriptive Results for Number and Type of Symptoms Reported by Parent

| N | Type of Symptom |
|--|---|
| <i>For children 5 years and younger:</i> | |
| 13 | Crying |
| 8 | Fear of being separated from the parent |
| 7 | Regressive behaviors (i.e. bedwetting, thumb-sucking, fear of the dark) |
| 7 | Excessive clinging |
| 3 | Frightened facial expressions |
| 2 | Screaming |
| 2 | Whimpering |
| 2 | Trembling |
| 1 | Immobility and/or aimless motion |
| <i>Children 6 to 11 years old:</i> | |
| 11 | Bodily symptoms such as stomachaches and/or headaches |
| 11 | Feelings of depression, anxiety or guilt |
| 11 | Irritability |
| 9 | Outbursts of anger |
| 7 | Disruptive behavior |
| 7 | Inability to pay attention |
| 5 | Fighting |
| 0 | Refusal to attend school |
| 0 | Extreme social withdrawal |
| <i>Adolescents 12 to 17 years old:</i> | |
| 11 | Sleep disturbances |
| 7 | Nightmares |
| 6 | Depression |
| 6 | Withdrawal & isolation |
| 5 | Physical complaints |
| 5 | Academic decline |
| 4 | Avoidance of reminders of traumatic event |
| 3 | Emotional numbing |
| 2 | Confusion |

(table continues)

Table 5 (continued)

| N | Type of Symptom |
|--|----------------------|
| <i>Adolescents 12 to 17 years old:</i> | |
| 2 | Anti social behavior |
| 2 | Suicidal thoughts |
| 2 | School Avoidance |
| 1 | Substance abuse |
| 1 | Problems with Peers |
| 0 | Flashbacks |

Note: Six participants (13%) responded that their children did not exhibit any symptoms related to the deployment of a parent. All six of these respondents were male and had either been deployed themselves (n = 4) or had a spouse who was deployed (n = 2).

Analysis also indicated that there was a significant positive relationship between the number of symptoms reported by the parent and whether the child received counseling services ($r = .331, p = .027$). In other words, the more symptoms that were reported by the parent, the more likely the child received some form of counseling services within the public school system. While all (100%) of the parents whose children had received school counseling services reported symptoms related to the deployment, 73.9% (n = 17) of the parents whose children did not receive services reported their child having some symptoms related to the deployment. In other words, the majority of parents whose children did not receive school counseling services reported that their child exhibited some symptoms specifically related to the deployment. Only 26.1% (n = 6) of the parents whose children did not receive school counseling services did not report any

symptoms. As previously noted, all six of these were male and had either been deployed themselves (n = 4) or had a spouse who was deployed (n = 2).

Parental Awareness of School Counseling Services

The parents whose children did not receive school counseling services were asked whether they were aware that any of the aforementioned school counseling services were available to their child through the public school. Table 6 describes the number of parents who responded to this question and their level of awareness of school counseling services provided at their school.

Table 6

Awareness of School Counseling Services by the Parents Whose Children did not Receive Services

| Frequency Table | n | % |
|-------------------|----|------|
| Were not aware | 13 | 56.5 |
| Perceived benefit | 8 | 61.5 |
| Perceived need | 7 | 53.8 |
| No Response | 4 | 17.4 |
| Were aware | 6 | 26.1 |

As shown in Table 6, of the 23 participants whose children did not received services, 56.5% were unaware that any services were available within their school while

26.1% were aware that SCS were available. Also shown in Table 6, 61.5% of those participants who were unaware of services at their school reported that they felt their child would benefit from school counseling services and 53.8% who were unaware of school counseling services felt that their child needed services. (Note: The difference between benefiting services and needing services is simply a matter of variability for the purposes of this study. While the term “need” may imply that something is wrong with the child, to say that same child may “benefit” from counseling services does not have the same implication.)

Perceived Benefit of School Counseling Services

The parents of children who did not receive school counseling services were asked whether or not they felt their child might have benefited from school counseling services in order to help him or her deal with issues pertaining to the parental deployment. Table 7 describes the number of parents who responded to this question and whether or not they felt their child might have benefited from counseling services provided by the school.

