

**THE HSC FOUNDATION AND EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF  
CHILD HEALTH AND HUMAN DEVELOPMENT PARTNERSHIP**

**Annotated Bibliography on Health and Special Educational Needs of Military  
Families: Prepared for the National Conference on Military Connected Children  
with Special Health Care Needs and Their Families**

**Relevant publications cover the period, 1984 – 2013**

**Categorized by Priority Topics of the Conference**

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## **1. Military Families with children with special health care needs: factors related to the mental and physical health of the children and the family**

**Barrett, J. (2008). Transitioning military children with special needs. *Exceptional Parent*, 38(4), 88-89.**

The author discusses the Military Child Education Coalition (MCEC) study on issues faced by transitioning military families of children with disabilities, conducted in 2005. Researchers administered surveys, focus groups and interviews and concluded that families of children with disabilities need “consistency, predictability, and coordination of educational services.” In response the MCEC expanded its Special Education Leaders Institute (SELI). SELI aims to promote awareness and increase the availability of educators who understand the types of challenges faced by these types of families. The author concludes that the United States Armed Forces have put forth tremendous effort to aid these families.

**Barrett, J. P. (2008). School entry and exit planning for children with special needs. *Exceptional Parent*, 38(8), 74-75.**

Barrett describes the process of entering a new school after moving to a new location. He provides a checklist that parents can use to organize this transition. The checklist includes items that parents should obtain from both the current and new school. The author also provides online resources to help military families with this process.

**Barrett, Michael. (2012, 2012/09//). Special education advocacy for the military family. *The Exceptional Parent*, 42, 52+.**

This article discusses the importance of parent advocacy and beneficial resources for families of children with disabilities. The author describes the special needs community in military as made up of over 100,000 dependents. The author endorses supports including Military OneSource, an online resource that provides information about special needs supports and the Exceptional Family Member Program (EFMP). The author urges parents to be prepared to defend their child’s educational rights and warns that services are not always offered or provided to the child without persistence.

**Butler, J. (2011). Study of Military Families & IDEA. *Exceptional Parent*, 41(2), 36-37.**

This article describes the challenges military families of children with special needs experience due to high mobility of the family. Military families often relocate several times and experience reduced services or receive a different IEP from a new school system that does not fit their child. The author cites that there is a lack of research that documents these types of issues. Therefore, the author refers to the FY 2011 Defense Authorization Act passed by Congress in December

2010 which asserts that the Department of Defense (DoD) must study the challenges military families of children with special needs experience during these deployments from place to place.

**Callahan, C. W., Jr., FitzSimmons, S. C., & Schidlow, D. V. (1994). Source of health care for military dependents with cystic fibrosis. *Mil Med*, 159(2), 126-130.**

The authors investigated the source of health care for military dependents with cystic fibrosis (CF). Researchers surveyed 196 military treatment facilities (MTFs) in order to analyze data on dependents with CF and compared it to the National CF Registry. Results showed that patients received care from MTFs as well as from civilian centers. Researchers conclude that MTF's will serves as "gateways for funding of specialized civilian care."

**Caroff, M. (2008). Healthcare on two home fronts. *Exceptional Parent*, 38(6), 86-90.**

The author describes an interview with a Navy woman, Jennifer Knuth, during her deployment to Iraq. The service member's toughest struggles while being deployed included being separated from her daughters who were both with Twin-to-Twin Transfusion Syndrome. Finally, the author describes the procedure Knuth underwent in order to separate her twins.

**Caroff, M. (2008). United States Military section. Family lives life fully in the face of a rare genetic disorder for all three children. *Exceptional Parent*, 38(5), 89-92.**

The author documents an interview with U.S. Navy Officer David Hall and his wife describing their experiences raising three children with the same genetic disorder, GM1 gangliosidosis. The author describes the stress endured by the family at the time of diagnosis and their experiences as caregivers given the varying degree of needs required in the care of each child.

**Cohen, D. M. (2008). Real autism plan is needed now. *Mil Med*, 173(6), ii-iv.**

In this article, the author, Air Force Lieutenant Cohen, discusses challenges in obtaining services for military children with autism. The author cites the greatest challenge is an organizational problem, in which there is "no single point of contact" in the Department of Defense (DoD) to facilitate autism treatment for families. Lieutenant Cohen proposes that each Military Treatment Facility create a position for Coordinator for Autistic Services. The author holds that establishing this position would provide great aid to families as they are exploring options for services.

**Crawford, R. S., 3rd, Wu, J., Park, D., & Barbour, G. L. (2007). A study of cancer in the military beneficiary population. *Mil Med*, 172(10), 1084-1088.**

Researchers analyzed data for calendar year 2002 patient enrollment, inpatient and outpatient encounter and costs for the United States in order to determine source of care, cost of care, cancer type and beneficiary cancer prevalence. The study's objectives include: "patterns of cancer prevalence and type, patient demographics and the sources, and cost, of medical care in the military beneficiary population using Military Health System administrative databases." 355,

442 military beneficiaries had a cancer diagnosis. Prostate, breast, lung and colon cancers were the most common. Most beneficiaries received care outside of military facilities (90%) at overall costs of \$1 billion in 2002.

**Daly, C. M., & Grieger, T. (2002). Mary, a 4-year-old with oppositional defiant disorder. *Mil Med, 167(5), 442-444.***

This article describes a case report of interventions made with a 4-year-old girl with oppositional defiant disorder that “developed in the context of her father’s deployment to Bosnia.” Researchers found that the patient’s behavior improved with therapy sessions and designated playtime with her mother. Researchers suggest that children who difficulty expressing feelings of may respond to unstructured play sessions that allow them to express themselves and have some control in their interactions with adults.

**Educational & transition support for military-connected children with special needs: military families with children who have special needs face amplified challenges each time they change schools. (2012, 2012/09//). *The Exceptional Parent, 42, 56+.***

This article describes challenges in meeting needs of military-dependents with disabilities. The author identifies stressors that families face including feelings of isolation, financial burden and obtaining appropriate services. The author asserts that families be aware of supports outside of school system. The author also references resources like the Exceptional Family Member Program (EFMP), Military Child Education Coalition, and even the Interstate Compact.

**Elliott, K., & Paterson, V. (2007). Coping with deployment for parents who care for children with special needs. *Exceptional Parent, 37(6), 95-96.***

The authors provide suggestions on how to cope with deployment for military families with special needs children. They note that there has been an increase in availability of services for families children and recommend resources for military families of children with special needs.

**Facteau, Cindy. (2009, 2009/09//). The battle for special education services: a view from the front lines. *The Exceptional Parent, 39, 76+.***

This article describes a mother’s story of obtaining services for her son and learning to be an advocate. The author’s son was diagnosed with ADHD and Pediatric Onset Bipolar disorder at the age of five. The author provides information about the Exceptional Family Member Program; a program that provides military family assistance in navigating special education laws and ways to obtain services. The author uses her story to share the advantages of knowing laws regarding special education services and emphasize the importance of utilizing available programs and resources.

**Fallon, Moira A., & Russo, Theresa J. (2003). Adaptation to stress: An investigation into the lives of United States military families with a child who is disabled. *Early Childhood Education Journal*, 30(3), 193-198. doi: 10.1023/A:1022074124448**

In this article, researchers sampled military families (N=253) with children who have disabilities to examine their experience in adapting to military life. Researchers were most interested to see if these families experienced more difficulty due to their child's disability. Results showed that military families with children who have disabilities do experience more difficulty than other families "in using family cohesion to adapt to new levels of stress." Researchers note that the spouses of enlisted servicepersons appear more depressed and discouraged about dealing with the stressors of military life.

**Gallagher, T. E. (2004). Augmentation of special-needs services and information to students and teachers "ASSIST"--a telehealth innovation providing school-based medical interventions. *Hawaii Med J*, 63(10), 300-309.**

In this study, researchers describe a school-based telehealth technology meant to evaluate students for medical/developmental conditions with educational implications, provide in-school, medically-based physical and occupational therapy and provide a professionally monitored internet system of learning. Researchers administered satisfaction surveys to parents, teachers and special needs providers. Results showed significant improvement in all of the aforementioned areas.

**Hanson, J. L., Randall, V. F., & Colston, S. S. (1999). Parent advisors: Enhancing services for young children with special needs. *Infants and Young Children*, 12(1), 17-25.**

This article discusses the parent advisory process employed to aid in developing competencies and teaching strategies for children with special needs. Researchers note that the type of understanding that a parent can provide, can only enrich service and professional education programs meant for special needs children. Parents have been involved in many advisory activities, in military services created for this population.

**Harchik, A., & Ladew, P. (2008). Strategies to help children with special needs enjoy successful community outings. *Exceptional Parent*, 38(12), 75-77.**

The authors discuss strategies for helping children with special needs, particularly children with autism spectrum disorder (ASD) to adjust to unfamiliar people and routines in different community settings. The authors offer tips for success at the supermarket, creating happier holidays and addressing problem behaviors. Researchers concluded that fostering skills to manage new situations will help a child with special needs to be more independent and improves their ability to function in the community.

**Hill, Toni. (2009, 2009/02//). Detoured to Holland? MCEC[R]'s Special Education Leaders Institute[TM] Phase II helps you recognize its beauty. *The Exceptional Parent*, 39, 78.**

This article discusses a parent’s journey of adapting to the special needs of her child. The author emphasizes that parents understand their role in obtaining services for their child and making sure that their needs are met. The author pushes for parents to be advocates for their children. Finally, the author describes the Military Child Education Coalition’s Special Education Leaders Institute Phase II, which utilizes current research to bring awareness to teachers and administrators regarding the challenges experienced by military families of a child with disabilities.

**Hilton, J. (2009). The military child and special education. *Exceptional Parent, 39(9), 78-80.***

Author and Navy submariner, Jeremy Hilton tells the story of obtaining the best services for his daughter, Kate who had a Chiari malformation. This is described as a structural defect in the cerebellum. Hilton asserts that parents must be the advocate for the child to ensure their medical and educational needs are met. The author also suggests that parents gain better understanding of state and federal special education regulations to ensure child gets an appropriate education.

**Hodge, I. (2007). *Establishing a support group for military families with special needs. Exceptional Parent, 37(6), 86-88.***

This article discusses tips regarding how to establish a support group for military families whom also have special needs kids. The author established the Laurel Bay Support Group for Parents with Special Needs Children near Beaufort, South Carolina, while her husband was assigned to Parris Island. The author recommends the following steps: identify the need for a group, decide on the location and materials needed to maintain the group, and share marketing responsibilities.

**Huhtanen, Shelly L. (2011). GETTING THROUGH THE DEPLOYMENT: Learning from the Good and the Bad. *Exceptional Parent, 41(9), 34-34.***

In this article, the author describes the challenges of raising a child with special needs while a spouse is deployed. The author advocates for parents to be patient with themselves and understand that going through multiple deployments does not necessarily make them easier to endure. Finally, the author references the Army respite program and asserts that parents should not be ashamed to ask for the help that they need help.

**Hulsey, Amanda. (2011, 2011/09//). Military child education coalition: building partnerships and support networks for military children with special needs. *The Exceptional Parent, 41, 18+.***

This article discusses the importance of support services for military families of children with special needs. The author describes challenges that all military families face regarding transitioning to their new installations and notes that for families of children with special needs, these challenges are compounded. The author offers the Military Child Education Coalition (MCEC) as a potential resource for military families with children going back to school.

**Kemper, K. J., Osborn, L. M., Hansen, D. F., & Pascoe, J. M. (1994). Family psychosocial screening: should we focus on high-risk settings? *J Dev Behav Pediatr, 15(5), 336-341.***

In this study, researchers utilize a cross-sectional survey with mothers of children receiving treatment in teaching clinics (N=758), private practices (N=444) and a military clinic (N=202) to examine whether psychosocial screening should be centered on “high-risk” populations. Results showed that psychosocial problems were typical even in families seen in “low-risk” settings. Researchers conclude that focus on “high-risk” families would neglect other families who also experience psychosocial problems.

**Kimball, Eve, Macdonald, Sarah, & Ruane, Margaret A. (2008, 2008/02//). One family's journey: medical home and the network of supports it offers children and youth with special healthcare needs. *The Exceptional Parent, 38, 50+.***

Authors use the example of a fictitious couple in order to portray the experiences of a family with an adolescent with special needs. Researchers described the adolescent’s needs as a child born prematurely and with adverse symptoms. The authors take the reader through the adolescent’s journey to independence through highlighting acquired skills including consulting her doctor and taking her medications without supervision.

**Ladew, Patricia. (2011). *Deployed in December. Exceptional Parent, 41(12), 43-46.***

In this article, the author provides helpful information to military wives with children that have special needs and whose husbands are deployed internationally during the holiday season. The author shares the experiences of two wives both of whom have deployed husbands and children with autism.

**Lewis-Fleming, Glenda. (2007, 2007/08//). Considerations for the military child with special needs transitioning to adulthood. *The Exceptional Parent, 37, 68+.***

This article describes a Naval Medical Center Portsmouth Neurodevelopmental Pediatric Department method to address the transition of military children with disabilities to adulthood. Researchers provide an overview of military considerations including the Exceptional Family Member Program (EFMP), respite benefits through Extended Health Care Option (ECHO) and others. Researchers conclude with information learned from special needs families.

**Lewis-Fleming, Glenda. (2007). Considerations for the Military Child with Special Needs: Transitioning to Adulthood. *Exceptional Parent, 68-76.***

The author informs the military community of the unique challenges facing those children with special needs that are transitioning to adulthood. She provides background information on the process of lifelong transitioning with disabilities and the national laws that exist to protect this special population. Details of the goals and comprehensive services provided at the Naval Medical Center Portsmouth Neurodevelopmental Pediatric Department are provided. The author

discusses the military health benefits provided by TRICARE and the Exceptional Family Member Program, which is designed to assist active duty service members who have a family member with chronic medical, behavioral health, and/or special education needs. The article further provides a discussion of legal, financial and academic/lifestyle considerations for young people with disabilities.

**Lincoln, Alan, Swift, Erika, & Shorteno-Fraser, Mia. (2008). Psychological adjustment and treatment of children and families with parents deployed in military combat. *Journal of Clinical Psychology*, 64(8), 984-992.**

Information on the effects of military deployment on families where children are at a developmental risk for issues of psychological functioning is presented. Children with preexisting mental health concerns and specific risk factors, such as a history of violence and abuse, are noted as being particularly vulnerable to the impact of military deployment. Existing literature on the factors associated with child and family vulnerabilities is presented along with two case illustrations of such clinical presentations. In conclusion, recommendations are made for identifying and treating these families with an eye towards the risk and protective factors inherent in these families.

**Lincoln, Alan J., & Sweeten, Kathie. (2011). Considerations for the Effects of Military Deployment on Children and Families. *Social Work in Health Care*, 50(1), 73-84.**

Background information on the nature of military deployment and the impact it has on children and families is presented along with case examples of three military families and the effects repeated deployments have had on their marriages and parental roles. The case examples further explore how the unique stress of deployment affects children with pre-existing psychological and developmental disorders. The authors also present the clinical implications of treating this unique cohort and special considerations that should be taken in providing psychological care to these families. It is concluded that although many families demonstrate resilience to the impact of deployment, preexisting mental health conditions can complicate the impact of this unique stressor.

**Martinez, Luz Adriana. (2007, Nov 2007). Permanent Change of Station (PCS) and Military HOMEFRONT. *The Exceptional Parent*, 37, 87-87,89.**

The challenges to maintaining a support network of family, friends, and neighbors for disabled members of military families as they relocate to a new Permanent Change of Station (PCS) are described. Information on the Exceptional Family Member Program (EFMP), an agency that assists families in identifying resources at their new station, is provided. The author also discusses the proper methods for completing paperwork pertaining to the nature of the medical and educational needs of the disabled family member. Helpful aspects of the web-based

program, MilitaryHOMEFRONT, are presented, including planning tips and strategies, entitlements and benefits, and community housing and school information.

**Mazur, Elizabeth. (2011). Parent and Adolescent Positive and Negative Disability-Related Events and Their Relation to Adjustment. In S. M. Wadsworth & D. Riggs (Eds.), *Risk and Resilience in U.S. Military Families* (pp. 235-257): Springer New York.**

This chapter discusses the experience of parents with acquired physical disabilities and their adolescent children. The concept of a social model of disability is explored in conjunction with Felner's Transitional Events Theory. The authors suggest that by changing the focus of disability from a medical model to a social model, we can begin to see how a person's inability to participate in daily activities impacts their social experience and is even further complicated by those in the military. After surveying parents with physical disabilities, their nondisabled spouses, adolescent children living with a physically disabled parent, and professionals in the physical disability field, the authors found that parent participant find attending a support group to be the most positive event and being unable to participate in activities (such as sports) with their child as the most negative. Children of disabled parents found open discussion of the disability with their parent to be the most positive event, and having to be responsible for household chores to be the most negative event.

**McIlvaine, Rob. (2010, Sep 2010). Military Conference Focuses on Minimizing Stress on Special-Needs Families. *The Exceptional Parent (Online)*, 40, 55.**

A military conference, organized by the Family, Morale, Welfare and Recreation Command Exceptional Family Member Program (EFMP) for the purposes of improving and standardizing family and community support, is discussed. The conference addressed the military community's need for assistance in navigating services and programs available to families with special needs. The EFMP intends to meet this need with the use of System Navigators who will provide case management support for these families. The EFMP is currently assisting 16% of all Army families by providing community support, educational, medical, housing and personnel services.

**McWilliam, Robin PhD. (2009, Dec 2009). Early Intervention for Army Families. *The Exceptional Parent*, 39, 64-65.**

The Educational and Development Intervention Services (EDIS) available to Army families with infants and toddlers with disabilities is discussed. Authors highlight the service delivery methods within the Army, including the use of evidence-based practices. The early interventions services (EIS) described in this article are available at nine Army sites within the continental US as well as in several other countries. The EIS are described as being delivered by early childhood special educators, speech-language pathologists, occupational therapists, and physical therapists. The article further details the process by which families are interviewed and an individualized family service plan is developed.

**Micheli, Lyle J. (1985). Rehabilitation: Expanding the definition. *Physical & Occupational Therapy in Pediatrics, 4(3), 3-8.***

Rehabilitation services in the US, specifically in pediatrics and military medicine, are discussed. The author presents the most recent pieces of legislation regarding children with physical disabilities, including the Rehabilitation Act of 1973 and the Education for All Handicapped Children Act of 1975. These acts address the physical, cognitive, and educational issues facing children with handicaps and represent developments made in military hospitals and VA hospitals. The article further discusses the impact of the Vietnam war on the development of a more comprehensive approach to rehabilitation for military personnel.

**Military Families and Special Needs. (2011). *Exceptional Parent, 41(6), 10-12.***

The 100,000 military families with a family member with special needs and the resources available to them via the Exceptional Family Member Program (EFMP) are described. The article provides information on military services and civilian organizations that help families with assistance on medical, educational, and housing needs. It further discusses the community and personnel issues that arise under these special circumstances. The authors suggest that military families supplement the support of the EFMP with other financial resources that can increase stability and comprehensive coverage of their needs. Families are further encouraged to make use of the special needs and programs and services available in the community.

**Military News. (2012). *Exceptional Parent, 42(10), 55-55.***

This news article outlines a study conducted by the US Government Accountability Office (GAO) on the military disability system. It describes recommendations made by the GAO for improved monitoring of the Integrated Disability Evaluation System (IDES), including measures of timeliness and satisfaction. It was found that case processing times under IDES had increased and calculations of servicemember satisfaction were flawed. The authors suggest that the offices of the DOD and VA are working to improve IDES performance, but that it is too soon to assess the progress. However, increases in resources, staffing, and system upgrades have occurred.

**O'Neil, Monique. (2012). Unique Camp at Quantico's Exceptional Family Member Program. *Exceptional Parent, 42(6), 49-51.***

A summer camp at Quantico for military families with special needs is presented in an article for families who can benefit from the unique summer activities. The Marine Corps base offers a positive summer experience for youths aged 5-13 through Quantico's Exceptional Family Member Program (EFMP). The camp is 4 and a half days long and includes crafts, outdoor play and group activities with the help of Quantico staff, physical therapists, speech therapists, and special education teachers. The inclusive model of the camp allows for the participation of a special needs camper's siblings. Families are reported to enjoy the camp's offerings.

**Operation Autism: Guiding Military Families Through the Autism Battle. (2011). *The Exceptional Parent* 41, 34.**

The authors present an informative article highlighting Operation Autism, a web-based resource developed by the Organization for Autism Research, available to U.S. military families affected by autism. The website provides access to information about the disorder and sources for treatment and support. The article further highlights strategies for classroom success and informs parents of their child's educational rights. Parents are also provided information on navigating the Department of Defense (DOD) policies surrounding healthcare options for children with special needs.

**Reay, H A. (1969). Problems of handicapped children in military communities overseas: a paediatrician's view. *Journal of the Royal Society of Medicine*, 62(7), 649-651.**

A pediatrician provides his view on the challenges and risks of the handicapped children in military communities. The author suggests low infant birth weight is a large source of handicap risk, however, in military communities these births overwhelmingly happen in military hospitals where they can be directly addressed. Case examples are given to illustrate the ability of the military to respond to such instances. The article further demonstrates the manner in which military medical services can address the needs of children with issues of deafness, blindness, and severe physical or mental handicap.

**Russo, T. J., & Fallon, M. A. (2001). Helping Military Families Who Have a Child with a Disability Cope with Stress. *Early Childhood Education Journal*, 29(1), 3-8.**

This exploratory study focuses on the perceived levels of stress in military families with a young child coping with disability. The authors examine the primary sources and levels of family stress and the resources that exist for these families in coping with their unique circumstances. 253 military parents completed questionnaires about having a young child with a disability and indicated that separation from family, relocation, deployment, and personal safety were all concerns. The authors conclude that the dual demands of military life and having a child with a disability create an environment that demands the support of military services. Early intervention for these families is encouraged.

**Samuels, Christina A. (2010). Vouchers Proposed for Disabled Pupils in Military Homes. *Education Week*, 30(10), 19-20.**

The author discusses a pilot program designed to provide vouchers for military families that have children with special education needs. The program will provide up to \$7500 toward annual school costs for these children and will benefit the 100,000 active-duty and reserve service members that have dependents with special needs. The article presents anecdotes from actual military families that have struggled with supporting their special needs children. It also

illustrates how vouchers have been met with resistance from education groups who believe that federal funding should be reserved for public schools.

**Sansone, R. A., Matheson, G., Gaither, G. A., & Logan, N. (2008). Concerns about career stigma by military parents of children with psychiatric illness. *Mil Med*, 173(2), 134-137.**

The association between stigma and mental health diagnoses is explored through the examination of the impact of stigma on Air Force active duty service members with children who have psychiatric disorders. Using a self-report method, the authors queried military parents on aspects of their family, their child's diagnosis, and their beliefs about the effects of stigma on their career. Results indicated that the method of referral and parent's personal psychiatric history was not related to concerns about stigma. They did, however, find a significant relationship between the severity of the child's illness and the parent's concerns about the impact of stigma on their military and civilian careers. They conclude that while the results are reflective of military parents' beliefs, they are not indicative of actual career effects.

**Shaffer, Ian. (2008). The Family Reunited: Helping Kids with Special Needs Cope with Reintegration. *Exceptional Parent*, 38(10), 84-85.**

The third installment of a three-part series on the effects of military deployment on children focuses on the challenges facing special needs children. The author offers advice on helping these children cope with the reunification process after having spent some time apart from their deployed parent. The article presents challenges that can occur during reintegration and some of the behaviors commonly seen, such as unprovoked hostility, shyness/avoidance, and sadness. He ends by providing steps that can be taken to make for an easier reunion, such as talking to children in developmentally appropriate terms and not forcing discussions upon them.

**Shaffer, Ian. (2008). Staying Strong: Coping With Deployment. *Exceptional Parent*, 38(8), 66-67.**

The second in a three part series on the effect of military deployment on children provides general guidelines for helping special needs children cope with parental deployment. The author presents advice for specific conditions (e.g. autism, mental retardation) and provides signs for recognizing that a child needs additional help. These guidelines are also discussed based upon the developmental level of the child. Lastly, the author provides a list of online resources for caregivers.

**Shaffer, Ian. (2008). Young Heroes: Preparing Military Children for a Parent's Deployment. *Exceptional Parent*, 38(7), 65-66.**

This article is the first in a three-part series on the effects of military deployment on children. The article provides anecdotal examples from children who attend Operation Purple, a summer camp for children with deployed parents. The author provides advice on preparing children for

upcoming deployment and organizes the advice by developmental period. He also gives parents an idea of what to expect, behaviorally, from their children during this period. The article also lists useful online resources for parents.

**Snell, S. A., & Rosen, K. H. (1997). Parents of Special Needs Children Mastering the Job of Parenting. *Contemporary Family Therapy, 19(3), 425-442.***

Researchers conducted a qualitative investigation into the lives of parents of special needs children through the use of collaborative interviews of five veteran families. The study presents the stories of these families and the many challenges they faced during the day-to-day struggle of parenting children with special needs. Based upon the discussions with these families, the authors provide guidelines for family practitioners.

**Strong, Angela C. (2001). Taking care of their own. *Exceptional Family Member Program, 31(4), 48-52.***

The mobility needs of exceptional children on a local Marine base are described. A female marine sergeant, and mother of a special needs child, discusses the help she received from fellow Marines in securing a wheelchair-accessible van for her daughter. The author further describes her mission on the Marine Corps Air Station Miramar Disability Advisory Council. As a member of the Council's steering committee, she explains how they aim to meet quality of life needs for air station family members with disabilities.

**Strong, A. C., & Montes, Jose M. (2002). "Together We Grow" Concept Links Corps and Community Special Needs Children. *Exceptional Parent, 32(7), 14-15.***

The authors describe the "Together We Grow" facility, a joint effort between Camp Pendleton's Marine Corps Community Services of Oceanside, California and Special Care Inc. of San Diego. The facility offers services to nearby military families with special needs children that are registered with the Exceptional Family Member Program (EFMP). Specifically, it offers preschool and day-care programs to children with and without special needs, with the hope of a 50-50 mix that will boost social skills for its children. Children with a variety of special needs are welcome; however, the center focuses on medically fragile children.

**Surles, Stephanie. (2007). The Military Child Education Coalition's Tips for Preparing for Upcoming School Transitions. *Exceptional Parent, 37(4), 69-70.***

Useful tips for military families on how to best prepare their children with special needs for school transitions are provided. It is suggested that parents begin preparation for the transition as early as possible and detailed information on necessary steps to take in the time leading up to the transition is given. Special attention is paid to the unique circumstances surrounding special needs children, including the renewal of their Individualized Education Plan (IEP) and the transfer of information between therapists and other professionals involved in the child's care.

The article also provides information on Specialized Training of Military Parents (STOMP), a source for parent groups, and other internet-based resources.

**Surles, Stephanie. (2007). The Military Child Education Coalition and Information on National Guard and Reserve Families. *Exceptional Parent*, 37(5), 65-66.**

Author highlights the unique challenges that face National Guard and Reserve families with special needs children during deployment. She suggests that the support of educators and community members is needed to bridge the gap between these families and services and programs designed to help them. The article points out that the U.S. is experiencing the highest use of the National Guard and Reserves since World War II and that these families coping with increased deployment are not conveniently located near military installations where a system of support is in place. It is concluded that military children are in many communities in America and a network for their support is necessary.

**Taylor, Nancy, Wall, Shavaun, Liebow, Harriet, Sabatino, Christine, Timberlake, Elizabeth, & Farber, Michaela. (2005). Mother and Soldier: Raising a Child With a Disability in a Low-Income Military Family. *Exceptional Children*, 72(1), 83-99.**

Utilizing a sample of sick low-income military mothers of a child with a suspected or confirmed developmental disability, researchers explore the competing demands of active duty service and raising a child with special needs. Through parent interviews and direct child assessments, they gathered data on parent and family characteristics, existing support systems, parenting experiences, and parent-child interactions. Analysis of qualitative results provided an inside look into these women's challenges, strategies for navigating multiple demands placed on them, and multiple aspects of their personal and professional lives. The authors present their stories from a strengths-based perspective and make suggestions for ways that military families with these unique circumstances could benefit from coordination of services and targeted interventions.

**Taylor-Richardson, Kelly D., Heflinger, Craig Anne, & Brown, Tony N. (2006). Experience of Strain Among Types of Caregivers Responsible for Children With Serious Emotional and Behavioral Disorders. *Journal of Emotional and Behavioral Disorders*, 14(3), 157-168.**

The levels of caregiver strain experienced by parents and other relatives of children with severe emotional and behavioral disorders are compared. By collecting demographic data and surveying participants with the Caregiver Strain Questionnaire (CGSQ) and Child Behavior Checklist (CBCL), researchers determined that military caregivers demonstrated high scores on the internalizing and externalizing subscales of the CGSQ, while Medicaid caregivers reported high levels of objective strain. A factor analysis of responses on the CGSQ amongst caregiver groups indicated a need to tailor approaches to help these groups cope with unique aspects of caregiver strain. The authors provide important implications for understanding and planning interventions for racially, culturally, and demographically unique caregiving groups.

**Tessitore, Paul. (2009). Our Three Sons. *Exceptional Parent*, 39(5), 86-88.**

The author, a father and Coast Guard officer, presents his story of coping with the challenges of raising three young boys with congenital X-linked bilateral sensorineural hearing loss. As an active duty service member, he explains how having children with special needs is affected by his transient life. The article continues by detailing the process through which he and his wife discovered the nature and severity of each of their children's condition and their numerous attempts to treat them. The article also provides background information on this particular hearing loss condition and the ways that the Coast Guard Exceptional Family Member Program (EFMP) plays an integral role in supporting families of special needs children.

