

The Relationship of Predeployment Child-Focused Preparedness to Reintegration Attitudes and PTSD Symptoms in Military Fathers with Young Children

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ABSTRACT

“Research shows that lower negative reintegration attitudes relate to lower levels of posttraumatic stress disorder (PTSD) among service members. Furthermore, mission preparedness has been shown to buffer the effects of combat exposure on PTSD development. The current study aims to extend the preparedness for deployment research into the family domain by examining the effect of predeployment child-focused preparedness on military fathers’ reintegration attitudes and PTSD symptoms. Correlations were conducted to examine the relationship between predeployment child-focused preparedness, reintegration attitudes, and PTSD symptoms among military fathers with young children (N = 30). Findings indicate that preparing one’s young children prior to deployment is positively related to fathers’ less negative reintegration attitudes following the deployment. Additionally, participants who engaged in predeployment child-focused preparation were significantly less likely to meet the clinical cut-off for PTSD compared to those who did not engage in any preparation for their young children. Implications for the potential positive impact of predeployment child-focused preparation on the family system are discussed, particularly as a buffer against PTSD among reintegrating service members.”

RESEARCH HIGHLIGHTS

- Previous research has documented the positive impact of pre-deployment training on military members’ perception of their service experiences. However, little research has explored how predeployment preparation on the family impacts outcome variables, such as attitudes about returning to a civilian lifestyle and post-traumatic stress disorder (PTSD). This study expands the literature by exploring pre-deployment family strategies and their impact of post-deployment outcomes, specifically PTSD symptoms and positive reintegration attitudes.
- Parents who engaged in pre-deployment child focused preparation (e.g. recording themselves telling stories, purchasing a daddy doll), had significantly more positive work and reintegration attitudes and also felt their deployment put less stress on their family. Further analysis showed that families who engaged in child focused preparation were less likely to meet the clinical cutoff criteria for PTSD.
- Given the strong relationship between preparation and positive reintegration outcomes, it is important that every effort be made during the pre-deployment phase to ensure a smooth and informed transition for each aspect of a service member’s life, including their family.



IMPLICATIONS

FOR PRACTICE

Service members and their families should actively prepare for a deployment together, discussing communication with children and spouse, support, stress reduction strategies, and other important matters, including finances and reintegration. When applicable, service members and their families should also talk with their child about the deployment. Families should collectively discuss how to address PTSD, speaking with a medical professional when necessary. To learn about different child focused preparation strategies, parents should also connect with military support groups and other military families with children who have more experiences with the subtle aspects of family preparedness. Families should also consider speaking with their child's pediatrician about good child focused preparation strategies for deployment and reintegration of a parent. Parents/guardians should discuss signs of distress in young children with their pediatrician and ask how to help them cope. Since very young children might not be able to effectively communicate how they feel, parents and pediatricians should discuss signs early. In order to provide more pre-deployment support, health care providers should educate parents on the association between preparedness on later levels of PTSD and reintegration attitudes. Providers should also provide resources on how to best prepare different types of families for deployment.

FOR POLICY

Given the relationship between pre-deployment family preparation and future health and attitude outcomes, the Department of Defense (DoD), might provide service members information on how to talk to their children and families about deployment. To promote positive reintegration attitudes, which are strongly linked to family cohesiveness, the Department of Veterans Affairs (VA) might offer counseling to all returning service members and their families. Policymakers might evaluate if additional services can be provided to military children through TriCare, particularly after a parent's deployment. To assist in the provision of resources to families, policy makers could continue to allocate funding to groups such as Yellow Ribbon and Joint Family Support Assistance Program, who aid and support families through the pre-deployment process.

FOR FUTURE RESEARCH

To expand upon the results in this study, future studies should continue to examine the effect of family focused pre-deployment strategies on all family members. One limitation of this study is that it focused solely on the preparation of children under the age of six. Future studies should examine how pre-deployment preparation impacts older children and adolescents. Further, to increase the body of knowledge concerning family focused strategies, research should document which types of pre-deployment strategies are most effective on the reintegration attitudes of the service member and individual family members. Future researchers should also include women service members in their analysis to determine how family centered preparation affects outcome measures for a female parent. Additionally, future studies should differentiate between aspects of deployment such as the number of deployments, and also the amount of time between these deployments. Additional analysis should also include military rank and time of service when considering family adjustment. If it was found that increased service experience was correlated with more positive post-deployment outcomes, it would also be important to determine which elements of increased military exposure (e.g. experience at preparing families, shorter deployment times, different deployment locations), influenced post-deployment outcomes. A limitation of this study is that some service branches were excluded from the analysis. Future studies should include all service branches. Additionally, though positive outcomes for the service member were reported, no information was provided as to the family's perception of the reintegration of the service member or their own perceived stress level during deployment. Future studies should include the perceived experiences of all members of the family post-deployment.

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