Table 7

Perceived Benefit of Services by Parents Whose Children Did Not Receive Services

| Frequency Table | n | % |
|-----------------|---|------|
| YES | 14 | 60.9 |
| | [male = 4 (28.6%) female = 10 (71.4%)] | |
| NO | 9 | 39.1 |
| | [male = 8 (88.9%) female = 1 (11.1%)] | |

As shown in Table 7, 60.9% of the 23 parents whose children did not receive school counseling services felt that their child might have benefited from services, while 39.1% did not feel that counseling services would have benefited their child. Of the parents (n = 14) who *did* feel that services would have benefited their child, 71.4% of them were female while 28.6% were male. Of the parents (n = 9) who *did not* feel their child would have benefited from receiving services, 88.9% of them were male and 11.1% were female. In other words, more mothers whose children did not receive school counseling services felt that their child might have benefited from those services and more fathers felt that these services would not have benefited their child.

Counseling Services Preferred by the Parents

Research Question #3 considered what type of counseling services the parents wanted the school system to provide for their children. In order to address this question,

open-ended questions were included in the Military Parent Questionnaire (MPQ). Responses to the open-ended questions were reviewed and similar responses were grouped together to identify themes or commonalities among responses.

The first open-ended question that participants responded to was “If your child did not receive school counseling services, do you feel your child might have benefited from counseling services from the school to help him or her deal with issues pertaining to the parental deployment? If yes, please describe:” Some of the participants who provided a response to this question indicated that counseling might help their child deal with the experience of having a parent deployed (30%). Examples of such a response include “It would help them to better cope with the situation” and “Being able to talk to someone other than me, the parent” and “Child’s sleeplessness and irritability due to fear concerning mom’s departure”. Parents reported another possible benefit of counseling as being the possibility of their child developing friendships with other children who had similar concerns and experiences regarding their parent’s deployment.

Additional analysis demonstrated that there was a significant positive relationship between the number of symptoms reported and the parents’ perception of the need for counseling services for their children: ($r = .430, p = .003$). This indicated that parents who reported more symptoms were also more likely to report feeling that their child had a need for counseling services.

Perceived Need for School Counseling Services

Related to this finding, the second open-ended question was “Do you feel your child had a need for counseling services due to his or her response to the parental

deployment? If yes, please describe:” Table 8 shows that of the total number of participant (N = 45), 71.1% (n = 32) of parents reported that they felt their child had a need for school counseling services while 28.9% (n = 13) did not feel their child needed counseling. Of those 32 participants who felt their child needed services, 59.4% (n = 19) received services, while 40.6% (n = 13) did not receive services. Of the 13 participants who responded that they did not feel their child needed counseling services, 53.8% (n = 7) of them reported that their child had symptoms specifically related to deployment issues while 46.2% of them reported no symptoms. However, all seven of the participants who reported symptoms in their child reported fewer than 5 symptoms. Again, all of the parents who did not feel that their child needed counseling and who also reported that their children did not have any symptoms related to deployment were male (n = 6).

Table 8

Perceived Need for School Counseling Services

| Frequency Table | n | % |
|--------------------------|----|-------|
| Needs services | 32 | 71.1 |
| Received services | 19 | 59.4 |
| Did not receive services | 13 | 40.6 |
| Does not need services | 13 | 28.9 |
| Reported symptoms* | 7 | 53.8 |
| Did not report symptoms | 6 | 46.2 |
| Male | 6 | 100.0 |

*(Note: All reported fewer than 5 symptoms)

Of the 23 participants whose children did not receive services, 52.2% (n = 12) reported that they felt their child needed counseling services pertaining to issues specifically related to the parent's deployment, while 47.8% (n = 11) did not feel that their child needed counseling services.

Some of the participants who responded to the second open-ended question also reported symptoms that their child presented, describing symptoms such as anxiety, fear, depression, and sadness. Examples of these types of responses included, "My child needed counseling because he/she developed anxiety and fear" and "I thought maybe my 10 year old would open up and talk about her fears with someone else." Similarly, another parent reported, "My son was concerned about the safety of his dad, he was afraid that he would get killed in Iraq". One parent reported symptoms of a childhood eating disorder: "During our separation my daughter dealt with her fears by eating. She gained approximately 45 pounds while being separated by me".

Other participants (32%) provided responses indicating that they felt unprepared or overwhelmed in helping their children address these issues. Some such example were,

As a mom, I could not address all of the needs of my three children (girls). I allowed counseling to fill in where I was lacking in understanding and time to be alone with the girls and talk. In addition, I knew the girls were holding back around me because they didn't want to upset me.