**The Military Child Education Coalition's Special Education Leadership Institute. (2007). *Exceptional Parent*, 37(3), 93-93.**

Information on the Military Child Education Coalition (MCEC)'s Special Education Leaders Institute (SELI), which trains education and military leaders on supporting military families with special needs students, is presented. The SELI is conducted over two phases that provide basic information about military life, challenges for transitioning students with special needs, navigating different program and Individual Education Plan (IEP) requirements, as well as other methods of support for families with special needs. The article reports that, currently, 222 individuals have completed one or both of the institute's phases and training is available around the world. The authors stress the importance of students with learning challenges receiving tailored academic services in order to reach their full potential.

**Thompson, Kelly A. (2011, Nov 2011). The Dilemma for Military Parents of Children with Disabilities. *The Exceptional Parent (Online)*, 41, 14-15.**

The dilemma of choosing between benefit options faced by retirement aged military parents of special needs children is discussed. The author explores the benefits of the Survivor Benefits Plan (SBP), Medicaid, and ways to combine eligibility for both. Comparisons are made between SBP and SSI/Medicaid benefits and an example is provided of the dilemma that occurs when a special needs child loses their SSI benefits in light of receiving SBP income. The article concludes with a discussion of the limitations placed on planning options for military families and encourages families to voice their concerns.

**Watanabe, H. K., Jensen, P. S., Newby, J., & Cortes, R. M. (1995). The exceptional family member program: perceptions of active duty enrollees. *Mil Med*, 160(12), 639-643.**

This article discusses the experiences and perceptions of 44 soldiers with a family member enrolled in the Army Exceptional Family Member Program (EFMP). The survey results indicated a high percentage of soldier satisfaction with treatment and support for the program. Those surveyed also reported that they received support from their units and had not experienced any career advancement obstacles.

**Williams, T. V., Schone, E. M., Archibald, N. D., & Thompson, J. W. (2004). A national assessment of children with special health care needs: prevalence of special needs and use of health care services among children in the military health system. *Pediatrics, 114*(2), 384-393.**

This study aimed to utilize survey tools in identifying children with special health care needs (CSHCN) and measuring the prevalence and resource needs of these children in the military health care system (MHS). The authors assessed a large sample of beneficiaries eligible for MHS benefits by administering an annual health care survey and accessing claims information from inpatient and outpatient visits. The article describes utilization trends of different types of health care resources and examines the major determinants of health needs and resource utilization to guide system management and policy development. Results indicated that the majority of health care needs of children consisted of prescription medications and services targeting medical, mental health, and educational needs. Further, CSHCN experience 5 times as many admissions and 10 times as many days in the hospital as compared with children without special needs. The authors conclude that CSHCN are at risk and efforts to improve, coordinate, and optimize their care should be a focus.

## **2. Military Families with children without special health care needs: factors related to the mental and physical health of the children and the family.**

**Aranda, M. C., Middleton, L. S., Flake, E., & Davis, B. E. (2011). Psychosocial screening in children with wartime-deployed parents. *Mil Med, 176*(4), 402-407.**

Researchers examined the effect of paternal wartime military deployment on psychosocial symptoms in children and parents. The Pediatric Symptom Checklist was given to 216 parents and 198 children to measure emotional and behavioral difficulties. Researchers found that both parents and children reported more psychosocial symptoms when a parent was currently deployed. Researchers suggest that military youth providers should realize the distinct needs of this population as well as the effectiveness of self-reports in identifying psychosocial problems in at-risk military youth.

**Barker, L. H., & Berry, K. D. (2009). Developmental issues impacting military families with young children during single and multiple deployments. *Mil Med, 174*(10), 1033-1040.**

The effect of single and multiple deployments of military parents on their young children was examined. When compared to children whose parents had not been recently deployed, researchers found an increase in behavior problems during deployment and attachment behaviors upon reunion, in young children with a deployed parent. Both behavior problems and attachment

behaviors were related to length of deployment and number of stressors reported by the parent. Behavior problems were also related to child age and temperament, number of moves and total time the deployed parent was absent. Attachment behaviors were also related to number of deployments. Researchers also noted that those who chose not to re-enlist were more likely to identify as depression and had children with more behavior problems at time of reunion.

**Butz, A., & Pulsifer, M. (2002). Research on the impact of the threat of war on children in military families: where do we go from here? *J Pediatr Health Care, 16(5)*, 262-264. doi: S0891524502000184 [pii]**

Researchers describe a study conducted by Dr. Ryan-Wenger, exploring the impact of the threat of war on children of military families, following 9/11. Wagner was interested to see how the threat of war affected rates of psychological symptoms in child populations. The researcher obtained data through independent observation, teacher report, parent rating and measures, including the Children's Depression Inventory, Piers-Harris Children's Self-Concept Scale, and the Revised Children's Manifest Anxiety Scale. It was found that children expressing the stress from threat of war showed increased anxiety and depression and low self-concept. The author of this article suggests future research should compare children with a high exposure to the threat of war to a children of parents engaged in other high-risk positions, like a police officer.

**Card, N. A., Bosch, L., Casper, D. M., Wiggs, C. B., Hawkins, S. A., Schlomer, G. L., & Borden, L. M. (2011). A meta-analytic review of internalizing, externalizing, and academic adjustment among children of deployed military service members. *J Fam Psychol, 25(4)*, 508-520. doi: 10.1037/a0024395 [doi]**

A review of the association between military deployment and child adjustment was conducted. Researchers reviewed 16 studies through meta-analysis that reported "associations of military deployment with internalizing, externalizing, and academic adjustment among children." Results did suggest a small association between deployment and poorer adjustment. This association was seen to be strongest in middle childhood and weakest during adolescence. In addition to age, the method researchers used to assess adjustment and study design also served as moderators. Maladjustment was found primarily from the reports of the parents. Researchers saw a significant association while comparing children to civilian controls but did not see a significant association compared to non-deployed military and pre-post comparisons. Findings support existing literature stating that parental deployment has a slight association with child maladjustment.

**Chandra, A., Lara-Cinisomo, S., Jaycox, L. H., Tanielian, T., Burns, R. M., Ruder, T., & Han, B. (2010). Children on the homefront: the experience of children from military families. *Pediatrics, 125(1)*, 16-25. doi: 10.1542/peds.2009-1180 [doi]**

The authors studied data from a computer-assisted telephone interview with military children, aged 11 to 17 years, and nondeployed caregivers (n = 1507) that were used to assess child well-being and difficulties with deployment. Multivariate regression analyses assessed the association between family characteristics, deployment histories, and child outcomes. After controlling for family and service-member characteristics, children in this study had more emotional difficulties compared with national samples. Older youth and girls of all ages reported significantly more school-, family-, and peer-related difficulties with parental deployment ( $P < .01$ ). Length of parental deployment and poorer nondeployed caregiver mental health were significantly associated with a greater number of challenges for children both during deployment and deployed-parent reintegration ( $P < .01$ ). Family characteristics (eg, living in rented housing) were also associated with difficulties with deployment. **CONCLUSIONS:** Families that experienced more total months of parental deployment may benefit from targeted support to deal with stressors that emerge over time. Also, families in which caregivers experience poorer mental health may benefit from programs that support the caregiver and child.

**Chandra, A., Martin, L. T., Hawkins, S. A., & Richardson, A. (2010). The impact of parental deployment on child social and emotional functioning: perspectives of school staff. *J Adolesc Health, 46*(3), 218-223. doi: 10.1016/j.jadohealth.2009.10.009 [doi]**

In this article, researchers conducted focus groups with teachers, counselors, and administrative staff at schools serving children from Army families, in order to explore the behavioral, social and emotional outcomes of children of a deployed parent. Researchers sampled 148 staff members and found that some students were experiencing anxiety symptoms and difficulty accessing mental health services. It was concluded that according to school staff, parental deployment negatively affected social and emotional functioning in some children.

**Chartrand, M. M., Frank, D. A., White, L. F., & Shope, T. R. (2008). Effect of parents' wartime deployment on the behavior of young children in military families. *Arch Pediatr Adolesc Med, 162*(11), 1009-1014. doi: 10.1001/archpedi.162.11.1009 [doi]**

Researchers conducted a cross-sectional study of 169 parents and childcare providers of children aged 1 ½-5 years, enrolled at on-base childcare centers. In the interest of determining the impact of deployment on the behavior of young children, they administered the Achenbach Child Behavior Checklist (CBCL) and Teacher Rating Form (TRF). Results showed that children age 3 years or older with a deployed parent had higher externalizing scores and total scores on both the CBCL and the TRF. Researchers conclude that this study is the first to show that children age 3 or older of a deployed parent, show an increase in behavioral symptoms when compared to their peers.

**Chisick, M. C., Lee, S., Raker, T., & Williams, T. R. (1992). A profile of tobacco use among teenage dependents. *Mil Med, 157*(7), 354-357.**

This is a study of tobacco use in 2,241 dependent teenagers at two Army posts in grades 6-12. Results from self-administered questionnaires given in February 1989 showed that 40.9% of dependent teenagers tried smoking and 16.4% tried smokeless tobacco. While, current use is 10.4% smoking and 2.8% smokeless tobacco. Researchers also found that trial and current use of

smokeless tobacco was almost exclusively by males, while there was some difference in the proportion of males and females who tried or currently smoked. Finally, researchers found that whites were more likely to use tobacco than other ethnic groups.

**Collins, J. (2007). Living in the new normal: supporting children through trauma and loss. *Exceptional Parent*, 37(11), 88-89.**

The author describes challenges experienced by children of deployed parents. These include emotional stresses of separation, potential injury or death of a loved one, and intermittent communication. This article also discusses the Military Child Education Coalition's new initiative, Living In the New Normal: Supporting Children Through Trauma and Loss (LINNTM), which focuses primarily on grief and loss experienced by these children. This initiative provides support to families by providing educators and other adults information to alleviate stress caused by grief and loss.

**Cozza, S. J., Chun, R. S., & Polo, J. A. (2005). Military families and children during operation Iraqi freedom. *Psychiatr Q*, 76(4), 371-378. doi: 10.1007/s11126-005-4973-y [doi]**

Researchers explored strengths and challenges of military families in order to better understand what the military community faces with its stresses and deployments. Researchers suggest that conclusions drawn from others often come from misunderstanding and misplaced concern. Researchers conclude that parental deployment, parental injury and death as stresses unique to military children and families.

**Cozza, S. J., Guimond, J. M., McKibben, J. B., Chun, R. S., Arata-Maiers, T. L., Schneider, B., . . . Ursano, R. J. (2010). Combat-injured service members and their families: the relationship of child distress and spouse-perceived family distress and disruption. *J Trauma Stress*, 23(1), 112-115. doi: 10.1002/jts.20488 [doi]**

This article describes the relationship of child distress and family distress of combat-injured service family members and to factors such as postinjury to preinjury development-related family distress, injury severity, and family disruption postinjury. Researchers acquired child distress postinjury data through reports from 41 spouses of combat-injured service members who had been hospitalized at two military tertiary care treatment centers. Results showed that high child distress postinjury was more likely to be reported by families with high preinjury deployment related family distress and high family disruption postinjury. Researchers suggest that early identification and intervention with combat-injured families experiencing distress would be beneficial methods of support to family and child health, despite the seriousness of injury.

**Crow, J. R., & Seybold, A. K. (2013). Discrepancies in military middle-school adolescents' and parents' perceptions of family functioning, social support, anger frequency, and concerns. *J Adolesc*, 36(1), 1-9. doi: 10.1016/j.adolescence.2012.08.004 [doi]**

In this study, researchers surveyed 91 middle-school adolescent-parent dyads from U.S. Army families regarding their perceptions of social support, family functioning, the adolescent's frequency of anger and the adolescent's concerns. Results indicated significant differences in parents' and adolescents' ratings excluding adolescent concerns. Differences were greatest for

families who had never experienced deployment, during or following the first deployment. Researchers cite that results could be helpful for military families interested in understanding the perceptions of their family members, learning to communicate and problem solving.

**Dansby, V. S., & Marinelli, R. P. (1999). Adolescent children of Vietnam combat veteran fathers: a population at risk. *J Adolesc*, 22(3), 329-340. doi: 10.1006/jado.1999.0225 [doi]**

Researchers in this study compared 28 adolescent children of Vietnam combat veterans with 28 adolescents whose fathers were not in Vietnam on the following variables: attitudes toward parents, personality development and social and personal adjustment. Researchers found that children of Vietnam combat veterans showed more negative attitudes toward their fathers, higher scores of depression, poorer attitudes toward school, and lower scores on creativity. Their mothers rated their behaviors as more problematic and their scores on tension, apprehension and anxiety were also elevated.

**Davidson, A. C., & Mellor, D. J. (2001). The adjustment of children of Australian Vietnam veterans: is there evidence for the transgenerational transmission of the effects of war-related trauma? *Aust N Z J Psychiatry*, 35(3), 345-351. doi: anp897 [pii]**

In this article, researchers compared 50 children (aged 16-30) of 50 male Vietnam veterans with PTSD to a group of 33 civilians in their age group. Results did not show significant differences between the self-esteem and PTSD symptomology scores in the two groups. However, researchers noted the inability of the family to experience appropriate emotional responses and problem-solve as an effect of the veteran's PTSD. Results indicate further research should examine the role of wives/mothers in buffering the impact of veteran's PTSD on their children.

**Dekel, R., & Goldblatt, H. (2008). Is there intergenerational transmission of trauma? The case of combat veterans' children. *Am J Orthopsychiatry*, 78(3), 281-289. doi: 10.1037/a0013955 [doi] 2008-19070-002 [pii]**

In this article, researchers review the literature on intergenerational transmission of PTSD from war veteran fathers to their sons. The review examines the following questions: (1) Which fathers have a greater tendency to transmit their distress to their offspring? (2) What is transmitted from father to child? (3) How is the distress transmitted and through which mechanisms? and (4) Which children are more vulnerable to the transmission of PTSD distress in the family? There is a paucity of information in the literature about answers to these questions. Very little is known or understood about resilience and strengths that may prevent the risk of intergenerational transmission of trauma.

**De Pedro, Kris M., Astor, Ron Avi, Benbenishty, Rami, Estrada, Jose, Smith, Gabrielle R., & Esqueda, Monica Christina. (2011). *The Children of Military Service Members: Challenges, Supports, and Future Educational Research (Vol. 81, pp. 566-618)*: SAGE Publications. 2455 Teller Road, Thousand Oaks, CA 91320.**

A review of literature of military children and families was conducted regarding stressors and outcomes that affect the academic experience. This review highlighted the following themes:

child maltreatment, the reintegration experience, mental health, the impact of deployment, war-related trauma of the veteran parent and the experience of Guard families and Reservist in civilian settings. The researchers conclude by suggesting further research is needed using a heuristic model and an examination of school reform.

**DeVoe, E. R., & Ross, A. (2012). The parenting cycle of deployment. *Mil Med*, 177(2), 184-190.**

The impact of the deployment life cycle on parenting among service members and at-home partners/caregivers of dependent children is examined by this article. Researchers present a new framework for exploring how parenting is affected by the “inherent demands and transitions” of deployment. This framework focuses on parenting while serving in the military as opposed to challenges faced by military couples. Researchers address implications for prevention, intervention and future research regarding military families.

**Eaton, M., & Fees, B. S. (2002). Perceptions of influence on child's competence among fathers in the military context. *Psychol Rep*, 91(3 Pt 1), 703-710.**

Eaton and Fees provide a comparison of beliefs of fathers serving in the military and civilian fathers regarding time spent with their kindergarten children. Fathers in this study were also assessed on their views of their influence and their spouse's influence on the cognitive and emotional competence of their children. Results showed that both groups of fathers had similar perceptions and reported similar time spent with children, during “a time of peace.” Military fathers reported equivalent influence as their spouses.

**Effect of Military Deployments on Adolescents. (2011). *Exceptional Parent*, 41(9), 35-35.**

The authors discuss a study which shows that an adolescent's mood can lead to risky behavior including binge drinking. The study was featured in the American Journal of Public Health and surveyed 10,606 adolescents in the 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades. Findings from this study suggested that adolescent boys were experiencing more negative effects than their female peers. The author concludes with the hope that the aforementioned study highlights the needs of military families.

**Fairbank, J. A., & Fairbank, D. W. (2005). Families at risk: comment on Dirkzwager, Bramsen, Ader, and van der Ploeg (2005). *J Fam Psychol*, 19(2), 230-232. doi: 2005-06518-008 [pii] 10.1037/0893-3200.19.2.230 [doi]**

Researchers comment on findings from a study by A.J.E. Dirkzwager, I. Bramse, H. Ader, and H.M. van der Ploeg (2005) on the psychological adjustment of families of former Dutch peacekeepers with PTSD. They identify methodological limitations, including “the need for intergenerational studies of the legacy of peacekeeping-related PTSD.” Researchers also suggest that attention should be given to the treatment needs of families of former peacekeepers that have experienced trauma.

**Fitzsimons, V. M., & Krause-Parello, C. A. (2009). Military children: When parents are deployed overseas. *J Sch Nurs*, 25(1), 40-47. doi: 10.1177/1059840508326733 [doi]**

This article examines the difficulties and psychosocial developmental needs experienced by children and military families. Specifically, researchers investigate these needs during the five stages of military development. These stages include, “predeployment, deployment, sustainment, redeployment, and post-deployment.” Researchers suggest that school nurses should offer support and connect families with beneficial resources and networks.

**Flake, E. M., Davis, B. E., Johnson, P. L., & Middleton, L. S. (2009). The psychosocial effects of deployment on military children. *J Dev Behav Pediatr*, 30(4), 271-278. doi: 10.1097/DBP.0b013e3181aac6e4 [doi]**

These researchers administered the Pediatric Symptom Checklist (PSC), the Parenting Stress Index-Short Form and the Perceived Stress Scale-4 to Army spouses of a deployed service member and a child aged 5-12 years old, in order to describe the psychosocial profile of school-age children experiencing deployment. Results showed that parenting stress predicted an increase in child psychosocial morbidity. It was also found that parents who utilized military support programs reported less child psychosocial morbidity. Researchers conclude that military, family and community support systems and programs help to alleviate stress during deployment.

**Forbes, J. F., Weiss, D. S., & Folen, R. A. (1992). The cosleeping habits of military children. *Mil Med*, 157(4), 196-200.**

These researchers surveyed parents of 86 children in pediatric and child psychiatric clinics to describe patterns of cosleeping in a sample of military dependents aged 2 to 13 years old. Results showed an increase in cosleeping while the father was not present in the home. Cosleeping was less frequent in the “psychiatric subpopulation.”

**Fraser, C. (2011). Family issues associated with military deployment, family violence, and military sexual trauma. *Nurs Clin North Am*, 46(4), 445-455, vi. doi: 10.1016/j.cnur.2011.08.011 [doi] S0029-6465(11)00060-0 [pii]**

The author discusses military deployment and the effect of deployment on families. Researchers provide information on the increase in stressors associated with life in the military including an increased likelihood of domestic violence within military families and sexual trauma in “service members.” Researchers also review research on family violence and military sexual trauma.

**Fullerton, C. S., McCarroll, J. E., Feerick, M., McKibben, J., Cozza, S., Ursano, R. J., & Child Neglect, Workgroup. (2011). Child neglect in Army families: a public health perspective. *Mil Med*, 176(12), 1432-1439.**

Researchers examined child neglect in military families through a review of the definitions of neglect, domains of neglect, and caregiver behaviors. It is suggested that this approach will contribute to prevention interventions within the Institute of Medicine’s framework. Researchers conclude that it is very important to understand risk and protective factors in the military family in order to provide intervention for child neglect.

**Furumoto, Rosa. (2005). No Poor Child Left Unrecruited: How NCLB Codifies and Perpetuates Urban School Militarism. *Equity and Excellence in Education, 38(3), 200-210.***

In this article, the researcher discusses the No Child Left Behind (NLCB) Act Section 9528. The researcher asserts that this section has contributed to “growing campus militarism” in urban schools serving low-income African American and Latino students. The researchers also states that Section 9528 is a component of a strategy to recruit this population to the military. The authors proposes that the NLCB’s focus on standardized testing perpetuates the schools’ “already narrow curriculum”, therefore leading to the inability for students to question “militarism” and “challenge social oppression.”

**Gibbs, D. A., Martin, S. L., Johnson, R. E., Rentz, E. D., Clinton-Sherrod, M., & Hardison, J. (2008). Child maltreatment and substance abuse among U.S. Army soldiers. *Child Maltreat, 13(3), 259-268.* doi: 10.1177/1077559507313462 [doi]**

Researchers analyzed U.S Army data on occurrences of parental child maltreatment committed between 2000 and 2004 by active duty soldiers. Researchers found that 13% of offenders were abusing a substance at the time of the maltreatment incident. “The odds of substance abuse were increased for offenders who committed child neglect or emotional abuse, but were reduced for child physical abuse. The odds of offender substance abuse nearly tripled in child maltreatment incidents that also involved co-occurring spouse abuse.”

**Giles, S. (2005). Army dependents: childhood illness and health provision. *Community Pract, 78(6), 213-217.***

This article describes a qualitative study on attitudes of Army wives to childhood illness and health provision expectations. Researchers employed focus groups and purposive sampling to interview nine mothers regarding symptoms, coping social problems, decisions to take action, health provision and support. Grounded theory was used to categorize data into four themes. These included coping, Army culture, attitude towards child’s illness and accessibility to health services. Results showed that Army dependents need more support from their care provider than civilian families.

**Gorman, G. H., Eide, M., & Hisle-Gorman, E. (2010). Wartime military deployment and increased pediatric mental and behavioral health complaints. *Pediatrics, 126(6), 1058-1066.* doi: 10.1542/peds.2009-2856 [doi] peds.2009-2856 [pii]**

The authors examined the direct and indirect effects of a soldier’s injury on their family’s functioning. A review of literature led to the development of a heuristic model regarding these effects on family functioning and the development of young children. This model highlights moderating variables that buffer effects and stimulate family resilience.

**Gorman, L. A., Fitzgerald, H. E., & Blow, A. J. (2010). Parental combat injury and early child development: a conceptual model for differentiating effects of visible and invisible injuries. *Psychiatr Q*, 81(1), 1-21. doi: 10.1007/s11126-009-9116-4 [doi]**

These authors used a meta-ethnographic approach to review literature regarding the direct and indirect effects of a military personnel's injury on family functioning. Researchers included studies that examined how a family's psychological and physical functioning is impacted by posttraumatic stress disorder, parental illness and parental injury. Researchers created a "heuristic model" that highlights the effects of injury on family functioning and the development of young children. Researchers concluded that this model can be used as a basis for further research.

**Gruden, V., Gruden, Z., & Gruden, V., Jr. (1999). Children and wives of deceased veterans--pride and suffering. *Coll Antropol*, 23(1), 287-291.**

In this study, researchers surveyed eighty-nine widows referred to as "members of the club April 3 1992" to assess possible psychopathology. Results showed the presence of anxiety, depression, thought of death and child psychosomatic issues. Researchers concluded that due to the presence of these issues, long-term psychotherapy is very important to this population.

**Harrison, Judy, & Vannest, Kimberly J. (2008). Educators Supporting Families in Times of Crisis: Military Reserve Deployments. *Preventing School Failure*, 52(4), 17-23.**

Harrison and Vannest discuss the needs of military children during deployments. It is highlighted that educators often find themselves in a position to support these children and should therefore be aware of the factors affecting their students' level of functioning. They provide resources for educators, recommend supports and suggest activities that can be integrated into various subjects.

**Helminen, Elisa, & Punamaki, Raija-Leena. (2008). Contextualized Emotional Images in Children's Dreams: Psychological Adjustment in Conditions of Military Trauma. *International Journal of Behavioral Development*, 32(3), 177-187.**

Researchers investigated the impact of military trauma on children's dreams in a sample of 345 Palestinian children (aged 5-16). Researchers grouped participants into a high trauma group, children in Gaza and a non-trauma group, children in Galilee. Results from a seven-night dream diary showed that the high trauma group had more intense and negative emotional images included in their dreams. Researchers conclude that these types of dreams can reflect the children's processing of their traumatic experiences.

**Hopkins-Chadwick, D. L., & Ryan-Wenger, N. (2009). Stress in junior enlisted air force women with and without children. *West J Nurs Res*, 31(3), 409-427. doi: 10.1177/0193945908328261 [doi] 0193945908328261 [pii]**

Researchers examined any differences between military women with and without preschool children and role strain, health, stress, and military career aspiration. The sample was based on a

cross-sectional descriptive design of 50 Air Force women with preschool children and 50 women without children. Results showed that no significant difference in the two groups related to role strain, health, stress and military career aspiration.

**Huebner, Angela J., Mancini, Jay A., Bowen, Gary L., & Orthner, Dennis K. (2009). Shadowed by War: Building Community Capacity to Support Military Families. *Family Relations*, 58(2), 216-228.**

Researchers discuss the negative effects deployment has on families. Researchers note that deployment increases a family's vulnerability and offers an approach that includes four diverse and "innovative" social action programs to providing support to military families. Researchers assert implications for instituting these community models.

**Huebner, Angela J., Mancini, Jay A., Wilcox, Ryan M., Grass, Saralyn R., & Grass, Gabriel A. (2007). Parental Deployment and Youth in Military Families: Exploring Uncertainty and Ambiguous Loss. *Family Relations*, 56(2), 112-122.**

These researchers conducted focus group with adolescents aged 12-18 who have had a parent deployed, in order to explore uncertainty, loss, resilience and adjustment. Researchers highlighted response themes of changes in mental health, relationship conflict, overall perceptions of uncertainty and loss and boundary ambiguity. Researchers conclude that exploring ambiguous loss is helpful in developing prevention methods, intervention and understanding the adolescent's experiences.

**Hutchinson, J. W. (2006). Evaluating risk-taking behaviors of youth in military families. *J Adolesc Health*, 39(6), 927-928. doi: S1054-139X(06)00197-2 [pii] 10.1016/j.jadohealth.2006.05.015 [doi]**

In this article, researchers examined risk-taking behavior in adolescent family members of active and retired military personnel. Researchers found that fewer adolescents in this sample engaged in risk-taking behavior when compared with national adolescent statistics. Researchers concluded that further research is needed to explore these differences.

**Jensen, P. S., Martin, D., & Watanabe, H. (1996). Children's response to parental separation during operation desert storm. *J Am Acad Child Adolesc Psychiatry*, 35(4), 433-441. doi: S0890-8567(09)63513-9 [pii] 10.1097/00004583-199604000-00009 [doi]**

Survey data from three hundred eighty-three children and their remaining caretaking parent were collected regarding stressors and child and family functioning. Cross-sectional and longitudinal comparisons of children of deployed and non-deployed personnel showed that parents and children of a deployed service member experienced higher levels of depressive symptoms. Researchers conclude that appropriate treatment of children must include treatment of the effects of having a deployed parent.

**Jensen, P. S., Watanabe, H. K., Richters, J. E., Cortes, R., Roper, M., & Liu, S. (1995). Prevalence of mental disorder in military children and adolescents: findings from a two-**

**stage community survey. *J Am Acad Child Adolesc Psychiatry*, 34(11), 1514-1524. doi: S0890-8567(09)63971-X [pii] 10.1097/00004583-199511000-00019 [doi]**

In this study, researchers administered the Diagnostic Interview Schedule for Children (DISC) and standardized psychopathology rating scales to 294 six to seventeen year old military children and their parents in order to examine levels of psychopathology. Results from rating scales and the DISC displayed levels of psychopathology comparable to national norms. Researchers conclude that military children do not have greater levels of psychopathology.

**Kelley, M. L. (1994). The effects of military-induced separation on family factors and child behavior. *Am J Orthopsychiatry*, 64(1), 103-111.**

Researchers gathered data from 61 mothers of school-age children before, during, and after military deployment of their husbands. Researchers found that wives of personnel sent to the Persian Gulf War reported less family cohesiveness and nurturance. They also reported more externalizing and internalizing in children than wives whose husbands' deployment was more routine. Finally, separations disrupted the families' ability to maintain supportive relationships

**Kelley, M. L., Finkel, L. B., & Ashby, J. (2003). Geographic mobility, family, and maternal variables as related to the psychosocial adjustment of military children. *Mil Med*, 168(12), 1019-1024.**

This study examined maternal and family factors and family mobility as related to mothers' and children's reports of the psychological adjustment of children in military families. Participants were 86 mother-child dyads in U.S. traditional military families. The following factors were predicted by family cohesiveness, children's reports of their relationships with their mothers, and the length of time they had lived in their current residence: children's reports of loneliness, peer relationships, fear of negative evaluations, and self-esteem. Their rate of mobility (i.e., number of moves in the child's lifetime divided by the child's age) was not a predictor of these factors. But in contrast, "maternal depressive symptoms predicted children's depressive and anxious behaviors, and both maternal depressive symptoms and children's perception of their relationship with their mothers predicted children's aggression and noncompliance. Results suggest that moving may not be as important as other aspects of maternal functioning and family relationships for the psychosocial adjustment of children in military families."

**Kelley, M. L., Hock, E., Smith, K. M., Jarvis, M. S., Bonney, J. F., & Gaffney, M. A. (2001). Internalizing and externalizing behavior of children with enlisted Navy mothers experiencing military-induced separation. *J Am Acad Child Adolesc Psychiatry*, 40(4), 464-471. doi: S0890-8567(09)60396-8 [pii] 10.1097/00004583-200104000-00016 [doi]**

The purpose of this study was to examine whether children with Navy mothers exhibit higher levels of internalizing and externalizing behavior than children in civilian families and whether deployment affects children's internalizing and externalizing behavior. Data were obtained from Navy mothers who experienced deployment and who completed a measure assessing children's internalizing and externalizing behavior before and after a deployment (and at similar intervals for the Navy and civilian comparison groups). It was found that Navy children with deployed mothers exhibited higher levels of internalizing behavior than children with nondeployed Navy

mothers. Navy children whose mothers experienced deployment were more likely to exhibit clinical levels of internalizing behavior than Navy children with nondeployed mothers or civilian children. It was found, therefore, that there is no greater pathology in children of Navy mothers; however, findings do indicate we should be particularly attentive of deployed mothers and their children.

