

# Research Brief

## The Long War and Parental Combat Deployment: Effects on Military Children and At-Home Spouses

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### Research Highlights:

- Since the start of Operation Enduring Freedom and Operation Iraqi Freedom, the number of military families experiencing a parent's multiple deployments has increased. These cyclical deployments can place significant stress on spouses and children, especially, who can experience psychological stress knowing parents are working in dangerous, uncertain circumstances.
- In this study, researchers found that the cumulative length of parental deployment was associated with an increased risk of child depression and externalizing symptoms, in which children direct their anger or anxiety into aggressive or delinquent behavior.
- Children were found to have complex responses to the phases of the deployment cycle, especially when parents were deployed multiple times. The impact of a parent's combat deployment on school-aged children appears to accumulate with increased exposure, and children still show high levels of anxiety even after a parent has returned from active duty.

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### Abstract:

“Objective: Given the growing number of military service members with families and the multiple combat deployments characterizing current war time duties, the impact of deployments on military children requires clarification. Behavioral and emotional adjustment problems were examined in children (aged 6 through 12) of an active duty Army or Marine Corps parent currently deployed (CD) or recently returned (RR) from Afghanistan or Iraq. Method: Children (N=272) and their at-home civilian (AHC) (N 163) and/or recently returned active duty (AD) parent (N=65) were interviewed. Child adjustment outcomes were examined in relation to parental psychological distress and months of combat deployment (of the AD) using mixed effects linear models. Results: Parental distress (AHC and AD) and cumulative length of parental combat – related deployments during the child's lifetime independently predicted increased child depression and externalizing symptoms. Although behavioral adjustment and depression levels were comparable to community norms, anxiety was significantly elevated in children in both deployment groups. In contrast, AHC parental distress was greater in those with a CD (vs. RR) spouse. Conclusions: Findings indicate that parental combat deployment has a cumulative effect on children that remains even after the deployed parent returns home, and that is predicted by psychological distress of both the AD and AHC parent. Such data may be informative for screening, prevention, and intervention strategies.”

## Implications

### For Practice

Children of combat deployed parents live in more emotionally charged and stressful environments, including the stress of worrying about a parent's safety during active duty. However, children of combat deployed parents still show high levels of anxiety even after a parent's return from active duty, showing that children may have increased emotional needs at all phases of the deployment cycle. This study indicates that children who have experienced more cumulative months of combat deployments over their lifetime are at a greater risk for psychological distress. In addition, psychological distress in a parent, whether a civilian spouse or returning service member, is associated with greater emotional distress in children. These findings suggest that family-centered approaches to enhance parent and child coping and reduce anxiety may be most effective in strengthening military and veteran families facing deployments and reintegration challenges. These families should be provided with assistance throughout these processes, keeping lines of communication open both during deployment and after a parent's return from active duty. Traditional approaches to emotional regulation and anxiety management may not be sufficient for children of deployed parents, so methods of teaching these skills should be tailored to military children to address possible heightened separation anxiety symptoms and fears surrounding parental wartime deployments. Persistent anxiety in children of deployed parents can be detrimental to child development and family life, possibly resulting in problems with independent sleeping, school work, school attendance, and social development. Military families should be provided assistance with developing skills that can reduce psychological stress for both children and spouses impacted by a parent's deployment cycle.

### For Policy

Demographics of United States military service members have changed significantly in recent decades, resulting in a higher number of service members with families. Because of these changes, there is a greater need for policies and programming addressing the needs of these families both during parental deployment and upon return from active duty. In planning for extended military operations, policy makers should work with military officers to insure there are programs in place to address and mitigate the impact of extended-duty contracts on families. Programs should maintain a family-centered, targeted, preventive approach for both children and spouses facing combat deployments. Interventions focusing on promoting resilience skills in parents and children, as well as reducing parental anxiety, depression, and post-traumatic stress symptoms can be especially beneficial.

### For Future Research

Because this study is based on a convenience sample of military families, future research should draw a random sample of families to counter any bias present in this study. Families participating in this study were not randomly selected, and could therefore differ from families who chose not to participate in the study in significant ways. The sample included in the study was almost entirely composed of married families with a mean age in the early 30s, and contained more service officers than enlisted members. Because officers and their spouses reported less psychological distress than enlisted individuals and their spouses, this sample may demonstrate a lower risk for emotional distress than is present in the population of deployed service member parents overall. This volunteer sample may also have been more open and more likely to report symptoms and seek treatment. Researchers should aim to recruit a more diverse group of military families to get a sense of the need for services and how often families are able to seek out and receive the help they need. In addition, this cross-sectional analysis of recently returned and currently deployed families cannot provide us with any information about the directionality of child symptoms, parental distress, and parental combat deployments. Future studies can provide insights into the process of how the duration of combat deployments and parental distress affect child symptoms, and how emotional distress may be distributed across the family system and deployment cycles.

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