Another similar response was "The experience of having a spouse deployed is extremely difficult. It is difficult to have children understand what is happening, and what might happen, to their parent".

Similar to responses to the first open-ended question, some participants (21%) reported that they thought counseling (e.g., group counseling) might help their children by providing them an opportunity to meet with other children who were experiencing the same issues and concerns regarding their parent's deployment. For example, "It was good (for my child) to be around other kids that had the same thing going on" and "A group setting would have been sufficient to address concerns."

The last open-ended question invited participants to "add any questions or comments pertaining to any part of this survey and/or your personal experience with the School Counseling program available to your child(ren)". Half of the participants (50%) who responded to this last question reported dissatisfaction with the experience that they had encountered with the support at their child's school. Such responses were "The school basically offered no services, referred to military facility. Teachers were aware of dad's deployment and when son had emotional breakdown and outbursts, they sent him to the counselor to calm him down" and:

One problem that I encountered is that any student above 5th grade is not expected to miss class time for school counseling services. Therefore, if I would like for my child to be seen by a school counselor, that would have to occur before the beginning of school (at around 7:00 a.m.). Another issue we encountered was that my children were the only ones in the school who had a parent deployed, so having support through the military was a better option in our case.

A few of the participants (25%) responded positively about the counseling services that their children had received from the school. Such responses were, "I am extremely thankful that my children had the counseling services that they had at their

school” and “The school has small groups for all children of deployed parents. I believe it helped to know others who were going through the same thing. We experienced good support from the entire school staff.”

As indicated by these qualitative answers, many of the responding parents felt that it would be beneficial for their children to receive some form of counseling services within the school setting, so that their child(ren) would have someone to talk to with whom they shared similar circumstances and concerns.

Additional Analysis

In addition to the primary research questions, additional analysis provided a more in-depth examination to the relationship between variables. As shown below in Table 9, results indicated that length of deployment was not significantly correlated with the number of children’s symptoms ($r = .002$, $p = .991$). This indicates that for this sample, the duration of the parent’s deployment did not correspond to the number of symptoms reported in the child.

Table 9

Correlation Between Variables and Number of Symptoms Reported by Parent

| | r | p |
|---------------------------|------|------|
| Length of deployment | .002 | .991 |
| Gender of deployed parent | .21 | .166 |
| Gender of surveyed parent | .442 | .002 |

It was also important to examine whether there was a relationship between the gender of the deployed parent and the number of reported symptoms. Table 9 shows that while there was no significant relationship between the gender of the deployed parent and the number of reported symptoms ($r = .21, p = .166$), there was, however, a significant relationship between the gender of the responding parent and the number of symptoms ($r = .442, p = .002$). Results shown in Table 9 indicate that when the responding parent was female, she reported a significantly greater number of symptoms in her children.

Based on these findings, additional analysis was conducted to determine if there was a potential relationship between the gender of the responding parent and the perceived need for counseling services. Chi square was applied to answer this question. The results indicated that responding females ($n = 25$) perceived a greater need for their children to receive counseling services than did males who responded to the survey ($X^2 = 8.763, \text{Phi} = .441, p = .003$).

This concludes all of the statistical results. In the final chapter, discussion of the results, limitations of the study, recommendations for future research, and implications for school counseling practice will be addressed.

V. DISCUSSION

This final chapter consists of a summary of the research study, presentation of the results, discussion of the results, limitations of the study, and implications for future research.

Research has indicated that children of deployed military personnel tend to demonstrate unique behavioral and emotional symptoms based on their age and developmental stage (Pincus, House, Christenson, & Adler, 2003). Children of deployed military personnel who attend public school may be at an even greater risk of developing academic and psychosocial difficulties due to the fact that their unique family status may go unnoticed or unrecognized within the school setting (Eastman, Archer, & Ball, 1990). The purpose of this pilot study was to examine the current status of counseling services provided for children and adolescents of deployed military parents within the public school setting. Furthermore, this study examined the level of parental satisfaction with school counseling services provided for these children and adolescents in the hopes that the outcomes may lead to informed program planning that will more effectively assist these affected students.

The current study was comprised of 45 military parents of school aged children who were administered a 17-item survey (Military Parent Questionnaire) which was developed for the purposes of this study. The survey was intended to obtain certain

demographic information specifically related to the deployment, such as time of deployment, duration of deployment, and location of deployment. The survey also addressed demographic information related to the children of the participants, such as number of children, ages and grades of children. Additionally, the survey was intended to capture the participant's level of satisfaction with the school counseling services that were provided for their children during the time of parental deployment.