**Kelley, M. L., & Jouriles, E. N. (2011). An introduction to the special section on U.S. military operations: effects on military members' partners and children. *J Fam Psychol*, 25(4), 459-460. doi: 10.1037/a0024569 [doi] 2011-17889-001 [pii]**

“The deployment of U.S. military personnel to global hot spots, whether as combatants or as peacekeepers, has increased attention to the psychological well-being of military personnel and their family members. Despite the growing awareness that deployments have reverberating effects on all family members, theoretical explanations and empirical research on the impact of deployment on couple, family, and child adjustment, factors that serve to protect families from the demands of military employment, and effective methods of treating the mental health needs of military families are needed. The seven papers in this section increase our understanding of how the demands of U.S. military operations impact couples, family functioning, parenting, and child psychological adjustment and provide an additional resource for mental health professionals who work with these families.”

**Kim, Amy M., & Yeary, Julia. (2008). Making Long-Term Separations Easier for Children and Families. *Young Children*, 63(5), 32-36.**

This article describes the effects of parental military separation on infants, toddlers and 3-year old children. Researchers also discuss the importance of early attachment and ways that teachers can provide support to families during separations. Finally, researchers discuss the stages of the Emotional Cycle of Deployment, a model that is often used with military families.

**Lamberg, Lynne. (2008). Redeployments Strain Military Families. *JAMA: Journal of the American Medical Association*, 300(6), 644-644.**

The psychosocial strain experienced by children of repeatedly deployed military personnel is explored. Information is presented from a talk given by Stephen Cozza, MD, professor of psychiatry at the Uniformed Services University of the Health Sciences in Bethesda, Md. Cozza is noted as reflecting on the often aggressive and hypervigilant behavior and moods of military parents returning from deployments and the resultant withdrawn or isolated feelings associated with this psychological state. A description of the “wounded family” is provided where Cozza explains how physical and mental health problems experienced by service members are also suffered by their spouse and children. It is concluded that the impact of combat on mental health is a national one; however, concerns over stigmatization often deter military families from seeking mental health care.

**Lee, S., Raker, T., & Chisick, M. C. (1994). Psychosocial factors influencing smokeless tobacco use by teen-age military dependents. *Mil Med*, 159(2), 112-117.**

A sample of 2,257 teenage military dependents was examined for factors impacting their use of smokeless tobacco (SLT). Male and female dependents were separately analyzed using regression models to explain correlates of tries and users of SLT. Both male and female dependent triers shared five factors impacting SLT use- parental and peer approval, trying smoking, athletic team membership, and relatives using SLT. Male use was further related to race, regular dental use, SLT counseling by a dentist, parent approval, trying and current smoking, and grade level. However, trying smoking accounted for most of the variance in overall SLT use. It was concluded that SLT use was strongly influenced by relatives and peers.

**Lester, P., Peterson, K., Reeves, J., Knauss, L., Glover, D., Mogil, C., . . . Beardslee, W. (2010). The long war and parental combat deployment: effects on military children and at-home spouses. *J Am Acad Child Adolesc Psychiatry, 49(4), 310-320.***

The impact of deployments on military children of active duty Army or Marine Corps members is discussed. Children, aged 6 to 12, of currently deployed (CD) or recently returned (RR) service members from Iraq or Afghanistan were interviewed with their at-home civilian parent (AHC) or active duty (AD) parent for outcomes related to parental psychological distress and child adjustment. For both groups, mixed effect linear models were used to examine child outcomes in relation to parental distress and months of combat deployment. Significant elevations in childhood anxiety were observed in both groups. Parental distress and cumulative length of deployments significantly predicted child depression and externalizing symptoms. It was further found that parental distress was higher in AHC parents with a CD spouse versus a RR spouse. The study concludes that the effect of parental combat deployment on the AD parent and the AHC parent reliably predict childhood distress even beyond deployment return.

**Lester, Patricia E. (2012). War and Military Children and Families: Translating Prevention Science into Practice. *Journal of the American Academy of Child & Adolescent Psychiatry, 51(1), 3-5.***

Prevention science research on the needs of children in military families is explored. Specific need areas are defined for military children and a “family centered public health model” and “translational framework” is provided for military families and children exposed to deployments, injuries and loss. The authors discuss FOCUS, a trauma informed family resilience intervention program, and the program’s adaptation and implementation. The paper defines the current need for a national public health response to the impact of longtime war on military families and provides family prevention research in response to this need.

**Lopreiato, J. O., & Ottolini, M. C. (1996). Assessment of Immunization Compliance Among Children in the Department of Defense Health Care System. *Pediatrics, 97(3), 308-311.***

A cross-sectional survey of immunization records and demographics of families presenting for acute care at pediatric clinics is conducted to determine the immunization rates of children under

the Department of Defense health care system. The study participants included 1977 children aged 2 months to 18 years who were measured for immunization rates along age strata, from infancy to adolescence. The study reports an overall immunization rate of 84%, but notes that only 50% of adolescents were up-to-date, as a result of a failure to receive booster doses of MMR. The authors report that socioeconomic status, parental education level, access to care, and family mobility had no effect on immunization status. However, most with delayed vaccinations were older children and adolescents whose school and parental reports of immunization status were incorrect and resulted from a failure to track patients and notify parents of immunization due dates.

**Lucas, Don R., Wezner, Kelley C., Milner, Joel S., McCanne, Thomas R., Harris, I. Nell, Monroe-Posey, Carla, & Nelson, John P. (2002). Victim, perpetrator, family, and incident characteristics of infant and child homicide in the United States Air Force. *Child Abuse & Neglect*, 26(2), 167-186.**

The factors associated with fatal infant and child abuse within an Air Force population are examined through a record review of 32 substantiated cases of fatal abuse. The authors find that males are over-represented in cases of young child (1-4 yrs. old) and child (4-15 yrs. old) victims. Further, both African-American infant victims and perpetrators are over-represented. It was also found that perpetrators were most often males and the biological fathers of their victims. The article also presents the general demographics, medical descriptors, death measures, and personal history, of the perpetrators and victims studied, as well as specific crime variables, such as time, catalyst, and outcome.

**Lugo, William. (2006). Violent Video Games Recruit American Youth. *Reclaiming Children and Youth: The Journal of Strength-based Interventions*, 15(1), 11-14.**

“America’s Army”, a technologically advanced video game that encourages young players to consider military careers, is discussed. The game, distributed by the U.S. Army, allows players to virtually participate in the Army’s basic training, learn the Army’s philosophy, and progress to the Special Forces missions. The morality of the game is discussed, as the author contends that it promotes the same type of violent tendencies the media is accused of promoting. Additional games with similar tactics are further discussed and the author holds that using these video games to recruit youth is unethical.

**Maconochie, Noreen, Doyle, Pat, Davies, Graham, Lewis, Samantha, Pelerin, Margo, Prior, Susan, & Sampson, Patrick. (2003). The study of reproductive outcome and the health of offspring of UK veterans of the Gulf war: methods and description of the study population. *BMC Public Health*, 3(1), 4.**

Authors examine whether veterans (and their partners) of the Gulf War were at an increased risk for adverse reproductive events and whether their children were at an increased risk for serious

health problems. A sample of UK Gulf War veterans and a matched comparison group of armed service personnel who did not serve in the Gulf War were retrospectively surveyed for reproductive variables relating to attempted and achieved pregnancies, congenital defects and serious medical conditions of conceived children, and health of the study participant and that of their partner. The authors do not draw conclusions on whether Gulf War veteran and their partners are at an increased risk for adverse reproductive events, nor whether their children have increased risk for serious health problems.

**Manos, Gail H. (2010). War and the Military Family. *Journal of the American Academy of Child & Adolescent Psychiatry*, 49(4), 297-299.**

This editorial on the effects of wartime deployments on military families explores existing literature on Army and Marine families with wartime deployments to Iraq and Afghanistan. A correlation between cumulative length of parental deployment, parental distress and an increased risk of child depression and externalizing symptoms is noted. Recommendations are made for prospective studies evaluating the impact of parental deployment over time, as are studies that focus on the impact of parental deployment based on developmental stage.

**Mansfield, A. J., Kaufman, J. S., Engel, C. C., & Gaynes, B. N. (2011). Deployment and mental health diagnoses among children of us army personnel. *Archives of Pediatrics & Adolescent Medicine*, 165(11), 999-005.**

The risk of mental health diagnoses in children with parents deployed in support of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) is examined. Electronic medical records of 307, 520 children (5 – 17 yrs. old) with at least 1 active duty Army parent were reviewed for mental health diagnoses. Results indicated that children with a deployed parent were significantly more likely to have a mental health diagnosis as compared to children whose parents were not deployed. Further, it was found that excess mental health diagnoses increased with total months of parent deployment. More diagnoses were found in older children and, within age groups, boys were found to have more diagnoses relative to girls.

**Mao, Chad Y., Narang, Sandeep, & Lopreiato, Joseph. (2012). Breastfeeding Practices in Military Families: A 12-Month Prospective Population-Based Study in the National Capital Region. *Mil Med*, 177(2), 229-234.**

Breastfeeding practices among military women are explored, including the prevalence and duration of breastfeeding and factors associated with breastfeeding. Prospective data on 253 military mothers of new infants through 12 months postpartum is presented. It was found that 51% of mothers were breastfeeding at 6 months postpartum and 25% were breastfeeding at 1 year postpartum. Active duty and non-active duty mothers were equally likely to breastfeed; however, officers were 3 times more likely to breastfeed than enlisted mothers. Level of education significantly affected length of breastfeeding. It was concluded that while the current

study sample had higher rates of women initiating and maintaining breastfeeding as compared to the national average, rates are still below American Academy of Pediatrics guidelines.

**Marshall, Amy D., Panuzio, Jillian, & Taft, Casey T. (2005). Intimate partner violence among military veterans and active duty servicemen. *Clinical Psychology Review, 25(7), 862-876.***

Current literature on intimate partner violence (IPV) among military veterans and servicemen is reviewed. The authors contend that prevalence rates among active duty servicemen and veterans range from 13.5% to 58% and that wife-reported rates of moderate and severe husband-to-wife violence are significantly higher among Army servicemen as compared to the civilian population. They also present evidence that, in the year prior, the wives of Vietnam veterans with PTSD reported almost 3 times as many cases of IPV as wives of veterans without PTSD. The consequences and correlates of IPV perpetration among active duty servicemen are explored, with the authors citing evidence that alcohol/substance use, psychopathology, and childhood trauma are associated with increased rates. It is suggested that future research examine the risk factors and potential marker variables, as well as develop etiological models of IPV in this specific population.

**Martin, Sandra L., Gibbs, Deborah A., Johnson, Ruby E., Rentz, E. Danielle, Clinton-Sherrod, Monique, Walters, Jennifer L. Hardison, & Sullivan, Kristen. (2009). Male Soldier Family Violence Offenders: Spouse and Child Offenders Compared to Child Offenders. *Violence and Victims, 24(4), 458-468.***

Two groups of Army, married, male, first-time and dual family violence offenders are compared on variables of abuse. Data is drawn from the Army Central Registry and analyzed for both spouse and child maltreatment variables of abuse type and severity, as well as sociodemographic variables of the soldier. Results indicate that the study sample consists of 26% dual offenders and 74% single offenders, and that dual offenders are more likely to be Black or Hispanic, of lower pay grades, and significantly younger than single offenders. Furthermore, dual offenders were significantly more likely to use substances (primarily alcohol) at the time of the incident. It is also noted that dual offenders are more likely to commit child neglect and emotional abuse as compared to single offenders, who are more likely to commit child physical or sexual abuse.

**McCranie, E. W., Hyer, L. A., Boudewyns, P. A., & Woods, M. G. (1992). Negative parenting behavior, combat exposure, and PTSD symptom severity. Test of a person-event interaction model. *J Nerv Ment Dis, 180(7), 431-438.***

Authors discuss the development of post-traumatic stress disorder (PTSD) symptoms in combat veterans and how the person-event interaction model attempts to integrate the influence of both “personal characteristics” and an “extreme event”. This person-event interaction model hypothesizes that at a lower level of combat stress exposure, a person’s pre-military vulnerability

characteristics are of the greatest influence on their development of PTSD symptoms. By using a hierarchical regression analysis, authors examined a sample of Vietnam veterans undergoing inpatient treatment for PTSD for their level of combat exposure and negative parenting behaviors experienced in childhood. They found that the father's negative parenting behaviors were more predictive of PTSD symptom severity, but only at relatively low levels of combat exposure.

**McFarlane, A. C. (2009). Military deployment: the impact on children and family adjustment and the need for care. *Curr Opin Psychiatry*, 22(4), 369-373.**

Clinical literature on the impact of military deployment on the social and emotional adjustment of children is reviewed. The authors explore such topic areas as the life of military families, the impact of combat on the returning parent, and role confusion in families with a deployed parent. They further discuss the components of post-traumatic stress disorder (PTSD), such as numbing, withdrawal, and irritability that impact the adverse effects of reintegration with the veteran's family. The authors conclude that while treatment strategies exist, many of them are implemented before they are properly evaluated for their effectiveness. In addition, their review highlights the need for treatment strategies to begin to focus on couples and families and encourage conflict reduction and improved intimacy.

**McNulty, Peggy Anne. (2005). Reported Stressors and Health Care Needs of Active Duty Navy Personnel during Three Phases of Deployment in Support of the War in Iraq. *Mil Med*, 170(6), 530-535.**

Active duty Navy members deployed to Iraq during Operation Enduring Freedom and Iraqi Freedom were surveyed on their well-being, adaptation, coping, anxiety, stress, and health care needs. Surveys were conducted in 3 phases of deployment (pre-, mid-, and post-) and logistic regression analyses were used to predict anxiety during deployment. Authors cite being under 25 years of age, not having children, not attending church, being enlisted, having little deployment history, and having no high school education as being predictors of high anxiety during deployment. Further, all phases reported suicidal ideation, which highlights the need for a mental health care focus on high-risk anxiety for deployed and recently deployed service members.

**Meier, A., & Allen, G. (2008). Intimate relationship development during the transition to adulthood: differences by social class. *New Dir Child Adolesc Dev* (119), 25-39.**

Authors discuss the impact of social class on the sexual activity, marriage and cohabitation of adolescents transitioning to adulthood. Social class is discussed in terms of family background and income as well as class-graded special populations, such as sexual minorities, incarcerated young adults, and soldiers. The article suggests that military personnel form a unique population for study of dating patterns and relationship formation. Demographic data on the marriage rates within this population are discussed, and the authors contend that new information is needed on

the impact of constrained environments, frequent moves, infrequent leaves, and predominance of males on the intimate relationship formation of active duty servicemembers. The article poses questions about the courtship experience of soldiers and the impact of the “Don’t Ask, Don’t Tell” policy on gay/lesbian relationship formation.

**Melamed, B. G., & Castro, C. (2011). Observations and insights about strengthening our soldiers SOS. *J Clin Psychol Med Settings, 18(2), 210-223.***

Key components from the Special Issue “Strengthening Our Soldiers (SOS) and Their Families: Contemporary Psychological Advances Applied to Wartime Problems” are presented. The article’s discussion of risk and resilience to mental and physical stress amongst military service members is highlighted. It further discusses the need to understand PTSD co-morbidity in utilizing treatment approaches such as prolonged exposure, cognitive processing, and telehealth therapies. The article also describes the increased application of virtual reality exposure therapy (VRET), increased training for clinicians utilizing effective therapies, increased suicide rates, addictions in service members and their spouses, children of deployed parents, and specific issues for service women as new priorities in military mental health. Lastly, the authors present issues that have been raised by the article, including the need to treat trauma, the maximization of telehealth approaches for treating underserved populations, the effects of war injuries on the workforce setting, and the long-term risk factors associated with chronic health problems in veterans.

**Melvin, Kristal C., Gross, Deborah, Hayat, Matthew J., Jennings, Bonnie Mowinski, & Campbell, Jacquelyn C. (2012). Couple functioning and post-traumatic stress symptoms in US army couples: The role of resilience. *Research in Nursing & Health, 35(2), 164-177.***

A sample of 66 combat veteran Army couples are surveyed on aspects of their couple functioning, coercion, resilience, and post-traumatic stress symptoms (PTSS). Using a self-report method, researchers found that higher levels of PTSS were associated with lower couple functioning and resilience. Greater resilience within couples was also associated with higher levels of couple functioning. Results indicated that PTSD experienced within military couples has negative effects on the couples’ level of functioning and overall resilience.

**Merrill, Lex L., Hervig, Linda K., & Milner, Joel S. (1996). Childhood parenting experiences, intimate partner conflict resolution, and adult risk for child physical abuse. *Child Abuse & Neglect, 20(11), 1049-1065.***

1,544 Navy recruit trainees are surveyed to explore the relationship between childhood parenting experiences, intimate partner violence, and child physical abuse. Participants reported on the parenting practices and spousal physical violence experienced in their childhood, their alcohol abuse history, childhood physical abuse potential, and measures of the conflict resolution techniques used in their intimate relationships. Researchers found that receiving intimate partner

physical violence significantly predicted inflicting partner physical violence, and vice versa. Further, a history of parent-child violence predicted child abuse risk potential in both men and women. In addition, even after controlling for the effects of violent experiences, alcohol problems significantly contributed to the prediction of who expresses intimate partner physical violence, who was physically injured by an intimate partner, and who was at risk of child physical abuse.

**Micklewright, S. (1996). Problem drinking in the Naval Service: a study of personnel identified as alcohol abusers. *J R Nav Med Serv*, 82(1), 34-40.**

The demographic differences between a control group Navy personnel and those referred by Medical and Divisional Officers for alcohol abuse are examined. Variables studied included sex, service status, age, Branch, presenting factors, marital status, length of service and family history of alcohol abuse. Researchers found that the alcohol referral group differed significantly from control group in that they were younger, unmarried or divorced, more likely to have a family history of alcohol abuse, and belong to the communications branch or serving at sea. In addition, Officers, Senior Rates and engineering branch personnel were under represented in the alcohol referral group. Groups did not differ significantly on gender and length of service.

**Miller, L. (2010). Psychotherapy with military personnel: lessons learned, challenges ahead. *Int J Emerg Ment Health*, 12(3), 179-192.**

Psychological treatment modalities that are best used when working with a population of active duty and post-deployment military servicemembers are presented. The treatments outlined can be adapted for outpatient practice and include structured and specialized interventions that can be especially useful in dealing with clients coping with combat stress, depression, suicidality, conflicts over killing, brain injury, family issues, post-deployment readjustment, and long-term problems. It is suggested that clinicians who have worked with similar populations such as law enforcement and emergency service personnel can integrate their experiences into these approaches. The authors conclude that clinicians trained in these sensitive approaches will be more flexible, well-rounded, and effective in working with high-need service members.

**Miller, L., Miller, H. B., & Bjorklund, D. (2010). Helping military children cope with parental deployment: role of attachment theory and recommendations for mental health clinicians and counselors. *Int J Emerg Ment Health*, 12(4), 231-235.**

Recommendations are presented for mental health clinicians and counselors working with families coping with deployment stress. The authors describe the effects of deployment and relocation on military children, including their feelings of uncertainty, instability, and unpredictability. Furthermore, through the lens of attachment theory the authors describe how an impaired attachment can result from this unique stressor. The authors further present clinical

recommendations for helping children and families cope and maintain a healthy attachment throughout military deployment.

**Miller, S. A. (1987). Sudden infant death in service families. *J R Army Med Corps, 133*(1), 16-22.**

This study examines the cases of sudden infant death syndrome in military families and aims to determine if differences exist in the rate at which this occurs in the service and civilian populations. The authors present data on 97 cot deaths in British Forces Germany (BFG) between 1981-1984 and determine that in 60 cases the cause of death was unknown. The study results indicated that cot deaths occur more frequently in the service population than in the civilian population of England and Wales, but not postneonatal deaths from other causes. It is, therefore, suggested that cot deaths are an important case for preventative medicine in BFG. The article presents measures that have been taken in BFG to reduce the number of cot deaths and discusses future ideas for addressing this problem.

**Miller, T. W., & Veltkamp, L. J. (1993). Family violence: clinical indicators among military and post-military personnel. *Mil Med, 158*(12), 766-771.**

Authors discuss the incidence of child and spousal abuse in the military and methods of identifying those at risk. They examine the process of diagnosis and treatment of family violence in this population and highlight useful criteria in identifying the abusing family profile, the traumatic process of abuse, and clinical strategies for psychiatric intervention. The article further presents guidelines for professionals who work in this population.

**Mishik, A. N., & Ferry, F. T. (1992). The utilization of medical and nonmedical specialties in the assessment of child abuse in the military community. *Mil Med, 157*(6), 291-294.**

The Family Advocacy Program, a Department of Defense-mandated program administered by each branch of the US Armed Forces, and its disposition of suspected abuse cases on military bases are explored. It was found that pediatricians most often chaired the Navy Child Abuse subcommittees, while those on Army and Air Force bases were comprised of social workers and psychologists. In addition, the Family Advocacy Program on Army and Air Force bases was found to be run by medical specialists while the Navy filled this role with non-medical active duty officers. The article discusses the impact of overutilization of medical specialists as well as the increased legal liability associated with the use of non-medical personnel.

**Mmari, Kristin, Roche, Kathleen M., Sudhinaraset, May, & Blum, Robert. (2009). When a Parent Goes Off to War: Exploring the Issues Faced by Adolescents and Their Families. *Youth & Society, 40*(4), 455-475.**

The impact of deployment on adolescents and their families is explored through an analysis of focus group data from 5 military bases representing all four branches of the military. The study is

based on 11 focus groups held with students, parents, and school personnel impacted by deployment. Results indicate that families suffer from the stress of readjusting to a parent's return from deployment and are ill-prepared for the adjustment to new roles and responsibilities. Furthermore, school personnel are not trained to help adolescents cope with deployment-related stress and issues. The authors suggest that students be given additional opportunities to discuss deployment issues and that teachers and counselors in military-impacted schools receive specialty training.

**Mollerstrom, Willard W., Patchner, Michael A., & Milner, Joel S. (1992). Family functioning and child abuse potential. *Journal of Clinical Psychology, 48(4), 445-454.***

The relationship between family functioning, as defined by the authors as degree of family conflict and cohesion, and the potential for child abuse within the family is examined. Variables that contribute to incidence of child maltreatment are discussed. The study utilizes self-report measures of the family's social environment and physical child abuse potential and finds that in those homes where family conflict is high, child abuse potential is greater. The opposite pattern is seen in homes high on family cohesion, expressiveness, and marital satisfaction. The authors conclude that, while family interactional patterns contribute to abuse potential, they do not account for the majority of the variance and, therefore, may serve as a moderating variable in the determination of abuse potential.

**Morris, Amanda Sheffield, & Age, Tolonda Ricard. (2009). Adjustment among youth in military families: The protective roles of effortful control and maternal social support. *Journal of Applied Developmental Psychology, 30(6), 695-707.***

The social and emotional functioning of youth with at least one parent in the military is explored by surveying 65 children aged 9-15 and their parents on demographic and deployment information, and measures of effortful control, coping, and adjustment. The sample reported elevated levels of conduct problems as compared to clinical norms, however, effortful control and maternal support acted as protective factors against development of these and other emotional symptoms. It was further found that avoidant coping was associated with greater emotional symptoms. Finally, the youth in this sample did not differ based on parental deployment status. The authors present their findings in terms of implications on successful intervention and prevention programming.

**Motta, R. W., Joseph, J. M., Rose, R. D., Suozzi, J. M., & Leiderman, L. J. (1997). Secondary trauma: assessing inter-generational transmission of war experiences with a modified Stroop procedure. *J Clin Psychol, 53(8), 895-903.***

The intergenerational transmission of war experiences is explored through the use of a modified Stroop task where adult children of war veterans were compared to those of nonveterans. The task required participants to name the colors in which war-related, neutral, positive, and OCD-

related words were printed as well as to complete an MMPI-II PTSD scale, and Impact of Event Scale, and a demographics questionnaire. Results indicated that children of veterans differed from those of non-veterans only on cards with war-related words. The authors conclude that the modified Stroop task may be able to detect subtle psychological differences in those with secondary trauma that traditional trauma measures may not.

**Nguyen, Stacie, LeardMann, Cynthia A., Smith, Besa, Conlin, Ava Marie S., Slymen, Donald J., Hooper, Tomoko I., . . . Smith, for the Millennium Cohort Study Team Tyler C. (2012). Is Military Deployment a Risk Factor for Maternal Depression? *Journal of Women's Health, 22(1), 9-18.***

Authors explore the impact of deployment on maternal depression in military mothers by analyzing data from a large military cohort of U.S. servicewomen. The sample of 1,660 females gave birth during active duty service and completed self-report questionnaires between 2001-2008. Results indicated that the risk of maternal depression was not increased by deployment before childbirth or by deployment without combat experience after childbirth. However, women who deployed with combat experience after childbirth were at an increased risk of maternal depression, as compared to non-deployed mothers. The authors note that, in contrast to active duty women, military wives have an increased risk for postpartum depression related to their husband's deployment, making future studies on the social support available to military mothers critically important.

**Nugent, Nicole R., Saunders, Benjamin E., Williams, Linda M., Hanson, Rochelle, Smith, Daniel W., & Fitzgerald, Monica M. (2009). Posttraumatic stress symptom trajectories in children living in families reported for family violence. *Journal of Traumatic Stress, 22(5), 460-466.***

This study examined the post-traumatic stress disorder (PTSD) trajectories of children aged 7-18 who were a part of families reported to the U.S. Navy's Family Advocacy Program (FAP) because of allegations of child sexual abuse, child physical abuse, or intimate partner violence. Parents and children were assessed for exposure to traumatic experiences and PTSD symptoms at 2-6 weeks following referral, and then for follow-up at 9-12, 18-24, and 36-40 months after the report. Results revealed two latent class trajectories with most participants falling into the "resilient" class (reporting few to no symptoms throughout the follow-up period). The persistent symptom class was characterized by relatively stable, moderate symptomatology and was more likely to have a greater number of traumatic experiences at T1.

**Paris, Ruth, DeVoe, Ellen R., Ross, Abigail M., & Acker, Michelle L. (2010). When a Parent Goes to War: Effects of Parental Deployment on Very Young Children and Implications for Intervention. *American Journal of Orthopsychiatry, 80(4), 610-618.***

The socio-emotional impact of deployment on infants, toddlers, and preschoolers in U.S. military families is explored. The authors suggest that prolonged separation during the particularly vulnerable developmental period of birth to 5 years of age can have effects on the attachment system, emotion regulation and behavior. They present evidence-informed interventions for military families, suggesting that many of those trauma-focused treatments are for school age children with direct exposure to trauma and experiencing PTSD symptoms. Therefore, it is their recommendation that home-based family focused interventions be considered for treatment in these cases of young children with deployment-related stress.

**Park, N. (2011). Military children and families: strengths and challenges during peace and war. *Am Psychol*, 66(1), 65-72.**

The author highlights the need for rigorous research surrounding the impact of deployment on military children and a more coordinated delivery system that is strength based and problem focused. It is suggested that existing programs are narrowly focused on prevention or reduction of problems, rather than on a family's strengths and ways to capitalize on them. The author further details the changing demographic of the U.S. military family and the need for research to account for modern family structures. The article examines the unique challenges inherent in military families during times of peace and times of war, highlighting a strengths-based approach to intervention. The author concludes with a description of the U.S. Army Comprehensive Soldier Fitness Program (CSF) program for military family members, which includes both assessment and program modules built on strengths within the family.

**Pearn, J. (1996). War zone paediatrics in Rwanda. *J Paediatr Child Health*, 32(4), 290-295.**

Authors take a look at the child trauma experienced during and after the Rwandan Civil War of 1994. They provide eye-witness accounts, over a period of 3 months from April to June 1994, of brutal murders of women and children. The aftermath of the war has resulted in nearly half of the population becoming refugees in neighboring countries or displaced within Rwanda. The article discusses the contributions of the United Nations Emergency Humanitarian Response (UNAMIR II) to postwar medical efforts where, even after the war, children are described as suffering civil and social disruption, burns, cholera, motor vehicle trauma, and ongoing landmine explosions.

**Pearrow, Melissa, & Cosgrove, Lisa. (2009). The Aftermath of Combat-Related PTSD: Toward an Understanding of Transgenerational Trauma. *Communication Disorders Quarterly*, 30(2), 77-82.**

As military personnel involved in combat situations increases, researchers aim to identify the risk factors associated with the development of post-traumatic stress disorder (PTSD). This article reviews the characteristics of military personnel involved in these conflicts, current military actions, and the symptom presentation and prevalence rates of PTSD among those serving in Iraq

and Afghanistan. The authors further discuss the transgenerational transmission of trauma symptoms and important intervention strategies. It is suggested that mental health professionals be cognizant of the unique barriers that exist in utilizing traditional psychological interventions with victims of combat-related PTSD.