The descriptive results showed that the average length of deployment among participants in this study was around nine months and that the overwhelming majority (96%) of those who responded either had a spouse who had been deployed in the Middle East, or they, themselves, had been deployed in the Middle East (versus being deployed stateside). In other words, the majority of the military personnel related to this study were stationed in an area of combat. Also, the majority of the responding parents were females who had a male spouse deployed. The results of this study indicated that the length of deployment was not significantly correlated to the number of symptoms presented by the children.

School Counseling Services for Children of Deployed Parents

An important consideration for this study was an examination of the nature and type of school counseling services that were provided for children of deployed military personnel. The findings demonstrated that within this sample about half of the participants had children who had received school counseling services (49%). However, this also indicated that many of the participant's children, more than half of the sample were not provided counseling services. While it is difficult within the parameters of this

study to determine the counseling needs of these children, research has indicated that military families experience considerable stress due to the unique challenges associated with parental separation and reunion (Dickerson & Arthur, 1965) and that at least some of these military children would have benefited from counseling services (Amen et al., 1988). The school counselor is in the unique position to work with these children in order to provide them with important information and support to minimize the need for future mental health counseling.

When the focus was on the type of counseling services provided, the overall results indicated that the children who received services primarily received individual counseling and small group counseling. These results are consistent with the “Responsive Services” component of a Comprehensive Counseling and Guidance State Model for Alabama’s Public Schools (see The State Plan, 2003). Responsive Services include counseling activities that meet the immediate needs and concerns of students. These services include crisis counseling, personal counseling, and consultation with parents and other support groups. Personal counseling is provided on a small group or individual basis for students who are dealing with concerns such as family situations and coping with crises. Due to the fact that the majority of children whose parent is deployed are enrolled in public schools (Mitchum, 1991), it seems intuitive that counseling services within the schools might be of great benefit to these children, especially during a time of threat of terrorism or war. It is also important to note that the parents of children who received individual and small group counseling services reported being satisfied with these services. Only a small few of the participants in this study reported dissatisfaction with counseling services that were provided.

Related to this finding, the open-ended responses suggested that many of the parents believed that it was important for their child to be able to talk with other children who were experiencing the same thing (deployment). While some participants identified this as group counseling, many others simply suggested that it would be beneficial for their child to have the opportunity to talk with other children who shared this experience and understood what they were dealing with at this time. School counselors could easily address this critical need by providing small group counseling for the children who have a deployed parent. It is of utmost importance that school counselors be educated with regard to the unique circumstances that may affect children of deployed military personnel.

According to Eastman, Archer, and Ball (1990), children of deployed military personnel who attend public school may be at an even greater risk of developing academic and psychosocial difficulties due to the fact that their unique family status may go unnoticed or unrecognized within the school setting. Students may not be aware of other children their age whose parents are also deployed unless some type of intervention has been made by school staff. However, while some school systems make it policy to identify these students and provide them with counseling interventions specifically tailored to their unique circumstances, this research suggests that many other schools may not be addressing the special needs of these students.

When examining the results of this study, it was interesting to discover that more than half (56.5%) of the parents whose children did not receive school counseling services were unaware that any services were available to them through their school. Of these parents who were unaware of services, a majority (61.5%) of them felt that school

counseling services would have benefited their child and about half of them (53.8%) felt that their child had a need for school counseling services. These results indicate that either the schools did not offer services for the children of deployed military personnel or they did not effectively promote the services that they did offer. It is also important to note that the majority of these participants reported that their children were not receiving counseling services outside of the school. These findings, while limited due to the sample size, indicate a concern. This concern is highlighted when considered with the finding that the majority of the parents in this study believed their child needed, and might benefit from, counseling services pertaining to issues related to the parental deployment.

Interestingly, the results also indicated that the majority (73.9%) of parents whose children did not receive services reported that their children exhibited some symptoms specifically related to the parental deployment. These results suggest that an important role for school counselors working with large numbers of children affected by military deployment (e.g., near military bases) may be to provide outreach or informational services to parents. Jensen et al. (1986) suggested that preventive approaches are most likely to be useful when specific segments (such as children) of the military population who may be at risk are approached, utilizing “outreach” strategies. Persons in the helping professions, such as child psychiatrists, child psychologists, and school counselors must become active advocates and knowledgeable resources for both the military children and the parents.