**Pemberton, J. R., Kramer, T. L., Borrego, J., Jr., & Owen, R. R. (2013). Kids at the VA? A call for evidence-based parenting interventions for returning veterans. *Psychol Serv, 10(2), 194-202.***

An overview of current literature on child mental health, parenting, and veteran outcomes is conducted. Given the impact deployment has on child and family functioning, the authors stress the importance of psychological treatments targeting the veteran family after a recent deployment. They suggest that future research focus on the implementation of parenting interventions at sites such as VA medical centers. An example of the use of Parent-Child Interaction Therapy (PCIT) is given with suggestions on how to make the intervention most useful for veterans. Challenges associated with policy, resources, and population-specific factors are also explored.

**Pertussis diagnoses among service members and other beneficiaries of the U.S. Military Health System, January 2005-June 2012. (2012). *MSMR, 19(8), 14-17.***

The risk for development of pertussis (“whooping cough”), a highly infectious respiratory disease, among U.S. military members and other beneficiaries of the U.S. military health system is examined. During the 5.5 year surveillance period, the authors reviewed the medical records of all individuals who were beneficiaries of the U.S. Military Health System, including active and reserve component service members, retired service members, family members and other dependents of service members and retirees, and other authorized government employees and family members. The study presents rates of confirmed and probable cases among service and non-service members, further classified by age, gender, and geographic location as available.

**Pesonen, Anu-Katriina, Räikkönen, Katri, Heinonen, Kati, Kajantie, Eero, Forsén, Tom, & Eriksson, Johan G. (2007). Depressive Symptoms in Adults Separated from Their Parents as Children: A Natural Experiment during World War II. *American Journal of Epidemiology, 166(10), 1126-1133.***

By using data on children from the Helsinki Birth Cohort of 1934-1944, the authors explore the emergence of depressive symptoms following a child’s long-term separation from their parents. These children were displaced during World War II and the authors, through the use of a Beck Depression Inventory (BDI) administered at 61.6 and 63.4 years of age, retroactively tested whether 1) temporary evacuation to foster care unaccompanied by either parent or 2) separation from the father because of military service predicted later depressive symptoms. Using surveys among the participants as well as data on separation experiences extracted from the Finnish

National Archives, the authors concluded that former evacuees reported 20% more severe depressive symptoms than those who were not separated. However, those separated from their father did not differ from those who were not separated.

**Plunkett, Michael C B, & Southall, David P. (1998). War and children. *Archives of Disease in Childhood*, 78(1), 72-77.**

This article serves as a treatise on the need for children to grow up in an environment free from fear of death and danger and that war does not allow for such an environment necessary for adequate development of the personality. Secondary effects of war, including malnutrition, illness, and disruption of immunizations are discussed. The authors further explore the use of children as soldiers in many countries and the abuse children suffer at the hands of troops. The psychological effects of war on children, including post-traumatic stress disorder (PTSD), depression, and anxiety are presented and explored as inhumane for the proper development of children. The article concludes with strategies to protect children from the effects of war based upon the UN Convention on the Rights of the Child, the role of the pediatrician, and the establishment of effective safe areas.

**Pulley, Lewis, & James, Larry C. (2011). The Need for Child Mental Health Services Within a Department of Defense Setting. *J Clin Psychol Med Settings*, 18(2), 196-197.**

The gap in current literature on therapies for children coping with a parent's deployment or military service is addressed. The authors cite statistics suggesting an increase in mental health services and behavioral disorders during a parent's deployment. They highlight that service members are more effective when they know that their family is being cared for. Referring to the APA 2007 Task Force on Military Deployment Services for Youth, Families, and Service Members, the authors make recommendations for evidence-based therapies, an advancement of mental health workforce development strategies, and an increase in funding and resources for health care of children of service members.

**Punamäki, Raija-Leena, Muhammed, Abbas Hedayiet, & Abdulrahman, Hemen Ahmed. (2004). Impact of traumatic events on coping strategies and their effectiveness among Kurdish children. *International Journal of Behavioral Development*, 28(1), 59-70.**

A sample of 153 Kurdish girls and boys from Northern Iraq are surveyed for the impact of traumatic events on the coping strategies of. By exploring the behavioral, cognitive, emotional and social coping responses to traumatic and stressful events of children (mean age 12.26) residing in orphanages and family homes, the study aimed to determine how the nature and severity of trauma is associated with coping dimensions and whether these coping dimensions act to buffer the effect on children's mental health. The authors utilized factor analysis of child responses to categorize coping strategies and found that the nature of the traumatic event determined the use of specific coping strategies. It was further found that the effectiveness of

coping dimensions was symptom specific. The results did not, however, substantiate a buffering effect of coping repertoire on the development of psychological symptoms.

**Punamäki, Raija-Leena, Qouta, Samir, Sarraj, Eyad El, & Montgomery, Edith. (2006). Psychological distress and resources among siblings and parents exposed to traumatic events. *International Journal of Behavioral Development*, 30(5), 385-397.**

In an examination of 65 Palestinian families, the authors explored the relationship between psychological distress and exposure to traumatic events. As predicted, exposure to family military violence (FMV) and exposure to recent personal trauma (RPT) had differential impacts on psychological distress and resources (conceptualized by the authors as satisfaction with quality life). The results further indicated that older siblings reported a higher level of depressive symptoms than both parents, and mothers reported PTSD more often than fathers. The study also resulted in the identification of four family types: resilient families (low distress, high resources) ordeal families (distress and low resources), parental strength families (only parents showed low distress and high resources), and children's strength families (only children showed low distress and high resources).

**Punamaki, R. L., Komproe, I., Qouta, S., El-Masri, M., & de Jong, J. T. (2005). The deterioration and mobilization effects of trauma on social support: childhood maltreatment and adulthood military violence in a Palestinian community sample. *Child Abuse Negl*, 29(4), 351-373.**

Utilizing a random sample of Palestinian men and women aged 16-60 years of age, the authors explored the relationship between exposure to childhood maltreatment, adulthood military violence, levels of social support, and mental health. They found that while exposure to childhood maltreatment was associated with low levels of social support, exposure to adulthood military violence was associated with high levels of social support. However, both trauma experiences were associated with high levels of mental health symptoms. It was further found that increased levels of social support moderated this relationship in adulthood military violence cases, but not in childhood maltreatment cases. The authors conclude that the nature of the trauma determines vulnerability or the availability of protective resources.

**Qouta, Samir, Punamäki, Raija-Leena, & El Sarraj, Eyad. (2008). Child development and family mental health in war and military violence: The Palestinian experience. *International Journal of Behavioral Development*, 32(4), 310-321.**

This article presents a developmental review of research conducted among Palestinians in Gaza during political upheavals. The authors aim to determine how exposure to traumatic events is associated with the mental health of children and their cognitive, emotional, and social development. Additionally, they set out to model familial and symbolic processes that work as risk or protective factors for children and examine the resilience of children during conditions of

war and military violence. The results suggest that life threat, violence, and losses are risk factors for psychological distress, while effective parenting, child flexibility, high cognitive capacity, and social support are among the protective factors. The authors conclude that exposure to trauma is crucial in predicting distress, while familial and developmental issues are important in building resilience.

**Qouta, S., Punamaki, R. L., Montgomery, E., & El Sarraj, E. (2007). Predictors of psychological distress and positive resources among Palestinian adolescents: trauma, child, and mothering characteristics. *Child Abuse Negl*, 31(7), 699-717.**

Researchers explore the impact of traumatic and stressful events, responses to violence, child characteristics, and mothering quality during middle childhood on psychological distress and positive resources during adolescence. Psychological distress, as indicated by PTSD symptoms, was most likely in adolescents who had been exposed to high levels of traumatic and stressful life-events and had poor cognitive capacities and high neuroticism in middle childhood. High depressive symptoms and low satisfaction with quality of life in adolescence were predicted by high levels of childhood military violence and stressful life events in middle childhood. The authors concluded that military violence in childhood presents a risk factor for increased psychological distress and decreased positive resources and that the child's cognitive capacity and aspects of their personality contribute to their overall vulnerability.

**Rabb, D. D., Baumer, R. J., & Wieseler, N. A. (1993). Counseling Army reservists and their families during Operation Desert Shield/Storm. *Community Ment Health J*, 29(5), 441-447.**

This article addresses the hardships faced by military reservists and their families during times of war. The authors highlight the disruption of lifestyle caused by active reservist mobilization and the stress that often results. They contend that families are not trained on how to face and effectively cope with these stressors. The article presents a family support program developed by a Minneapolis-based psychiatric army reserve unit to address three phases of wartime stress: predeployment, deployment, and reunification/sustainment. Recommendations for future family support efforts are also presented.

**Randall, V., Cervenka, J., Arday, D., Hooper, T., & Hanson, J. (2011). Prevalence of life-threatening conditions in children. *Am J Hosp Palliat Care*, 28(5), 310-315.**

Using a case definition of life-threatening conditions (LTC) based upon the concept "death trajectory", the authors conducted a count of children with LTC being cared for in the military health system (MHS) during FY 2001/2002. The article defines "death trajectory" as non-categorical life-threatening conditions of four types: progressive decline to death, intermittent periods of intensive care, curative treatment that may fail, and severe but non-progressive disability with extreme health vulnerability. Based upon the same case definition, the authors then compared the MHS count to the prevalence of LTC among children reported in the

literature. It was found that the prevalence of 0.15% in the MHS population was closely aligned with the prevalence of LTC in other single-payer health care systems.

**Rentz, E. Danielle, Marshall, Stephen W., Loomis, Dana, Casteel, Carri, Martin, Sandra L., & Gibbs, Deborah A. (2007). Effect of Deployment on the Occurrence of Child Maltreatment in Military and Nonmilitary Families. *American Journal of Epidemiology*, 165(10), 1199-1206.**

This study examined the emotional impact of war on military families and how this translated into child maltreatment cases in Texas from 2000-2003. Utilizing a time-series analysis of data from military and nonmilitary families, the authors examined changes in the occurrence of child maltreatment as deployment increased. They found that substantiated maltreatment was twice as high in the yearlong period following the September 11<sup>th</sup> attacks as compared to the period prior. Specifically, the rate of child maltreatment increased by 30% for every 1% increase in active duty personnel departing to or returning from operation-related deployment. It was concluded that both the deployment and post-deployment periods impose stresses on military families that can result in increased rates of child maltreatment.

**Rentz, E. Danielle, Marshall, Stephen W., Martin, Sandra L., Gibbs, Deborah A., Casteel, Carri, & Loomis, Dana. (2008). Occurrence of Maltreatment in Active Duty Military and Nonmilitary Families in the State of Texas. *Mil Med*, 173(6), 515-522.**

Utilizing data from the National Child Abuse and Neglect Data System, this study compared cases of substantiated child maltreatment in military and nonmilitary populations in the state of Texas. Between 2000 and 2002, the rate of occurrence was lower for children in military families as compared to nonmilitary families. It was further found that a greater proportion of caretakers of children in nonmilitary families reportedly had financial problems and received public assistance. The authors contend that these factors may increase stress in these nonmilitary families and increase the risk of maltreatment.

**Rentz, E. Danielle, Martin, Sandra L., Gibbs, Deborah A., Clinton-Sherrod, Monique, Hardison, Jennifer, & Marshall, Stephen W. (2006). Family Violence in the Military: A Review of the Literature. *Trauma, Violence, & Abuse*, 7(2), 93-108.**

The authors present a literature review of studies examining child maltreatment and spouse abuse in military families and compare this violence to that found in nonmilitary populations. They suggest that, despite the public health concern, there is a limited knowledge around family violence in military families. The review reveals that the majority of reported and substantiated cases of child maltreatment in military families are cases of physical abuse and neglect, followed by sexual and emotional abuse. Further, 90% of all substantiated cases of spouse abuse in military families were found to be physical abuse, followed by emotional abuse, neglect, and

sexual abuse. The authors found mixed results when comparing military and nonmilitary families.

**Riggs, S. A., & Riggs, D. S. (2011). Risk and resilience in military families experiencing deployment: the role of the family attachment network. *J Fam Psychol*, 25(5), 675-687.**

Military personnel returning home often struggle with physical and/or psychological injuries that challenge their ability to reintegrate. The authors present a theoretical paper on a family attachment network model of military families during deployment and reintegration. Their integrative model combines attachment and family systems theories and provides a comprehensive account of individual and family risk and resilience during deployment and post-deployment times. They suggest that future research and intervention for military families utilize the proposed family attachment network model.

**Ritchie, E. C. (2001). Issues for military women in deployment: an overview. *Mil Med*, 166(12), 1033-1037.**

The unique challenges facing women during military deployment, such as female health and gynecological issues, nursing and pregnancy are described. The author suggests that while some war concerns are similar for both genders, including separation from small children, isolation, the possibility of sexual assault, and various combat risks, those that are specific to women should be addressed before and during deployment. They further contend that by using the resources available, servicewomen can avoid gynecological issues that may complicate deployment status. It is concluded that maintaining better field hygiene, improving availability of email and vide teleconferencing, and increasing access to birth control will contribute to future mission success.

**Roberts, J. (1994). Debate Over US Gulf War Syndrome Continues. *BMJ: British Medical Journal*, 309(6966), 1392-1393.**

The concept of the Gulf War syndrome, affecting soldiers who served in the 1991 Gulf War, as well as their children and spouses is presented. The syndrome, said to cause severe fatigue, rashes, headaches, chest pain, myalgias, memory loss and other symptoms, was reported by 78% of spouses and 65% of children born following the war. The article further outlines possible causes for the syndrome, including infectious agents and toxic chemicals, borne of fumes, smokes, paints, pesticides, and uranium exposure. The author concludes that no scientific panel has validated claims of the Gulf War syndrome, but the Institute of Medicine has assembled a panel of 10 experts to determine whether epidemiological evidence exists to support the claims and create recommendations.

**Rosen, L. N., Bain, M. W., & Moghadam, L. Z. (1992). Health problems among Army children. *Mil Med*, 157(2), 85-88.**

Seven hundred and eighty two (782) Army families are surveyed for the rates of reported child health problems. The authors report that over 10% report one or more family members with health problems or handicapping conditions that require ongoing treatment. It was found that many of these families were not enrolled in the Exceptional Family Member Program. The authors conclude that, on average, those families who were enrolled reported more health problems than those who were not.

**Rosen, L. N., Parmley, A. M., Knudson, K. H., & Fancher, P. (2002). Intimate partner violence among married male U.S. Army soldiers: ethnicity as a factor in self-reported perpetration and victimization. *Violence Vict, 17(5), 607-622.***

Eighty eight (88) married male U.S. Army soldiers were surveyed for self-reported intimate partner violence (IPV) and data was examined for two main types of IPV, common couple violence and intimate terrorism. The authors predicted that poor marital adjustment would be associated with minor violence, and this minor violence was hypothesized to be indicative of common couple violence. The authors further predicted that intimate terrorism would be predicted by severe inflicted aggression, as characterized by a distinct pattern of behavioral characteristics. Results generally aligned with the authors' predictions and, in addition, it was found that the higher levels of IPV reported by Black participants were associated with the pattern hypothesized to be characteristic of common couple violence.

**Rosen, L. N., Teitelbaum, J. M., & Westhuis, D. J. (1993). Children's reactions to the Desert Storm deployment: initial findings from a survey of Army families. *Mil Med, 158(7), 465-469.***

This study examines the emotional reactions of 1,601 Army children who had a parent deployed during Operation Desert Storm. By reviewing the psychological profiles provided by the parent who remained home with the child, researchers determined that sadness was common but generally not serious enough to require counseling. Further, for those children who required counseling while their parent was deployed, there was a history of previous counseling for emotional problems. The authors concluded that a major factor predicting symptoms among children was the symptom level of the mother and other siblings.

**Ruscio, A. M., Weathers, F. W., King, L. A., & King, D. W. (2002). Male war-zone veterans' perceived relationships with their children: the importance of emotional numbing. *J Trauma Stress, 15(5), 351-357.***

In an effort to explore the association between PTSD symptomatology and veterans' relationships with their children, authors examined the differential patterns of associations between the symptom clusters of PTSD and the perceived father-child relationships of 66 male Vietnam veterans. It was found that the emotional numbing cluster was significantly related to perceived quality of all relationship domains, including misbehavior, positive sharing,

disagreement, contact, and overall quality. Even after controlling for father characteristics such as family-of-origin stressors, combat exposure, depression, and substance abuse, the relationship between emotional numbing and overall relationship quality remained most significant, suggesting that it may be the only aspect of PTSD uniquely and consistently associated with veterans' perceived relationship quality with their children.

**Ryan, M. A., Lloyd, D. W., Conlin, A. M., Gumbs, G. R., & Keenan, H. T. (2008). Evaluating the epidemiology of inflicted traumatic brain injury in infants of U.S. military families. *Am J Prev Med*, 34(4 Suppl), S143-147.**

The incidence of inflicted traumatic brain injury in young children of U.S. military families is explored. By integrating data from the Department of Defense Birth and Infant Health Registry, healthcare utilization databases, child abuse reporting systems, and military personnel databases, the authors developed a protocol to determine the epidemiology of inflicted TBI among infants of U.S. military families. The article further provides strengths and limitations of the protocol, indicating that a primary strength lies in the full characterization of the military parents, including occupational, geographic, and socioeconomic factors, as well as deployment-related potential stressors. They note that a limitation, not unlike other non-military samples, lies in the underreporting of child abuse cases. The authors conclude that analysis of data from the U.S. military can be used in identification of unique risk factors and effectiveness of prevention initiatives in this population.

**Ryan-Wenger, N. A. (2001). Impact of the threat of war on children in military families. *Am J Orthopsychiatry*, 71(2), 236-244.**

A descriptive, comparative study of the impact of living with the threat of war on children in U.S. military families is conducted. Authors compare children from active duty, reserve, and civilian families on their perspectives of war, origin of fears related to war, levels of manifest anxiety, coping strategies, and projection of emotional problems. No significant differences were found between the groups of children on manifest anxiety, emotional problems, or number/effectiveness of coping strategies. While the authors suggest there wasn't evidence for a "military family syndrome", they did highlight several item responses unique to children of reserve or active-duty families. They conclude that the military children in this sample are quite adaptive and resilient in spite of the potentially chronic stressor of the threat of war.

**Saab, B. R., Chaaya, M., Doumit, M., & Farhood, L. (2003). Predictors of psychological distress in Lebanese hostages of war. *Soc Sci Med*, 57(7), 1249-1257.**

This cross-sectional study explores the experiences of Lebanese hostages of war and assesses the distress associated with captivity and other psychosocial factors. Researchers surveyed a sample of 118 hostages released from an average 3.4 year length captivity between 1990 and 1996, where 86% of the sample was tortured. Results indicated that psychological distress was present

in 42.1% of the sample, with the most frequently reported symptoms being insomnia and loss in concentration. The authors found that significant predictors of distress were years of education and an increase in religiosity after release, though they explain that the cross-sectional nature of the study may suggest that participants sought religion as a result of their increase in distress. It is suggested that resources aimed at reintegrating hostages into society be mobilized, along with an increase in training of mental health professionals to address the effects of torture and recognize risk factors.

**Samper, R. E., Taft, C. T., King, D. W., & King, L. A. (2004). Posttraumatic stress disorder symptoms and parenting satisfaction among a national sample of male Vietnam veterans. *J Trauma Stress, 17*(4), 311-315.**

This article examines the relationship between symptoms of posttraumatic stress disorder (PTSD) and parenting satisfaction among male Vietnam veterans. Parenting satisfaction included the parent's sense of efficacy, the degree to which they enjoyed parenting, their perception of the quality of the parent-child relationship, satisfaction around their child's development, and problems the child presented. Results indicated that total PTSD severity scores and symptoms of emotional numbing and avoidance were negatively associated with parenting satisfaction. Furthermore, after controlling for partner violence, major depression, and alcohol abuse/dependence, the association remained. The authors conclude that the mechanism through which these PTSD symptoms lead to poorer parenting satisfaction requires further investigation.

**Sareen, J., Henriksen, C. A., Bolton, S. L., Afifi, T. O., Stein, M. B., & Asmundson, G. J. (2013). Adverse childhood experiences in relation to mood and anxiety disorders in a population-based sample of active military personnel. *Psychol Med, 43*(1), 73-84.**

This article addresses the conflicting literature surrounding the impact of adverse childhood experiences (ACE) on vulnerability to deployment stress in active duty personnel. Using data from the 2002 Canadian Community Health Survey-Canadian Forces Supplement, the authors analyzed the relationships between ACE's, deployment-related stressors, and mood and anxiety disorders. Adverse childhood experiences included physical and sexual abuse, exposure to domestic violence, parental divorce/separation, parental substance abuse, and hospitalization as a child. Results indicated that, even after controlling for exposure to deployment-related trauma (DRTE), ACEs were significantly associated with mood or anxiety disorders in the year prior. The highest prevalence of mood and anxiety disorders was found in those soldiers that were exposed to both ACE's and DRTE's.

**Savitsky, L., Illingworth, M., & DuLaney, M. (2009). Civilian social work: serving the military and veteran populations. *Soc Work, 54*(4), 327-339.**

Information on the needs within the military and veteran populations for support from civilian social workers is presented. The authors provide background on the current state of the military

following multiple deployment periods in support of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) and suggest that little practical guidance has been provided to civilian social workers on how best to serve these populations. The article describes the military deployment cycle, military culture, and the unique nature of military families, including the threat of domestic violence, child abuse and neglect, and the mental health of military dependent children. Implications for civilian social work practice are discussed.

**Sayers, S. L., Farrow, V. A., Ross, J., & Oslin, D. W. (2009). Family problems among recently returned military veterans referred for a mental health evaluation. *J Clin Psychiatry, 70*(2), 163-170.**

Using a cross-sectional survey of military veterans referred for behavioral health evaluation, the authors examined whether psychiatric symptoms were associated with family reintegration problems. Respondents completed questionnaires assessing for depression, alcohol abuse, and illicit substance use as well as a measure of military family readjustment problems and domestic abuse. Results indicated that depression and posttraumatic stress disorder symptoms were associated with higher rates of family reintegration problems. The authors conclude that mental health problems may complicate veterans' readjustment to family life and suggest that interventions aimed at veterans address family problems.

**Scannell-Desch, E., & Doherty, M. E. (2013). The lived experience of nurse-parents deployed to war. *MCN Am J Matern Child Nurs, 38*(1), 28-33.**

This qualitative study of 20 military nurse-parents deployed to Iraq or Afghanistan utilized semi-structured interviews to describe the lived experience of being separated from their children. Results of these interviews indicated four emergent themes: (1) Impact with Reality: Leaving My Children Behind; (2) Childcare Arrangements: Putting the Puzzle Together; (3) Will They Remember Me: Staying in Touch; and (4) Caring For War-Injured Children: Reflections of Home. The authors conclude that this insight into the experience of military nurse-parents will provide a framework for future research on parental separation during wartime. They further suggest that interventions be better tailored around the needs of military families.

**Schachman, K. A. (2010). Online fathering: the experience of first-time fatherhood in combat-deployed troops. *Nurs Res, 59*(1), 11-17.**

The experience of first-time fatherhood is explored in a population of military men deployed to combat regions during the birth of their child. The sample included 17 men stationed in Okinawa, Japan and recently returning from combat deployment. The authors utilized semi-structured interviews at 2 to 6 months after the birth of the soldier's first child. Themes that emerged from these interviews centered on the disruption of the protector and provider role. Specifically, soldiers indicated a) worry-a traumatic and lonely childbirth; (b) lost opportunity; (c) guilt-an absent father, and (d) fear of death and dismemberment-who will be the father?

Father also indicated, however, that communication (e.g. email, instant messaging, Facebook) helped to restore balance to this role.

**Scharf, M. (2007). Long-term effects of trauma: psychosocial functioning of the second and third generation of Holocaust survivors. *Dev Psychopathol*, 19(2), 603-622.**

Eighty eight (88) middle class families of 2<sup>nd</sup> and 3<sup>rd</sup> generation Holocaust survivors were surveyed for differences in the family's psychosocial functioning. The study compared the functioning of adults with parents who were both offspring of Holocaust survivors (HSO), either parent was a HSO, or neither parent was a HSO. It was found that having a mothers' Holocaust background was associated with higher levels of psychological distress and less positive parenting representations. In further analyses of the adolescent grandchildren of HS, results indicated that these adolescents found their mothers and fathers to be less accepting/encouraging of their independence, they reported less positive self-perceptions than their counterparts, and they demonstrated poorer adjustment during military basic training. Parenting variables mediated the association between degree of Holocaust experience and an ambivalent attachment style and self-perception of the adolescent.

**Scharf, M., Mayseless, O., & Kivenson-Baron, I. (2011). Leaving the parental nest: adjustment problems, attachment representations, and social support during the transition from high school to military service. *J Clin Child Adolesc Psychol*, 40(3), 411-423.**

A longitudinal study was used to examine the adjustment from high school to military service in a sample of 120 girls in Israel. The young women completed the Adult Attachment Interview during their senior year in high school (Time 1) and then their coping and adjustment following the transition was assessed at two further points. Utilizing the input of the young women, their parents, and their friends, the authors found that those women with preoccupied attachments demonstrated the lowest levels of adjustment at both Time 2 and Time 3, while there was no difference between those with autonomous and dismissing attachments. It was further found that satisfaction with social support from parents mediated the relationship between attachment and adjustment.

**Scharf, M., Mayseless, O., & Kivenson-Baron, I. (2012). Intergenerational concordance in Adult Attachment Interviews with mothers, fathers and adolescent sons and subsequent adjustment of sons to military service. *Attach Hum Dev*, 14(4), 367-390.**

The authors examined the intergenerational concordance between 88 adolescents and their parents on the Adult Attachment Interview (AAI) categories and state-of-mind scales and the contribution of parents' state of mind to their sons' adjustment during a stressful separation. Young men were interviewed using AAI categories and state-of-mind scales during their senior year in high school and a year later during the 1<sup>st</sup> phase of compulsory military service. Results demonstrated AAI correspondence between mothers' and sons' categories, but not fathers. In

addition, poorer adjustment was found amongst sons of preoccupied mothers. Lastly, mothers' and fathers' state of mind scales were associated with sons' adjustment, but sons' AAI did not mediate this association.

**Schonfeld, D. J., & Gurwitch, R. (2008). Effect of parents' deployment on young children: Findings that are long overdue. *Archives of Pediatrics & Adolescent Medicine*, 162(11), 1094-1095.**

This editorial discusses the results of a study examining the effect of parents' wartime deployment on the behavior of preschool-aged children. The study found that parents with a child 3 years or older and a deployed spouse, had significantly higher scores on depression than other Marine families attending the same daycare center. It was further found that children 3 years or older with a deployed parent had significantly higher externalizing and total scores on the Child Behavior Checklist. The authors suggest that there is a need for systematic assessment and ongoing evaluation of how families, including young children, are adjusting to the stress of parental deployment.

**Schumm, W. R., Bell, D. B., & Knott, B. (2000). Characteristics of families of soldiers who return prematurely from overseas deployments: an assessment from Operation Restore Hope (Somalia). *Psychol Rep*, 86(3 Pt 2), 1267-1272.**

The families of military men who returned early from deployment to Somalia during Operation Restore Hope were surveyed for factors associated with their premature return. It was found that early returns were most often associated with childbirth or problems during pregnancy. The authors suggest that wives may not have endorsed other factors, such as negative attitudes towards the military or lower coping abilities, as a result of compliance with military policy. They further contend that this highlights the important influence of macrosocial factors on the lives of individual families.

**Semiz, U. B., Basoglu, C., Ebrinc, S., & Cetin, M. (2007). Childhood trauma history and dissociative experiences among Turkish men diagnosed with antisocial personality disorder. *Soc Psychiatry Psychiatr Epidemiol*, 42(11), 865-873.**

A sample of 579 Turkish male military personnel diagnosed with antisocial personality disorder (APD) was studied for the association between APD, childhood trauma history, and dissociative symptoms. Compared to an age and gender matched control group, the APD group reported significantly more childhood sexual abuse, physical abuse, neglect, and early separation from parents. Furthermore, 50.4% of the APD group reported pathological levels of dissociation. The authors conclude that inquiring about a patient's history of childhood traumatization and dissociative experiences is important when working with military personnel diagnosed with APD.

**She0r-Censor, E., & Oppenheim, D. (2010). Adjustment of female adolescents leaving home for the military: links with earlier individuation.**

This study examines the relationship between individuation and later adjustment to mandatory military service in a group of adolescent females. Researchers observed the interactions of 49 mothers with their 16-year old daughters for levels of individuality and connectedness. Two years later the girls were asked to report on their levels of psychological distress and negative expectations regarding the upcoming transition to mandatory military service. It was found that, after controlling for the mothers' and daughters' perceptions of maternal support, girls' higher connectedness was associated with less psychological distress. Further, higher individuation in the context of low to medium connectedness, was related to more negative expectations. Results suggest that individuation plays a role in female adolescents' adjustment to the transition to mandatory military service.

**Solomon, Zahava, Dekel, Rachel, Zerach, Gadi, & Horesh, Danny. (2009). Differentiation of the Self and Posttraumatic Symptomatology Among ex-POWs and Their Wives. *Journal of Marital and Family Therapy*, 35(1), 60-73.**

This study examines the relationship between symptoms of posttraumatic stress disorder (PTSD) and differentiation, or the capacity to develop an autonomous sense of self while maintaining close connections with significant others. Researchers surveyed male ex-prisoners of war (POW), their wives, and a group of comparable controls and found that more symptoms of PTSD were endorsed by ex-POWs and their wives than by controls. Further, ex-POWs endorsed more cut-off and fusion than controls and the wives of ex-POWs endorsed more fusion than control wives. Cut-off is described by the authors as a tendency to focus on individuality and personal autonomy, while fusion is a tendency to be overinvolved and fused within the relationship. It was further found that the relationship between PTSD and differentiation was stronger among ex-POW couples than control couples, which authors suggested was indicative of the relationship between PTSD avoidance symptoms and cut-off.

**Solomon, Zahava, Zur-Noah, Shlomit, Horesh, Danny, Zerach, Gadi, & Keinan, Giora. (2008). The contribution of stressful life events throughout the life cycle to combat-induced psychopathology. *Journal of Traumatic Stress*, 21(3), 318-325.**

A group of 425 Israeli war veterans were surveyed for the relationship between prewar life events, war exposure, postwar life events and combat-induced psychopathology. Researchers studied the sample of veterans with and without combat stress reaction (CSR) at two time points (1983 and 2002) and found that battle intensity and the subjective experience of risk during wartime were associated with CSR. Additionally, negative childhood events, CSR, PTSD in 1983 and postwar negative life events were associated with PTSD in 2002. Lastly, CSR was found to mediate the relationship between battle intensity and PTSD in 2002.

**Spellings, Carolyn R. (2008). *Scratching the Surface: A Comparison of Girl Soldiers from Three Geographic Regions of the World. International Education, 38(1).***

A literature review is conducted of the reported experiences of girl soldiers in war and political conflicts throughout the world. They contend that girls represent 6 to 50% of child soldiers and aim to provide a comprehensive overview of how girls become affiliated with armed groups, their experiences while associated with armed groups, and the effects of their participation in war. The authors further examine the differences between the girl soldier experiences in African, South American, and Indonesian/South Pacific countries. They conclude that the variation in girls' experiences will have unique implications for research and an applied focus on post-conflict integration.

**Spooner, S., Rastle, M., & Elmore, K. (2012). *Maternal depression screening during prenatal and postpartum care at a Navy and Marine Corps military treatment facility. Mil Med, 177(10), 1208-1211.***

This study explored the impact of operational deployment of a spouse on the experience of prenatal and postpartum maternal depression. Researchers surveyed depression scores in a sample of women receive obstetric care at a military hospital serving the Navy and Marine Corps community over a 2-year period. The sample resulted in relative low rates of clinical depression scores, however, scores were significantly higher at both the initial and postpartum visits for women who reported that their husband was currently deployed or planning to deploy. The authors conclude that the evaluating the impact of deployment on maternal depression should be an important aspect of the perinatal care provided to women in military families.

**Stephens, M. B., Harrison, J. J., Wilson, C., Ringler, R. L., & Robinson, C. (2003). *Are children of military parents more physically fit than children of civilian parents? Fam Med, 5(6), 404-407.***

Utilizing a prospective cohort study design, the authors surveyed 3<sup>rd</sup> grade students of enlisted service, officer, and civilian parents to determine whether parental activity levels, as required by members of the military, influence the physical fitness of their children. The students' physical fitness was assessed using several standard instruments, including a timed 1-mile run. Results indicated that children of military parents had lower scores on measures of fitness than those with civilian parents. It was further found that socioeconomic status (as indicated but enlisted versus officer status) was the strongest predictor of poor fitness, as was increased television viewing. The authors concluded that study results did not confirm their predictions of better physical fitness in children of military parents.

**Stewart, K. A., Higgins, P. C., McLaughlin, C. G., Williams, T. V., Granger, E., & Croghan, T. W. (2010). *Differences in prevalence, treatment, and outcomes of asthma***

**among 0a diverse population of children with equal access to care: findings from a study in the military health system. *Arch Pediatr Adolesc Med*, 164(8), 720-726.**

Racial and ethnic differences in asthma prevalence, treatment and outcomes among children in the military health system are explored. Utilizing a retrospective analysis of 822,900 children aged 2 to 17 years old enrolled in the TRICARE prime benefit system of the Department of Defense, researches determined that Black and Hispanic children in all age groups were more likely to have asthma diagnoses than White children. Their analyses further revealed that Black children in all age groups were significantly more likely to have potentially avoidable asthma hospitalizations and asthma-related emergency department visits. Authors concluded that despite the universal health care coverage available to military families, minority children have poorer health outcomes and racial and ethnic disparities.

**Stokes, S. C., Martin, B. R., Holmes, C. K., Jex, J. W., & Lopreiato, J. O. (2000). An examination of child safety seat use in a military population. *Mil Med*, 165(11), 875-877.**

Given the rates of motor vehicle injuries involving children, the proper use of child safety seats is an important part of childhood injury prevention. This study examined the misuse of child safety seats in a military population. Results showed that more than 84% of child safety seats were misused. Furthermore, incorrect use of a child safety seat was independent of the rank, education level, and age of the military parent, as well as the number of the children in the family.

**Strobino0, Jane, & Salvaterra, Mary. (2000). School Transitions among Adolescent Children of Military Personnel: A Strengths Perspective. *Children & Schools*, 22(2), 95-107.**

The authors examine the strengths and vulnerabilities of teenagers between 10 and 18 years of age whose parents are serving in the military. Frequent relocations often interrupt school for military children and they are expected to make adjustments to new environments, routines, teachers and curriculum. The article describes the characteristics, transitions, and school experiences of 6,382 children of military personnel from all four branches of the armed services. They find that despite high mobility, these children report average and above-average grades and ample participation in extracurricular activities. Implications of these findings for social workers within the DoDDS schools are discussed.

**Suris, A., Lind, L., Kashner, T. M., Borman, P. D., & Petty, F. (2004). Sexual assault in women veterans: an examination of PTSD risk, health care utilization, and cost of care. *Psychosom Med*, 66(5), 749-756.**

This study explores the impact of military, civilian adult, and childhood sexual assault on the likelihood of developing posttraumatic stress disorder (PTSD) and further examines the relationship between military sexual assault (MSA) and service utilization and health care costs. 270 veteran women receiving medical and/or mental health care through the Veteran's Affairs

(VA) system were interviewed and categorized into a sexual assault group. Further data on health care utilization and diagnoses was gathered through self-report and chart review. Results indicated that, compared to those without a sexual assault history, women with a history of MSA were 9 times more likely to have PTSD, 7 times more likely if they had a childhood sexual assault history, and 5 times more likely if they had a civilian sexual assault history. Authors conclude that although women with MSA are more likely to have PTSD, they utilize health care services to a lesser extent than those with childhood sexual assault histories.

**Surles, Stephanie. (2007). A Military Child Education Coalition™ Initiative: Growing, Learning and Understanding (GLU): Making Meaning through Early Literacy. *Exceptional Parent*, 37(7), 82-83.**

Growing, Learning, and Understanding (GLU), a program designed to develop children's early literacy skills, is described. GLU makes use of kits that focus on themes covering language acquisition, reading, art, and mathematics skills. These kits are built upon resources that parents and childcare providers can expand upon and adapt to the needs of their children. The article provides information on the Military Child Education Coalition's annual conference hosted for parents, educators and other interested adults.

**Surles, Stephanie, & Higgins, Holly Barnes. (2007). The Military Child Education Coalition and Pre-K Now: Working Together to Expand Pre-Kindergarten Options for Children. *Exceptional Parent*, 37(10), 81-81.**

A report by the Military Child Education Coalition and Pre-K Now advocacy organization calling attention to the challenges faced by young military families and asking that local leaders provide high quality prekindergarten options for their children is discussed. The authors suggest that while a military-connected child may be eligible for a quality pre-K program in one state, following a relocation they may no longer prove eligible. They further contend that a quality pre-K education for these 3 and 4 year olds may provide the stability necessary to cope with parental deployment and increase positive social and emotional outcomes. The article concludes with information for parents who are deciding whether pre-K is right for their child and how they can advocate for service availability in their area.

**Swick, Kevin J., & Freeman, Nancy K. (2004). Nurturing Peaceful Children to Create a Caring World the Role of Families and Communities. *Childhood Education*, 81(1), 2-8.**

Authors make a statement concerning the effect of war, violence, and abuse on children during their developmental years and suggest that an education of "caring" becomes a priority for everyone. They detail the impact of violence on children by drawing on the following elements of family ecology: attachment relations, adult role models, and opportunities for prosocial learning. The article describes ways that early childhood professionals and surrounding communities can support a culture of caring in young children. Finally, the authors explore ways

in which the child care system can nurture development of healthy attachments and appropriate support systems for children and their caregivers.

**Teichman, Y., Spiegel, Y., & Teichman, M. (1978). Crisis intervention with families of servicemen missing in action. *Am J Community Psychol*, 6(4), 315-325.**

This study explores crisis intervention and the reactions and processes involved. The authors describe the experience of 32 volunteers involved in crisis events during the October 1973 Mideast war. They further present the reactions of 55 families of servicemen who went missing during the war. The article provides a special look at the volunteering phenomenon and the motivation, needs, reactions and conflicts of those volunteers.

**Ternus, Mona P. (2010). Support for Adolescents Who Experience Parental Military Deployment. *Journal of Adolescent Health*, 46(3), 203-206.**

This editorial offers a look at the impact of parental deployment on the social and emotional outcomes of adolescents. Adolescent responses to military deployment are discussed in the context of this unique developmental period. The authors contend that extended family, school staff, community, friends, and cultural affiliations serve as support for adolescents from military families. The article concludes with recommendations for increased communication between parents and adolescents. The authors contend that military families are indeed resilient and adaptable, but that the stress of parental absence may increase the risk for maladjustment.

**Tsai, J., Harpaz-Rotem, I., Pietrzak, R. H., & Southwick, S. M. (2012). The role of coping, resilience, and social support in mediating the relation between PTSD and social functioning in veterans returning from Iraq and Afghanistan. *Psychiatry*, 75(2), 135-149.**

Researchers conduct a cross-sectional examination of 164 veterans seeking primary care or mental health care at the VA within one year of returning from Iraq and/or Afghanistan to determine which variables mediate the relationship between PTSD and aspects of social functioning. The participants were screened for PTSD and completed a series of questionnaires assessing social functioning, coping, and life satisfaction. It was found that 52% of the veterans meeting criteria for PTSD also reported greater difficulties in romantic relationships, less family cohesion, decreased social support, poorer social functioning and lower life satisfaction. The variables that mediated the relationship between PTSD and poorer social functioning included less social support from the community, excessive worry, decreased acceptance of change, and lower availability of secure relationships. The authors suggest that psychotherapeutic interventions address these mediating variables when treating veterans with PTSD.

**Tumwesigire, S. G., & Barton, T. (1995). Environmental risk factors for acute respiratory infections among children of military personnel in Uganda. *East Afr Med J*, 72(5), 290-294.**

The environmental household conditions contributing to acute respiratory infections (ARI) were investigated in a sample of 122 Ugandan homes on five Army camps. Children within the homes were medically examined, family income and immunization status were recorded, and conditions of each home, such as roofing materials, crowding and house ventilation, were listed. Significant associations were found between ARI and the number of people in the home, bed sharing, house ventilation, and presence/absence of a smoke vent. Authors recommend that health education activities in Uganda center on promoting improved environmental sanitation and decreased home crowding.

**Usdansky, Margaret L., London, Andrew S., & Wilmoth, Janet M. (2009). Veteran Status, Race-Ethnicity, and Marriage Among Fragile Families. *Journal of Marriage and Family*, 71(3), 768-786.**

Authors examine the implications of past military service on the likelihood of marriage within 5 years following the nonmarital birth of a child. Background information is provided on the intersection between race-ethnicity, marriage, economic resources and attitudes and behavior. The researchers utilize data from the Fragile Families and Child Wellbeing Study and perform logistic regression analyses on data from a cohort of 3,710 children born to unmarried mothers and a comparison group of 1,187 children born to married mothers. They found that veteran status of Black men increased subsequent marriage odds by 54% even after controlling for potential mediators. However, veteran status had no significant effect on postbirth marriage for White or Hispanic fathers. The authors conclude that military service exerts unique pro-marriage effects on Blacks.

**Verdeli, H., Baily, C., Voursora, E., Belser, A., Singla, D., & Manos, G. (2011). The case for treating depression in military spouses. *J Fam Psychol*, 25(4), 488-496.**

This article addresses the rates of depression in military spouses of service members deployed to Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). The review presents rationale for focused assessment and treatment of this unique population and examines the stressors inherent in the deployment cycle. The authors further highlight the effects of spousal depression on the mental health of children and the deployed service members. The article includes a review of current mental health services available to military families as well as some of the barriers to treatment, such as accessibility, availability, and acceptability. Ways to adapt interventions to the military context are also discussed.

**Waasdorp, C. E., Caboot, J. B., Robinson, C. A., Abraham, A. A., & Adelman, W. P. (2007). Screening military dependent adolescent females for disordered eating. *Mil Med*, 172(9), 962-967.**

The high prevalence of eating disorders amongst adolescents in active duty military families is explored by examining the disordered eating among military dependents and the correlation

between adolescent and parent eating behaviors. The researchers surveyed 340 adolescent-parent pairs and found that 21% of adolescents and 26% of parents met criteria for disordered eating. Results also revealed a strong correlation between at-risk parents and their adolescent daughters. The authors conclude that, with a significantly higher rate of disordered eating as compared to a civilian population, military families should be considered high risk and screening should be incorporated into routine practice.

**Wahl, C. K., & Rundall, V. F. (1996). Military women as wives and mothers. *Womens Health Issues, 6*(6), 315-319.**

The authors discuss the rising number of women and mothers in the military workforce and the need for accommodations to address their unique needs and challenges. Programs initiated to address the support, health care and child care needs of active duty wives and mothers are presented. The article further presents policy issues that remain to be addressed, such as non-deployment of breastfeeding mothers and mothers of infants, treatment of the family unit, and provision of programs such as WIC and Head Start to mothers stationed overseas.

**Watson, C. G., Anderson, P. E., & Gearhart, L. P. (1996). Social maladjustment indicators in PTSD patients' families of origin. *J Clin Psychol, 52*(1), 21-25.**

Psychosocial maladjustment in the families, specifically parents and siblings, of 174 Vietnam War veterans is examined for its impact on their risk for PTSD. Researchers compared the rates of incarceration and psychiatric treatment in relatives of PTSD patients, psychiatric controls, and hospital employee controls. They further compared the relatives' estimated number of psychiatric hospitalizations, incarcerations, courses of outpatient treatment, treatment sessions, and days of institutionalization and found very few significant differences between groups. It is concluded that psychological maladjustment in the family of origin is not reliably associated with an increase in trauma survivors' risk for PTSD.

**Weber, E. G., & Weber, D. K. (2005). Geographic relocation frequency, resilience, and military adolescent behavior. *Mil Med, 170*(7), 638-642.**

This study explored military parents' perceptions of their adolescents' conduct and behavior in the context of relocation. The authors discuss the mobile nature of adolescent life in military families and the impact of frequent military relocations on their behavior. An analysis of self-report measures completed by military parents revealed that the average number of relocations for adolescents was 4.89, but that parental perceptions of behavior improved with the number of relocations, even after controlling for age. The authors concluded that relocation frequency did not increase aberrant behavior as expected, but that it appeared to increase resilience development.

**Weis, R., Wilson, N. L., & Whitemarsh, S. M. (2005). Evaluation of a voluntary, military-style residential treatment program for adolescents with academic and conduct problems. *J Clin Child Adolesc Psychol*, 34(4), 692-705.**

The effectiveness of a voluntary, military-style residential treatment program for 212 adolescents with academic and conduct problems is evaluated amongst three groups: those who completed the 22 week program, those who prematurely withdrew, and a waitlist control group. Socioemotional and behavioral functioning, assessed at baseline and 6 month post-treatment, improved for those completing treatment and also reduced the likelihood of alcohol or drug problems and arrest. Further, the relationship between treatment participation and post-treatment outcomes was moderated by the adolescent's living arrangement following program completion. Relative to controls, benefits were also noted for adolescents who prematurely withdrew from the program. The authors note that the voluntary nature of the program may have contributed to treatment gains.

**Wessells, Michael. (2005). Child Soldiers, Peace Education, and Postconflict Reconstruction for Peace. *Theory Into Practice*, 44(4), 363-369.**

The author provides a compelling look into the lives of child soldiers who are drawn into a life of violence and terrorism as a result of extremist ideologies and an inability to achieve educational, financial, social, and practical success through civilian means. He describes the nature of forced recruitment and the need for peace education in helping to reintegrate these child soldiers into their communities post-conflict. He further notes that the processes of empathy, cooperation and reconciliation will help to encourage these children to handle conflict in a nonviolent manner, thereby preventing their engagement in violence and terrorism. To that end, the article provides a detailed example of the efforts of the Christian Children's Fund (CCF), a holistic community empowerment approach to reintegrating child and young adult soldiers into their communities.

**White, C. J., de Burgh, H. T., Fear, N. T., & Iversen, A. C. (2011). The impact of deployment to Iraq or Afghanistan on military children: a review of the literature. *Int Rev Psychiatry*, 23(2), 210-217.**

This literature review presents the current understanding of the impact of parental deployment to Iraq or Afghanistan on the children of military families. A review of relevant studies published from 2003-2010 revealed a reported increase in emotional and behavioral problems in children following a parental deployment. Further, it was found that family demographics and number and duration of parental deployments mediated this relationship. The most commonly reported risk factor for these emotional and behavioral disorders was parental psychopathology. The authors conclude with recommendations for future research and a discussion of the limitations in the current body of literature.

**Willerton, E., Schwarz, R. L., Wadsworth, S. M., & Oglesby, M. S. (2011). Military fathers' perspectives on involvement. *J Fam Psychol*, 25(4), 521-530.**

A qualitative study examines the separation and reintegration experience of military fathers during repeated deployment separations from their children. The authors discuss fathers' reported involvement from cognitive, affective, and behavioral domains. Focus groups were conducted with 71 fathers on 14 military installations and results indicated that their level of involvement with their children was a major concern for these fathers. Factors that affect differing levels of involvement were discussed, including the child's age. Insight into conceptualizing father involvement under these unique circumstances is offered.

**Williams, R. (2007). The psychosocial consequences for children of mass violence, terrorism and disasters. *Int Rev Psychiatry*, 19(3), 263-277.**

The vulnerability of children and families in light of violence and terror experienced in the line of war and conflict is discussed. The author presents literature exploring the psychosocial impacts on children following single incident and recurrent or repetitive violence. It is suggested that both positive learning and negative effects can result from a child's engagement in violence, as either a victim or a perpetrator. The author highlights the resilience of children in these circumstances, but also presents frameworks for planning and delivering appropriate responses to the psychosocial needs of children who have been involved in mass violence.

**Wilson, S. C., & Supiano, K. P. (2011). Experiences of veterans' widows following conjugal bereavement: a qualitative analysis. *J Women Aging*, 23(1), 77-93.**

Through a qualitative study of veterans' widows, the authors explore the grief associated with the death of a military spouse. The discussions led to themes that included the impact of positive social support on decreasing symptoms of depression, the importance of creating meaning in the loss, and the assumption of a new identity with new roles and responsibilities. The authors report that widows who ascribed to a belief in an external locus of control in their lives experienced increased symptoms of distress, as did those with children with psychosocial issues.

**Wintre, Maxine Gallander, & Ben-Knaz, Revital. (2000). It's Not Academic, You're in the Army Now: Adjustment to the Army as a Comparative Context for Adjustment to University. *Journal of Adolescent Research*, 15(1), 145-172.**

Researchers investigate the efficacy of authoritative parenting in managing the transition to service in the Israeli army by utilizing a model originally developed to investigate the transition to university study. The study examines a group of 144 Israeli male soldiers on their perceptions of their parents rearing styles as well as aspects of their current relationship with their parents. Soldiers completed self-report questionnaires at the beginning and end of 3 months of basic training and results indicated that authoritatively reared children made a less successful transition to Army service, as measured by a number of psychological well-being variables and scores on

the Soldiers' Adaption to the Army Scale. The authors conclude that, with soldiers being more depressed and experiencing greater stress following authoritative parenting, it is important to consider environmental context when evaluating the generalized goodness of authoritative parenting.

**Zeff, K. N., Lewis, S. J., & Hirsch, K. A. (1997). Military family adaptation to United Nations Operations in Somalia. *Mil Med*, 162(6), 384-387.**

Researchers investigate the family responses of 16 adults and 12 children to parental active duty deployment to Somalia. Utilizing self-report measures of psychopathology and parenting attitudes, the authors surveyed families and found that stay at home parents reported more distress than the deployed spouse. It was further found that levels of parental intimacy varied over time but reached the lowest point near the end of deployment. The authors suggest that future humanitarian efforts effectively address issues of parenting and spousal support.

**Zerach, G., Greene, T., Ein-Dor, T., & Solomon, Z. (2012). The relationship between posttraumatic stress disorder symptoms and paternal parenting of adult children among ex-prisoners of war: a longitudinal study. *J Fam Psychol*, 26(2), 274-284.**

This longitudinal study explored the impact of combat and combat-induced PTSD on parenting of young children by examining the paternal parenting of adult children among war veterans from the 1973 Yom Kippur War. The sample, comprised of ex-prisoners of war (ex-POW) and comparable veterans who had not been held captive, was assessed for self-reported PTSD symptoms at three time points: 18 (Time 1), 30 (Time 2), and 35 (Time 3) years after the war. The results indicated that ex-POWs reported lower levels of positive parenting as compared to the comparison group of veterans at Time 3. Furthermore, the association between captivity experience and parenting at Time 3 was mediated by PTSD symptomatology at Times 1, 2, and 3. It was concluded that increases in PTSD symptom clusters over time negatively impacted the parental parenting experience.

### **3. Health care access and utilization (articles that refer to the degree to which military families access military services versus civilian services)**

**Berry-Caban, C. S., & Buenaventura, J. B. (2009). HPV vaccination coverage among adolescents aged 9 to 17 years in a United States military treatment facility. *Int J Adolesc Med Health*, 21(4), 567-570.**

The authors describe human papilloma virus vaccination rates in females aged 9 to 17, as routine administration of the vaccine Gardasil which began at the Womack Army Medical Center

(WAMC) in November 2006. Researchers examined the medical records of 6,154 females aged 9 to 17 enrolled at WAMC using the Composite Health Care System (CHCS) database. Of that sample, 22.9% (n=1,406) began the HPV vaccine. Only 25.7% completed the entire 3 injection series, 34.6% received 2 injections and 39.7% received 1 injection. “WAMC falls slightly below the national norm in administering the Gardasil vaccination series.” Researchers noted that some participants might not have enough time to complete the series, as it takes at least six months.

**Bickman, L. (1996). A continuum of care. More is not always better. *Am Psychol*, 51(7), 689-701.**

Researchers describe a project which examined whether a continuum of mental health and substance abuse services for children and adolescents, costing \$80-million, is more cost-effective than services provided by the usual fragmented system. Results showed that the continuum of services yielded better access, client satisfaction, and continuity of care and provided treatment to children in less restrictive environments. However, this form of care was more expensive than the fragmented system and did not yield better clinical outcomes. Researchers conclude that changing the mental health systems alone is not likely to affect clinical outcomes. In order to gain a better understanding of how to improve services, the researchers suggest partnership between mental health providers and researchers.

**Bickman, Leonard, Smith, Catherine M., Lambert, Warren E., & Andrade, Ana Regina. (2003). Evaluation of a Congressionally Mandated Wraparound Demonstration. *Journal of Child and Family Studies*, 12(2), 135-156.**

In this article, researchers conducted a longitudinal quasiexperimental study to investigate the cost-effectiveness of a demonstration by the Department of Defense that used a “wraparound” mental health service system for child and adolescent military dependents. Results showed that the Demonstration was more expensive than the treatment as usual (TAU) control group. Researchers noted the expensiveness of the wraparound group was due to the addition of nontraditional services combined with costly traditional care.

**Chisick, M. C. (1996). Expenditures on family dental care by active duty soldiers. *Mil Med*, 161(1), 22-26.**

This article describes data collected in a 1992 worldwide study regarding expenditures on family dental care by U.S. active duty soldiers. Of 9,560 respondents (62% response rate), 5,569 respondents provided reliable data. Researchers calculated mean annual expenditures and a multinomial regression. Results revealed that between 72 and 83% of families did not spend money on dental care. Excluding those “non-spenders”, the overall expenditures averages were as follows: “total sample, \$531; childless couples, \$354; couples with children, \$560; and single parents, \$470.” Results also showed that family composition played a significant role in expenditures on family dental care. Researchers state, “Expenditures on family dental care by soldiers are influenced by different factors depending on family composition.” Researchers

suggest that policy measures aimed at encouraging dental care by family should focus on increasing insurance coverage and use.

**Chisick, M. C. (1997). Satisfaction of active duty soldiers with family dental care. *Mil Med*, 162(2), 105-108.**

The author discusses data from a survey given to a random, worldwide sample of 6,442 married and single parent soldiers on their satisfaction with 22 aspects of family dental care. Researchers ran descriptives for each attribute and calculated a composite overall satisfaction score using factor analysis. Composite scores were then regressed on annual dental utilization, demographics and access barriers. This was done to identify factors impacting a soldier's overall satisfaction with their family dental care. Results showed below-average satisfaction with almost all 22 aspects of family dental care. Aspects related to access had the lowest average satisfaction scores. Factors impacting satisfaction with family dental care varied by family type, excluding dependent dental utilization within the past year, which contributed positively to satisfaction across family types.

**Chisick, M. C., Guerin, R. D., & Williams, T. R. (1992). Reaction of Army families with grade school children to the Active Duty Dependents Dental Insurance Plan. *Mil Med*, 157(6), 307-310.**

Researchers collected data on enrollment of 1,445 Army families with grade school children in the Active Duty Dependents Dental Insurance Plan at two Army posts, in March-May 1988 and their reactions to the plan. Survey results showed that nearly two-thirds of families are enrolled in the dental plan. Most families considered the plan inadequate and a loss of benefits but were willing to pay more for expanded coverage. Primary reasons for joining the plan included queues and limited services at military clinics while, the plan's poor coverage was the main reason for not joining the plan.

**Chisick, M. C., & Poindexter, F. R. (1998). Determinants of dental insurance status for U.S. military families. *Mil Med*, 163(12), 817-819.**

The authors describe factors that impact whether U.S. military personnel enroll their families in Department of Defense (DoD) or non-DoD dental insurance plans. Data came from a cross sectional survey from April 1994 to January 1995, across 26 sites. From the 12,590 respondents, 7,423 of them had "insurance-eligible families." Researchers performed stepwise, backward, logistic regressions to determine which factors (age, gender, ethnicity, education, rank, marital status, branch of service, number of children, number of years of military service and insurance status) influence dental insurance status. Results showed that all factors influenced dental insurance status, while enrollment in non-DoD insurance was influenced by fewer factors.

**Christ, M., Sawyer, T., Muench, D., Huillet, A., Batts, S., & Thompson, M. (2007). Comparison of home and clinic well-baby visits in a military population. *Mil Med*, 172(5), 515-519.**

Researchers surveyed 630 families of infants born at Tripler Army Medical center to examine whether home visits for routine well-child care would be associated with increased patient satisfaction and equivalent outcomes. Family completed a questionnaire at 4 to 6 weeks. Results showed that maternal satisfaction and quality of anticipatory guidance were higher in the home-visit group, while clinical outcomes were equal to other outcomes.

**Dall, T. M., Zhang, Y., Chen, Y. J., Wagner, R. C., Hogan, P. F., Fagan, N. K., . . . Tornberg, D. N. (2007). Cost associated with being overweight and with obesity, high alcohol consumption, and tobacco use within the military health system's TRICARE prime-enrolled population. *Am J Health Promot*, 22(2), 120-139.**

Researchers sampled beneficiaries, under 65 years of age, who were enrolled in the military TRICARE Prime health plan in 2006 to investigate medical costs to the Department of Defense (DoD) related to obesity, high alcohol consumption and tobacco use. Researchers found that the DoD spends approximately a total of \$2.1 billion annually on medical care on these three health problems, specifically, high alcohol consumption (\$425 million), being overweight or obese (\$1.1 billion) and tobacco use (\$564 million). Researchers conclude that “unhealthy lifestyles” have a great impact on the cost of care to military personnel and their beneficiaries.

**Davis, B. E. (2010). Parental wartime deployment and the use of mental health services among young military children. *Pediatrics*, 126(6), 1215-1216. doi: 10.1542/peds.2010-2543 [doi] peds.2010-2543 [pii]**

In this study, authors address parental wartime development and the use of mental health services among military children aged 3-8 years old. Authors used comprehensive claims data to show increased outpatient visits for anxiety, stress, and behavioral disorders compared to children of non-deployed parents. Authors conclude that further research should measure specific parental concerns and child psychosocial issues, in order to lead primary care providers toward preventive and anticipatory treatment strategies.

**Dorrance, K. A., Ramchandani, S., Neil, N., & Fisher, H. (2013). Leveraging the military health system as a laboratory for health care reform. *Mil Med*, 178(2), 142-145.**

This article describes how to utilize the Department of Defense Military Health System. Researchers refer to this system as an alternative to financial claims data to providing health care effectiveness research, also described as “the foundation for most ongoing comparative effectiveness research.” The authors also discuss suggested solutions to health care reform challenges in the United States.

**Eide, M., Gorman, G., & Hisle-Gorman, E. (2010). Effects of parental military deployment on pediatric outpatient and well-child visit rates. *Pediatrics*, 126(1), 22-27. doi: 10.1542/peds.2009-2704 [doi] peds.2009-2704 [pii]**

In this article, researchers examined the effect of parental deployment on rates at which military parents access health care through the military health system. Researchers “linked outpatient health care claims data for military service members/ children <2 years of age from fiscal year 2007 to the parental deployment history during the same period.” Results showed that when a

young, single parent is deployed, their children are seen less frequently for acute and well-child care compared to children of married parents in the military.