Providing information early about what to expect during the different stages of deployment, especially for families who have not endured a lengthy separation before, can help “normalize” the experience for children and encourage them to cope positively

with the deployment experience. School counselors have the benefit of being able to work with these children in both large and small group contexts, as well as individually. This type of outreach may help parents not only be aware of services but possibly provide them with information about what their children may be experiencing regarding the stages of deployment.

Experiences of Children with a Deployed Parent

As previously noted, when parents were asked about the type of counseling services they thought would be beneficial to their children, individual and group counseling services were the types most identified. The open-ended questions provided some further clarification about not only the type of counseling these parents thought would be beneficial, but also what issues or concerns this counseling could address. Some of the participants indicated that counseling might help their child deal with the experience of having a parent deployed (30%). Parents reported another possible benefit of counseling as being the possibility of their child developing friendships with other children who had similar concerns and experiences regarding their parent's deployment. More than half of participants (53%) reported symptoms in their children such as anxiety, fear, depression, and sadness and they felt that counseling might have benefited their child with regard to these concerning symptoms.

Children react to separation from a parent in a variety of ways. According to the American School Counselors Association (ASCA) website (www.schoolcounselor.org), fear, loss of control, anger, and loss of stability are just a few of the more common feelings that children have in response to the threat of terrorism and war. Children of

deployed military personnel have been shown to demonstrate unique behavioral and emotional symptoms based on their developmental stage (Pincus, House, Christenson, & Adler, 2003). For example, preschoolers (ages 3–6 years) may regress in their previously mastered skills (difficulty with potty training, thumb sucking, or refusal to sleep alone); older children (ages 6–12 years) may whine, complain, or become aggressive; and teenagers (ages 13–18 years) may participate in attention seeking behaviors such as fighting.

An important consideration of this study was identifying the symptoms and concerns of the children and adolescents whose parent(s) have been deployed. The parents in this sample identified many of the above symptoms among their children. Results showed that the more symptoms that were reported by the parent, the more likely the child had received some form of counseling within the public school system. It is possible that this is because one of the goals of counseling is often to bring awareness to various symptoms that may be resulting from parental separation and deployment.

School age children may experience a myriad of feelings and display varied behavioral problems during the different stages of deployment. Typically, the younger children in this study exhibited symptoms consistent with separation anxiety, such as crying and excessive clinging, while the older children and adolescents exhibited more internalizing and depressive symptoms, such as irritability, sleep disturbances, and physical symptoms. Yeatman (1981) states, “It is not unusual for the military pediatrician to see children with various somatic complaints or disciplinary problems, which started abruptly with the departure of the (deployed parent).” If the child has been very close with the deployed parent, now might be a very lonely time for them and they may

struggle with feelings of abandonment. Adolescents may alternate between having feelings of sadness, anger, and independence during the parent's deployment. In general, this time can be very confusing for school age children and adolescents. The conflicting feelings related to this parental separation might result in behavioral problems such as problems in schoolwork, trouble with school attendance, hanging out with the wrong crowd, and even problems with substance abuse and promiscuity (Pincus et al., 2003). School extracurricular activities, such as involvement in sports, become important emotional outlets during this time and children seem to appreciate the distraction that these activities provide for them.

Interestingly, there were six participants who responded that their children did not exhibit any symptoms related to the deployment of a parent. All six of these respondents were male and had either been deployed themselves or had a spouse who was deployed. One can only speculate as to the underlying reason for this response and further research related to gender differences in perception of a need for counseling would be appropriate to explore this result further.

Limitations

The limitations of this study must be noted. One of the limitations of this study is the use of participants from only one military installation in the Southeastern portion of the United States. Therefore, these results should not be generalized outside of this area of study. However, due to the nature of constant change of location by military personnel, it seems likely that the population surveyed in this study may reflect some of the characteristics of military populations around the country.

While the face of the military family is changing, the current study was limited to exploring the effects of the traditional military family where the father is the deploying spouse and the wife/mother is the non-deploying spouse. As previously indicated, further research is needed to determine specific issues related to the father who stays at home with the children while the military wife/mother is deployed.

Another limitation is the number of surveys completed. Out of the 150 surveys distributed to the targeted population, 45 were completed and used for analysis resulting in a 30 percent response rate. Although the response rate for this descriptive study was satisfactory, the small number of respondents who completed the questionnaire raises questions of generalizability to the military population as a whole. If the sample size were larger, perhaps different results would have been found. For example, it would have been interesting to explore if there was a difference in gender responses to the survey questionnaire, but the limited sample size prohibited this.

Finally, since the surveys were not coded for location of school or school district, another limitation of this study was the inability to determine which schools may have been providing appropriate and effective school counseling interventions. It is possible that students who received services may have been clustered at one or more schools. Conversely, students who did not receive services may have been clustered by school(s). Furthermore, there may have been a range of the nature and type of services provided according to the different school that may have corresponded to school(s). This distinction, however, was beyond the scope of this study.

Implications for Future Research

Implications for future research should include a larger, more heterogeneous group of participants in terms of gender. It would be interesting to explore variables related to female military deployment and the resulting symptoms on the children. Additionally, the fact that the small number of males who responded to this study reported no symptoms in their children is also an area that deserves further investigation. It would be interesting to see if this result held true for a larger, more heterogeneous sample.

It might also be beneficial to explore the different levels of parental involvement according to developmental age groups. This would help to determine if there is a difference in the awareness level of the services provided by the school-counseling program when comparing the parents of younger children with those of older adolescents.

Another interesting study would be a self-report of adolescent's satisfaction level with the school counseling services provided for them. Similarly, school counselors could be surveyed to explore the different ways in which they address the particular issues of the military children at their schools. This could be coupled with a study that examined the variability in services among schools and the awareness of schools and school counselors to the number of students with deployed parents and their concerns. Since this study indicated that one issue might be awareness of services, it would be interesting to determine first how aware are counselors that the issues may exist among their student population. Finally, this study might provide an opportunity to identify the programs that are already providing effective and useful services. These programs could provide a model for other counseling programs.

Implications for School Counseling Practice

School counselors can use the results from this study as they develop their comprehensive guidance plan and as they conduct a needs assessment for the students that they serve. It is obvious from this study that not all public schools which serve students with military parents implement counseling interventions specifically for the student who is dealing with issues pertaining to the parental deployment. For some of those schools, it may be a matter of ineffectively promoting the services that they are providing. There may also be a need to development outreach or informational programs for parents to help them become aware of such services and their benefits. According to the Comprehensive Counseling and Guidance State Model for Alabama Public Schools (2003), in order to effectively meet the needs of the students, it becomes extremely important for school counselors to provide responsive services by implementing data-driven program planning based on variables such as attendance records, discipline referrals, and community and social issues. It is also important for school counselors to include activities that support their counseling program such as increasing their visibility among students and community members so that they maintain positive public relationships that will advocate for the different services that they are providing for their student population.

School counselors can become better familiarized with the stages of deployment and the resulting symptoms that might occur among family members so they can plan and provide strategies that will help children understand these stages. School counselors can also plan interventions to help students to better cope with having a parent deployed in an area of military combat, such as assisting the students in maintaining consistent

communication with the deployed parent. It might be beneficial to have open/revolving small group counseling sessions with these students, so that the students who have been in the group longer can offer assistance based on their experience to the students who are newer to the group.

It seems clear that most military parents perceive a need for counseling services to be provided by the public schools that service their children. The findings of this study suggest that the military parents whose children were receiving counseling within the school setting were overall satisfied with the services that were provided. It would benefit the children of deployed military personnel for school counselors to become educated with regard to the stages of deployment, and the resulting difficulties that these families may encounter, so that they can offer effective interventions for the children of these military parents.

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APPENDICES

APPENDIX A
MILITARY PARENT QUESTIONNAIRE (MPQ)

Military Parent Questionnaire (MPQ)

1. Was your child's mother or father actively deployed in the military at any time following the September 11, 2001 terrorist attacks to the present?
No ___ Yes ___
2. When did your child's parent leave for deployment?