**Friedman, L. S., Blaschke, G. S., Klam, W. P., & Stein, M. T. (2006). ADHD, medication, and the military service: a pediatrician's dilemma. *J Dev Behav Pediatr*, 27(2), 141-144. doi: 00004703-200604000-00011 [pii]**

The authors describe a pediatrician's dilemma to withhold sensitive information about a client from the military to prevent discharge or allow the client to continue service risking the safety of him and those around him. The client had been previously diagnosed with ADHD and prescribed medication. The client was aware prior to enlisting that divulging this information to his recruiter would have prevented enlistment. This knowledge became known to the pediatrician after providing consultation for the client following a fall during basic training.

**Gabany, E., & Shellenbarger, T. (2010). Caring for families with deployment stress. *Am J Nurs*, 110(11), 36-41. doi: 10.1097/01.NAJ.0000390521.68640.65 [doi] 00000446-201011000-00025 [pii]**

This article discusses the impact nurses can have on a family experiencing deployment stress. Authors encourage nurses to identify and assess affected patients, educate patients on factors like diet, exercise and sleep, and contribute to establishing a support system. Finally, authors discuss nursing interventions and provide a list of military support programs and resources.

**Gibson, T. B., Lee, T. A., Vogeli, C. S., Hidalgo, J., Carls, G. S., Sredl, K., . . . Shields, A. E. (2009). A four-system comparison of patients with chronic illness: the Military Health System, Veterans Health Administration, Medicaid, and commercial plans. *Mil Med*, 174(9), 936-943.**

The authors discuss a study in which researchers compare chronic healthcare utilization in the military health system (TRICARE), the Department of Veterans Affairs (VA), Medicaid, and employer-sponsored plans. Research explored prevalence rates for conditions including diabetes, ischemic heart disease, severe mental illness, persistent asthma, stroke, hypertension, major depression and tobacco dependence. Results showed highest prevalence rates were seen in the VA and Medicaid populations. Researchers conclude that results highlight differences in chronically ill patient populations.

**Hollon, J., Eide, M., & Gorman, G. (2012). Early diagnosis of extrahepatic biliary atresia in an open-access medical system. *PLoS One*, 7(11), e49643. doi: 10.1371/journal.pone.0049643**

Researchers conducted non-parametric tests; Kaplan-Meier curves and log rank tests to test the hypothesis that children with biliary atresia (the most common cause of cholestatic jaundice in infancy) receiving primary care treatment in the Military Health System (MHS), have an earlier age at diagnosis. Results showed no significant difference between median age at diagnosis between participants receiving civilian primary care and military primary care. Researchers conclude that gender, presence of other anomalies, or prematurity do not affect the timing of diagnosis.

**Huillet, A., Erdie-Lalena, C., Norvell, D., & Davis, B. E. (2011). Complementary and alternative medicine used by children in military pediatric clinics. *J Altern Complement Med, 17(6), 531-537. doi: 10.1089/acm.2010.0339 [doi]***

The purpose of this study was to evaluate the prevalence, types, perceived effects, and factors that influence the use of complementary and alternative medicine (CAM) by military children. A parent survey was administered in two military general pediatric clinics from June to September 2009. The most common type of CAM used was herbal therapy (34%). The CAM therapies most commonly reported to be very helpful were special diets (67%), melatonin (57%), vitamins and minerals used at doses higher than the recommended daily allowance (50%), and massage therapy (50%). Common reasons for using CAM were to promote general health (70%), to relieve symptoms (56%), and to improve quality of life (48%). Eighty percent (80%) of all respondents indicated they would use CAM if recommended by a physician. It was concluded that in this military population with access to universal health care, CAM use is higher than the U.S. national average and nearly double that of the 2007 National Health Interview Survey study. Patients with chronic conditions, family members using CAM, and parental age over 30 years are more likely to use CAM. CAM is perceived as helpful with minimal to no side-effects. Pediatricians should inquire about CAM use and be prepared to provide guidance on this topic.

**Jefferson, T. O., & Demicheli, V. (1995). A panel priority rating exercise for the British Forces Germany Health Services Market test. *J R Army Med Corps, 141(1), 29-34.***

Researchers administered a questionnaire to gather views from lay persons and health care panel members on the importance of future health services and their provision. Survey results showed the most important services included essential hospital services, emergency services and routine general practitioner services. The least important rankings belonged to non-essential hospital services, provision of designated transport and *health care for children with special needs*. Researchers concluded that views of both groups were highly comparable.

**Klein, D. A., Gildengorin, G., Mosher, P., & Adelman, W. P. (2012). Adolescent caesarean delivery in the US military health care system. *J Pediatr Adolesc Gynecol, 25(1), 74-76. doi: 10.1016/j.jpag.2011.09.006***

In this article, researchers analyze US military healthcare claims records of live births from 2003-2006 to 13-19 year old adolescents, in order to examine cesarean delivery (CD) rates and associate demographics of military dependent teenagers. Results showed that CD rates were significantly higher for older adolescents ages 18-19, African American teenagers and to those who gave birth in a civilian facility. However, researchers did conclude that teenagers in the military health care system indeed, have increasing rates of CD, which should be explored further.

**Kugler, J. P., Yeash, J., & Rumbaugh, P. C. (1993). The impact of sociodemographic, health care system, and family function variables on prenatal care utilization in a military setting. *J Fam Pract, 37(2), 143-147.***

Researchers sampled 368 new obstetric registrants in a military community hospital, in order to investigate patient characteristics that influence the use of prenatal care in a setting where patients receive total reimbursement. Participants completed a family function scale and a prenatal care survey. Results showed that low income, lower educational levels, transportation issues and difficulty finding childcare were highly associated with low use of prenatal care. Researchers concluded that there are multiple economic factors that contribute to the use of prenatal care, in which total reimbursement does not address.

**Larson, M. J., Mohr, B. A., Adams, R. S., Ritter, G., Perloff, J., Williams, T. V., . . . Tompkins, C. (2012). Association of military deployment of a parent or spouse and changes in dependent use of health care services. *Med Care, 50(9), 821-828. doi: 10.1097/MLR.0b013e31825516d8***

Researchers conduct a quasi-experimental, pre-post study of healthcare patterns of more than 55,000 nonpregnant military spouses and 137,000 children of deployed personnel and a comparison group, in order to investigate whether deployment of Army members is associated with changes in dependent health care utilization. Researchers examined number of emergency department visits, institutional stays, office visit services, etc. Results showed an association between deployment and increased use of purchased care services. Researchers conclude that this study provides significant implications for the military health system and community providers.

**Larson, M. J., Mohr, B. A., Adams, R. S., Ritter, G., Perloff, J., Williams, T. V., . . . Tompkins, C. (2012). Association of military deployment of a parent or spouse and changes in dependent use of health care services. *Med Care, 50(9), 821-828.***

Authors examined the health care patterns of 55,000 non-pregnant spouses and 137,000 children of deployed U.S. Army active duty members for changes in dependent medication use and health care utilization. The study took a quasi-experimental, pre-post approach to determining changes in dependent total utilization of the military health care system, military-provided and purchased care services in the year following the active duty members deployment month. Medical services examined included office visits, emergency department visits, institutional stays, and psychotropic medication. Results indicated that deployment was associated with increased specialist visits and use of antidepressants and antianxiety medications by both spouses and children. Of these, greater net changes were seen in children in all but antianxiety medication use. It was concluded that the increased use of specialists and reliance on medications is suggestive of emotional and behavioral issues that are not being adequately addressed by military health care providers.

**Leach, J., Ridsdale, L., & Smeeton, N. (1993). Is there a relationship between a mother's mental state and consulting the doctor by the family? A study in a military general practice. *Fam Pract, 10(3), 305-311.***

The families of 174 service personnel were examined for factors affecting the rate of childhood consultation with a general practitioner. Children 3 to 6 years of age, and their mothers, were studied for 6 months through the use of the General Health Questionnaire (GHQ 28) and a specially designed questionnaire assessing the mother's perception of the severity of her child's symptoms. Frequency of child consultation with a medical practitioner was most significantly affected by the reported psychological state of the mother and her own consultation frequency. There was also a significant inverse relationship between the child's consultation frequency and the number of children in the family. It was further found that the mother's perception of her child's symptom severity was not affected by her psychological state and did not impact the childhood consultation rate. It was concluded that doctors who treat military children should take special care in considering the reasons for the child's consultation.

**Linkh, David J., Besetsny, Leasley K., Collins, Pamela S., Thomsen, Cynthia J., Rabenhorst, Mandy M., Rosenbaum, Alan, & Milner, Joel S. (2008). Suspected Child and Spouse Maltreatment Referral Sources: Who Reports Child and Spouse Maltreatment to the Air Force Family Advocacy Program? *Mil Med*, 173(12), 1203-1209.**

42,389 referrals to the Air Force Family Advocacy Program for child and spouse maltreatment are examined for unique differences in the source of their referral. The authors obtained data from the Air Force Family Advocacy System of Records and the US National Child Maltreatment Registry and analyzed it through the use of chi-square tests of association. It was found that the most common sources of spousal maltreatment referrals were military law enforcement, command, medical or psychological professionals, and self-referrals (victim). Child maltreatment referrals most often came from military law enforcement, nonmilitary social services, military command, medical or psychological professionals, and friends, neighbors, or relatives. Substantial similarity was found in the source of child maltreatment referrals made in the Air Force and US populations; however, comparisons of these populations with regard to spousal maltreatment referrals revealed that self-referrals (by both offender and victim) were significantly more likely in the Air Force population than in the US population.

**McNulty, Peggy Anne. (2003). Does deployment impact the health care use of military families stationed in Okinawa, Japan? *Mil Med*, 168(6), 465-470.**

A sample of 212 military families (80% in the Marines) stationed in Okinawa, Japan was studied over a 6-month period on the impact of deployment on health care status. Deployed (DEP) and non-deployed (ND) families were assessed for levels of self-reliance, coherence, social support, well-being, adaptation, coping, anxiety, and health care visits. Of the 28% deemed "high-risk" on the measures used, 65% were within the deployed group. Results revealed that children in DEP families had significantly more routine and acute care visits than children in ND families. Researchers found that spouses in both the DEP and ND groups scored highly on measures of

sadness, anger, and signs of depression, but those in the DEP group were most receptive to intervention.

**Pressley, Joyce C., Dawson, Patrick, & Carpenter, Dustin J. (2012). Injury-related hospital admissions of military dependents compared with similarly aged nonmilitary insured infants, children, and adolescents. *Journal of Trauma and Acute Care Surgery*, 73(4), S236-S242.**

This study examines the impact of military deployment injury risks in children with one or both parents deployed. Using a sample of children from the Kid Health Care Cost and Utilization Project 2006 (KID) and a similarly aged nonmilitary sample of children, the authors collected data on mental health diagnoses and injury-related hospitalizations. They found that injury-related admissions were higher in military than non-military dependents and that military adolescents and teenagers had higher suicide/suicide attempts and poisonings from medicinal substances. It was concluded that military dependents are a vulnerable population with special needs surrounding injury prevention.

**Sices, L., Harman, J. S., & Kelleher, K. J. (2007). Health-care use and expenditures for children in special education with special health-care needs: is dual classification a marker for high use? *Public health reports*, 122(4), 531-540.**

A nationally representative sample of children aged 5-17 years from the Medical Expenditure Panel Survey were analyzed to compare the mean health-care and mental health utilization of children either classified as receiving special education and having special health care needs, those with special health care needs, those only in special education, and those who do not fall into either category. Results indicated that dually classified children had significantly higher mean utilization of health care services than the other three groups. The authors conclude that this information can assist policy makers in identifying those families at-risk for high health care expenditures and allocating health-care resources to assist them.

**Steelman, J., Kotchmar, G. S., Jr., Brehm, W. T., & Greenwall, K. (1999). Childhood fever education in a military population: is education enough? *J Miss State Med Assoc*, 40(12), 407-409.**

Researchers examine the impact of improved parental knowledge of childhood fever on clinic and emergency room utilization in a military pediatric clinic population. By providing multiple choice tests to control and intervention groups and then tracking clinic and emergency room visits, the authors sought to determine if an increase in parental knowledge would improve the appropriate utilization of medical services. Results indicated that test scores improved in the intervention group as compared to the control, however, there was no difference between the two groups on clinic and emergency room utilization. The authors conclude that intervention did not

translate into anticipated improvement in medical use patterns and highlight the need to discuss and reinforce fever education in pediatric preventive health care visits.

#### 4. Health disparities

**Adler, J. (2005). Children of the fallen. *Newsweek*, 145(12), 26-31.**

The author describes the great amount of casualty during the Iraq war. When this article was written, “1,043 American children lost a parent in Iraq.” This has various affects on a family that include emotional effects and even financial effects. The author aims to shift the reader’s view of the war to one of the many wives, mothers and children who have suffered and attempt to cope with their grief and loss.

**Allen, E. S., Rhoades, G. K., Stanley, S. M., & Markman, H. J. (2011). On the home front: stress for recently deployed Army couples. *Fam Process*, 50(2), 235-247. doi: 10.1111/j.1545-5300.2011.01357.x [doi]**

A sample of 300 couples, comprised of a civilian spouse and an active duty Army husband who had been deployed within a years time of the survey being administered, were evaluated regarding stress. Wives were seen to experience more stress than husbands. Their stress was tied to problems with child behavior and feeling as though the Army was not concerned with their families. Both husbands and wives experienced more stress when faced with husband combat exposure. Lower-income couples also demonstrated higher levels of stress, marital conflict and a lower level of satisfaction with the Army. The researchers concluded that results highlight implications of intervention focused on coping strategies for military couples.

**Anson, O., Rosenzweig, A., & Shwarzmann, P. (1993). The health of women married to men in regular army service: women who cannot afford to be ill. *Women Health*, 20(1), 33-45. doi: 10.1300/J013v20n01\_03 [doi]**

The purpose of this study was to compare 44 Army wives’ health, distress level and utilization of health services to 53 civilian women. Results showed that Army wives had less access to social support, employment and a “sense of coherence.” However, there was no difference in health between the two groups. Researchers did find that Army wives made more visits to the family doctor with their children. It was concluded that Army wives learn to cope with instability and limited access to beneficial resources.

**Baker, D. G., Boat, B. W., Grinvalsky, H. T., & Geraciotti, T. D. (1998). Interpersonal trauma and animal-related experiences in female and male military veterans: Implications for program development. *Military Medicine*, 163(1), 20-25.**

This article examines the prevalence and impact of trauma events in same-aged male and female veterans. Researchers found that both males (95%) and females (97%) reported exposure to at least one trauma event as well as higher trauma rates in the military than in civilian settings. However, “female veterans were more likely to report sexual and physical abuse by a significant other.” Researchers also explored trauma involving animals and found similar rates in male and female participants in being frightened or hurt by an animal, having sexual interactions with animals, witnessing or initiating violence toward

animals or losing a pet. About one-third of veterans sample demonstrated post-traumatic stress disorder symptoms. This highlights the importance of trauma screening to help identify veterans that could benefit from further evaluation and treatment.

**Benton, R. J. (2012). Film note. *Hidden Battles*. *Psychoanal Rev*, 99(3), 437-447. doi: 10.1521/prev.2012.99.3.437 [doi]**

This documentary, *Hidden Battles*, reviews the psychological effects on soldiers who are required to “commit murder.” Thus, the documentary discusses trauma and the strategies soldiers use to manage trauma symptoms. Strategies included the performing arts and the study of architecture. The author concludes that the documentary shows the resiliency of soldiers, while also showing the enduring “scars” from their traumatic experiences.

**Betancourt, T. S., Agnew-Blais, J., Gilman, S. E., Williams, D. R., & Ellis, B. H. (2010). Past horrors, present struggles: the role of stigma in the association between war experiences and psychosocial adjustment among former child soldiers in Sierra Leone. *Soc Sci Med*, 70(1), 17-26. doi: 10.1016/j.socscimed.2009.09.038 [doi]**

The authors investigated the role of stigma in the relationship between war-related experiences and psychosocial adjustment in former child soldiers in Sierra Leone. Stigma is operationalized as “manifesting in discrimination as well as lower levels of community and family acceptance.” Researchers define psychosocial adjustment as “depression, anxiety, hostility and adaptive behaviors.” Findings suggest that post-conflict factors including stigma can play a significant role in the psychosocial adjustment in former child soldiers. Researchers found that stigma served as a mediator in the relationship between surviving rape and depression. However, surviving rape affected increases in anxiety, adaptive behaviors and hostility.

**Blount, B. W., Curry, A., Jr., & Lubin, G. I. (1992). Family separations in the military. *Mil Med*, 157(2), 76-80.**

This article highlights three stages of stress brought on by the temporary loss of family to deployment. These stages include predeployment, survival and reunion. While most families adapt to these types of stress well, families lacking adequate coping skills can experience problems that are later presented to the health care system. It is important that health care providers are aware of high-risk families, their clinical manifestations and treatment and prevention techniques.

**Boothby, N., Crawford, J., & Halperin, J. (2006). Mozambique child soldier life outcome study: lessons learned in rehabilitation and reintegration efforts. *Glob Public Health, 1*(1), 87-107. doi: 10.1080/17441690500324347**

A sample of 39 captured or escaped child soldiers from Mozambique were studied for 16 years following psychological and physical rehabilitation at the Lhanguene Rehabilitation Center in Maputo, Mozambique. Researchers investigated the former soldiers' psychological, social and economic functioning and sought to identify interventions that led to successful reintegration into the community. Activities that supported reintegration included apprenticeships, livelihoods, community acceptance and forgiveness, traditional cleansing and healing rituals. Those activities that were shown to be efficacious, improved individuals' coping skills for anticipated trauma and grief, promoted self-regulation and security (versus survival) seeking behavior and instilled a sense of social responsibility.

**Brewin, C. R., Andrews, B., & Valentine, J. D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *J Consult Clin Psychol, 68*(5), 748-766.**

Researchers conducted meta-analyses on 14 risk factors for posttraumatic stress disorder (PTSD) and the effects of various sample characteristics like civilian/military status. Results yielded three categories of risk factors: factors that predicted PTSD in some populations (e.g. gender, age at trauma and race), factors that predicted PTSD, "more consistently but to a varying extent according to the populations studies and methods used" (e.g. education, previous trauma and general childhood adversity) and factors that had more constant predictive effects (e.g. individual psychiatric history, family psychiatric history and reported childhood abuse). Researchers note that factors operating during or after the referenced trauma had stronger effects than factors operating prior to the trauma (e.g. trauma severity, additional life stress and lack of social support).

**Brewster, A. L., Nelson, J. P., Hymel, K. P., Colby, D. R., Lucas, D. R., McCanne, T. R., & Milner, J. S. (1998). Victim, perpetrator, family, and incident characteristics of 32 infant maltreatment deaths in the United States Air Force. *Child Abuse Negl, 22*(2), 91-101. doi: S0145213497001324 [pii]**

Researchers assess victim, perpetrator, family and incident variables in 32 cases of infanticide. They reviewed birth, medical, autopsy and Air Force Family Advocacy Program records from 1989-1995. Results showed that 55% of the victims had physical trauma before the fatal incident, implying that abuse was already present. Researchers conclude that this type of awareness may help with infanticide prevention.

**Cabrera, O. A., Hoge, C. W., Bliese, P. D., Castro, C. A., & Messer, S. C. (2007). Childhood adversity and combat as predictors of depression and post-traumatic stress in deployed troops. *Am J Prev Med, 33*(2), 77-82. doi: S0749-3797(07)00235-8 [pii]**

The researchers conducted surveys in 2003 to 4529 male soldiers who had not deployed to Iraq, and in 2004 to a separate group of 2392 male soldiers 3 months after returning from Iraq. Their main predictor was adverse childhood experiences, a construct comprised of incremental exposure to six types of traumatic childhood experiences. “This construct correlated with depression and post-traumatic stress disorder rates, as well as symptom scores.” The result of the analyses indicated that there is a high prevalence of adverse childhood experiences and the association of these experiences with key mental health outcomes. Furthermore, “the results highlight the importance of considering pre-enlistment childhood traumatic experiences as well as the level of combat exposure in the treatment of military personnel returning from combat operations.”

**Chapin, M. (2011). Family resilience and the fortunes of war. *Soc Work Health Care, 50(7), 527-542.* doi: 10.1080/00981389.2011.588130 [doi]**

Researchers applied McCubbin’s Family Resilience Model to situations where soldiers return home with post-traumatic stress disorder, endure significant injury and even killed in action. Researchers were interested in understanding the stressors of the military family but also the factors that buffer their stress. Researchers conducted this study due to the increased rates of divorce and child maltreatment that have been linked to number and length of combat deployments.

**Cieslak, T. J., Huitink, J. S., Rajnik, M., & Ascher, D. P. (2006). International adoptions by military families: a reexamination. *Mil Med, 171(12), 1201-1205.***

Researchers discuss health care challenges that relate to international adoption by American military families. Health care providers now have to become familiar with the unique needs of international adoptees. These challenges include medical as well as social problems. Researchers concluded the importance of the study is due to the overwhelming increase of international adoptions.

**Connors, J., Arushanyan, E., Bellanca, G., Racine, R., Hoeffler, A., Delgado, A., & Gibbons, S. (2012). A description of barriers and facilitators to childhood vaccinations in the military health system. *J Am Acad Nurse Pract, 24(12), 716-725.* doi: 10.1111/j.1745-7599.2012.00780.x**

Researchers conducted a literature review to explore barriers to vaccination, as well as, facilitators of parents’ decisions to vaccinate their children. Researchers compared patients from the military health system (MHS) to civilians and found that factors that served as barriers to one group were often facilitators to the other group. Factors included access to care, provider characteristics, child illness and electronic registry. Researchers conclude that a better understanding of provider characteristics (i.e., provider effectiveness at interacting with parents) would be beneficial to primary care practice.

**Convention on the Rights of the Child, 20 November 1989. (1989). *Annu Rev Popul Law, 16, 95, 485-501.***

In this study, authors investigate “the effect of childhood intelligence scores on wartime military service mortality in males.” Researchers obtained intelligence test score data from the Scottish

Mental Survey of 1932 (SMS1932); they utilized UK Army personnel records and Scottish National War Memorial data. 491 matches between World War II Scottish Army fatalities and the SMS1932 highlighted that men with higher childhood intelligence had an increased risk of dying during service in World War II. Authors suggested further research should replicate this study with Naval and Air Force records.

**Dansak, D. A. (1998). Childhood abuse and parental disorders reported by Navy outpatient mental health patients. *Mil Med*, 163(8), 510-514.**

Researchers reviewed clinical forms of 134 Navy outpatient mental health patients to identify the number of those reporting childhood abuse history and to explore the relationship among abuse history, parental/step-parental substance abuse, mental illness and divorce. Results showed that twenty-six percent of these patients reported at least one type of childhood abuse (physical, sexual, verbal, emotional). Females more often reported any one type of abuse and perpetrators were more predominantly males. Researchers suggest that childhood abuse may affect Navy mental health patients' adjustment to military life.

**Derigne, L., Porterfield, S., & Metz, S. (2009). The influence of health insurance on parent's reports of children's unmet mental health needs. *Matern Child Health J*, 13(2), 176-186. doi: 10.1007/s10995-008-0346-0**

Researchers used the National Survey of Children with Special Health Care Needs (NSCSHCN) to examine the prevalence of unmet mental health needs in children with long-term emotional/behavioral conditions. Researchers also used logistic regression models to assess the impact of insurance status and type of unmet needs. Results showed that 20% of children who needed mental health care in the previous 12 months did not receive it. Also, "parents of uninsured children were more likely to report unmet health needs than insured children." Researchers suggest that there is a need for expansion of insurance coverage to children, esp with long-term mental health conditions.

**Ebrahimzadeh, M. H., Fattahi, A. S., & Nejad, A. B. (2006). Long-term follow-up of Iranian veteran upper extremity amputees from the Iran-Iraq war (1980-1988). *J Trauma*, 61(4), 886-888. doi: 10.1097/01.ta.0000236014.78230.77 [doi] 00005373-200610000-00018 [pii]**

In this article, researchers evaluated how well battle-injured patients specifically with upper limb amputation, function following injury. Researchers examined medical records of 25 Iranian veteran amputees and found that thirty-six percent had a "documented psychiatric history." This history included depression and post-traumatic stress disorder. Researchers concluded that there are a significant rate of amputation symptoms experienced despite time elapsed between war, amputation and follow-up.

**Ebrahimzadeh, M. H., & Rajabi, M. T. (2007). Long-term outcomes of patients undergoing war-related amputations of the foot and ankle. *J Foot Ankle Surg*, 46(6), 429-433. doi: S1067-2516(07)00296-7 [pii] 10.1053/j.jfas.2007.08.011 [doi]**

Researchers sampled 27 Iranian soldiers with wounds requiring amputation of the foot and ankle, in order to document long-term outcomes. Researchers reviewed medical records, performed

clinical examinations and administered a questionnaire. Results showed that the majority of the sample experienced adverse symptoms including phantom sensation and stump pain. Researchers concluded that this study helped to fill the gap in literature documenting long-term clinical and functional outcomes for these types of patients.

**Ebrahimzadeh, M. H., Shojaei, B. S., Golhasani-Keshtan, F., Soltani-Moghaddas, S. H., Fattahi, A. S., & Mazloumi, S. M. (2013). Quality of life and the related factors in spouses of veterans with chronic spinal cord injury. *Health Qual Life Outcomes, 11*, 48. doi: 10.1186/1477-7525-11-48 [doi]**

In this study, researchers sampled 72 wives of veterans with spinal cord injuries, in order to evaluate the quality of life of the wives as primary caregivers. Researchers administered the Short Form (SF-36) Health Survey to assess physical function, role of physical, bodily pain, general health, mental health, role emotional, social function and vitality. Results showed that the wives' scores on all domains were lower than the normal population. Researchers concluded that being a caregiver can negatively impact one's quality of life.

**Fontana, A., & Rosenheck, R. (1994). Posttraumatic stress disorder among Vietnam Theater Veterans. A causal model of etiology in a community sample. *J Nerv Ment Dis, 182*(12), 677-684.**

In this study, researchers used retrospective data from the National Vietnam Veterans Readjustment Study, conducted from 1986 to 1988 to develop a model of the etiology of posttraumatic stress disorder (PTSD) among a sample of 1198 male Vietnam theater veterans. The model was refined and cross-validated, resulting in a final model with "highly satisfactory fit and parsimony." Researchers found that lack of support from family and friends at homecoming and exposure to combat were the most influential contributors to the development of PTSD. Researchers indicated that results are limited due to use of retrospective data.

**Foran, H. M., Heyman, R. E., Smith Slep, A. M., Snarr, J. D., & United States Air Force Family Advocacy Research, Program. (2012). Hazardous alcohol use and intimate partner violence in the military: understanding protective factors. *Psychol Addict Behav, 26*(3), 471-483. doi: 10.1037/a0027688 [doi]**

In this article, researchers investigated what factors moderate the association between hazardous alcohol use and intimate partner violence (IPV). Researchers tested individual, family, workplace, community, and developmental factors in a large sample of active duty military personnel and found that relationship satisfaction, parent-child satisfaction, community safety, years in the military, family income/pay grade, and marital length were significant moderators. No individual or workplace variables were significant moderators for men and there were no significant moderators for women. Researchers concluded that results highlight the importance of development and relationships to understanding the association between hazardous alcohol use and IPV.

**Foran, H. M., Smith Slep, A. M., & Heyman, R. E. (2011). Hazardous alcohol use among active duty Air Force personnel: identifying unique risk and promotive factors. *Psychol Addict Behav*, 25(1), 28-40. doi: 10.1037/a0020748 [doi] 2011-01023-001 [pii]**

In this study, researchers investigate risk and “promotive” factors for hazardous drinking in a sample of Air force personnel (N= 52,780). Researchers assessed factors across individual, family, community and organizational levels. Family income, number of children, depressive symptoms, religious involvement, and perceived financial stress for men and women were among predictors that accounted for the most variance in predicting hazardous versus non-hazardous drinkers. Results help to identify important areas of focus for hazardous prevention efforts.

**Forgey, M. A., & Badger, L. (2010). Patterns of intimate partner violence and associated risk factors among married enlisted female soldiers. *Violence Vict*, 25(1), 45-61.**

Researchers sampled 248 enlisted active duty females married to civilian spouses to study patterns of partner violence. The women completed a self-report survey regarding their own violence, their spouse’s violence, marital satisfaction, alcohol use, sex-role attitudes, childhood trauma and depression. Results identified patterns of intimate partner violence and their relationship to the psychosocial risk factors. “Females experiencing severe bidirectional violence were likely to be the most depressed and to have a history of child sexual abuse. Females experiencing minor bidirectional violence did not share any of the psychosocial risk factors found for severe bidirectional violence. Females perpetrating unilateral violence toward their spouses were found to be as satisfied in their marriages as nonviolent couples and less depressed than the females experiencing bidirectional violence.”

**For-Wey, L., Fei-Yin, L., & Bih-Ching, S. (2002). The relationship between life adjustment and parental bonding in military personnel with adjustment disorder in Taiwan. *Mil Med*, 167(8), 678-682**

A group of 36 military personnel who met DSM-IV criteria of adjustment disorder were compared to a control group to study the relationship between life adjustment and parental bonding. Participants completed a clinical interview, the Wechsler Adult Intelligence Scale-Revised (WAIS) and questionnaires, including demographic information, the Parental Bonding Instrument, the Eysenck Personality Questionnaire, and the Chinese Health Questionnaire. Results showed significant differences between the military and control group in personality and parental bonding attitudes. “Soldiers with higher neuroticism, lower extraversion, and maternal overprotection had an increased risk of suffering from adjustment disorder. Researchers suggest structural equation modeling should be used in future studies to determine competing risk factors and mediating effects.”