3. Approximately for how long was the parent's deployment?

4. How many of your children were enrolled in public school during the deployment?

5. Please list the sex, ages and grades of your children?
Child's sex Child's age Child's grade

6. What is the gender of the deployed parent? Male ___ Female ___
7. What is your gender? Male ___ Female ___
8. What was the nature of the parent's deployment?
____ Deployed in area of combat (such as Iraq, Afghanistan, Kunder, ect.)
____ Deployed in non-combat area (such as Germany)
____ Deployed stateside
9. According to the National Institute of Mental Health, reactions to trauma (such as having a parent deployed during times of national crises) vary according to age. Please review the list of reactions and symptoms below and place a check next to all that apply to your child(ren):

For children 5 years and younger:

- ___ Fear of being separated from the parent
- ___ Crying ___ Whimpering
- ___ Screaming ___ Trembling
- ___ Immobility and/or aimless motion
- ___ Frightened facial expressions ___ Excessive clinging
- ___ Regressive behaviors (i.e. bedwetting, thumb-sucking, and fear of the dark)

Children 6 to 11 years old:

- ___ Extreme withdrawal ___ Disruptive behavior
- ___ Inability to pay attention ___ Irritability
- ___ Refusal to attend school ___ Outbursts of anger
- ___ Fighting ___ Bodily symptoms such as stomachaches and/or headaches
- ___ Feelings of depression, anxiety or guilt

Adolescents 12 to 17 years old:

- | | |
|---|--|
| <input type="checkbox"/> Flashbacks | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Emotional numbing | <input type="checkbox"/> Avoidance of reminders of traumatic event |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Problems with Peers | <input type="checkbox"/> Anti-social behavior |
| <input type="checkbox"/> Withdrawal & isolation | <input type="checkbox"/> Physical complaints |
| <input type="checkbox"/> Suicidal thoughts | <input type="checkbox"/> School avoidance |
| <input type="checkbox"/> Academic decline | <input type="checkbox"/> Sleep disturbances |
| <input type="checkbox"/> Confusion | |

10. Did your child(ren) receive school counseling services pertaining to issues related to his or her parent’s deployment (such as the one’s above) during the period of deployment? Yes___ No___

11. If you answered yes to question #10, what was the nature of the school counseling services your child received?

- Individual counseling
- Small group counseling
- Large group counseling (classroom size)
- Parent/counselor/teacher consultation
- Referral for outside counseling services

12. On a scale of 1-5 (1 being very *dissatisfied* and 5 being very satisfied), how satisfied were you with the counseling services your child received within the school? (Please check the appropriate box below.)

| Type of services | 1 (Very <i>Dissatisfied</i>) | 2 | 3 | 4 | 5 (Very Satisfied) |
|---------------------|-------------------------------------|---|---|---|--------------------------|
| Individual | | | | | |
| Small group | | | | | |
| Large group | | | | | |
| Consultation | | | | | |
| Referral | | | | | |

13. Were you aware that any of the school counseling services mentioned in question #11 was available to you or your child through the public school? No___ Yes___

14. If your child ***DID NOT*** receive school counseling services, do you feel your child might have benefited from counseling services from the school to help him or her deal with issues pertaining to the parental deployment? No___ Yes ___

If yes, please describe: _____

15. Did your child receive counseling services *outside* of school during the 2002-2004 school years? No___ Yes___

If yes, please describe:

16. Do you feel your child had a need for counseling services due to his or her response to the parental deployment? No___ Yes___

If yes, please explain:

17. Please feel free to add any questions or comments pertaining to any part of this survey and/or your personal experience with the school counseling program available to your child(ren).

Thank you for you time!

Cassie R. Fairley

APPENDIX B
INFORMED CONSENT LETTER

**INFORMED CONSENT FOR PARTICIPATION IN AN INVESTIGATION OF
PARENTAL SATISFACTION WITH SCHOOL COUNSELING SERVICES
PROVIDED FOR CHILDREN OF DEPLOYED MILITARY PERSONNEL**

Dear Parent:

I, Cassandra Fairley, am a graduate student in the Department of Counseling and Counseling Psychology at Auburn University, under the guidance of Dr. Jamie Carney. I am inviting you to participate in a study that investigates your level of satisfaction with the school counseling services that were provided for your children while you or your spouse were actively deployed since the terrorist attacks in New York City and Washington, D.C. on September 11, 2001.

Your participation in this study is strictly voluntary. One of the goals of this study is to provide some additional information for school counselors and school counselor educators in order to better serve school-aged children of deployed military personnel. This study is designed to provide an overall picture of how parents feel about the counseling services that were provided within the public schools, as well as to provide information that might help school counselors improve their counseling program to better assist these families.

I am asking you to fill out a brief, 17-item questionnaire, which includes information regarding number of children, gender, age and grade of children, nature of parental deployment, and your satisfaction with school counseling services provided for your children. This questionnaire is completely anonymous. No identifiable information will be on the assessment. The information obtained by this questionnaire will not be used to individually evaluate you or your child, or your child's school counseling program. None of the individual information that you provide will be made available to anyone other than the researchers above.

Reports generated as a result of this study will not contain information identifiable to you or your child. 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.

If you have any questions, we invite you to ask them; we will be happy to answer them. You will be provided a copy of this form to keep. If you have questions later, please feel free to contact Mrs. Cassandra Fairley, (334) 502-4932 or by e-mail crfairley@auburnschools.org or Dr. Jamie Carney, (334) 844-5160 or by e-mail carnejs@auburn.edu.

For more information regarding your rights as a research participant, you may contact Auburn University's Office of Research Programs, Ms. Jeanna Sasser at (334) 844-5966 or by e-mail sassejb@auburn.edu or Dr. Steven Shapiro at (334) 844-6499 or by e-mail shapisk@auburn.edu.

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

YOUR SIGNATURE BELOW INDICATES YOUR WILLINGNESS TO PARTICIPATE IN THIS PROJECT.

Participant's signature _____ Date _____

Researcher's signature _____ Date _____

APPENDIX C
MILITARY PARENT LETTER

Dear Military Parent,

I am a graduate student in the Department of Counseling at Auburn University. I am inviting you to participate in this study if you are a military parent of school-aged children and are housed at Fort Benning, GA., who has either 1) been actively deployed or 2) has had a spouse deployed since the terrorist attacks of September 11, 2001.

This study investigates your level of satisfaction with the school counseling services that were provided for your children while you or your spouse were deployed since the terrorist attacks on September 11, 2001.

Your participation in this study is strictly voluntary. One of the goals of this study is to provide some additional information for school counselors and school counselor educators in order to better serve school-aged children of deployed military personnel.

This study is designed to provide an overall picture of how parents feel about the counseling services that were provided within the public schools, as well as to provide information that might help school counselors improve their counseling program to better assist these families.

I am asking you to fill out a brief, 17-item questionnaire, which includes information regarding number of children, gender, age and grade of children, nature of parental deployment, and your satisfaction with school counseling services provided for your children. This questionnaire is completely anonymous and will take approximately 30 minutes of your time. No identifiable information will be on the assessment. The information obtained by this questionnaire will not be used to individually evaluate you or your child, or your child's school counseling program.

After completing the survey, please seal it in the enclosed self-addressed stamped envelope and place it in the mail.

I sincerely thank you for your time,

Cassie R. Fairley

Counselor, Auburn High School
Auburn, AL 36830

APPENDIX D

IRB APPROVAL FORM FOR EXEMPT PROTOCOL

Auburn University

Auburn University, Alabama 36849



Office of Human Subjects Research
307 Sanford Hall

Telephone: 334-844-5966
Fax: 334-844-4391
hsubjec@auburn.edu

July 27, 2005

MEMORANDUM TO: Cassandra Fairley
Counseling

PROTOCOL TITLE: "An Investigation of Parental Satisfaction with School Counseling Services Provided for Children of Deployed Military Personnel"

IRB File: #05-102 EX 0505

APPROVAL DATE: May 8, 2005
EXPIRATION DATE: May 7, 2006

The referenced protocol was approved "Exempt" from further review under 45 CFR 46.101 (b)(2) by IRB procedure on May 8, 2005. You should retain this letter in your files, along with a copy of the revised protocol and other pertinent information concerning your study. If you should anticipate a change in any of the procedures authorized in protocol #05-102 EX 0505, you must request and receive IRB approval prior to implementation of any revision. Please reference the above IRB File in any correspondence regarding this project.

If you will be unable to file a Final Report on your project before May 7, 2006, you must submit a request for an extension of approval to the IRB no later than April 25, 2006. If your IRB authorization expires and/or you have not received written notice that a request for an extension has been approved prior to May 7, 2006, you must suspend the project immediately and contact the Office of Human Subjects Research for assistance.

A Final Report will be required to close your IRB project file.

If you have any questions concerning this Board action, please contact the Office of Human Subjects Research at 844-5966.

Sincerely,

Handwritten signature of Niki L. Johnson in cursive.

Niki L. Johnson, JD, MBA, Director
Office of Human Subjects Research
Research Compliance Auburn University

cc: Holly Stadler
Jaime Carney