**Gessner, R. R., & Runyan, D. K. (1995). The shaken infant: a military connection? *Arch Pediatr Adolesc Med*, 149(4), 467-469.**

Due to conflicting research regarding military dependents being at higher risk of child maltreatment, research investigated whether military dependents are overrepresented among children hospitalized with shaken baby syndrome. Researchers were also interested in examining whether those military dependents' injuries or outcomes are different from children of civilian populations.

**Gewirtz, A. H., Polusny, M. A., DeGarmo, D. S., Khaylis, A., & Erbes, C. R. (2010). Posttraumatic stress symptoms among National Guard soldiers deployed to Iraq: associations with parenting behaviors and couple adjustment. *J Consult Clin Psychol*, 78(5), 599-610. doi: 10.1037/a0020571 [doi] 2010-19874-001 [pii]**

These researchers sampled 468 Army National Guard fathers in order to examine the impact of change in posttraumatic stress disorder (PTSD) symptoms following combat deployment. Researchers conducted a 1-year longitudinal study, where they administered survey assessing social support, PTSD symptoms, parenting, couple adjustment, parent-child relationship quality, alcohol use and sustained injuries. Research showed that increases in PTSD symptoms were associated with decrease in couple adjustment and greater parenting challenges. Researchers concluded that results highlight the need for intervention focused on parenting and couple adjustment among this population.

**Ghafoori, B., Hierholzer, R., Howsepian, B., & Boardman, A. (2008). The role of adult attachment, parental bonding, and spiritual love in the adjustment to military trauma. *J Trauma Dissociation*, 9(1), 85-106.**

This article investigates the role of adult attachment, parental bonding, and divine love as protective factors in the adjustment to exposure of significant trauma during military service. Researchers sampled 102 veterans and found that veterans with current PTSD had lower secure attachment, higher insecure attachment compared to those without PTSD. "Group differences (PTSD versus no PTSD) were examined on measures of important relationships, and no significant differences were found related to parental bonding or perceptions of love by God. Veterans with current PTSD had significantly higher insecure romantic attachment compared to the no PTSD group; however, romantic attachment did not make a significant predictive contribution to current PTSD severity. Implications of the results for the treatment of individuals exposed to combat trauma are discussed."

**Gilreath, T. D., Cederbaum, J. A., Astor, R. A., Benbenishty, R., Pineda, D., & Atuel, H. (2013). Substance use among military-connected youth: the California Healthy Kids Survey. *Am J Prev Med*, 44(2), 150-153. doi: 10.1016/j.amepre.2012.09.059 [doi] S0749-3797(12)00758-1 [pii]**

Researchers assessed "prevalence and correlates" of substance use in a sample of connected and non-connected youth, to the military. Researchers gathered data from a subsample of the 2011 California Health Kids Survey (N=14,149). Present familial military affiliation, number of deployments, race/ethnicity, gender, grade and substance use were assessed. Multivariate analysis indicated that, "an increase in the number of deployments was associated with a higher

likelihood of lifetime and recent use” excluding lifetime smoking. Researchers concluded that experiences related to deployment of a family member may “increase the likelihood of substance use.”

**Haas, D. M., & Pazdernik, L. A. (2006). A cross-sectional survey of stressors for postpartum women during wartime in a military medical facility. *Mil Med*, 171(10), 1020-1023.**

Researchers surveyed ninety-five postpartum women at Naval Hospital Camp Lejeune in order to determine whether having a partner deployed during wartime increased the stress levels in pregnant women and altered the attitudes toward pregnancy or changed birth outcomes. Results showed that women with deployment partners gave birth to larger babies, reported changed eating habits and stress impacted by media coverage.

**Haas, D. M., & Pazdernik, L. A. (2007). Partner deployment and stress in pregnant women. *J Reprod Med*, 52(10), 901-906.**

Researchers surveyed 463 pregnant women attending the antenatal clinic at Naval Hospital Camp Lejeune from January to May 2005 in order to determine if having a partner deployed in the military during wartime increased stress levels in pregnant women and to determine predictors of reporting higher stress. Results showed that women with deployed partners reported higher stress levels and that having a present supportive person served as a protector factor for their stress.

**Haas, D. M., Pazdernik, L. A., & Olsen, C. H. (2005). A cross-sectional survey of the relationship between partner deployment and stress in pregnancy during wartime. *Womens Health Issues*, 15(2), 48-54. doi: S1049-3867(04)00133-1 [pii] 10.1016/j.whi.2004.12.002 [doi]**

Researchers administered a cross-sectional survey to 279 military and civilian women at the antenatal clinic at Naval Hospital Camp Lejeune in order to determine if having a partner deployed during wartime increased the stress levels in pregnant women and altered their attitudes toward pregnancy. Results showed that women with deployed partners reported significantly higher stress levels and a great impact of deployment on their stress. Researchers concluded that higher levels of stress in pregnant women with deployed partners may be a precursor to negative pregnancy outcomes.

**Hammelman, T. L. (1995). The Persian Gulf conflict: the impact of stressors as perceived by Army reservists. *Health Soc Work*, 20(2), 140-145.**

Researchers examined family composition, location of the soldier, rank and gender in order to measure the extent to which specific stressors influenced U.S. Army Reserve soldiers and their families. Results showed that married soldiers were more stressed than single soldiers. Female soldiers and lower ranking soldiers were affected less by the examined stressors. Researchers also noted that single-parent families managed stressors better than two-parent families.

**Hoiskar, Astri Halsan. (2001). Underage and Under Fire: An Enquiry into the Use of Child Soldiers 1994-8. *Childhood: A Global Journal of Child Research*, 8(3), 340-360.**

In this article, the author conducts an analysis of 165 countries across the world and identifies contexts in which militia employed children between 1994-1998. The author explains that the use of child soldiers is typically connected to “unstable regimes” and to extended conflicts. The author concludes that the employment of child soldiers is counterproductive and reduces the recruitment of children.

**Iversen, A. C., Fear, N. T., Simonoff, E., Hull, L., Horn, O., Greenberg, N., . . . Wessely, S. (2007). Influence of childhood adversity on health among male UK military personnel. *Br J Psychiatry*, 191, 506-511. doi: 10.1192/bjp.bp.107.039818 [doi]**

Researchers explored the association between “self-reported childhood vulnerability” and future health outcomes in a sample of 737 male non-deployed UK military personnel. Survey results showed that pre-enlistment vulnerability is associated with many negative health outcomes. Researchers concluded that pre-enlistment vulnerability is important in “understanding post-combat psychiatric disorder.”

**Jedrzejczak, M. (2005). Family and environmental factors of drug addiction among young recruits. *Mil Med*, 170(8), 688-690.**

In this study, 559 subjects were included to examine to what extent individual factors related to family and environment affect the extent of drug addiction among recruits. The results showed direct interdependence between the family condition and the extent of drug addiction. In other words, drug addicts came mostly from incomplete and pathological families. The main family factors of drug addiction, according to the results obtained, are family atmosphere, strength of family ties, sense of family happiness, structure of authority in the family, and alcoholism. “In families where there is warmth and love, children do not or rarely take drugs. Drug addicts come from families where there is ill will and hostility ( $p < 0.05$ ). Drug addicts have weaker family ties than do those who do not take drugs ( $w^2 = 0.26, p < 0.05$ ). In 46.3% of the studied drug addicts' families, alcohol was drunk. The results of the investigations approximate results of other studies conducted among young people in Poland and elsewhere in the world.”

**Johnson, C. C., Harsha, D. W., Powers, C. R., Webber, L. S., & Berenson, G. S. (1993). Fort Polk Heart Smart Program. Part IV: Lifestyles of military personnel and their families. *Mil Med*, 158(5), 317-322.**

Researchers assessed tobacco and alcohol use, hostility and physical activity in a sample of active military men and their spouses at Fort Polk, Louisiana. Researchers found a greater frequency of cigarette smoking and alcohol use at Fort Polk compared to national surveys. Results also showed a higher frequency of alcohol consumption in ages 30-39 and in blacks, compared to other racial and ethnic groups. Researchers conclude that these types of lifestyles suggest a need for intervention and health promotion.

**Kohrt, B. A., Jordans, M. J., Tol, W. A., Perera, E., Karki, R., Koirala, S., & Upadhaya, N. (2010). Social ecology of child soldiers: child, family, and community determinants of mental health, psychosocial well-being, and reintegration in Nepal. *Transcult Psychiatry*, 47(5), 727-753. doi: 10.1177/1363461510381290 [doi] 47/5/727 [pii]**

In this article, researchers administer the Depression Self Rating Scale (DSRS), Child Posttraumatic Stress Disorder Symptom scale (CSS) and other measures of functional impairment to 142 former child soldiers in Nepal to examine psychosocial well-being with a social ecology framework. Researchers found that traumatic exposures, particularly torture, predicted negative outcomes. Conversely, education was found to improve outcomes. Researchers conclude that social ecology is a great way to identify areas of focus for intervention in this population.

**Kohrt, B. A., Jordans, M. J. D., Tol, W. A., Speckman, R. A., Maharjan, S. M., Worthman, C. M., & Komproe, I. H. (2008). Comparison of mental health between former child soldiers and children never conscripted by armed groups in Nepal. *Jama-Journal of the American Medical Association*, 300(6), 691-702. doi: 10.1001/jama.300.6.691**

In this article, researchers conducted a cross-sectional cohort, sampling 141 former child soldiers and 141 “never-conscripted” children in Nepal, in order to compare the mental health status of both groups. Participants were administered the Depression Self Rating Scale, the Screen for Child Anxiety Related Emotional Disorders, the Child PTSD Symptom Scale, the Strength and Difficulties Questionnaire, the Function Impairment tool and the Traumatic Event Checklist of the Kiddie Schedule of Affective Disorders and Schizophrenia. Results showed that former child soldiers exhibited greater severity of mental health problems. Researchers concluded that this disparity also held true for rates of depression and PTSD.

**La Bash, H. A., Vogt, D. S., King, L. A., & King, D. W. (2009). Deployment stressors of the Iraq War: insights from the mainstream media. *J Interpers Violence*, 24(2), 231-258. doi: 10.1177/0886260508317177**

Researchers conducted a literature review of media reports published from the beginning of the Iraq War in March 2003 to March 2005, in order to gain better understanding stressors of this war. Researchers believed this understanding would lead to appropriate post-deployment assessments. Researchers cite the increasing deployment of Reservist/National Guard personnel to be related to sexual harassment and assault, life and family disruptions and preparedness and training. Researchers assert that these issues are a “cause for concern” and implicate war-zone stressors in post-deployment health outcomes.

**Lahteenmaki, P. M., Salmi, H. A., Salmi, T. T., Helenius, H., Makiperna, A., Lanning, M., . . . Siimes, M. A. (1999). Military service of male survivors of childhood malignancies. *Cancer*, 85(3), 732-740.**

A retrospective look is taken at a sample of Finnish survivors (n = 207) of childhood cancer and the course of their compulsory military service as compared to both Finnish men of the same age and military service-members serving at the corresponding time. Data was gathered from the medical records of survivors born in 1977 or earlier and treated for cancer between birth and 15 years of age. Variables assessed included: demographic factors, predictors of fitness for military service, factors associated with service interruption, level of military training, and health status during service. Results indicated that despite 130 of the sample survivors meeting objective criteria for military service eligibility, only 60% of the sample was enlisted, with 30% rejected merely on the basis of their prior cancer diagnosis. Enlisted survivors were found to attain similar levels of military training as controls, but interrupted their service more often. It was concluded that enlisted cancer survivors could have viable careers in the military when special attention is paid to their treatment sequelae.

**Lederman, R. P. (2011). Preterm birth prevention: a mandate for psychosocial assessment. *Issues Ment Health Nurs, 32(3), 163-169.***

Recommendations are made for research and assessment of risk factors for preterm birth (PTB) by panels from the Office of the Surgeon General and the Eunice Kennedy Shriver National Institute of Child Health and Human Development. Specifically, it is suggested that it is important for nurses with pregnancy-related experience to be involved in assessment and intervention. Assessment of pregnancy-specific anxiety and family-system based interventions are further encouraged. Within the paper, special attention is given to the risks involved in degree of partner involvement, support and pregnancy intentions. Other risks considered were military couples and those with deployed partners. It was concluded that long-term interventions are necessary for the development of parental coping strategies in the face of the parenting and financial strains that impact a family's physical and mental health beyond a child's birth.

**Levai, Marian, & Kaplan, Sheldon. (1994). The effects of the Persian Gulf crisis on the psychiatric hospitalization of navy children and adolescents. *Child Psychiatry & Human Development, 24(4), 245-254.***

Authors investigate the increase in psychiatric hospitalization of children and adolescents in Navy families during the Persian Gulf crisis. The sample is comprised of children (4-12 yrs. old) and adolescents (13-18 yrs. old) of active Navy personnel admitted to a private psychiatric hospital. Pre-, during, and post-Persian Gulf crisis admissions records were reviewed for demographic and diagnosis details. Results revealed a significant increase in admissions during the crisis, as compared to pre- and post-admissions. In particular, the rate of admission of young boys increased significantly more than that of girls. Further, dysthymia diagnoses during the crisis were significantly higher than any other diagnoses in both children and adolescents.

**Levai, M., Kaplan, S., Ackermann, R., & Hammock, M. (1995). The effect of father absence on the psychiatric hospitalization of Navy children. *Mil Med*, 160(3), 104-106.**

The impact of deployment strain on the risk for psychiatric hospitalization of children and adolescents in active duty Navy families was examined in a sample of 103 Navy and 103 civilian families selected from private psychiatric hospital admissions. Parents were asked to complete self-report questionnaires gathering demographic data and information pertaining to deployment history. Of the total sample, 36% were from intact families, 19% were from blended families, and 45% were from single-parent households. Results demonstrated that children and adolescents in families of “deployable status” may be at a higher risk for psychiatric hospitalizations and such hospitalizations are most likely to occur while the father is away at sea. In addition, deployment strain was most impactful in single parent households, as compared to intact families.

**Pearn, John. (2000). Pediatric diseases and operational deployments. *Mil Med*, 165(4), 283-286.**

This article explores international operational deployments and the necessary insertion of pediatric clinical and preventative health resources in war-stricken countries. The authors conclude that children and young teenagers constitute 50% of the population in these countries and require clinical treatments ranging from life-saving resuscitation to the care of children with both tropical and subtropical illnesses. It is further discussed that service members who work in these war-stricken countries must be skilled in traditional aspects of military medicine, nursing, child development, prevention of infectious childhood diseases, childhood disease management, and management of neonates and infants. They conclude that some 2,000 deaths occur each month involving children and their families who suffer from the medical aftermath of war, warranting a focus on pediatric issues of war.

**Shapiro, Beppie J., & Derrington, Taletha M. (2004). Equity and Disparity in Access to Services: An Outcomes-Based Evaluation of Early Intervention Child Find in Hawai'i. *Topics in Early Childhood Special Education*, 24(4), 199-212.**

Authors discuss the role of Child Find, a service that identifies children under the age of 3 with developmental delays, and the access provided to families for services under the Individuals with Disabilities Education Act (IDEA). Specifically, the article explores the equity of access to referral and enrollment across the various populations in Hawaii and finds that, while low-income and immigrant households appear to have adequate access, less equitable results were found for military families. Recommendations are provided for improving the Child Find services in this area to including outreach in the military community, as well as amongst those families who lack health insurance.

**Yoong, S. Y., Miles, D., McKinney, P. A., Feltbower, R. G., & Spencer, N. (2000). Are Armed Forces infants more at risk than civilian infants? *Public Health, 114(5), 374-379.***

This prospective cohort study aims to compare the health status of Armed Forces and civilian infants by collecting demographic data from 436 civilian and 162 Armed Forces mothers. Birth details were taken from hospital maternity and child health systems and families were followed-up on 6 months later. In addition, utilizing a social class classification and accident and emergency attendances, which the authors account for based on local circumstances.

## **5. Best practices (Military or civilian educational and health programs/or services that described by the article as being good or excellent and well utilized)**

**Ackerman, Debra J. (2008). Continuity of Care, Professional Community, and the Policy Context: Potential Benefits for Infant and Toddler Teachers' Professional Development. *Early Education and Development, 19(5), 753-772.***

This describes an exploratory study to highlight the need for Continuity of Care (COC) in infant/toddler classrooms. Researchers outline educational benefits of COC and assert that COC-related professional development also serves to enhance the professional community. Researchers conclude that competent professionals and policy are vital aspects of improving teacher learning and practice.

**Adaptive recreation helps people with disabilities and special needs win the "Game of Life". (2007, 2007/01/). *The Exceptional Parent, 37, 76+.***

The article highlights the importance of physical activities in the lives of all children, regardless of ability. The author advocates for able-body and disabled children to play together, where those with disabilities can utilize adaptive equipment to help “level the playing field”. This type of play can help able-body children learn about children with disabilities and eradicate negative stereotypes. Finally, this article provides an account of a parent whose disabled child has benefited from recreation, including improved social and emotional skills.

**Agazio, J. G., Ephraim, P. M., Flaherty, N. B., & Gurney, C. A. (2002). Health promotion in active-duty military women with children. *Women Health, 35(1), 65-82.* doi: 10.1300/J013v35n01\_05 [doi]**

Researchers utilized Pender’s (1996) Health Promotion Model to examine the relationship between several variables (certain demographic characteristics, definition of health, perceived health status, resources and perceived self-efficacy) and health promoting behaviors among a sample of 141 active duty-mothers. Another purpose of the study was to provide a qualitative account of the active duty mother’s experience in the military. Researchers found that

availability of resources and commitment, were integral to successfully balancing the demands of work and home.

**Ahmadi, H., & Green, S. L. (2011). Screening, brief intervention, and referral to treatment for military spouses experiencing alcohol and substance use disorders: a literature review. *J Clin Psychol Med Settings, 18*(2), 129-136. doi: 10.1007/s10880-011-9234-7 [doi]**

Researchers conducted a literature review to explore screening and treatment of alcohol and substance use issues in military spouses. Specifically, the referral to treatment (SBIRT) model and its effectiveness in detecting individuals at risk for developing substance use disorders in both military and civilian environments. Researchers also reviewed characteristics of military lifestyle, highlighting literature that suggests that risk for the development of adverse coping strategies, especially during deployment, is tied to the advanced life course that military families experience compared to civilian families. This includes getting married and having children sooner in life. Researchers conclude that while the SBIRT model has been seen to be effective with civilian clients, further research is needed to explore efficacy with military spouses at risk for or experiencing substance use problems.

**Allen, Megan, & Staley, Lynn. (2007). Helping Children Cope when a Loved One Is on Military Deployment. *Young Children, 62*(1), 82-87.**

In this article, researchers describe methods that can aid teachers and schools to provide support to children of deployed service members. Researchers suggest that support should be given to caregivers at home, when a parent returns from war, when a parent is deployed, when children face emotional distress. Researchers also suggest books and other resources about military deployment and separation.

**Ansary, Sylvia J., Perkins, Daniel F., & Nelson, John. (2004). Interpreting Outcomes: Using Focus Groups in Evaluation Research. *Family Relations, 53*(3), 310-316. doi:**

Researchers describe the benefits of utilizing focus groups. Researchers note that focus groups can be a great source of information to program staff, evaluators, policy makers and administrators. Researchers sampled data from the United States Airforce funded Youth Action program to assess group member's experience in the program. Beyond youth outcomes, researchers found that even parents benefited from the program. Researchers concluded that this type of information would be pivotal for the improvement of the program.

**Barido, G. T., Campbell-Gauthier, G. D., Mang-Lawson, A. M., Mangelsdorff, A. D., & Finstuen, K. (2008). Patient satisfaction in military medicine: model refinement and assessment of continuity of care effects. *Mil Med, 173*(7), 641-646.**

In this study, researchers sampled 90,318 patients of the Military Health System (MHS) in order to determine predictors of patient satisfaction behaviors as it relates to associated attitudes and beliefs and predictions of continuity of care, as well as expand the MHS model. Researchers obtained this sample from the Customer Satisfaction Survey database. Researchers found that

continuity of care displayed “uniquely predictive qualities.” Researchers concluded that continuity of care should be included in the MHS model.

**Barnfield, K., & MacGregor, K. (2008). Providing multiple services to service members, veterans, and their families. *Exceptional Parent*, 38(12), 78-79.**

This article describes support services available to military families by highlighting the Easter Seals organization. Easter Seals provides job training, medical rehabilitation, mental health services, transportation, etc. Easter Seals has partnered with the Department of Defense (DoD) and Veterans Affairs (VA) and is designing programs that will improve those already offered by the military.

**Baumann, S. L., & Smith, D. G. (2012). Coming home revisited: family life and military deployment. *Nurs Sci Q*, 25(3), 267-271. Doi: 10.1177/089418412447560**

This article describes a military family experiencing a deployment to Iraq in 2011. Researchers discuss this experience using Parse’s “human becoming family model,” which teaches nurses and other professionals to honor a family’s values and struggles in order to understand them better. The effects of communication technologies on the way families experience military deployment are also discussed.

**Benson, Martin K. (2010). *Joint-service integration: An organizational culture study of the United States department of defense voluntary education system. (71), ProQuest Information & Learning, US.***

In this article, researchers conducted a case study to describe the organizational cultures of education programs and leaders in the United States (U.S.) Department of Defense (DoD) voluntary education system on Oahu, Hawaii; assess the cultural feasibility of increased joint-service integration and determine if an overlapping common organizational culture exists. Researchers conducted semi-structured interviews with 21 education system leaders from the four military services and found nine “organizational culture commonalities” and four “joint-service organizational culture attributes” within those commonalities.

**Biscontini, Gianna. (2010, 2010/06//). When soldiers come home. *The Exceptional Parent*, 40, 52+.**

The author describes the transition of Mike Pocius, a Navy Corpsmen back into the community after being injured in Iraq. The author introduces the Wounded Warrior Project (WWP) and the impact it had on Mike Pocius’ life. WWP served as a great means of support and offered an abundance of services including, assisting spouses and family members find role in a service member’s recovery.

**Brewster, A. L., Milner, J. S., Mollerstrom, W. W., Saha, B. T., & Harris, N. (2002). Evaluation of spouse abuse treatment: description and evaluation of the Air Force Family Advocacy Programs for spouse physical abuse. *Mil Med*, 167(6), 464-469.**

This is a report of an evaluation of the Air Force Family Advocacy Programs (FAP) for spouse physical abuse. Researchers sampled 2,991 spouse physical abusers who received services at FAP and completed program evaluation measures before treatment, after treatment and at a 6-month follow up. Results indicated that offenders were generally satisfied with the FAP services. Researchers also found that offenders showed significant decreases ( $p < .001$ ) in family conflict and child abuse risk. Significant increases ( $p < .001$ ) were found in family cohesion, marital satisfaction and family expression. Post-treatment improvements were also seen at the 6-month follow-up evaluation.

**Brink, S. (2004). Those left behind. War widows find ways to cope, but there's really no cure for the pain. *US News World Rep*, 137(19), 52-53.**

Brink writes about the experience of American women who have become widows due to the Iraq war. The researcher describes the support provided by the military to counsel and provide assistance to these widows and highlights the importance of support from others and the impact of grief on the women left behind.

**Caroff, M. (2008). Hooked on a feeling. *Exceptional Parent*, 38(8), 68-72.**

This article chronicles the life of Deanna VanHook, wife of a US Navy Lieutenant Commander. VanHook is a paraplegic who does not allow her disability to restrict her. VanHook has hiked through the Grand Canyon and “fully engages in life.” This article also describes impactful moments in VanHook’s life including her husband’s deployment to Afghanistan and acquiring a power wheelchair.

**Caroff, M. (2007). One for autism: a powerful formula for success. *Exceptional Parent*, 37(4), 58-63.**

This article describes the One for Autism facility, a facility for children with autism and other developmental delays. The One for Autism facility, includes the One for Autism Academy and the One for Autism Center. The One for Autism organization provides one location where families can obtain multiple services, therefore minimizing the burden on families. The author suggests future steps should include obtaining first-hand experiences from parents whose children attend One for Autism.

**Corbin, J. N. (2008). Returning home: resettlement of formerly abducted children in Northern Uganda. *Disasters*, 32(2), 316-335. doi: 10.1111/j.1467-7717.2008.01042.x [doi]**

Researchers conducted an exploratory qualitative study on the resettlement experiences of Northern Ugandan children forced into armed conflict. Researchers performed a thematic analysis on narrative data from 11 former child combatants and 11 adult community members. Researchers highlighted the following themes: “overarching impact of ongoing armed conflict on returnees’ lives, the important role of the family in supporting children’s resettlement, the harassment of former child soldiers by community members, and the community’s inability to support systematically the returning children in tangible ways.” Further recommendations

include efforts from humanitarian services to help strengthen the capacity of families to care for the needs of former child soldiers.

**Daniels, Ann Michelle. (2007). Cooperation versus Competition: Is There Really Such an Issue? *New Directions for Youth Development*(115), 43-56.**

The author of this article discusses the notion that children can learn cooperative skills from competitive sports. Three models are discussed including, the reward model, the military model and the partnership model. The author states that the partnership model “balances” competition in youth sports. The author notes the importance of understanding how children conceptualized competition, depending on their stage of development.

**Davis, B. E., Blaschke, G. S., & Stafford, E. M. (2012). Military children, families, and communities: supporting those who serve. *Pediatrics, 129 Suppl 1*, S3-10. doi: 10.1542/peds.2010-3797c**

The authors provide a guide to pediatricians regarding how to support military families. Concerns include parental wartime separation and having access and awareness of available resources. Authors detail challenges of military family life, specific available programs and future healthcare challenges. Authors suggest further research, identify concerns and create interventions for military members and families.

**Deng, Santino Atem. (2006). My Long Journey from Suffering to Life. *Reclaiming Children and Youth: The Journal of Strength-based Interventions, 15*(2), 71-72.**

Santino Atem Deng describes his experience with trauma as a Sudanese child refugee. Deng was separated from his parents and his father was killed. Deng fled to Ethiopia where he went to school, learned self-defense and survival skills, and learned about peer support. Deng is now a “behavior worker and community facilitator” for the Ministry of Education (MOE) and Group Special Education (GSE). Deng concludes by noting the difficulty in trauma work, however, he finds that his training in arbitration, litigation and mediation has been very beneficial.

**Denov, Myriam, & Maclure, Richard. (2007). Turnings and Epiphanies: Militarization, Life Histories, and the Making and Unmaking of Two Child Soldiers in Sierra Leone. *Journal of Youth Studies, 10*(2), 243-261.**

This article discusses the lives of two former Sierra Leonean child soldiers. Researchers look into their experiences as soldiers, in addition to their experience reintegrating into society. Specifically, researchers explore how the children became soldiers, the degree they “assumed militarized identity”, and their reintegration into society. It is concluded that more research is needed about this population, especially regarding the “process of militarization” and its impact on identity.

**DiRamio, David, & Jarvis, Kathryn. (2011). Special Issue: Veterans in Higher Education-- When Johnny and Jane Come Marching to Campus. *ASHE Higher Education Report, 37*(3), 1-144.**

This volume offers information about college students with military experience. Theories, frameworks, ideas and facts are given which researchers assert to be beneficial for those providing services to student veterans. For example, Alexander Astin's I-E-O model is introduced to highlight the significance of veteran peer support. This volume includes a multitude of topics related to student veterans, including the female military college student experience.

**Edwards, Harriett C. (2009). Engaging Military Partners: Supporting Connections to Communities. *Journal of Higher Education Outreach and Engagement, 13(4), 85-92.***

Edwards explores a community program called Operation Military Kids (OMK), that provides support to military families through age-appropriate activities, encouragement of community support to families with a deployed service member and education regarding the challenges of deployment. Researchers emphasize the importance of successful collaboration at the individual and state levels to the quality and effectiveness of the program.

**Ellis, K. (2008). United States Military section: Project Devin seeks to lighten the load. *Exceptional Parent, 38(2), 74-75.***

This article describes the experiences of a family of an 11-year old boy with a rare mitochondrial disorder, epilepsy, and autism. In order to help other families like themselves, this family created Project Devin which provided assistance to military families transitioning to new communities. Project Devin assists in finding hospitals, schools and other services to meet the needs of the specific family.

**Eskin, V. (2011). Ladies in waiting: a group intervention for families coping with deployed soldiers. *Int J Group Psychother, 61(3), 414-437. doi: 10.1521/ijgp.2011.61.3.414 [doi] 10.1521/ijgp.2011.61.3.414 [pii]***

Group intervention for women whose husbands had been deployed internationally is discussed by this article. The researcher offers this form of intervention as a model for other therapists treating the transgenerational transmission of trauma from husbands in the military to their families. The researcher also suggests individual treatment for women and children in military families. Finally, the researcher offers this work to be modeled by others interested in transgenerational transmission of trauma.

**Esposito-Smythers, C., Wolff, J., Lemmon, K. M., Bodzy, M., Swenson, R. R., & Spirito, A. (2011). Military youth and the deployment cycle: emotional health consequences and recommendations for intervention. *J Fam Psychol, 25(4), 497-507. doi: 10.1037/a0024534 [doi] 2011-12894-001 [pii]***

Researchers aimed to provide an "empirically based and theoretically informed review" to support the development of evidence-based treatments for military youth. This article provides an overview of stressors associated with military deployment, existing preventative and treatment services for youth from military families and emotional and behavioral health consequences on youth and their parents. Researchers also provide treatment recommendations for youth presenting with emotional and behavioral health symptoms related to deployment.

**Facteau, C. (2010). Proactive and proud: an early intervention story. *Exceptional Parent, 40(4), 50-53.***

Marine wife Cindy Facteau shares her story of discovering her son's developmental delays and pursued very early intervention. As soon as she learned of her son's autism diagnosis (given before age 3), Facteau, was referred to a program called More Than Words that promotes communications skills. Her son began treatment with Autism Spectrum Consultants (ASC) and Applied Behavior Analysis (ABA). Facteau credits her son's progress to this early intervention.

**Fahey, Jean Ciborowski, & Forman, Judith. (2012). The Journey toward Literacy Begins in Infancy: The Reach out and Read Innovation. *Childhood Education, 88(4), 217-220.***

The authors discuss the Reach Out and Read program, in which doctors and nurses at 4,900 health centers, hospitals and pediatric clinics promote the importance of reading aloud to children. This program targets low-income children. It spans from the 6-month check up to age five. The Reach Out and Read program has been particularly beneficial among Spanish-speaking, American Indian/Alaska Native and military families. Researchers assert that this program has served as a great example and has been used as a model for early literacy intervention programs in Israel, Canada, the Phillipines, Italy, England and Bangladesh.

**Fals-Stewart, W., & Kelley, M. (2005). When family members go to war--a systemic perspective on harm and healing: comment on Dirkzwager, Bramsen, Ader, and van der Ploeg (2005). *J Fam Psychol, 19(2), 233-236.* doi: 2005-06518-009 [pii] 10.1037/0893-3200.19.2.233 [doi]**

In this article, researcher comment on an article by A.J.E. Dirkzwaer, I. Bramsen, H.Ader, and H.M.van der Ploeg (2005) investigating trauma transmission of posttraumatic stree symptoms (PTSS) from male peacekeepers to their female partners. Researchers recommend future directions to this work which include the following: "(a) to reveal the characteristics of those individuals, couples, and family members that may be predictive of vulnerability and resiliency to PTSS and its sequelae; (b) to understand the interrelationship of PTSS and secondary trauma, relationship adjustment, and social support; and (c) to develop and test intervention methods that may be effective in reducing PTSS and other psychosocial problems among peacekeepers, their partners, and other family members."

**Ford, J. D., Chandler, P., Thacker, B., Greaves, D., Shaw, D., Sennhauser, S., & Schwartz, L. (1998). Family systems therapy after Operation Desert Storm with European-theater veterans. *J Marital Fam Ther, 24(2), 243-250.***

In this article, researchers conducted a quasi-experimental trial of time-limited family therapy with veterans and families of veterans who served in Europe, "outside the war zone," during Operation Desert Storm (ODS). Participants were provided family systems therapy during the acute postwar readjustment period. Researchers found that family systems therapy reduced the "risk of long-term (chronic or delayed) psychosocial impairment" and veterans were able to

“resume functional levels of psychosocial adjustment.” Based on this study, the researchers proposed further controlled evaluation of family systems therapy for individuals and families who have experienced stressors like wartime non-war-zone military deployment.

**Fuenfer, M. M., Spinella, P. C., Naclerio, A. L., & Creamer, K. M. (2009). The U.S. military wartime pediatric trauma mission: how surgeons and pediatricians are adapting the system to address the need. *Mil Med*, 174(9), 887-891.**

In this study, researchers compiled data from the Joint Theater Trauma Registry (JTTR) and the Patient Administration Systems and Biostatistics Activity (PASBA) databases, in order to enhance the medical and surgical care being provided. Resulting information helped in the development of education program for combat support hospital (CSH) personnel and initiatives in predeployment training.

**Garatti, Marinella, & Rudnitski, Rose A. (2007). Adolescents' Views on War and Peace in the Early Phases of the Iraq Conflict. *Adolescence (San Diego): an international quarterly devoted to the physiological, psychological, psychiatric, sociological, and educational aspects of the second decade of human life*, 42(167), 501.**

In this article, researchers sampled a group of 209 children, aged 10-14 who attended a religious school or its after-program in a suburban area outside of New York City, in order to assess their views of war and peace in the fall of 2003. Researchers compared survey findings to youth surveyed during the Vietnam War, the first Persian Gulf War, and the U.S. military involvement in Latin America. Despite shift in time period, results were comparable. Participants did not glorify war or believe that world peace is impossible. However, researchers noted that the sample was not as ready to “die for their country.”

**Geron, Y., Ginzburg, K., & Solomon, Z. (2003). Predictors of bereaved parents' satisfaction with group support: an Israeli perspective. *Death Stud*, 27(5), 405-426. doi: 10.1080/07481180302876 [doi]**

In this study, researchers surveyed 138 bereaved parents who lost a child during military service to examine aspects of group support to the participants’ “satisfaction with the group support.” Participants answered questionnaires following completing 16 support groups. Questionnaires assessed the participants’ interpersonal relationships among the group members, their motives for joining the group, contribution of intervention to their adjustment and the group leadership style. Researchers found an association between supportive elements of the intervention and the groups’ perceived contribution.

**Gibson, Jennifer Lee, Griepentrog, Brian K., & Marsh, Sean M. (2007). Parental Influence on Youth Propensity to Join the Military. *Journal of Vocational Behavior*, 70(3), 525-541.**

This is a study of a Theory of Planned Behavior (TPB) model which was created for youth-parent dyads to investigate parental influence on youth career choice intentions and behavior. Researchers utilized structural equation modeling (SEM) and found this model to be useful for explaining how youth and parent beliefs lead to enlistment/pre-enlistment intentions and behavior. Researchers suggest implications for recruitment and outreach.

**Gimbel, R. W., Pangaro, L., & Barbour, G. (2010). America's "undiscovered" laboratory for health services research. *Med Care*, 48(8), 751-756. doi: 10.1097/MLR.0b013e3181e35be8**

In this article, researchers discuss the Military Health System (MHS). They describe key characteristics of the MHS and its health information system. Researchers also describe current “regulatory barriers” to research within the MGS and suggest steps to minimize the impact of these barriers in conducting health services research (HSR). Researchers conclude that the inclusion of the MHS environment in HSR studies of topics including access to care, child health and health disparities, will provide support for potential changes in the way American healthcare is provided.

**Hayes, J., Wakefield, B., Andresen, E. M., Scherrer, J., Traylor, L., Wiegmann, P., . . . Desouza, C. (2010). Identification of domains and measures for assessment battery to examine well-being of spouses of OIF/OEF veterans with PTSD. *J Rehabil Res Dev*, 47(9), 825-840.**

In this article, researchers identify appropriate assessment measures to examine “the well-being of spouses assisting with veterans’ recovery.” Researchers employed focus groups and expert input to comprise a battery intended for future research with Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). Researchers conclude that this is a great way to begin understanding appropriate measures for this population.

**Hebdon, H. (2007). *The face of the Exceptional Family Member Program (EFMP): families at Fort Lewis. Exceptional Parent*, 37(4), 64-68.**

Hebdon describes the experiences of three of the Exceptional Family Member Program (EFMP) families at Fort Lewis. These families were all experiencing challenges of deployment and a need for resources. The author notes that Fort Lewis has the highest per capita EFMP enrollment in the Army. Therefore, challenges are seen in high numbers and provide “unique” experiences for the stationed families.

**Hobfoll, S. E., Spielberger, C. D., Breznitz, S., Figley, C., Folkman, S., Lepper-Green, B., . . . et al. (1991). War-related stress. Addressing the stress of war and other traumatic events. *Am Psychol*, 46(8), 848-855.**

Researchers describe a task force that developed strategies for prevention and treatment of psychological, psychosocial, and psychosomatic disorders associated with the Persian Gulf War and other stressors. This task force also outlined both successful and unsuccessful coping strategies. Researchers recommended outreach and intervention on a multi-systematic level including individual, family, policy and systems like schools, businesses and governmental agencies.

**Hodge, I. (2007). *An interview with Dr. Rebecca Posante. Exceptional Parent, 37(7), 92-93.***

This article describes an interview of Dr. Rebecca Posante, given by Isabel Hodge, content analyst for the Department of Defense Military Community and Family Policy Program Support Group. Dr. Rebecca Posante is the Department of Defense's Program Manager for Special Needs. Dr. Posante described various online support services for military families, including Plan My Move, Military Homefront and Military Installations.

**Houseman, C., Butterfoss, F. D., Morrow, A. L., & Rosenthal, J. (1997). *Focus groups among public, military, and private sector mothers: insights to improve the immunization process. Public Health Nurs, 14(4), 235-243.***

In this study, researchers conducted six focus groups with 41 mothers to gather information regarding their views on immunizations and their health care services. Results showed that mothers had positive views on immunizations. However, they noted that getting their child immunized on time requires planning and resources. Parents made suggestions to improve the immunization process including making immunizations less traumatic. Researchers concluded that health care providers should explore ways to remove barriers to immunization.

**Howe, Maryalice B. (2000). *Improving Child Care and Promoting Accreditation: The Military Model. Public Policy Report. Young Children, 55(5), 61-63.***

This article discusses the favorable qualities of military child care. The author asserts that military child care has been more effective in promoting quality. The author also discusses components that are contributing to quality improvements in military child care. The author concludes that the Military Child Care Act has been a "jump-start" for change.

**Keane, T. M. (2011). *Responding to the Psychological Needs of OEF-OIF Military: A Commentary on Progress in Treatment Development. Cognitive and Behavioral Practice, 18(1), 144-148. doi: 10.1016/j.cbpra.2010.07.001***

This article discusses the growth in treatment for soldiers involved in Operation Enduring Freedom and Operation Iraqi Freedom. Researchers also highlight the variety of treatments. Researchers conclude that the "creativity of these research teams" encourages further work that will enrich the mental health services provide to the general population.

**Kelty, R., Kleykamp, M., & Segal, D. R. (2010). *The military and the transition to adulthood. Future Child, 20(1), 181-207.***

Researchers discuss the effect of military service on the transition into adulthood. They note responsible membership, economic independence from parents and timing of marriage and parenthood as factors in this transition, among others. Researchers conclude by pursuing policy lessons from "the military's success" in aiding the transition into adulthood.

**Khaylis, A., Polusny, M. A., Erbes, C. R., Gewirtz, A., & Rath, M. (2011). Posttraumatic stress, family adjustment, and treatment preferences among National Guard soldiers deployed to OEF/OIF. *Mil Med*, 176(2), 126-131.**

Researchers surveyed 100 National Guard Soldiers to assess posttraumatic stress disorder (PTSD) symptoms, treatment preferences and relationship concerns. “Results showed that PTSD symptoms were significantly associated with the degree of relationship concerns.” The majority of parents were concerned with parenting practices and majority of married/partnered soldiers were concerned with relationship satisfaction. Researchers concluded that family-based interventions are very important and necessary to address “post-deployment mental health” and other family problems.

**Kleiger, J. H., Kennedy, D., Becker, D. J., & Smith, S. (1993). "Children, don't forget me": a resource and support group for deployed parents during Operations Desert Shield and Desert Storm. *Health Soc Work*, 18(3), 237-240.**

This article describes a support group for deployed personnel during Operations Desert Shield and Desert Storm regarding separation from their children. Separate groups were offered for officers and for enlisted members. Group leaders provided support and therapeutic factors including cohesiveness and installation of hope. The authors noted that this “social group-work” approach helped parents cope with being separated from their children.

**Kovalesky-McLaine, Linda. (1984). Military Children in Special Education Classrooms. *Teaching Exceptional Children*, 16(2), 140-141.**

In this article, the author provides suggestions for special education teachers to assist in the transitioning of military families into new schools. The author emphasizes the importance of parent education and provides a list of references and resources for parental use.

**Lester, Patricia, Mogil, Catherine, Saltzman, William, Woodward, Kirsten, Nash, William, Leskin, Gregory, . . . Beardslee, William. (2011). Families Overcoming Under Stress: Implementing Family-Centered Prevention for Military Families Facing Wartime Deployments and Combat Operational Stress. *Mil Med*, 176(1), 19-25.**

The authors describe a family-centered resiliency training program, Families Overcoming Under Stress (FOCUS), developed at the University of California, Los Angeles and Harvard Medical School. The program was developed based upon evidence-based research on interventions for military families contending with combat-related stress associated with wartime deployments. The program’s family-narrative approach to using psychoeducation, emotion regulation skills, goal setting, traumatic stress reminder management techniques, family communication and problem solving skills is discussed. FOCUS is being implemented at military installations through an initiative from the Navy Bureau of Medicine and Surgery. The article also presents a FOCUS case example.

**Lester, Patricia, Saltzman, William R., Woodward, Kirsten, Glover, Dorie, Leskin, Gregory A., Bursch, Brenda, . . . Beardslee, William. (2012). Evaluation of a Family-Centered Prevention Intervention for Military Children and Families Facing Wartime Deployments. *American Journal of Public Health, 102*(S1), S48-S54.**

The authors perform a secondary analysis of the Families Overcoming Under Stress Program (FOCUS), a resiliency training program for US military families affected by combat-related stress associated with wartime deployments. This study used data collected between July 2008 and February 2011 at 11 military installations in the US and Japan where FOCUS was conducted with 488 families. The authors report pre-post outcomes for 331 families, and demonstrate that the program is well-received by many families whose members report high levels of satisfaction and display a positive impact on parent-child indicators. It is reported that, as compared to community norms, psychological distress was elevated in all family members (i.e. service member, civilian parent, and children) at program entry, yet significant improvements were observed in all measures by program end. It was concluded that preliminary support is provided for this military family prevention program for use in mitigating the impact of wartime deployment.

**Lopatin, Shari. (2011). 'Parent Training' Prevents Gaps in Care for Military Families. *Exceptional Parent, 41*(9), 44-44.**

Parent training programs that enable military parents to adequately care for their children suffering from autism are discussed. In her presentation of the program, the author highlights the benefits of parents being able to provide therapy at home, including ensuring that intervention services do not get interrupted. The online “100 Day Kit” provided by Autism Speaks, is an effort to have each parent successfully understand the goals and techniques of the program. Operation Autism further reports that parents who are trained with their children for one hour per week for 10 weeks are able to learn therapy methods that lead to permanent changes. The article further provides information on the “Remote Parent Training Program”, a 25 hour weeklong intensive training program for families with a child diagnosed with an Autism Spectrum Disorder that live outside of the immediate area.

**Lopatin, Shari. (2012). Preventing Gaps in Special Needs Therapies for Children. *Exceptional Parent, 42*(11), 51-51.**

The Southwest Autism and Research Center and its commitment to training parents in military families that have a child with an autism spectrum disorder are discussed. The author contends that parent training can be very helpful to military families during their many moves and transitions in minimizing the gaps in treatment for their children. The remote parent training program offers 25 hours of intensive training over a weeklong period and is reported to have served over 40 families in the past 2 years. The goal of the program is not to replace the

professional therapist, but to allow for the parent to continue providing services at home. Information on funding sources for interested military families is also provided.

**Marroquin, Laura. (2010, Aug 2010). Mission: ACT Today! for Military Families. *The Exceptional Parent*, 40, 40-41.**

Information on ACT Today! (Autism Care and Treatment Today!), a non-profit organization that provides grant money to military families for access to autism treatment for their children, is presented. The national campaign for raising awareness of the issues facing gaps in treatment for military families is also discussed. The author highlights upcoming events, including media campaigns, and communication between the ACT Today! Organization and First Lady Michelle Obama. Information about autism and treatment options is also provided for military families in need.

**Martinez, Adriana. (2008). Scientifically Based Research in Special Education: How Does It Apply to My Military Child? *Exceptional Parent*, 38(4), 82-82.**

The need for empirically-validated teaching practices in special education for military families is discussed. In citing the provisions of the Individuals with Disabilities Education Act (IDEA) and No Child Left Behind Act of 2001 (NCLB), the author concludes that teachers must use scientifically based research when instructing students in special education classrooms. Specifically, she discusses the impact of having such standards on military families that often change schools during Permanent Change of Station (PCS) assignments. The article presents the qualities of valid research as stressed by Congress, and suggests that parents use these specific elements to evaluate how a product, method, or technique will help their child.

**Mollerstrom, W. W., Patchner, M. A., & Milner, J. S. (1992). Family violence in the Air Force: a look at offenders and the role of the family advocacy program. *Mil Med*, 157(7), 371-374.**

A 4-year evaluation study of the services provided through the Family Advocacy Program for treating and preventing family violence on Air Force bases is conducted. Each base installation of the program is run by the Family Advocacy Officer, a clinical social worker who addresses issues of spousal abuse and child maltreatment. This paper is based upon the 1<sup>st</sup> year of data collection conducted at one-third of all Air Force medical treatment facilities and reports on descriptive characteristics and interventions used in cases of spousal and child abuse/neglect. The findings will be used to document effective treatment strategies and improve the quality of services available to victims, offenders, and their families.

**Monson, C. M., Macdonald, A., & Brown-Bowers, A. (2012). Couple/family therapy for posttraumatic stress disorder: review to facilitate interpretation of VA/DOD Clinical Practice Guideline. *J Rehabil Res Dev*, 49(5), 717-728.**

Authors present recommendations for the use of couple/family therapy in the treatment of post-traumatic stress disorder (PTSD) and associated family relationship problems. The article refers to the newest version of the Department of Veterans Affairs/Department of Defense (VA/ DOD) Clinical Practice Guideline (CPG) for Management of Post-Traumatic Stress and develops a heuristic that organizes these interventions in a method to be used by clinicians, researchers, and policy makers. The authors address the CPG's "insufficient" rating given to couple/family therapy in the treatment of PTSD and review literature that they believe should have been used when drawing a conclusion on the costs and benefits of this treatment modality. In addition, the authors provide information on the efficacy of interventions based upon the treatment target.

**Neff, Jolene. (2007). ECHO-The Extended Care Health Option. *The Exceptional Parent*, 37, 85-91.**

The eligibility requirements and services available through the Extended Care Health Option (ECHO) for active duty military families are presented. This supplemental health plan is available to families with specific physical and mental disabilities and provides financial assistance to qualified beneficiaries. The article provides questions and answers for parents and professionals about the program. It also details the registration and enrollment process through the Exceptional Family Member Program (EFMP) located on military bases throughout all four branches and the Coast & National Guards. The services provided through ECHO, including medical/rehabilitative, training, special education, and more, are listed and discussed.

**Olness, K., Sinha, M., Herran, M., Cheren, M., & Pairojkul, S. (2005). Training of health care professionals on the special needs of children in the management of disasters: experience in Asia, Africa, and Latin America. *Ambul Pediatr*, 5(4), 244-248.**

The design and implementation of a training course for international health care professionals in disaster management focused on children is discussed. The 5-day training course, first conducted at Case Western Reserve University in 1996, was reviewed for its format, content, learning objectives, teaching methods, course evaluation, and feedback. The authors examined the 15 replications of the course (7 overseas) and found that faculty used a problem-based learning method to train health care workers, which was well-received and results in the active participation of local medical professionals. The course has helped to create an international group of professionals involved in disseminating information to relief workers providing quality care to child disaster victims.

**Patterson, Tyler. (2010). Autism Resources for Military Families. *The Exceptional Parent*, 40, 43.**

The Exceptional Family Member Program (EFMP) is explained for military families with special needs children. The benefits and services available through Extended Care Health Option (ECHO) are discussed, including methods of enrollment. TRICARE's Enhanced Access to

Autism Services Demonstration, which provides access to specialized treatments, therapies and interventions (Educational Interventions for Autism Spectrum Disorders, EIA), is presented. The Autism Demonstration is available to children diagnosed with Autistic Disorder, Childhood Disintegrative Disorder, Asperger's Syndrome, or Pervasive Developmental Disorder, NOS.

**Patterson, Tyler. (2011). Military Benefits, Civilian Life Leaving the Military? *The Exceptional Parent*, 41, 50.**

Information is provided to active duty service members who are leaving the military and will need to extend their Extended Care Health Option (ECHO) coverage for their special needs children. It details how those eligible for the Transitional Assistance Management Program (TAMP) can continue to receive ECHO coverage for an additional 180 days. The article lists the circumstances under which a family would qualify for this extended coverage and ways to learn more about this benefit option.

**Rush, Christina Mitchell, & Akos, Patrick. (2007). Supporting Children and Adolescents with Deployed Caregivers: A Structured Group Approach for School Counselors. *The Journal for Specialists in Group Work*, 32(2), 113-125.**

A unique school-based approach to supporting children and adolescents who are forced to contend with the social and emotional effects of having a deployed parent is presented. The authors describe a ten-session, hybrid psychoeducational-counseling group that helps to increase knowledge, build student competencies, and create a safe space for children to express their emotions with peers. The group, led by school counselors, progresses through the five-stage emotional cycle of deployment and aims to help students develop coping strategies along the way. The article details objectives for each of the group sessions and concludes with an evaluation of the program.

**Saltzman, W. R., Lester, P., Beardslee, W. R., Layne, C. M., Woodward, K., & Nash, W. P. (2011). Mechanisms of risk and resilience in military families: theoretical and empirical basis of a family-focused resilience enhancement program. *Clin Child Fam Psychol Rev*, 14(3), 213-230.**

This article presents the theoretical rationale and empirical basis for FOCUS, Families Overcoming Under Stress, a family-centered, resilience-enhancing program developed by UCLA and Harvard School of Medicine. The program was designed for delivery to Navy, Marine, Navy Special Warfare, Army and Air Force families in an effort to increase the quality and functionality of familial relations during repeated wartime deployment. The authors present literature on family resilience and suggest specific mechanisms of risk and resilience. The article also includes a discussion of the evaluation data from the program's first 2 years of operation.

**Saltzman, W. R., Pynoos, R. S., Lester, P., Layne, C. M., & Beardslee, W. R. (2013). Enhancing family resilience through family narrative co-construction. *Clin Child Fam Psychol Rev*, 16(3), 294-310.**

The authors provide an evidence-based method for intervention with military families affected by multiple wartime deployments and psychological, stress-related, or physical parental injury. The authors suggest, in accordance with current literature, that a family's ability to make meaning of stressful and traumatic events is key to resilient adaptation. They review research contributions to understanding family resilience within American military families and highlight the use of therapeutic narrative studies in understanding how family members develop meaning-making capacities. The broad range benefits of family-based narratives, including helping to bridge family estrangements and re-engagement of communication and support processes, are discussed.

**Santelli, Betsy, Turnbull, Ann, Marquis, Janet, & Lerner, Esther. (1997). Parent-to-Parent Programs: A Resource for Parents and Professionals. *Journal of Early Intervention*, 21(1), 73-83.**

Information regarding the Parent to Parent programs available to military families with children who have special needs is provided. The program allows for parents to receive support, both emotional and informative, from parents dealing with similar circumstances. These programs operate by matching a veteran parent with a newly referred parent that can offer perspective and information. The article presents an experience between two parents in the program, describes the results of a national survey on Parent to Parent programs, presents guidelines for starting a Parent to Parent program, and suggests resources for parents interested in joining a program.

**Santelli, Betsy, Turnbull, Ann P., Marquis, Janet G., & Lerner, Esther P. (1995). Parent to Parent programs: A unique form of mutual support. *Infants & Young Children*, 8(2), 48-57.**

The authors discuss a unique model for personalizing family support services through the Parent to Parent program, designed to provide factual information and emotional support to military parents of special needs children. The article presents results from a national survey, conducted by the Beach Center on Families and Disability at the University of Kansas, on the nature of military parental experience in the program. The study surveyed both referred and veteran parents on the level of support received in the program as well as the nature of the parental match. Results provided important descriptive information about the programs, as well as anecdotal evidence of the parental experience.

**Smith, Linda K, & Colker, Laura J. (2001). Making It a Reality: An Infrastructure To Attain High-Quality Child Care. Viewpoint. *Young Children*, 56(3), 78-85.**

The military system's approach to child care is examined in an effort to adopt many of their quality components into a new civilian program. The "New American Child Care System" will

result from a few policy changes to the existing civilian system and move the nation toward a community support system for quality child care.

**Smith, R. C., Chun, R. S., Michael, R. L., & Schneider, B. J. (2013). Operation BRAVE families: A preventive approach to lessening the impact of war on military families through preclinical engagement. *Mil Med*, 178(2), 174-179.**

Operation Building Resilience and Valuing Empowered Families program, designed to form a partnership between families of wounded warrior parents from the war in Iraq and Afghanistan and the Walter Reed National Military Medical Center's Child and Adolescent Psychiatry Service, is described. The authors review literature on current preventative programs geared towards children exposed to trauma and disaster and compares them to Operation BRAVE. They additionally provide a case example to highlight the strengths of the program. The authors conclude that, unlike many programs for children and adolescents around the country, Operation BRAVE is a primary prevention program that can be used as a model for other military treatment facilities and civilian hospitals.

## 6. Miscellaneous

**Mayselessx, Ofra. (2004). Home Leaving to Military Service: Attachment Concerns, Transfer of Attachment Functions from Parents to Peers, and Adjustment. *Journal of Adolescent Research*, 19(5), 533-558.**

This study examines the transition of Israeli 18 year old males who leave home to perform 3 years of mandatory military service and explores the transfer of parental attachment functions to peers. 143 adolescent participants completed self-report questionnaires 3 months prior to, and 6 months following, the transition to basic training. Based upon attachment theory and the concept of transfer of attachment functions, results indicated that attachment insecurity at pre-conscription was associated with less transfer. However, a high fear of closeness was associated with increased transfer of proximity seeking and contributed to better adjustment. The authors further found that anxiety over abandonment was negatively associated with adjustment, and that this relationship was partly mediated by low hardiness.

**Rupp, R. E., & Schydlower, M. (1994). Demographics of Military dependent children and adolescents: projected patient population shift. *Mil Med*, 159(2), 144-147.**

Through an examination of current health care and military personnel trends, the authors present a projection of the demographics of the military dependent patient population in coming years. They determine that approximately 35% of the dependent children of armed services personnel are currently adolescents (13 to 19 yrs old), with 75% of them being dependents of active duty personnel. However, it was predicted that a decreased threat to national security would lead to a 25% reduction in the active duty force by 1996. Therefore, they conclude that military

pediatricians and civilian contract physicians should be prepared for an increase in the mean age of children beneficiaries.

**Sam Peal, Emile Desmond Eburn. (2008). Pastor Emile's children. *International Journal of Children's Spirituality*, 13(3), 235-239.**

The efforts of Pastor Emile, a Baptist leader in Liberia during a period of civil war, are discussed. Pastor Emile is described, throughout the article, as someone who cared for children and listened to them as they shared their stories and dreams in a constructive process of healing from civil strife in a war-ravaged country. The author details the conditions within Liberia and the effects of extreme poverty, rebel wars, and tremendous loss. The article concludes by providing examples of the children's written work to illustrate the process of healing through sharing one's dreams.

**Smrekar, Claire E., & Owens, Debra E. (2003). "It's a way of life for us": High mobility and high achievement in department of defense schools. *The Journal of Negro Education*, 72(1), 165-177.**

The U.S. Department of Defense Education Activity (DoDEA) school system is notable for high student mobility; however, despite this fact the students are also characterized by high academic achievement. The authors explore the components of the DoDEA school system that make this level of achievement possible by conducting interviews at 15 middle schools across 10 school districts in the U.S. Interviews indicated that there is a system of support and accountability within the school system that allows for high academic performance despite high mobility. In addition, the authors discuss the performance gap between white and minority populations within the DoDEA school system. A strong and stable teaching force, high expectations, individual attention, sufficient staffing and a "corporate" commitment to public education are all cited as factors aiding in the success of the school system.

**Tiwary, C. M., & Ward, J. A. (2003). Use of hair products containing hormone or placenta by US military personnel. *J Pediatr Endocrinol Metab*, 16(7), 1025-1032.**

A survey of 2,097 US Army School residents revealed that 14.8% of the population regularly used hair products containing hormone or placenta, which has been associated with premature sexual development. It was found that frequency of use was higher amongst non-white female enlisted personnel and lowest among white male commissioned officers. Furthermore, 13.4% of the entire sample had children that used the products as well. Children's use paralleled that of their parents despite federal regulation against their use.

**Yoong, S. Y., Miles, D., McKinney, P. A., Smith, I. J., & Spencer, N. J. (1999). A method of assigning socio-economic status classification to British Armed Forces personnel. *J R Army Med Corps*, 145(3), 140-142.**

Two study groups comprised of 436 civilian and 162 Armed Forces families were evaluated in the development of a new socio-economic classification method for British Armed Forces Personnel. The sample, comprised of parents of babies delivered between January – June 1996, was successfully used to assign Registrar General’s social classification to Armed Forces personnel. Study results indicated a significant difference in social class distribution of the two study groups. It was concluded that this new method of classifying occupations within the Armed Forces was comparable to that used with Registrar General’s classification.

**Yuill, Ron. (2005). Students Help a Teacher Called to Active Duty: What a Great Feeling to Have a Group of Students Who Are Excited and Want to Help a Teacher in Need so Many Miles from Home. *Technology Teacher*, 65(2), 31.**

This anecdotal piece on a middle school teacher called to service in Iraq highlights a group of technology education students that work hard to develop games to occupy the time of military service personnel at war. The article describes the enthusiasm with which the classes contributed their time and the support of local companies in the donation of materials. After completion of the games, they were sent to Iraq for military servicemen and Iraqi children. The article concludes with a heartfelt letter from the deployed teacher thanking the students for their support and detailing his service mission.

**Zimmer, Ron, Buddin, Richard, & Gill, Brian. (2002). Distributional effects and distorted incentives: funding policy under the Federal Impact Aid program. *Journal of Education Finance*, 27(4), 939-963.**

Authors examine the funding formula for the U.S. Department of Education’s Impact Aid program, a federal government program which pays for a portion of the public school education expenses for military children living in the U.S. The study analyzes the sensitivity of the funding formula for various military installations and determines how well the formula adheres to the statute for military children. In addition, the authors examine how the basic support program (BSP) and learning opportunity threshold (LOT) affect the distribution of resources. The authors conclude that the interaction of the BSP and LOT affect school districts in a number of complex ways that have important implications for military-related children. It is suggested that this information be utilized in the development of appropriate policy as well as lead to a greater understanding of the importance of examining funding formulas in general.